



New Horizons for ME/CFS, Fibromyalgia, and Long COVID Hands-On Healing Session

“Turn the waters of life loose at the brain, remove all hindrances and the work will be done, and give us the eternal legacy, longevity.”

—A. T. Still MD, DO, *Philosophy of Osteopathy*


1) Palpating the Cranial Mechanism (CRI)

Goal: perceive the Cranial Rhythmic Impulse (CRI) — gentle 6–12 cycles/min expressing CNS vitality.

Becker Hold (Occipital Cradle): Patient supine, quiet room. Sit at head of table; cradle occiput in palms, fingertips at sub-occipital ridge. Soften hands and let tissues guide. Observe expansion/contraction, rate, amplitude, symmetry.

Interpretation:

Slow/shallow = reduced CSF mobility, sympathetic dominance. Full/balanced = parasympathetic quieting, better drainage.

 Instructor Notes: 6–8 min demo and practice. Coach ‘follow ease,’ ‘less is more.’ Watch for jaw tension or dizziness. Goal is to get a sense of motion, score 0-10 (subjective) by palpation, evaluate Potency.

“To find health should be the object of the doctor. Anyone can find disease.” — A.T. Still

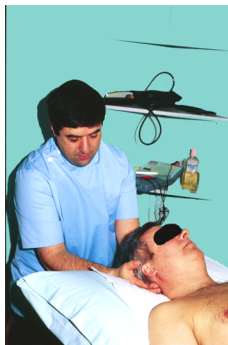


Figure 16 Functional technique to the suboccipital region

With the patient lying supine the operator’s hands were placed at each side cradling the occiput, which was then slightly lifted off the pillow and held in a fixed position to produce comfort and relaxation of the tissues in the upper cervical region.

The same technique was applied to the pelvic and lower lumbar region by cradling one hand under the patient’s sacrum and palpating the muscular tone in the lumbar sacral region.



Figure 17 Cranial treatment

The operator’s hand is placed in two different positions cradling the head laterally and antero-posteriorly. The cranial procedure involves very gentle pressure and movements that are very minimal.

👉 2) Hands-On Treatment Sequence: Balancing the Autonomic Nervous System

Treatment Goal: Increase ParaNS (Vagal) tone, quiet SNS tone, appreciate the connection between the cranium and the sacrum. Remember CRI (0-10 score from prior). Great to do in the office while getting hx.

A. Occiput — Using Becker or vault hold encourage motion present. Sense for changes in blood flow. Increase Parasympathetic tone (Vagus). Follow ease until release or warmth. Reassess CRI.

B. Rib Raising — Decrease Sympathetic firing (T1–L2). Lift ribs with slow oscillation, 2–3 min each side. Especially helpful around the cisterna chyli in the back. May go up the entire spine (stay in the gutter to the side of the muscles; articulating over the rib heads)

C. Sacral Balancing — Increase Parasympathetic tone (S2–S4). Follow motion to balanced tension and wait for ease. DOs- hand to the sacrum (prone or supine), indirect motion, monitor locally as well as globally.

💬 Instructor Notes: 5 min each technique. No HVLA. Encourage noticing signs of parasympathetic activation (sigh, warmth, yawning, change in breathing, slowing HR, stillness). Reassess after change.

“When all of the fulcrums are synchronized there will be peace and harmony. -W.G. Sutherland DO

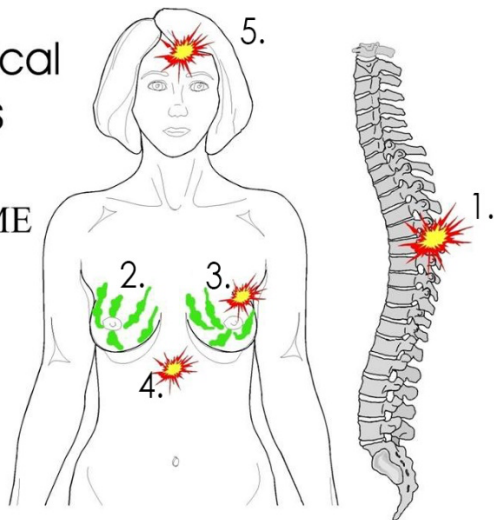
🔍 3) Diagnosing the Five Perrin Signs of ME/CFS, Fibromyalgia, and Long COVID

Sign	How to Find	Meaning
Thoracic flattening T4–T6	Rigid/tender segment	*Sympathetic facilitation
Varicose megalymphatics	Beaded cords chest/neck	Lymphatic reflux
Perrin’s Point	2–3 cm sup-lat to L nipple	Thoracic duct irritation
Coeliac plexus tenderness	Below xiphoid	*Visceral SNS overload
Dampened CRI	Slow/uneven rhythm	Impaired drainage/ANS imbalance

Two-sign protocol (Thoracic + Coeliac) ≈ 88% diagnostic accuracy (BMJ Open 2017).

💬 Instructor Notes: Practice assessing major signs. Feel for heat, TART, Trophic changes, May visibly see sunken spine and warm/tender coeliac plexus. 12–15 min for all five signs. Light touch, clear consent, document findings. Practice clothed in clinic may be beneficial to have patient in gown.

Physical Signs of CFS/ME



1. Long standing thoracic spinal problem (with tenderness at T4/T5/T6 segments).
2. Varicose lymph (megalymphtatics)
3. Perrin's Point
4. Coeliac plexus
5. Reduction in cranio-sacral rhythm (CRI)

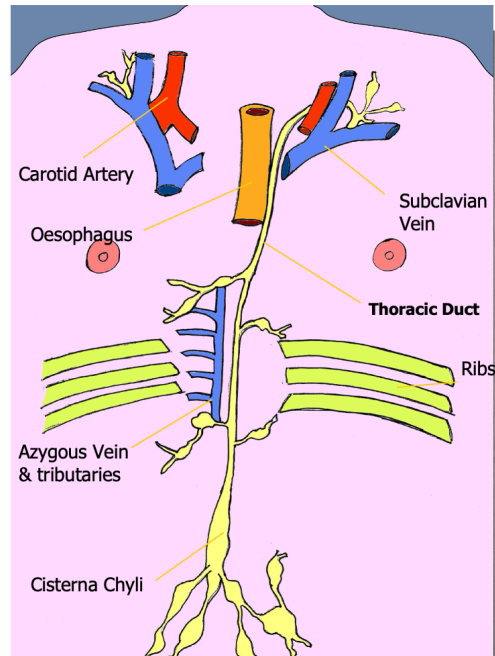


Figure 48 The Thoracic Duct

The thoracic ducts abdominal origin is usually at L1-L2 but may be lower. The enlarged cisterna chyli is not always present. The duct begins on the right side of the abdomen and passes across to the left side at the nipple line and ends at the left subclavian vein

4) Workshop Flow

Center → Assess CRI → Screen 5 Signs → Treat (OA, ribs, sacrum) → Recheck CRI → Educate on pacing and rest.

“Within that cerebrospinal fluid there is an invisible element that I refer to as the “Breath of Life.” I want you to visualize this Breath of Life as a fluid within this fluid, something that does not mix, something that has potency as the thing that makes it move. Is it necessary to know what makes the fluid move? Visualize a potency, an intelligent potency, that is more intelligent than your own human mentality.” – *W. G. Sutherland DO*

Instructor Notes: 15 min per dyad. Encourage noticing the moment of change. Debrief findings. Check other participants and complete screening. Note response of CRI after even minimal intervention.

5) Self-Care & Pacing

For Patients: Do half of what you feel able. Hydrate, breathe slowly, gentle movement, prioritize sleep. Pacing, Contrast Bathing, Avoiding PEM, and gentle movement. Hydration is also extremely important

Flexibility/Mobility and Breathing Exercises:

- A. Flexibility & mobility exercises
- B. Repeat 3 times a day
- C. These gentle rotation exercises are designed to gently increase back movement. It is important to keep your head, neck and upper body facing the same direction as you do them.
 - 1. Sitting upright on a firm surface, with hands placed round the sides of the neck and elbows down, gently rotate your upper body to the right and then left (from the waist up) about 45 degrees in total (just a little each way and not stopping in the middle). The movement must be slow, rhythmic and as relaxed as possible during the entire process (repeat 5 times).
 - 2. Repeat the rotation above, but with your arms crossed, and hugging your shoulders with your hands (5 times).
 - 3. Repeat again, but with your arms folded at the waist (5 times).
 - 4. Stand up if you are able and gently roll the shoulders slowly forward 5 times and then slowly backwards 5 times. These stages will take about one minute, when done at the correct speed.

B. Breathing exercise (For Long COVID patients or if you have experienced breathing difficulties)

Repeat 10 times - 3 times a day

- 1. Sit down with hands placed round the sides of the neck with elbows held out. Take a deep breath in fully.
- 2. Then, start to breathe out slowly through the nose whilst bending your head, neck and upper back forwards and down, with the elbows gently closing in on each other. Hold the breath for 3 seconds in this bent sitting position.
- 3. Breathe in through the nose, slowly straightening your back whilst at the same time pushing elbows forwards, upward and out. Once you have breathed in fully with elbows out you should be back to the starting position (1).

For Clinicians: Regulate yourself first. Calm breath, soft hands, document objective changes. Always Reassess & remember to document the response to treatment. You may be the first safe clinician that validates the truth of their illness. This is powerful medicine. Encourage patient self-treatment.

“The cerebro-spinal fluid is one of the highest known elements that are contained in the body, and unless the brain furnishes this fluid in abundance, a disabled condition of the body will remain. He who is able to reason will see that this great river of life must be tapped and the withering field irrigated at once, or the harvest of health be forever lost.” —A. T. Still M.D. *Philosophy and Mechanical Principles of Osteopathy*

References

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Thank You for Participating

"We do not treat disease; we set the body free to move toward health." — A.T. Still

Thank you for joining this hands-on exploration of osteopathic medicine. Your curiosity and care for your patients are what keep our profession alive. Please feel free to share these resources with your patients and fellow clinicians.

Take-Home Message

- Remember the two most powerful signs to diagnose ME/CFA or Fibromyalgia: Tender Coeliac Plexus and Thoracic flattening (T4–T6).
- Always assess the CRI — if it feels asymmetric or low vitality, that patient will benefit from osteopathic treatment. These findings indicate neuro-lymphatic congestion and autonomic imbalance that improve with gentle, competent touch.

Stay Connected

We encourage EVERY clinician to improve their diagnostic and therapeutic acumen with the incorporation of osteopathic touch. You can offer relief and safety for patients in your office. If today's workshop inspired you, explore Perrin Technique resources and self-help exercises on video available at the online self-help guide at www.theperrintechnique.com. All images courtesy of Raymond Perrin DO PHD, from his thesis and books. A one page exercise handout version for patients is on the next page. Please share these resources with your patients with ME/CFS, Fibromyalgia, & Long COVID. Remind your patients to Do HALF and emphasize the importance of PACING. Thank you for participating in the conference and please have a table trainer check and balance anyone following the lab.

In Health,

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SELF TREATMENT ADVICE TO PATIENTS CFS/ME, FIBROMYALGIA, LONG COVID

A. **THE FULL ROUTINE** (To be completed once at night before bed by patient or with help from carer)

1. **Nasal Release:** Rest elbows on table; place tips of index fingers on either side of nose (above the bridge); gently pull down / press up for 7 minutes for the first 10 days followed by 1 minute.
2. **Facial Massage:** With fingers spread out apply a little pressure and... Gently rub down the face for 20 seconds.
3. **Head Massage:**
 - a. Gently rub down the side of the head for 20 seconds each side.
 - b. Gently rub down the back of the head for 20 seconds

The rest of the massage routine should be completed using either a non perfumed baby oil or sweet almond oil.. (if no oil may use makeup brush)

4. **Neck Massage:** Down for 20 seconds (each side).
5. **Breast Massage:** Up for one minute each side (NB. Divide breast into three sections; outer, middle and inner 20 second each towards the collar bone and not the arm-pit.)
6. **Back Massage:** Up for 1 minute each side of the spine (careful not to touch spinal column)
7. **Neck Massage (Back):** Down for 20 seconds each side.

B. **The Head and Neck drainage Routine** (To be completed at least 3 times a day only if symptoms not too severe 6/10 plus)

1. Nasal Release for 1 minute
2. Facial Massage for ,20 seconds at a time.
3. Head Massage down for 20 seconds at a time.
4. Neck Massage down for 20 seconds at a time each side and front and back.
- 5.

Take Milk Thistle Extract (Silymarin) If Tincture used drop into boiling water first. Also try ginger. . Use Cold & Warm compress 3 times a day on upper spine. (cold only if FMS with warm on muscles) Do Rotation Exercises GENTLY AND SLOWLY 3 times a day. (Total arc of movement should be 45 degrees).

**REMEMBER: PACE YOURSELF !
WHATEVER ACTIVITY YOU FEEL CAPABLE OF DOING.....DO HALF!**