

Craniosacral therapy in a physiotherapy out-patient department

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I had given up my practice as a physiotherapist for some years but when my husband was made redundant I had to find a job. I had been using CST for some eight years when I started looking for work as a physiotherapist. I had to be honest about the way I worked and as a result several physiotherapy departments didn't want my skills. However, one superintendent physiotherapist at my interview questioned me about my work and was interested and discovered that I could work with chronic pain patients and I was offered a part-time job in a NHS physiotherapy department.

How the NHS had changed since my days working in the service as a newly-qualified physiotherapist! There were more forms, paperwork and acronyms; and I had to learn a new language and get used to being treated with scepticism by some colleagues.

For six years I worked in a busy physiotherapy department, mostly as part of the pain management team. Increasingly I found that I had difficulty with patients being told that there was nothing that could be done for their condition. They would be taught how to live with, or ways of reducing, their pain. This presented me with a real dilemma since I believed more could be done to help them.

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As a result my work was separated from the pain management team. The patients I saw challenged me to the limit of my skills. Most had significant stories to tell. My colleagues began to realise that there was something that could be done. Over time my work evolved and I found I needed CST skills but that verbal skills were just as important. Fortunately I had always been interested in trauma work and as a result had done many courses and the six-month introductory psychotherapy course at the Karuna Institute. The results of my work were positive and an internal audit of my work was done by Fiona Thorne, a colleague in the physiotherapy department.

Results

Patients were treated with craniosacral therapy and supported with verbal trauma skills at the physiotherapy out-patients department at the Great Western Hospital, Swindon. It was a group of patients who had symptoms which were difficult to treat and the work produced outstanding results.

The patients referred for treatment often had multiple symptoms. They had already failed to respond to conventional manual therapy treatments, including physiotherapy. Some exhibited physical and emotional trauma from: bereavement, rape, different kinds of abuse, road traffic accidents, and industrial injuries. Many patients were highly medicated and had had numerous treatments and tests which frequently came back as 'no abnormality detected' (NAD).

Patient group receiving craniosacral therapy within the physiotherapy department - 2005

Number of new patients	Number not attending	Number treated	Number discharged*	Number requiring further OPD	Number requiring surgery	% complete
119	10	109	89	15	5	75

*no further Outpatient Physiotherapy Department (OPD) treatment required

Conclusion

Prior to this treatment these patients had used a significant amount of NHS resources but with little benefit. With these types of patients it appeared that the combination of hands-on and verbal skills was essential for the patients to be able to process the trauma or experiences held within their tissues which had been maintaining their physical symptoms. During and following the treatment course, medication tended to be reduced or discontinued, saving money for the NHS. Early identification of these patients would prevent further deterioration in the patient's conditions and would save costs on unnecessary medical consultations and tests. Physiotherapists are in a unique position to do this work.

I wish to express my thanks to the colleagues I worked with, especially Fiona Thorne, for their belief in me and encouragement to do the work. My thanks also go to Franklyn and Maura Sills, Anngwyn St Just, Ray Castellino and Babette Rothschild for the skills I learnt on their courses. Without these skills my work with these complex cases would have been impossible.

We are keen to hear of other people using this approach.

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