

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

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Product: Specialty

GUIDELINES

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

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

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

DESCRIPTION/BACKGROUND

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

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

EVIDENCE REVIEW

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

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

References

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