

Expanding the Osteopathic Concept to the Cranial Field

Version 2

January 30, 1998

Name: \_\_\_\_\_

Total points \_\_\_\_\_ /50

(number of possible points in parentheses)

1. That healing is accomplished by the inherent therapeutic potency is another basic concept in the science of osteopathy.

(1) A. Name a technique used on the primary respiratory mechanism which enhances that therapeutic potency.

CV4 Compression of the Fourth Ventricle

(4) B. Where would you perform this technique?

This txr can inherently be done at the Occipit;

Temporal area: Parietal & the frontal

(7) C. How would you apply it at the occiput? Include details of hand position, procedure and evidence of completion.

① w/ then emin at later Occipito-mastoid Suture; inhlt Mtn

② Encourage ext, disc. flexion

③ find still pt - pt of maximum activity intensity

④ warmth

⑤ still rocking Mtn

⑥ Diaphragm Resptr

⑦ softening of the bone

2. What cranial lesions are usually found in the following conditions?

in sphenoid  
Sphenosquamosal

A. Classical migraine headache

middle mening (a); sphenosquamosal compress  
Foramen Sphenoid  
Pivot

B. Right otitis media

Right Temporal area internal Rotation of

C. Left maxillary sinusitis

left maxillary bone - internal Rotation at fixation

D. Tense Nervous baby

occip. condyl compress Base foramen Mtn

E. Vomiting Newborn

occipital Condylar Compression

Describe the 7 steps of performing the venous sinus technique in the appropriate sequence.

Confluens Sinus

1. middle finger on external occipital protuberance; wait for softening / inherent motion
2. fingers moved about a finger width down occiput sinus to condylar part (to ~~Magnum~~)
3. move to convexity of occiput and foramen; fingers inclined @ 45° occiput decomp from atlas
4. Pads of little fingers beneath the EOP; rest of digits on Sup Nuchal line
5. 1" sup to Protuberance; thumbs @ slight lateral pressure; work out along sinus to occiput
6. fingers to either side of metopic suture w/ lateral Press until softening / motion
- 7.

Metopic Suture

4. A. What is meant by the Primary Respiratory Mechanism?

(3)

in our body of

1° resp Mech control the basic unit of ~~fun~~ of the CNS  
 Its CRT is det by 8-14 /min  
 Physiologic function

(1) B. How can you use the primary respiratory mechanism to increase secondary respiration?

1° on 2°

encourage <sup>flexion</sup> ext. (R) & disc. internal (R) until U observe a  $\Delta$  in depth of resp.

2° on 1°

monitor temp base of thumb while cordng occiput in Palms of hands  
 Note temp Mtn during a <sup>deep</sup> exhaltn or inhalth

(5) C. What are the component parts of the Primary Respiratory Mechanism?

1) EOP < Confluens of Sinuses >

2) Down occip. sinus to condylar parts

3) Decomp of Condylar Part  $\Rightarrow$  Open jug foramen

4) EOP ; Transv sinus ; Straight sinus

5) EOP

6) Sagittal sinus ; - Sagittal Suture ; metopic Suture

1° resp Mech slower than 2° resp  
 initially w/ deep innatm  
 to 2° resp mc

1° resp Mech may  $\Delta$   
 to match

the  
 deep inhalth / exhalth  
 of  
 thoracic Respir

5. The dynamic unity of function of the human body is another basic concept in the science of osteopathy. What are the two widely separated structures that are functionally linked together by the dura mater?

Cranium

Sacrum

6. Describe the direction of motion of your index and little fingers in:

- (4) a. right torsion index fingers rt Superiorly

- (2) b. right lateral strain index → move left

little finger → move rt

- (2) c. inferior vertical strain Index → move Sup

Pinky → move inferiorly

- (2) d. flexion index & Pinky → inferiorly

7. The interrelationship of structure and function is a basic concept in the science of osteopathy.

A. Name two symptoms of disturbed function, commonly noted in the neonatal period.

B. Name the structural disturbance that underlies each one.

CN X Crying compression Occipital

CN XII decrease in Sucking respon Hydro. canal

PA Base of Brain Nervous tension baby

< Foramen Magnum

8.  
(3)

We speak of midline bones and paired bones in the cranial mechanism.

A. Which group moves in flexion and extension?

midline bones

B. Name them.

Vomer

ethmoid

Occiput

sphenoid

Sacrum

C. What is their axis of physiologic motion?

Transverse

Ungraded: Any comments about the course?