

# Collected Scientific Research Relating to the Use of Osteopathy with Dementia

## Important:

1) Osteopathy involves helping people's own self-healing abilities to work better, rather than focussing primarily on particular conditions.

2) Each person is different, and osteopathy treats them differently.

Therefore people respond to osteopathic treatment in different ways. Treatments that work for one person cannot be guaranteed to work for another person in the same way. The fact that there is scientific research supporting a treatment in a group of people does not mean that it will always work in the same way (which is probably true of all research).

A number of things make research into osteopathy challenging. These include the two aspects of osteopathy mentioned above, and also the lack of major commercial interests to provide funding in expectation of financial returns. At the same time, there is an emerging body of research demonstrating the usefulness of osteopathic treatment.

More research is being done all of the time. I am not aware of any research which shows that osteopathic treatment, delivered by a qualified osteopath, is ineffective in relation to this area. If you are aware of any studies that show that, please bring them to my attention.

Please note: there is room for debate about the classifications used for these studies. Please let John Smartt know if you believe that any of these classifications are incorrect.

# These studies are from peer-reviewed journals

Number  
of studies:  
1

## Clinically and statistically significant results

Number  
of studies:  
1

### Case controlled studies

Number of studies: 1

Gerdner LA, Hart LK, Zimmerman MB 2008 **Craniosacral still point technique: exploring its effects in individuals with dementia.** J Gerontol Nurs Mar;34(3):36-45.

"A mixed methodology was used to explore the effects of craniosacral still point technique (CSPT) in 9 older adults with dementia. Participants were monitored at baseline (3 weeks), intervention (6 weeks), and postintervention (3 weeks) using the modified Cohen-Mansfield Agitation Inventory (M-CMAI). CSPT [craniosacral still point technique] was implemented daily for 6 weeks by a certified craniosacral therapist. Findings indicated a statistically significant reduction in M-CMAI total and subscale scores during the intervention period. This reduction continued during postintervention for subscale scores of physical nonaggression and verbal agitation. Staff and family interviews provided convergent validity to the quantitative findings. Participants were also more cooperative during caregiving activities and displayed meaningful interactions."