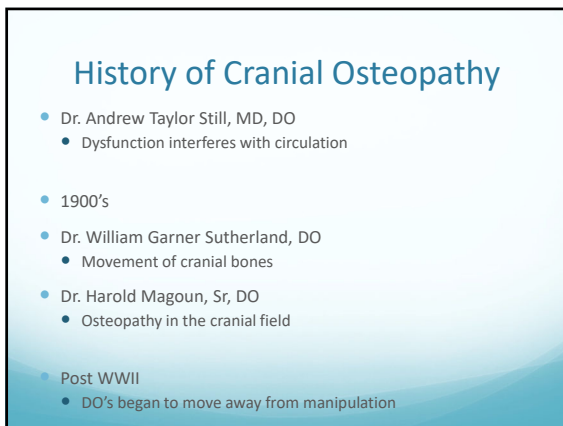
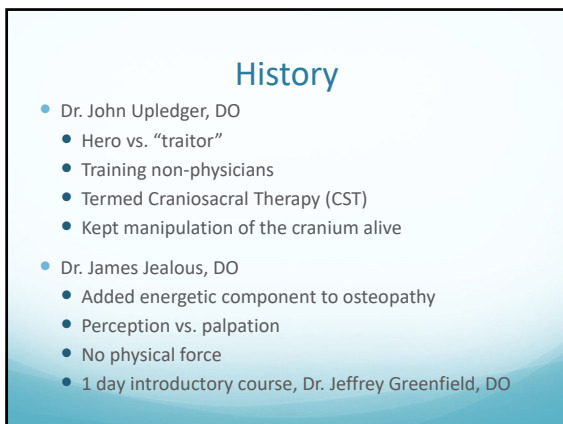


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3

Biocranial Therapy

- Outgrowth of biomechanical manipulation of Osteopaths
- Biomechanical and CST both involve movement of sphenoid/sphenobasilar synchondrosis (SBS)

Dr. Robert Boyd, DO

- Holy grail is SBS
- Simple technique: flexion of SBS
- Flexion of SBS stimulates PNS
- **Trapezius muscle induces inferomedial tension on occiput flexing basilar portion of occiput on sphenoid**

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Case study

- 71 y.o. male
- Scoliosis, kyphosis, 6 total hip replacements, LBP
- Former PE Teacher
- Antalgic limp

- TX: 1 biocranial technique with 2-3 days of results
 - Can see instantaneous results

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Indications for BCT

- Anyone you would consider using physical medicine with
- Manipulate first, then do biocranial
- Bunions, supination/pronation, hammer toes, other joint deformities
- Non-MS complaints-abdominal pain, pelvic pain

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NCR

- Derived from “bilateral nasal specific”
- Indicated for more severe cranial dysfunction
- Migraines, scoliosis, sinus issues, TMJ
- Sleep apnea, head injuries

7

The Dura

- Movement of the occiput mirrors the movement of the sacrum
- Ex: Pediatrician referral for bedwetting, tethered cord

- Cranial “work”-releasing the dural tension or changing the cranium??
(ex: Chiari malformation)

8

Evaluation

- When to use what?
 - Headache etiology
 - Head injury-NCR
 - Sinus headache-NCR
 - Tension headache, headaches with menses-BCT
 - Grief/Stress-BCT, CST

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