

Shaping the Heads of the Future: Natural Options for Plagiocephaly

Plagiocephaly is the medical term for “misshapen head”. It has become a prevalent condition in our infants and toddlers. The current thoughts on the cause of this condition are “positioning” and “in-utero positioning”. General positioning issues are believed to be linked to the amount of time that babies are spending on their backs. The “back to sleep” philosophy was adopted when researchers found a possible correlation with stomach sleeping and an increased incidence of Sudden Infant Death Syndrome (SIDS). Since then, our babies are spending much more time on their backs. In utero positioning refers to how the baby was positioned in the womb.

The current medical/therapy treatment is a new device called the “cranial shaping helmet”. These specially designed helmets reshape the head using pressure and cut outs to “push” the bones back into place. My pediatric Physical Therapy background allows me to understand the logic behind this. However, my extensive background in the craniosacral system (the system of the membranes within the brain and the cranial bones) gives me reason to be concerned about this approach.

Traditionally, we in health care have had a very simplistic view of the cranium and how it functions. We had been taught that the bones of the head fuse early in life and that movement and position had no impact on the central nervous system. Time and experience has shown us otherwise. It since has been proven with research (Upledger, et al., 1976 and Briner, Heisey, Adams 1992) that the cranial bones do indeed move. Craniosacral therapy has been gaining popularity ever since.

Craniosacral therapy is a gentle therapy that focuses on the movement of the cranial bones. When restrictions or assymetries are discovered, very specific techniques are used to bring the bones and system back into balance. Parents aware of this therapy are turning to craniosacral for the treatment of plagiocephaly. The results seen in our clinic, and widely reported by other practitioners, are very consistent. At our clinic we recommend 6 sessions for infants under one year of age. Most parents, however, report noticeable changes in the first 2 to 3 sessions. When looking for a cranial therapist it is important to find a practitioner that has experience working with children and infants. Craniosacral practitioners may be physicians, chiropractors, physical, occupational, speech or massage therapists. Specialized training for cranial techniques is essential. There are numerous different training programs for different variations of the work. Some are more anatomy focused, while others tend to be more “energetic”. While both focuses are important, in the case of plagiocephaly, it is important to find a practitioner that has a very good knowledge of the anatomy of the cranium.

A significant concern of the current helmet therapy, is the cases of migraines that are occurring in a small number of these babies. I am not the only therapist reporting that these cases are coming to light. One such case that made their way to my clinic, the child had a “good” outcome with the helmet. The plagiocephaly was reversed. However,

within a couple of months following the use of the helmet, the child began having severe migraines. The migraines were so severe, the child would need to lie in a dark room due to light sensitivity and vomiting. This continued for over 2 years, turning this family's life upside down. After only 3 craniosacral sessions, the child remains migraine free to this date, over 8 months later. What I have found in treating these children, regardless of the presence of migraines, is an abnormal position in a specific bone of the skull. Helmets use pressure on a few key bones on the outside of the skull. This is mostly the occiput (the back/base of the skull), the parietal bones (the back/top of the skull), the temporal bones (the ear bones) and the frontal bone (the top/front of the skull). This covers most of the key bones of the head. Yet it leaves out a very important, often ignored bone. The sphenoid bone is a single bone (there is only one of them) that lies behind the eyes. It is shaped like a butterfly/bird with wings that reach out to the temples. The "back" part extends back and articulates with the occiput (the bone at the back). If the occiput is not straight, the sphenoid is not as well. The sphenoid is a very important bone to the craniosacral therapist. The sphenoid articulates with all cranial bones. Eight of the twelve cranial nerves run along or within this bone. Cranial therapists have long found clinical relevance associated with problems with the sphenoid. Most migraine patients have been found to have sphenoid malalignment. Other conditions we have seen linked or responsive to sphenoid treatment include seizures, sinus problems, headaches, learning disabilities.

A website is available to search for practitioners trained in Upledger craniosacral therapy. It is available at www.iahp.com. Practitioners trained in BioDynamic craniosacral therapy can be found at www.craniosacraltherapy.org. For more information, visit www.csiofmi.com.

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