



Special Therapies Institute

1720 Dolphin Drive, Unit B Waukesha, WI 53186
262-347-2222 specialtherapiesinstitute@gmail.com

PEDIATRIC BODYWORK WORKSHOP

The Vaughan Approach to Pediatric Bodywork

WHAT YOU WILL LEARN

- Specific analysis of effective therapeutic touch for neonates, infants, and children that facilitates a self-corrective response in fascia and connective tissues.
- The structural foundations of sensory wellness
- How to address structural issues related to self-regulation and sensory modulation.
- Techniques for common infancy challenges such as breastfeeding challenges, colic and digestive un-ease, torticollis and plagiocephaly, self-soothing and state control and other common issues
- Self-analysis of the quality of touch input that facilitates a self-corrective response in tissues and recognize the hypothesis that fascia is the organ of the autonomic nervous system.

MEASURABLE OBJECTIVES

At the completion of this course, participants should be able to:

1. Name three key characteristics of Responsive Hold in this non-invasive touch unique to the blended use of other manual therapy method.
2. Demonstrate mastery of Responsive Hold and elevate palpation competency through mentoring interactions with instructor, available teaching assistants, and repeated feedback from lab practice partners.
3. Describe how the evolving science of fascia can influence interpretations of standard neonatal and pediatric assessments by naming one key behavioral expression and one key structural expression of compromised connective tissues held in protective retraction (sympathetic tone).
4. Identify and palpate at least one anatomical structure relevant to each common infant wellness issue and begin to relate to the expression of such findings in the clinical setting (e.g., tongue ties, breastfeeding struggles, ANS regulation, digestive ease & peristalsis, body tension, and torticollis).
5. Recognize at least one structural (anatomical) issue that clinically correlates to each recognized sensory processing issue and begin to predict where structural strains should be evaluated (e.g., touch defensiveness, auditory defensiveness, ocular motor dysfunction, self-regulation differences, posture/balance difficulties, feeding disturbances).