



Professional Development

2009 - 2010

The Neural Manipulation series is comprised of three courses developed by Jean-Pierre Barral, D.O., and Alain Croibier, D.O., founders of the Barral Institute:

1. *NM1 Neuromeningeal Manipulation*
2. *NM2 Peripheral Nerve Manipulation*
3. *Upper Body and NM3 Peripheral Nerve Manipulation; Lower Body.*

Corinne initially started her training in nervous system work through Alain Croibier in New York 2005 with NM1. She continued the NM series in 2006 / 2007 and re-did the entire series of neural mobilization courses with Christoph Sommers in Bellingham, Washington in 2009-2010. Through C. Sommers she also completed a course in neural/meningeal integration in March of 2010.

Neural Manipulation The Therapeutic Value of Neural Manipulation

“Neural Manipulation as developed by Barral and Croibier examines mechanical relationships between the cranium/spine hard frame to the dura and neural elements. It provides assessment and treatment approaches to address restrictions of the dural and neural components not commonly focused on with musculoskeletal symptoms. Neural Manipulation identifies and releases local nerve restrictions while at the same time examines the effect these local fixations have on the rest of the body, and by accessing this relationship, resolves the more comprehensive (global) dysfunctional patterns.”

www.barralinstitute.com/about/ns/php

Nerves function correctly when they are able to slide and glide within their surrounding structures. When nerves become fixed through trauma, injury or disease, it loses its ability to glide and/or stretch.

Fixation of nerve sections can harden into “nerve buds” which interrupt their impulse transmission, become very sensitive and painful to

touch. "Nerve buds can be released very quickly, sometimes within one therapy session."

Neural Manipulation and its Influence on Organs

Visceral Manipulation techniques can affect the movement apparatus and vice versa. It is important to note that the release of sensitive nerve buds can have a favorable effect on the functioning of the corresponding visceral organs. The neural manipulation is involved in all body functions and without neural control certain visceral activity cannot be maintained. The stimulation of nerves is processed centrally and reported back to the body as feedback. This sequence of responses functions providing no interference (fixation) is present.

Whether the structures involved include joints, fascia, viscera, brain and peripheral nerves, or emotional centers, proper evaluation is essential for good therapeutic results. The treatment of a normal nerve section (without fixation) has no adverse effect, however a local nerve irritation can result.

How Does Neural Manipulation Help You?

With interferences in certain body zones, the respective spinal cord and/or brain structures may also be irritated. A peripheral nerve treatment can influence these so-called facilitated areas and therefore promote a common or systemic effect. Manual treatments are basically effective due to the mechanical effects that cause neural stimuli, which can be transmitted at a local or central level. Manual neural manipulation changes intra- and extraneural pressure, improves sympathetic function to blood vessels due to the auto-innervation of the sympathetic gangli and sympathetic innervation of peri-neural connective tissues both of which are affected with treatment of fixations in the nerve sheaths.

Treatment of the nerve component whether peripherally or centrally can dramatically affect conditions such as sciatic pain, lower back and sacro-iliac dysfunction, local joint problems such as shoulder, elbow, wrist, hip, knee and ankle pain unrelated to a specific injury, pelvic floor dysfunction, digestive or urogenital related disorders, headaches, jaw and TMJ disorders. Consideration of this approach can be helpful to most seemingly and commonly diagnosed musculoskeletal complaints.

How is Neural Manipulation Performed?

Treatment to nerves is through precise applied pressure. The tension of the perineurium and all other neural connective tissues is transmitted down to the root sheaths, so the distal contact has a central effect mechanically and reflexogenically.