Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Best evidence statement (BESt). Craniosacral therapy for children with autism and/or sensory processing disorder.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). Craniosacral therapy for children with autism and/or sensory processing disorder. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Aug 25. 5 p. [13 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

There is insufficient evidence and a lack of consensus to make a recommendation on using craniosacral therapy (CST) to improve the behavior of children with autism and sensory processing disorder.

Note: Concerns are raised in the literature about the validity of the tools used to measure the craniosacral rhythm, identify craniosacral dysfunction and efficacy of craniosacral treatment (Green et al., 1999 [1a]; Levy & Hyman, 2005 [5b]).

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

- Autism spectrum disorder
- Sensory processing disorder

Guideline Category

Treatment

Clinical Specialty

Family Practice

Internal Medicine

Neurology

Pediatrics

Psychiatry

Psychology

Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

To evaluate, among children with autism spectrum disorder or sensory processing disorder, if the use of craniosacral therapy (CST) compared to standard care without CST improves behavior

Target Population

Children (ages 3 and up) with autism spectrum disorder (ASD) and/or sensory processing disorder (SPD)

Interventions and Practices Considered

Craniosacral therapy (CST) compared to standard care without CST

Major Outcomes Considered

Behavior

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

Databases: Ovid-Cochrane, Medline, EBSCO-CINAHL, Health Watch

Keywords: Craniosacral therapy, craniosacral, autism, autism spectrum disorder, sensory integration disorder, sensory integration, sensory processing disorder, SPD, alternative treatments, CAM therapies, CAM, massage therapy, integrative therapies, anxiety, ADD/ADHD, tantrums, behavior issues, behavior problems, behavior, safety, efficacy

Limits: None, all dates included

Retrieved: September 2010-July 2011

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or vice-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
No recommendation made	There is a lack of consensus to direct development of a recommendation.
Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	
1. Grade of the body of evidence 2. Safety/harm 3. Health benefit to the patients (direct benefit) 4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time) 5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis) 6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome]) 7. Impact on morbidity/mortality or quality of life	

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Reviewed against quality criteria by 2 independent reviewers.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Green C, Martin CW, Bassett K, Kazanjian A. A systematic review of craniosacral therapy: biological plausibility, assessment reliability and clinical effectiveness. Complement Ther Med. 1999 Dec;7(4):201-7. [46 references] PubMed

Levy SE, Hyman SL. Novel treatments for autistic spectrum disorders. Ment Retard Dev Disabil Res Rev. 2005;11(2):131-42. [189 references] PubMed

Type of Evidence Supporting the Recommendations

Current evidence was found to be mostly descriptive studies, which was considered insufficient to make a recommendation.

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- An open label (n=68) observational study of craniosacral therapy (CST) and acupuncture treatments in adults with asthma reported improved asthma quality of life scores and reduced medication usage.
- Clinicians who practice CST with patients with ASD anecdotally observe a decrease in self-injurious behavior and improved social skills. Additionally, CST is often very relaxing and calming supporting overall health and wellness. However these benefits have not been generally studied and reported in the medical literature.
- Parents report improvements in behavior, ability to focus and social skills.

Potential Harms

Not stated

Contraindications

Contraindications

Upledger craniosacral training programs state that acute intracranial hemorrhage, intracranial aneurysm, recent skull fracture and herniation of the medulla oblongata are contraindications for craniosacral therapy (CST). The theoretical basis for this is the potential to increase intracranial pressure with CST. Data to support this idea is not reported in the literature.

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011 Aug 25

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .

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Patient Resources

None available

NGC Status

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