

Illustration 5-10-B
Release of Cranial Base

The pads of your fingers should maintain contact with the occiput. The head of the patient should be poised above the palms of your hands.

The therapeutic force is supplied only by the weight of the patient's head. As the tissues of the suboccipital region begin to relax due to fingertip pressure, the patient's head will begin to settle into the palms of your hands. Continue the pressure at the suboccipital region in a straight anterior direction. Maintain fingerpad contact with the occiput. Don't let the tissues move your fingers in an inferior or caudad direction.

Ultimately, as the tissues relax, you will feel the firmness of the posterior arch of the atlas. Slowly the atlas will begin to disengage from the occiput. This occurrence is signaled by a "floating" sensation. As it floats, follow and "balance" it. Once it seems free from the occiput, support the atlas anteriorly with the tips of your ring fingers. Move the occiput gently and minutely in a posterior direction with the tips of your middle fingers. This procedure further disengages the occiput from the atlas and decompresses the occipital condylar region.

This technique not only mobilizes the cranial base but also releases the tissues around the jugular foramina. This enhances fluid drainage via the jugular veins from the cranial vault, thus reducing intracranial fluid congestion. The reduction of intracranial fluid congestion will further contribute to craniosacral system mobility.

The glossopharyngeal, the vagus, and the accessory cranial nerves pass through the jugular foramina (ILLUSTRATION 5-11). Release of any compromise of these foramina often has a beneficial effect on the function of these nerves.

OTHER TRANSVERSE RESTRICTIONS

Any joint is a potential cross-restriction to the free, gliding movement of longitudinally oriented fascia. This includes the hips, knees, ankles, shoulders,

The frontal fossa is traversed by the frontoethmoidal and frontosphenoidal sutures. Its lateral parts support the frontal lobes of the brain. The median portion is the roof of the nasal cavity on both sides of the crista galli. The frontal crest, which ends at the foramen cecum, offers attachment to the falx cerebri and a groove for the superior sagittal sinus, which is afforded passage by this falx. Usually, a vein passes from the nasal cavity to the superior sagittal sinus through the foramen cecum. The cribriform plates are located on both sides of the crista galli; these plates support the olfactory bulb and afford passage to the olfactory and nasociliary nerves (ILLUSTRATION 7-4).

The middle cranial fossa traverses the cranial base between the temporal squama, the greater wings of the sphenoid and the sphenoidal angles of the parietal bones bilaterally. These bony structures form its lateral boundaries. The anterior boundaries of this fossa are the posterior margins of the lesser wings of the sphenoid, the anterior clinoid processes and the anterior ridge of the chiasmatic groove. The posterior boundaries are the superior portion of the petrous ridges of the temporal bones and the dorsum sellae.

The middle cranial fossa contains the chiasmatic groove, which stretches between the optic foramina anteriorly and the tuberculum sellae posteriorly. Posterior to the optic foramen, bilaterally, are the anterior clinoid processes which give attachment to the inferior layers of the tentorium cerebelli. Immediately posterior to the tuberculum sellae is the sella turcica, in which the pituitary

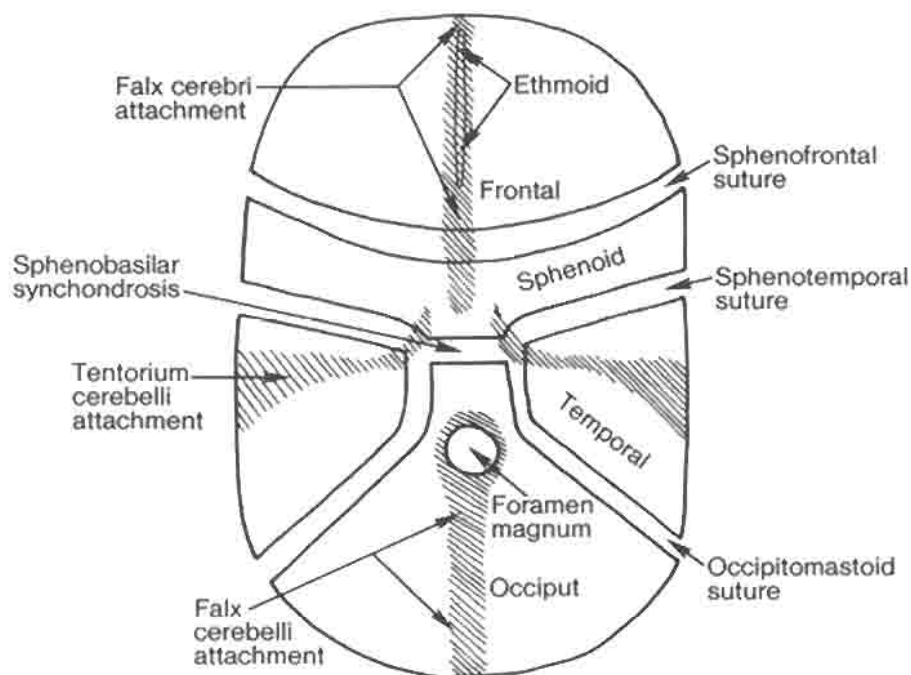


Illustration 7-2
Floor of Cranial Cavity with Osseous Attachments of
the Two Falxes and Tentorium Cerebelli

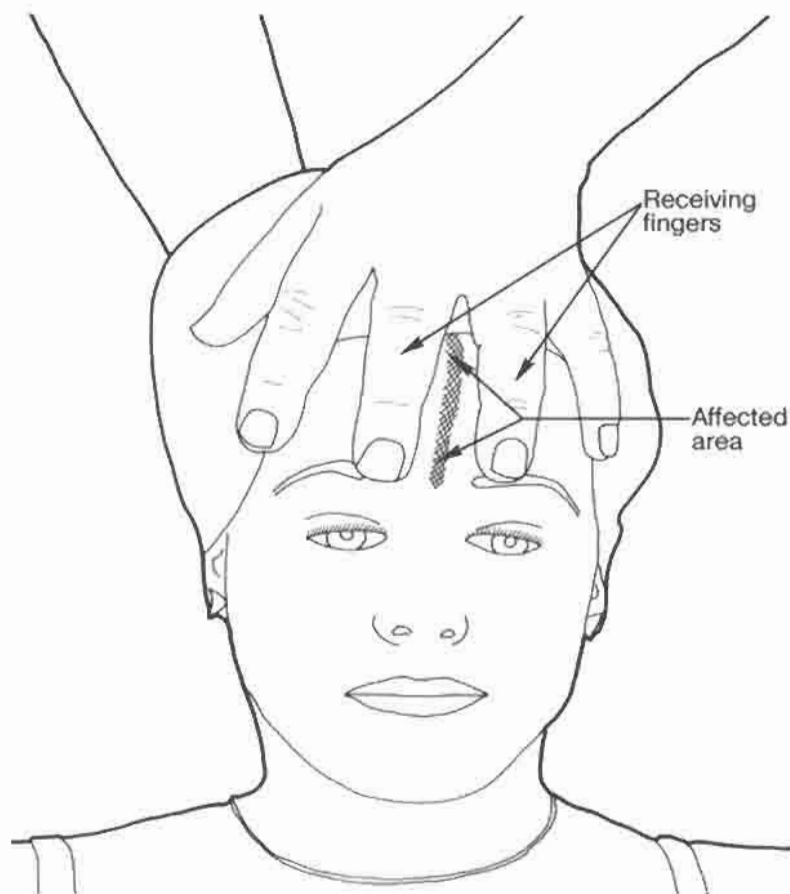


Illustration 9-12
Hand Position for Direction of Energy Technique
to Falx Cerebri

and will be further considered in Chapter 10. Specific techniques for temporal bone dysfunctions are described in detail in Chapter 11.

SPECIFIC SUTURAL RESTRICTIONS

Specific sutural restrictions (APPENDIX D) are best treated by the direction of energy technique. To perform this technique, place the pad of one of your fingers upon the restricted suture and point across the greatest diameter of the cranial vault. Gently palpate the part of the cranium toward which you are pointing with your whole hand. After a few seconds you will perceive a pulsating motion with your palpating hand. When you feel this pulsation, place one finger of your palpating hand upon the center of the pulsating area, and point directly across the cranium at the restricted suture. Then gently place two of your fingers on either side of, and approximately parallel with the restricted suture. It is as though you will receive the energy between these two fingers which you are sending from the other side through