

Information for therapists The Cranio Case Study: A Prospective Survey

Dear Craniosacral Therapists,

The demand for Craniosacral Therapy is growing significantly and clients often report amazing results – however, if there is no scientific documentation, the success of Craniosacral Therapy Sessions will just remain individual experiences. For negotiation with insurance companies, official institutes and commonly used information databases (such as Wikipedia) scientific data on the effectiveness of a therapy method are urgently required.

In cooperation with the University of Duisburg-Essen in Germany, the Upledger Association Germany (UCD) and the Craniosacral Association Germany (CSVD) will conduct a case study about the use and effectiveness of Craniosacral Therapy and ask for your assistance. We would like to collect a greatest possible number of case reports of clients' experiences with Craniosacral Therapy.

Please find attached a prospective case report form including a questionnaire for the therapist and the client as well as a written consent form for participating in the study (for the client).

The prospective case report already collects data of the client before the start of the therapy. The client is subsequently treated and questioned again after completion of the sessions. The therapist briefly documents essential treatment steps. There are two versions of the case report: for clients themselves and for parents whose children are being treated.

Instructions for the use of case report forms:

- For statistical analysis of case reports, it is important that clients' questionnaires are filled in completely (particularly all answers that have to be marked with a cross).
- If you as a therapist are not able to provide all requested data, we will also accept incomplete case reports. However, please ensure that the clients' forms are complete.
- Free text comments provide valuable information for personal experiences of the client. If there is not enough space, an additional sheet can be added.

Finally, please label each page with the client ID and send the questionnaire and the informed consent form back to us:

...either scanned by e-mail to: verband@upledger.de

...or by fax to: 0049-451-4079868

...or by mail with the note "postage paid by recipient" to: Verband der Upledger CranioSacral TherapeutInnen Deutschland e.V., Gutenbergstraße 1/Eingang C, 23611 Bad Schwartau, Germany

If you have any further queries, please do not hesitate to contact us:

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or

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Cranio Case Study | Therapist form

Therapist ID (please, fill in each time):

1. The first letter of your first name
2. The first letter of your surname
3. Year of birth

<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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Information about the therapist (please, fill in once) :

Age: City/country:

Gender: Basic profession:

Working experience with CST (years):

Special kind of CST (Upledger, biodynamic, both, other):



Medical history of the client:

Age:, Gender:, Does the client have prior experiences with CST (yes/no):

Main symptoms:

Course of treatment:

Number and duration of CST treatments:, Treatment period (weeks):

Course of symptoms (voluntary):

Side effects of CST or initial aggravations: (if no side effects, please, also state this)

Parallel treatments: Medication or other medical/physiotherapeutic treatments during the period of CST treatment (if no parallel treatments, please, also state this)

Cranio Case Study | Parent form: Informed consent

Dear Client,

The Cranio Case Study focusses on the evaluation use and effectiveness of Craniosacral Therapy. We want to investigate how the you and your child experienced craniosacral treatments and to what extent it can influence physical, mental and/or emotional quality of life. Since there are no systematic surveys of Craniosacral Therapy in Europe you make an important contribution to study this therapy and to promote their recognition and implementation in conventional health care. This case study is conducted in cooperation with the Craniosacral Association Germany (CSVD), the Upledger Association Germany (UCD) and the University of Duisburg-Essen, Germany.

Course of the study:

You will receive two short questionnaires about the complaints and the impact on personal well-being of your child: the first before starting the first craniosacral treatment, the second by the end of the treatment period you arrange with the therapist. Please answer the questions for your child as spontaneously as possible and avoid multiple answers. Please do not miss any question!

Medical data protection:

Collection, processing and storage of personalized study data will remain strictly confidential. In order to anonymize the data, all questionnaires will be numbered using a numerical code. Scientific publication of the study results will be done completely anonymous. Data protection is therefore ensured. Participation in the study is voluntary and requires your written consent. You have the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty and it will not harm the relationship with your child's therapist. In case of withdrawal of your consent, collected personal data will be deleted. Please address your withdrawal in written form to the study coordinator (contact given below). For any further inquiries, please do not hesitate to ask the treating therapist or the study coordinator.

Informed consent from:

I have read and understood the information about this study. I am aware that personal data of my child are collected and stored, and analyzed for scientific purposes. On behalf of my child, I consent voluntarily to participate in this study and I agree that the data of my child are analyzed and used in an anonymous form for scientific presentations and publications. I have had the opportunity to ask questions about the study and any questions that I have asked have been answered to my satisfaction.

.....
Place, date

.....
Signature of the client

Client ID: Please insert the personal code of your child for ensuring your child's anonymity.

1. The last letter of your child's first name:
2. The last letter of your child's surname:
4. The last number of your child's postal code:
5. The last number of your child's year of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DUISBURG
ESSEN

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For further queries please contact:

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Ua Upledger
Association
Germany

craniosacral verband deutschland

Cranio Case Study | Parent form: 1st questionnaire (before therapy)

Please choose one to three symptoms (physical or mental) or concerns, which bother your child the most. Write them on the lines and state the duration of each symptom. Now score the average severity of the symptoms over the last 4 weeks by marking a number between 0-10.

Symptom 1: Duration (years):

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
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 as bad as it could be

Symptom 2: Duration (years):

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Symptom 3: Duration (years):

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Now choose one or two activities (physical, mental, social or educational) that are important for your child, and that are affected by the symptoms. Please score the average impairment over the last 4 weeks.

Activity 1:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Activity 2:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

How would you rate the general feeling of wellbeing of your child during the last 4 weeks?

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

How would you rate the mental/emotional wellbeing of your child during the last 4 weeks?

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

How would you rate the sleep quality of your child during the last 4 weeks?

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
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 as good as it could be

How successfully do you think Craniosacral Therapy will be in reducing the symptoms of your child?

not at all successful

0	1	2	3	4	5	6	7	8	9	10
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 very successful

Lastly please complete some information about your child:

Age: Attended school (preschool/elementary school/secondary school):

Gender:

Thank you very much for your help!

Cranio Case Study | Parent form: 2nd questionnaire (after therapy)

Please specify the symptoms (physical or mental) or concerns, for which your child have received Craniosacral Therapy and score the current severity of the symptoms by marking a number between 0-10.

Symptom 1:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Symptom 2:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Symptom 3:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Please specify the activities (physical, mental, social or occupational) where your child were impaired at baseline/ before Craniosacral Therapy and score the current level of impairment.

Activity 1:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

Activity 2:

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

How would you currently rate the general feeling of wellbeing of your child?

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

How would you currently rate the mental/emotional wellbeing of your child?

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
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 as bad as it could be

How would you currently rate the sleep quality of your child?

as good as it could be

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 as bad as it could be

As compared to baseline/before Craniosacral Therapy, how would you rate the overall complaints of your child?

+4	+3	+2	+1	0	-1
resolved/ cured	major improvement	improvement of value	minimal improvement	no change	deterioration

Please turn over...

If your child has taken any medication against the described complaints before Craniosacral Therapy (otherwise please skip the question): How would you rate the current consumption of medication of your child?

- | | | | | | |
|--------------------------------|-----------------------------|-------------------------------|------------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> +4 | <input type="checkbox"/> +3 | <input type="checkbox"/> +2 | <input type="checkbox"/> +1 | <input type="checkbox"/> 0 | <input type="checkbox"/> -1 |
| no longer
necessary | major
reduction | reduction of
value | minimal
reduction | no
change | increase |

Voluntary information: Do you or/and your child have made further experiences with Craniosacral Therapy, which you like to share? For example, do you notice any special behavioral changes of your child, changes in his/her dealing with other children, adults or with stress? Did you or your child receive any new coping or spiritual resources, etc.?

Thank you very much for your help!