

1 **Clinical Practice Guideline:** **Sacro-Occipital Technique (SOT)TM**

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3 **Date of Implementation:** **July 13, 2006**

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5 **Product:** **Specialty**

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8 **GUIDELINES**

9 American Specialty Health – Specialty (ASH) considers Sacro-Occipital TechniqueTM
10 (SOT), purported to affect cerebrospinal fluid (CSF) flow, as unproven due to insufficient
11 evidence in the scientific literature to support clinical effectiveness.

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13 For more information, see *ASH Techniques and Procedures Not Widely Supported as*
14 *Evidence Based (CPG 133 – S)* clinical practice guideline.

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16 Patients must be informed verbally and in writing of the nature of any procedure or
17 treatment technique that is considered experimental/investigational or unproven, poses a
18 significant health and safety risk, and/or is scientifically implausible. If the patient decides
19 to receive such services, they must sign a *Member Billing Acknowledgment Form* (for
20 Medicare use *Advance Beneficiary Notice of Non-Coverage form*) indicating they
21 understand they are assuming financial responsibility for any service-related fees. Further,
22 the patient must sign an attestation indicating that they understand what is known and
23 unknown about, and the possible risks associated with such techniques prior to receiving
24 these services. All procedures, including those considered here, must be documented in the
25 medical record. Finally, prior to using experimental/investigational or unproven
26 procedures, those that pose a significant health and safety risk, and/or those considered
27 scientifically implausible, it is incumbent on the practitioner to confirm that their
28 professional liability insurance covers the use of these techniques or procedures in the event
29 of an adverse outcome.

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31 **DESCRIPTION/BACKGROUND**

32 Sacro-Occipital TechniqueTM (SOT) represents a variety of diagnostic and therapeutic
33 procedures. SOT is predicated upon the existence of what proponents call the “cranial
34 sacral respiratory system.” This system is said to exhibit regular respiration-like
35 oscillations that are transmitted through the dura and thereby affect the flow of
36 cerebrospinal fluid. Proponents believe SOT affects a wide range of neurological and other
37 functions. They also posit the existence of a variety of complex motions among osseous
38 and other structures of the skull that may affect health. The central therapeutic procedure
39 employed is pelvic and spinal blocking. Padded, wedge-shaped blocks are placed under
40 the pelvis and/or spine in order to affect desired changes in spinal alignment and motion
41 (Cooperstein & Gleberzon, 2004).

1 Major Bertrand DeJarnette, DC, DO developed SOT in 1925. Dr. DeJarnette appears to
 2 have based his system on the Osteopathic Cranial Technique developed by W.O.
 3 Sutherland, DO. The origins of the currently popular CranioSacral Therapy™ of John
 4 Upledger, DO, can also be linked to Sutherland’s techniques as well as to SOT.

6 EVIDENCE REVIEW

7 There is literature published by SOT practitioners that describes the techniques and
 8 rationale for SOT. However, almost none of the literature evaluates the diagnostic or
 9 therapeutic claims of this technique. There are no clinical trials, cohort studies, or clinical
 10 case series involving more than 5 patients. The case studies reported do not permit any
 11 conclusions to be drawn concerning the clinical effectiveness of SOT. A series of reliability
 12 studies were performed to evaluate the intra- and inter-examiner reliability of 15 different
 13 diagnostic tests employed in the SOT system (Leboeuf, 1991). Overall, these tests
 14 performed very poorly. The author concluded, “It appears unlikely that SOT tests can be
 15 reproduced to a sufficiently high degree to constitute useful clinical procedures.” Other
 16 reliability studies evaluating the cranial suture palpation procedures (Rogers et al., 1998;
 17 Wirth-Pattullo and Hayes, 1994; Hanton et al., 1998; Moran and Gibbons, 2001;
 18 Sommerfeld et al., 2004) also failed to demonstrate any clinically useful procedures. There
 19 is no scientific evidence supporting the underlying theories of cranial sacral respiration and
 20 related phenomena that underlie the SOT system (Bordoni et al., 2020). Bordoni and
 21 Escher (2023) reviewed the most recent information on the maturation of the sutures of the
 22 spheno-occipital synchondrosis (SOS) and cranial bones, the behavior of the cerebrospinal
 23 fluid (CSF), the maturation of the cranial meninges, and the evolution of the sacroiliac
 24 joint. Authors strongly advised abandoning the absolute certainty of the validity of the
 25 mechanisms devised by proponents of craniosacral therapy and related techniques and
 26 looking for new motivations and new methods of palpation, with respect to what is palpated
 27 by expert operators.

28
 29 The application of SOT diagnostic or therapeutic procedures does pose safety risks.
 30 Particularly with respect to the unconventional diagnostic system used by SOT, there is a
 31 risk of substitution harm of valid diagnostic tests and diagnostic conclusions being
 32 abandoned in favor of the SOT system.

34 *References*

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