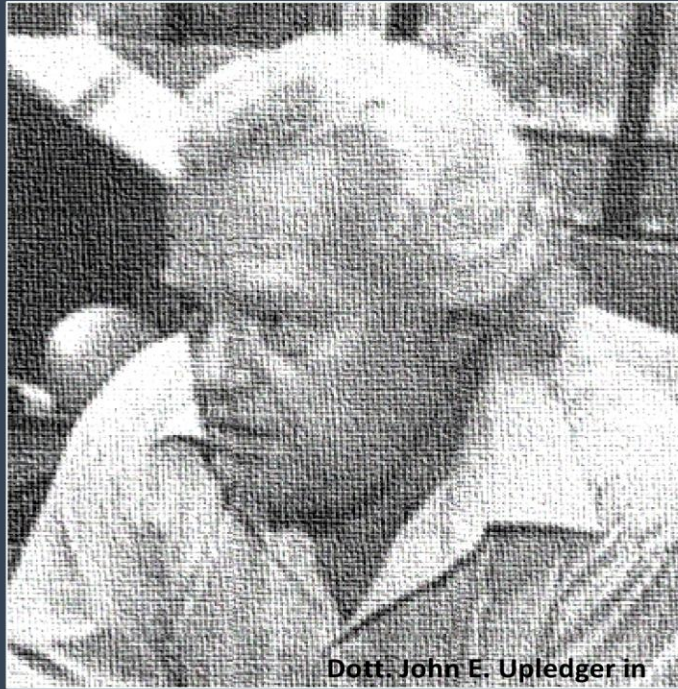


# FEBRUARY 1994

## Dublin



Dott. John E. Upledger in

I first met **Dr John Upledger**  
in **BEAUMONT HOSPITAL** in Dublin, in 1994.



Together with him, his wife Lisa,  
with Mary Kennedy O'Brian  
and my osteopath colleague Brian Walker,  
I, for the very first time ever, treated  
a post-vegetative coma patient.

That patient in a post-vegetative coma  
was BRIAN F.

**If DELBERT was for Dr Upledger**  
***“ the eye opener ”* to CST...**

... BRIAN F. was the same for me



BRIAN F. allowed me to work  
**for a week**  
**side by side with the father of**  
**CranioSacral Therapy**  
and he represented the beginning  
of my CST involvement.

The experience in Dublin was exactly the reason why I decided to leave the UK in 1995 and take the CranioSacral Therapy to Italy.

## 2002 - ITALY

In 2002, while I was teaching a CST workshop, I talked about BRIAN (*a post-vegetative coma patient*) and straight afterwards one of the students approached me:

it was  
**Dr Paolo Fusaro**



**Dr Paolo Fusaro**  
a Geriatrician and  
Acupuncturist Doctor  
head of the “Unit of Patients  
*in vegetative coma*”  
at the “Azienda Ospedaliera”  
in Padua.

Dr Fusaro started talking to me about his work with patients in vegetative coma.



The functional impairment of a widespread fronto-parietal network of associative cortices (shown in black) characterizes vegetative state patients. The arrows represent the impaired cortico-cortical and cortico-thalamo-cortical connections.

From 2002 to 2004 Dr Paolo Fusaro and myself worked together at a shared project to take

**Dr Upledger's CranioSacral Therapy  
within the Italian Healthcare Clinic**

that hosts "Seriously Impaired Patients in Vegetative Coma".



Dr Fusaro gets the necessary authorizations from the Healthcare Services and from the relatives of the patients and trains the staff of the Clinic.

I draw a protocol to get the  
**Approval from the Italian Ministry of Health**  
and I introduce the programme for a workshop with:  
**student-therapists and student-well being practitioners  
who work together applying CST**  
in a State Healthcare Italian Clinic.

IN 2005 THE FIRST ITALIAN  
**UPLEDGER CRANIOSACRAL THERAPY  
CLINICAL TRAINING**  
WAS ORGANIZED.

*PLS NOTE: we apologize if the realistic details of some pictures may upset the viewers.*

## **CST CLINICAL TRAINING**

**Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit – Patients in Vegetative Coma.**

***What we aim at doing with our work.***



## **IMPROVING THESE PATIENTS' HOMEOSTATIS**

**We aim at enhancing in the patient an inner balance to help him/her improve both the physical and chemical characteristics of the system.**

# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*What we aim at doing with our work.*



## OPENING THE RESPIRATORY TRACT

We work on the fascias of  
the respiratory diaphragm  
and of the thoracic inlet.

# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*What we aim at doing with our work.*



## **BALANCING THE CARDIO-VASCULAR SYSTEM TO INCREASE VITALITY**

We work on diaphragms to release fascial tensions  
and on the pericardium to release the tension  
around the cardiac muscle.

# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*What we aim at doing with our work.*



**FACILITATING  
TISSUE  
AND JOINT  
RELEASES**

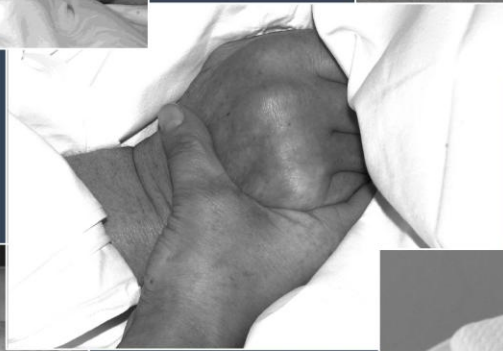
We mobilize the joints  
of upper and lower limbs  
applying the unwinding technique.



# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*What we aim at doing with our work.*



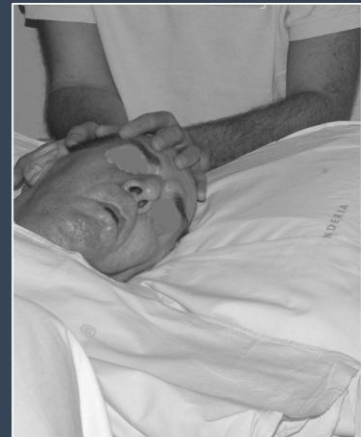
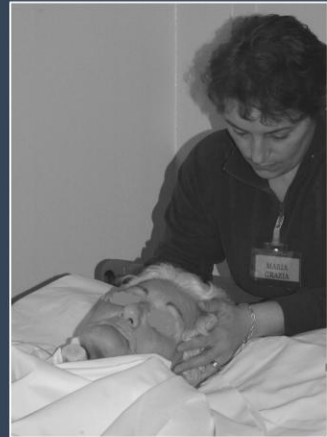
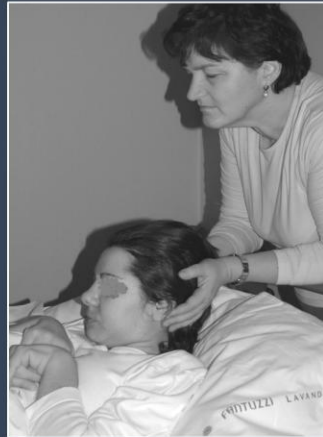
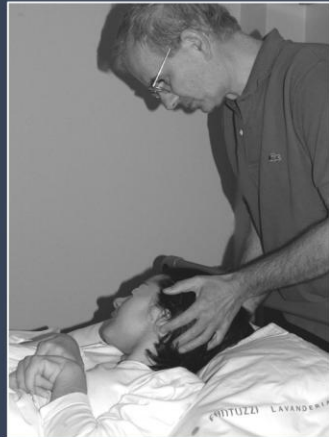
## ENHANCING DECONTRACTION

We induce the joint and muscle release  
to improve innervation and vascularization.

# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*What we aim at doing with our work.*



## ABOVE ALL

## WORKING ON THE CRANIOSACRAL RHYTHM

We adjust the CranioSacral Rhythm (CSR) within its normal range:  
that is between 6 and 12 cycles per minute (cpm) to restore  
the proper activity of the CranioSacral System and consequently  
that of all the physiological body systems.

# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*What we aim at doing with our work.*



## INVOLVING FAMILY MEMBERS

We involve family members through their active role during the therapeutic session, treating them as a one and only (family) group so as to make it possible both for patients and families to perceive the benefits of our treatment.

# CST CLINICAL TRAINING

Padua Hospital - Italy - Residenza Giubileo, O.I.C.,  
Seriously Impaired Patients' Unit - Patients in Vegetative Coma.

*Excerpts from the report of Dr Paolo Fusaro  
Head of the Unit*

**THE PATIENTS WHO UNDERWENT TREATMENT WERE:**  
(Tracheostomy and PEG – Percutaneous Endoscopic Gastrostomy- Patients)

- ▶ **VSP** - Vegetative State Patients
- ▶ **MCP** - Minimal Conscience Patients

## WHAT CAUSED THE IMPAIRMENT:

- ▶ Post-surgery complications
- ▶ Haemorrhagic strokes
- ▶ Serious cerebral and physical traumas
- ▶ Myocardium infarctions

## RESULTS ACHIEVED FOR THE PATIENTS:

- ▶ **better “emotional awareness”** (*mainly with their family members*)
- ▶ **improved alertness**
- ▶ **sharp decrease in salivary secretion**
- ▶ **decrease in temperature**
- ▶ **spontaneous swallowing**
- ▶ **decrease in infectious episodes**
- ▶ **voluntary muscles' small movements**
- ▶ **small rehabilitation activity**



## RESULTS ACHIEVED FOR THE HEALTHCARE STAFF:

- ▶ **decrease in assistance needed**
- ▶ **decrease in clinical activity**

# MAY 2005 - ITALY

From the CST Clinical Training a project is born:

**“SWALLOWING-EVALUATION IN TRACHEOSTOMIZED PATIENTS  
IN CRANIOSACRAL THERAPY POST-APPLICATIONS”,**

which is brought to the attention of a U.N. team  
focusing on human rights.

In the same year, the Clinical Training gets its formal introduction  
**AT THE FIRST CST NATIONAL MEETING**



*Dr John Upledger joined in the Meeting  
giving an extraordinary videoconference class.*

*Since 2005, volunteer groups have formed to keep applying CST at the Hospital in Padua.*

*Moreover, a board was created to finance a CST workshop for the family members of VS and MC patients.*

## **2012 TRIESTE – ITALY**

***The story repeats itself.***

Once again, while teaching a CST workshop, I talk about the experience with patients in *post-vegetative coma*.

One of the students attending the seminar is a physical therapist who works at an excellent Clinic in Trieste and who informs the head of the “Seriously Impaired Patients” unit about CST and the clinical results it can achieve.



**In June 2014**

*(much more skilled in comparison with the first Italian experience)*

I organize one more

**CST CLINICAL TRAINING  
WITHIN A HEALTHCARE CLINIC**

# JUNE 2014

## Trieste

### CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## PARTICIPANTS

*Staff qualified by the Italian Ministry of Health to practise CST Clinical Training*

- ▶ **Upledger Teacher and Instructor** (*In charge of the project*)
- ▶ **Upledger Leading Therapist** (*for the Scientific Committee*)
- ▶ **Upledger Students** (*Facilitators - both therapists and operators*)
- ▶ **The Doctor of the Clinic** (*In charge of the Unit*)
- ▶ **The Unit's staff** (*Nurses and Helpers*)
- ▶ **Patients hosted by the Clinic** (*VCP and MCP*)
- ▶ **Family members of the patients**

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## INTRODUCTION

- 1 - At the beginning, the doctor in charge holds a short introductory meeting and the Facilitators introduce themselves.**
- 2 - The doctor explains which patients will be treated, introduces them and their clinical situation.**
- 3 - A meeting with the staff looking after the chosen patients follows, and the CST team is informed about the unit's protocols and rhythms.**
- 4 - The unit's healthcare staff is invited to participate in the sessions, if they wish to do so.**



# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE AUTHORIZATION BY FAMILY MEMBERS

After meeting the healthcare staff, the team meets the patients' family members, who have already received written documentation.

**It is extremely important that the patients' family members fully understand what the CST programme applied to their loved ones involves.**

And it is just as important that they authorize the treatment and that they sign an informed consent.

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## SUITABLE GARMENTS

Before getting in direct touch with patients, some precautions are necessary.

One of these means wearing sterile uniforms.

**This precaution avoids the transmission of germs and pathogens that may attack the immune system of these patients, which already is particularly vulnerable in some of them.**

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## FACILITATORS-PATIENTS ALLOCATION

The instructor creates the work groups and each group is allocated a patient to treat.

**The various groups talk about the kind of work to perform and then share with the teacher before starting to treat their patient.**

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING TREATMENTS

- 1 ▶ Each group starts to treat with CST the patient they have been allocated.
  - ▶ All the facilitators perform the treatment simultaneously.

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING TREATMENTS

- 2 ▶ Every facilitator performs a role in the treatment.
  - ▶ The roles vary in each treatment.
  - ▶ In every treatment, the roles are the following:
    - ▶ **a leading therapist**  
*(he/she is in charge and then reports to the instructor)*
    - ▶ **one or more assistants**  
*(they follow the directions given by the leading therapist, and report directly to him/her).*

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING TREATMENTS AND DEBATES

- 3 ▶ Each treatment lasts 90 minutes.
  - ▶ Every (daily) routine comprises 4 treatments.
  - ▶ **After every treatment the outcome is debated within every single work-group.**
  - ▶ **Every group takes the outcome of the treatments to the 3 general DEBATES**  
(held 3 times a day: morning, afternoon, evening).

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING TREATMENTS

- 4 ▶ At the end of every single day of treatment, each group is allocated a different patient for the treatments of the following day.
  - ▶ **Groups and patients are alternated to prevent: the emotional burnout, dependence and immobility.**

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING PAPERS

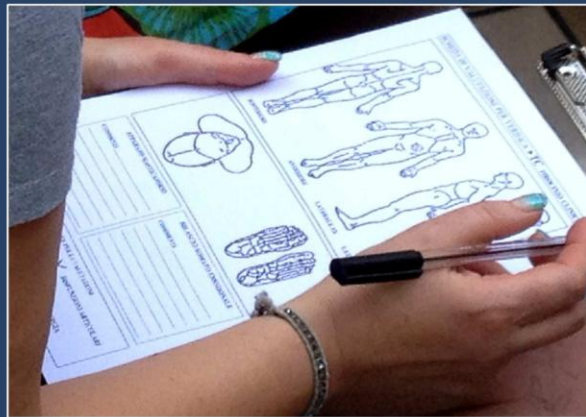
- 5 ▶ The outcome of every single treatment performed is also recorded in writing by the leading therapist of every group.



# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING PAPERS

- 6 ▶ Treatments are recorded with specific “EVALUATION SHEETS”.
  - ▶ The “EVALUATION SHEETS” are discussed by the instructor and by the therapists in the three daily debates.
  - ▶ The “EVALUATION SHEETS” represent an integral part of the Clinical Training’s papers to be produced for the Italian Ministry of Health.

# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*How CST work takes place in the Healthcare Clinic.*



## THE STEPS OF CLINICAL TRAINING THE INVOLVEMENT OF FAMILY MEMBERS

- 7 ▶ Last but not least, the involvement of family members during the treatments given to their loved one.
  - ▶ The family members of each patients are informed of the development during the various treatment stages.
  - ▶ Every family member is involved in sharing his/her own impressions with regard to what he/she sees and feels during and after the treatments.



# CST CLINICAL TRAINING

Pineta del Carso Clinic - Trieste (Italy) - (Seriously Impaired Patients' Unit)  
VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

*The article published by the Healthcare Clinic on a regional paper:*

Newspaper Article  
Published by Italian newspaper  
"IL PICCOLO"

"SEVERE DISABILITY"  
UNIT OF THE CLINIC  
"PINETA DEL CARSO"

THE UPLEDGER'S  
CRANIOSACRAL METHOD  
GET IN THE WARD

PINETA DEL CARSO/DISABILI GRAVI

## Il metodo Cranio Sacrale "Upledger" entra in reparto

Nelle giornate del 12, 13 e 14 giugno 2014 è svolto nel reparto "Disabili Gravi" della Casa di Cura "Pineta del Carso" il tirocinio teorico-pratico del metodo cranio sacrale Upledger. I docenti dell'Accademia Cranio Sacrale di Trieste, con la presenza di alcuni operatori sanitari di Pineta - riferisce il coordinatore dei fisioterapisti Roberto Sinico - dopo aver svolto in aula la parte teorica hanno trattato alcuni pazienti con severa alterazione dello stato di coscienza (stato vegetativo) caratterizzati anche da condizioni di alta complessità clinico-assi-

stenziale, in quanto portatori di cannula tracheostomica, di sonda gastrostomica, di catetere vescicale e accessi venosi periferici. La Tecnica cranio-sacrale, sviluppata dal dottor Upledger in America negli anni Settanta, prende origine dall'osteopatia cranica, una terapia manuale innovativa non invasiva. Questa tecnica utilizza modalità di palpazione e di mobilizzazione a livello fasciale e stimola l'"ascolto" del corpo. La fisioterapista del reparto, Paola Nobili, sottolinea che questa metodica ha negli ultimi anni coinvolto un numero crescente di operatori

sanitari che si occupano di riabilitazione, posturologia e terapia del dolore. La tecnica cranio-sacrale, nel complesso del trattamento riabilitativo-terapeutico, privilegia l'approccio terapeuta-paziente. I risultati di questa breve esperienza sono stati molto interessanti: "Nel periodo immediatamente successivo all'applicazione delle manovre cranio-sacrali e nei giorni seguenti - afferma la dottoressa Sfreddo, responsabile del reparto - abbiamo avuto modo di osservare i benefici di tale trattamento, evidenziando in particolare una globale riduzione

dell'ipertonico muscolare, un'assenza di episodi febbrili, una maggiore distensione dei tratti somatici del volto e, in un caso, il recupero della respirazione addominale. Ritengo che tale esperienza sia stata particolarmente utile anche per la rapida e armoniosa integrazione tra i tirocinanti e il team multidisciplinare, che a sua volta si è reso disponibile alla collaborazione". Durante il tirocinio erano presenti nelle stanze di degenza anche i familiari dei pazienti sottoposti al trattamento, che hanno risposto con interesse e partecipazione.

On June 12th, 13th and 14th, in the "Severe Disability" Unit of the Clinic "Pineta del Carso" the theoretical and practical Clinical Training based on the Upledger Method took place. As the supervisor of the physical therapists Roberto Sinico reports, the teachers of the Upledger Italia - Accademia Cranio-Sacrale (located in Trieste), along with some members of the staff of the Pineta Clinic, treated, after giving theory classes, some patients suffering from a severe alteration of their consciousness (vegetative state) and characterized by extremely complicated clinical and caring conditions, since vital devices, such as pegs, bladder catheters plus various peripheral venous needles, must be constantly worn by most of them.

The cranosacral technique, developed by Dr. J.E. Upledger in the USA in the 1970s, draws its basis on cranial osteopathy, an innovative and non-invasive manual therapy; it employs fascial palpation and mobilization techniques and stimulates an approach based on the concept of "listening to the body".

One of the physical therapists of the unit, Dr. Paola Nobili, highlights that in the last few years this technique has been gaining increasing momentum among therapists dealing with rehabilitation, posturology and pain control. Within the rehabilitative-therapeutic context, this technique focuses on the therapist-patient approach.

The results of this short experience have been extremely interesting: "Just after the CST treatments and during the days immediately following - Dr. Sfreddo, in charge on the unit says - we have noticed the benefits of such sessions, particularly concerning a general decrease in muscle hypertonia, the absence of high fever, more relaxed somatic traits and one patient even recovered abdominal breathing.

I believe this experience has been especially significant even for the fast and harmonious way in which CST therapists and the multidisciplinary team, which has been extremely willing to cooperate, bonded".

During the CST sessions, the patients' family members were also in the rooms, and they have shown interest and cooperation for this technique too.

Trieste, June 2014

## AN IMPORTANT ACHIEVEMENT

The directors at the Healthcare Clinic in Trieste wished to publicly divulge the work done by the Upledger CranioSacral Facilitators to make it a model for the integration of "non conventional techniques" within State Healthcare Clinics.

*At last a law which recognizes non-healthcare practitioners, among whom "Upledger Facilitators" even within Healthcare Clinics, has been recently enacted in Italy.*

# CST CLINICAL TRAINING

## The "Clinical Training" Programme and other CST workshops in our Healthcare System.

### UPLEDGER CST WORKSHOPS IN OUR HEALTHCARE SYSTEM

Other Upledger CST projects and workshops are still under way in Italian Healthcare Clinics. CST has found application, among others, at the following important clinics:

- ▶ **Neonatal Intensive Therapy Unit,** (UOC Division - Obstetrics and Gynecology) Hospitals of Reggio Calabria.
- ▶ **Cardiovascular Department,** Hospital Angel of Mestre.
- ▶ **Unipolar Spinal Unit,** (CTO/CRF Division - Neurology Neurosurgery) Local Health Hospital of Turin.

### CONCLUSIONS

Before showing a short video about the Clinical Training, I'd like to point out that: with nearly 5000 students in Italy and multiple projects involving a cooperation with Healthcare Clinics at various levels, one of the most significant experiences is still the one with patients in a coma, and I owe every result I have obtained to that work done in Dublin, where I treated Brian with Dr Upledger. I remember on that occasion Lisa said: -"It has been a sad situation in which we have had too little time to help Brian F."- However, it was exactly thank to Dr John, to Lisa, to those colleagues and the present-day ones, that now that time has come, for all the people like Brian, and the work has been fulfilled and will keep being so. Thank-you. Diego Maggio

#### PROGRAMME for WORKSHOP PLANNING AND FOR THE CREDITS BY THE ITALIAN HEALTHCARE MINISTRY

Workshop title	TRAINING WORKSHOP FOR MEDIUM AND LONG TERM PATIENTS CT -CST CLINICAL TRAINING - CRANIOSACRAL THERAPY 36,5 ECM - Credits for Permanent Education in Medicine
Workshop schedule	<p><b>Schedule:</b></p> <p>Day 1 8:30 - 18:00 (6 actual hours) Day 2 8:30 - 18:00 (7,5 actual hours) Day 3 8:30 - 18:00 (6 actual hours)</p> <p><b>19,5 total hours (excluding registrations, pre-test, final test, breaks and transfers) comprising 5 hours of lesson, explanation/debate and 14,5 hours of practical work.</b></p>
Programme of the workshop according to the ECM (Permanent Education in Medicine) system, (it must also include the tests -not included in the schedule- and also the actual instructors and their substitutes)	<p align="center"><b>DAY 1</b></p> <p><b>8.30-9.00 registration of the participants</b> <b>9.00-9.30 pre-test</b> <b>9.30-9.45 Initial evaluation and proficiency test (10 True/False questions)</b> <b>9.45-10.15 Clinical Training is presented</b> <b>9.45-10.15 lesson</b> The papers to be used are shown and explanations are given on how to fill them in.</p> <p><b>10.15-11.15 lesson</b> The workshop is presented to the Doctor of the Clinic. He/She (in charge of the unit) will explain the situation of the patients who will be treated, and the pathologies they suffer from: medical (physical) diagnosis.</p> <p><b>11.15-12.00 Hands on .....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients.</p> <p><b>12.00-12.15 Papers are filled-in at the end of the treatment.</b> <b>12.15-13.00 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>13.00-13.15 Papers are filled-in at the end of the treatment.</b> <b>13.15-14.30 break</b> <b>14.30-15.00 Discussion/Debate</b> Discussion about the single evaluations <b>15.00-15.45 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>15.45-16.00 Papers are filled-in at the end of the treatment.</b> <b>16.00-16.15 break</b> <b>16.15-16.45 Discussion among therapists....</b> <b>16.45-17.30 Hands on.....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients</p> <p><b>17.30-18.00 Hands on.....</b> <b>Re-evaluation of the treatments,</b> data organization on evaluation sheets, and day closure.</p> <p align="center"><b>DAY 2</b></p> <p><b>8.30-9.30 lesson</b> The work of the day is introduced: Pathologies, treatments and the evaluation obtained thanks to the work done on the previous day are summarized.</p> <p><b>9.30-10.30 Hands on.....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients.</p> <p><b>10.30-10.45 Papers are filled-in at the end of the treatment.</b> <b>10.45-11.00 break</b> <b>11.00-11.45 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>11.45-12.00 Papers are filled-in at the end of the treatment.</b> <b>12.00-12.45 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>12.45-13.00 Papers are filled-in at the end of the treatment.</b> <b>13.00-14.30 break</b> <b>14.30-15.00 Discussion/Debate....</b> Discussion about the single evaluations <b>15.00-15.45 Hands on.....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients.</p> <p><b>15.45-16.00 Papers are filled-in at the end of the treatment.</b> <b>16.00-16.15 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>16.45-17.00 Papers are filled-in at the end of the treatment.</b> <b>17.00-17.15 break</b> <b>16.30-16.45 Discussion among therapists....</b> <b>16.45-17.30 Hands on....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients.</p> <p><b>17.30-18.00 Hands on.....</b> <b>Re-evaluation of the treatments,</b> data organization on evaluation sheets.</p> <p align="center"><b>DAY 3</b></p> <p><b>8.30-9.30 lesson</b> The work of the day is introduced: Pathologies, treatments and the evaluation obtained thanks to the work done on the previous day are summarised</p> <p><b>9.30-10.30 Hands on.....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients.</p> <p><b>10.30-10.45 Papers are filled-in at the end of the treatment.</b> <b>10.45-11.00 break</b> <b>11.00-11.45 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>11.45-12.00 Papers are filled-in at the end of the treatment.</b> <b>12.00-12.45 Hands on.....</b> <b>Practical work</b> CST applied to patients, followed by evaluation.</p> <p><b>12.45-13.00 CST applied to patients, followed by evaluation.</b> <b>13.00-14.30 break</b> <b>14.30-15.00 Discussion/Debate</b> Discussion about the single evaluations <b>15.00-15.45 Hands on.....</b> <b>Practical work</b> CransoSacral Evaluation, application of the techniques according to the evaluation done. CST applied to patients.</p> <p><b>15.45-16.00 Hands on.....</b> <b>Re-evaluation of the treatments,</b> data organization on evaluation sheets. <b>16.00-16.30 Discussion/Debate among therapists, family members, and the Upledger Instructor</b> Discussions on the single evaluation and closure.</p> <p><b>16.30-17.30 Oral Exam.</b> <b>17.30-17.45 Filling-in of the questionnaire regarding ECM for the Ministry of Health.</b> <b>17.45-18.00 Filling-in of the Upledger questionnaire.</b></p>
Teachers and substitutes	D. Maggio, P. Quirini.
Tutors and substitutes	The workshop does not require assistants, but it requires a supervising doctor who will also lead the group discussions.

# CST CLINICAL TRAINING

VCP - Vegetative Coma Patients and MCP - Minimal Conscience Patients.

IN THE FOLLOWING VIDEO you'll hear the voices of: the Instructor (*Supervisor*) - the **Leading Therapist** - Gregorio's **Wife**  
MOREOVER, YOU'LL ALSO SEE the **Patient** (Gregorio) - the Group of Facilitators.



## DIALOGUE WITH THE PATIENTS' FAMILY MEMBERS

- ▶ Instructor (voice 1 - off screen): *Please come here.*
- ▶ Leading Therapist (voice 2 - off screen): *He's just sighed deeply.*
- ▶ Instructor: *Eh...! What's this lady going to tell us?*
- ▶ Leading Therapist: *This is Gregorio.*
- ▶ Instructor: *.... Gregorio.*
- ▶ Leading Therapist: *Diego, have you met him?*
- ▶ Instructor: *Yes, sure. What about him, madam?*
- ▶ Instructor: *How is he doing? What do you think?*
- ▶ Gregorio's wife: *He's asleep.*
- ▶ Instructor: *Is he calm?*
- ▶ Gregorio's wife: *Yes, yes he is.*
- ▶ Instructor: *Are you glad about that?*
- ▶ Gregorio's wife: *Yes I am.*
- ▶ Instructor: *Have they done a good job?*
- ▶ Gregorio's wife: *Absolutely!*
- ▶ Instructor: *Good.*
- ▶ Leading Therapist: *What was he like today? You said "tender" earlier on...*
- ▶ Gregorio's wife: *True, he had never been like that.*
- ▶ Leading Therapist: *Never like that...?*
- ▶ Gregorio's wife: *He had never held my hand!*
- ▶ Instructor: *... Really?! That's nice!*