

# CS-Z #7:

## *The Cranial Base, Spheno-Basilar Junction, Pelvis, Venous Sinuses & Ventricles*

November 12-16, 2025

### **Week Overview:**

- Day 1: Working with Reflexes to the Feet
- Day 2: Sphenoid, Cranial Base & Spheno-basilar Junction
- Day 3: Working with the Pelvis, Softening Fascia & Preparing for the Venous Sinus Drain
- Day 4: Venous Sinuses & the Venous Sinus Drain
- Day 5: Ventricles

# Mid-Course Review

## Module 1

- Foundational Concepts (Blueprint Forces, BCST Definition & History, Tides, Laws of Form)
- Practitioner Skills #1 , #2, #3
- Resonance Process
- CSF
- Body-Low-Slow-Loop

## Module 2

- Polarity Therapy Intro
- Holistic Shift
- Head-Heart-Belly
- Pendulation
- Three Touches
- Diaphragms w/ focus on Respiratory Diaphragm
- Intro to Sacrum

## Module 3

- Autonomic Nervous System Overview
- The Window of Presence
- Social Engagement System
- Resources
- Focusing
- Sacrum
- Mid-space / Central Core
- Occiput & OA

## Module 4

- Sympathetic Branch of ANS
- Parasympathetic Branch of ANS
- Three Stage Process
- Layers (bone, soft tissue, fluid, energy)
- Reciprocal Tension Membrane System
- Pelvis
- Temporal Bones

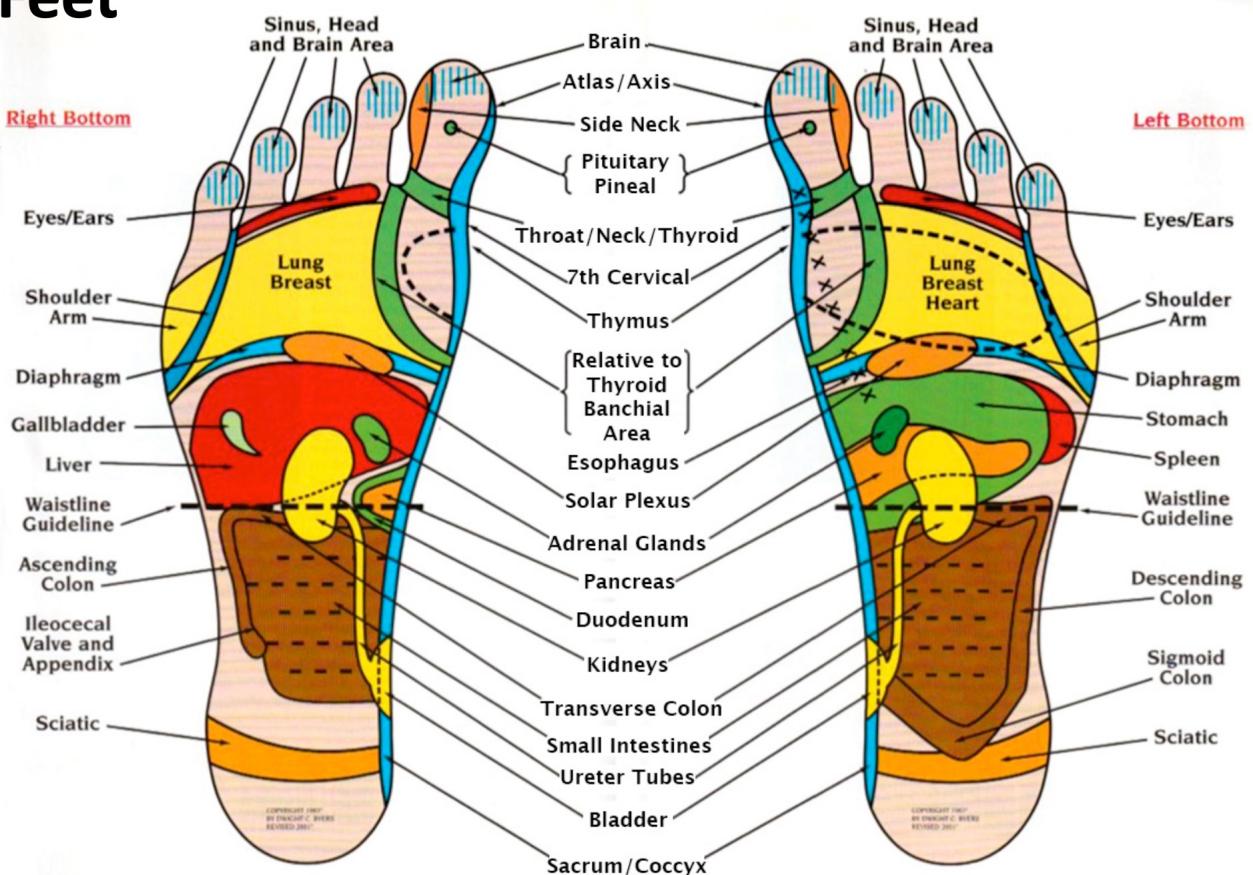
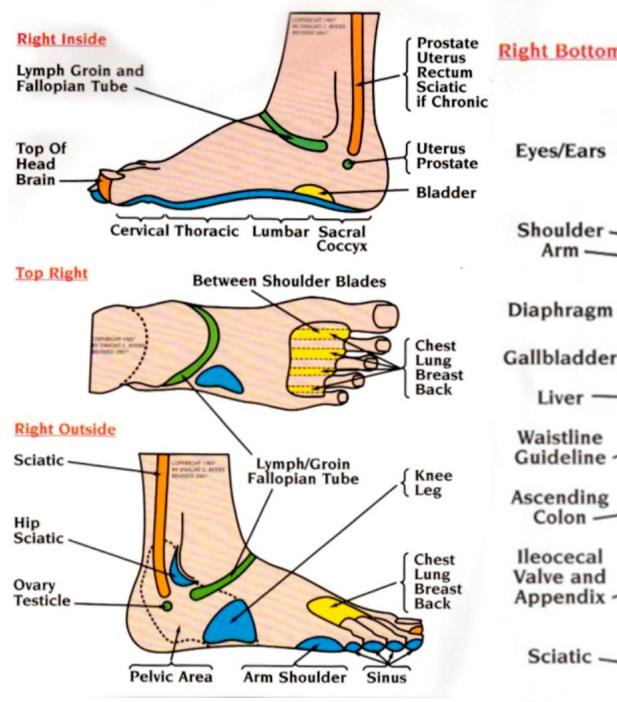
## Module 5

- Embryology - Conception, Weeks 1-4
- Primal Midline (Arising Force)
- Curling / Uncurling
- 5-pointed Star
- Phases on the Continuum
- Zones: A- Body, B- Local Field, C- larger field, D- Horizon and beyond

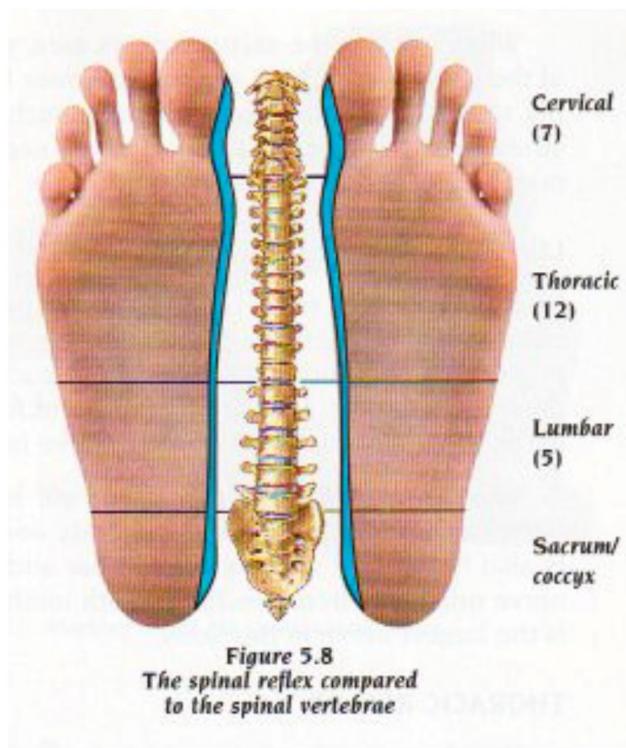
## Module 6

- Vertebrae - Stacking Shapes
- Spinal – Organ Relationships
- Facilitation
- Cervical Vertebrae

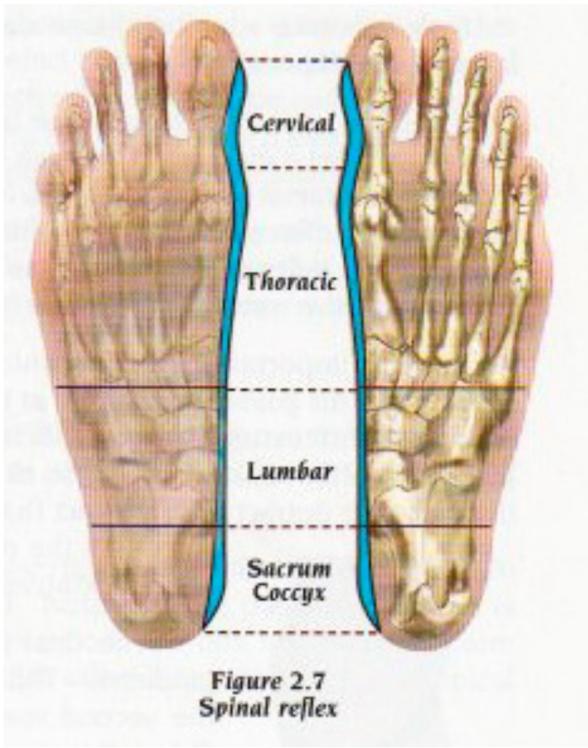
# Reflexes of the Feet



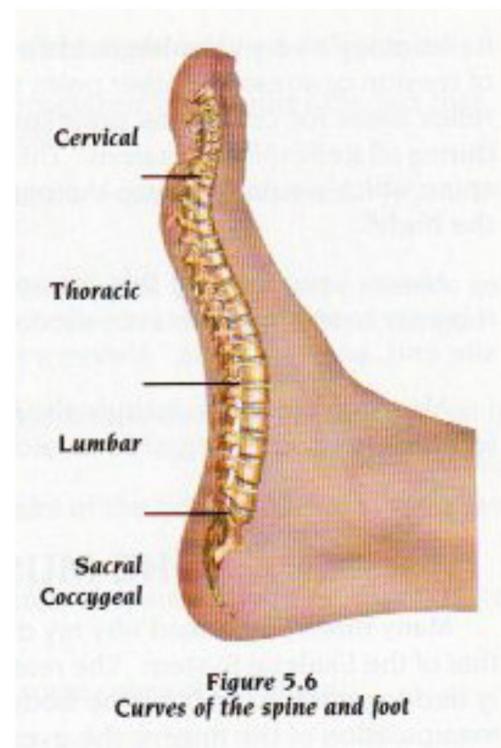
## Spine Reflexes with the Foot



**Figure 5.8**  
The spinal reflex compared  
to the spinal vertebrae



**Figure 2.7**  
Spinal reflex



**Figure 5.6**  
Curves of the spine and foot

# First Tour: Occiput & Sphenoid

## OCCIPUT

1. Platform for most weight bearing (including neck relationships)
2. Anterior (basilar) portion is the floor for the brainstem
3. Forms in four parts
4. Intimate relationship with sphenoid
5. Falx cerebelli attachment; dural ring anchors whole dural tube enclosing spine
6. “Drainage” gate for CSF, blood, spinal cord (via foramen magnum and jugular foramina)
7. Relationship with Sacrum; “modified vertebra”
8. Birth imprint of 3rd stage, pelvic outlet
9. Related Cranial Nerves- IX, X, XI

### Hand positions for Listening:

“Cradle”

“Modified cradle”

## SPHENOID

1. “Master Gear”
2. Very complex structure, with multiple relationships to all other bones of the cranium
3. Forms in three parts
4. Seat of pituitary, “master gland”
5. Tentorium attachment
6. Relationship with coccyx; “modified vertebra”
7. Related Cranial Nerves- I, II, III, IV, V, VI, VII
8. Back wall of the eye orbit
9. Pterygoid processes affect hard palate, maxillae and TMJ

### Hand positions for Listening:

“Vault” (index finger)

“Modified vault” (thumb)

# Sphenoid: Bone of Perception

- Seeing & Perception
  - Seeing: Back of the eye orbit, Nerve Pathway for CN 2-4 & 6, muscles of the eye
  - Perception: Knowing & Insight, Seat of Clairvoyance – the “mind’s eye”
    - Embodiment of our Attitudes & Expectations, What do we allow ourselves to know? How do we filter what we perceive through our attitudes and expectations?
- Center of the Cranium: bony, neurological
- Master Gear
  - Organizing center for bony motion in head & body
- Modified Vertebrae – relationship with Coccyx
- In 3 parts at Birth
- Houses the Pituitary Gland – “The master gland”
  - Milked during inhalation & exhalation

# Sphenoid

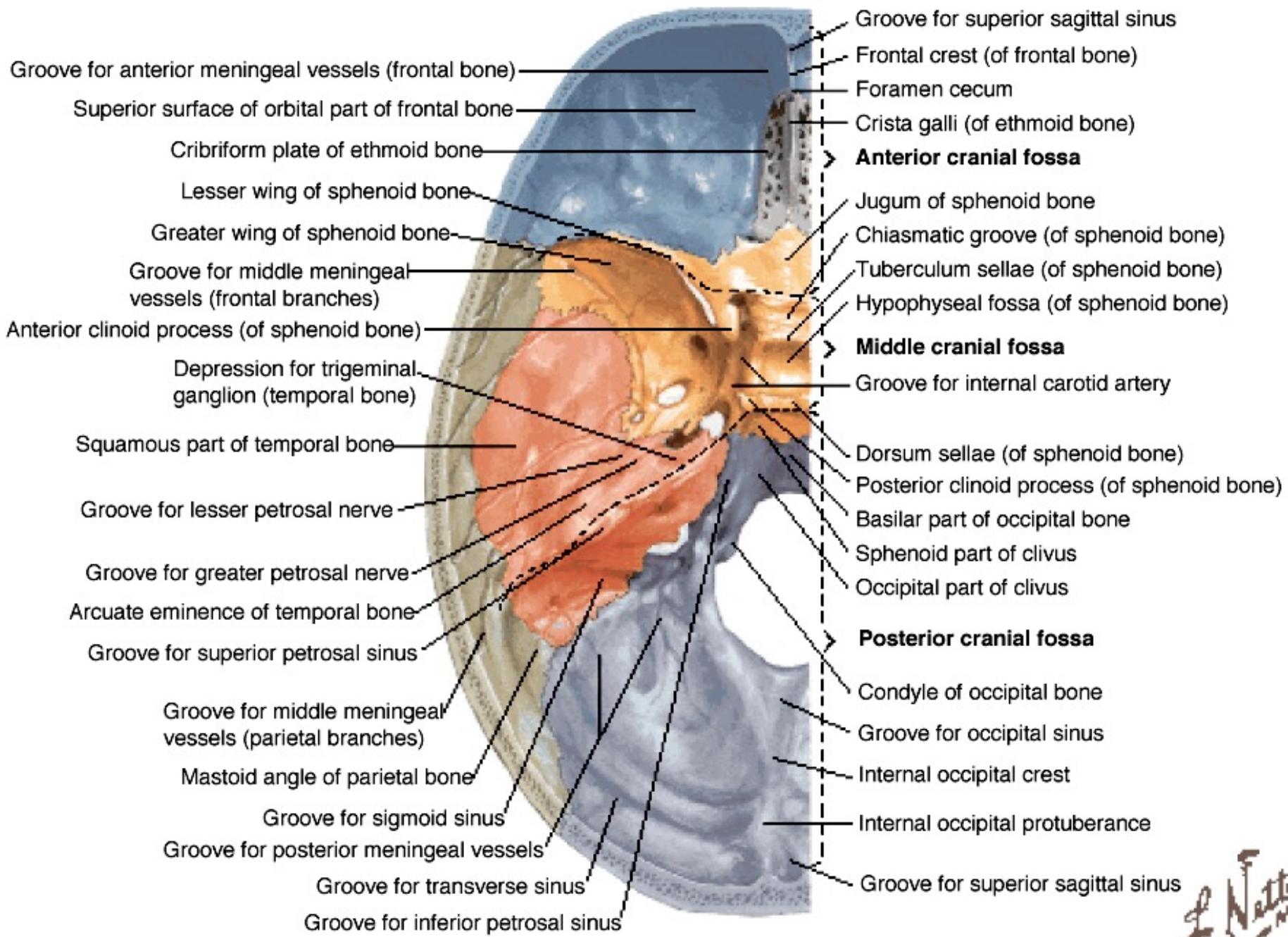
from Visible Body (created by Kate Dean, BCST)



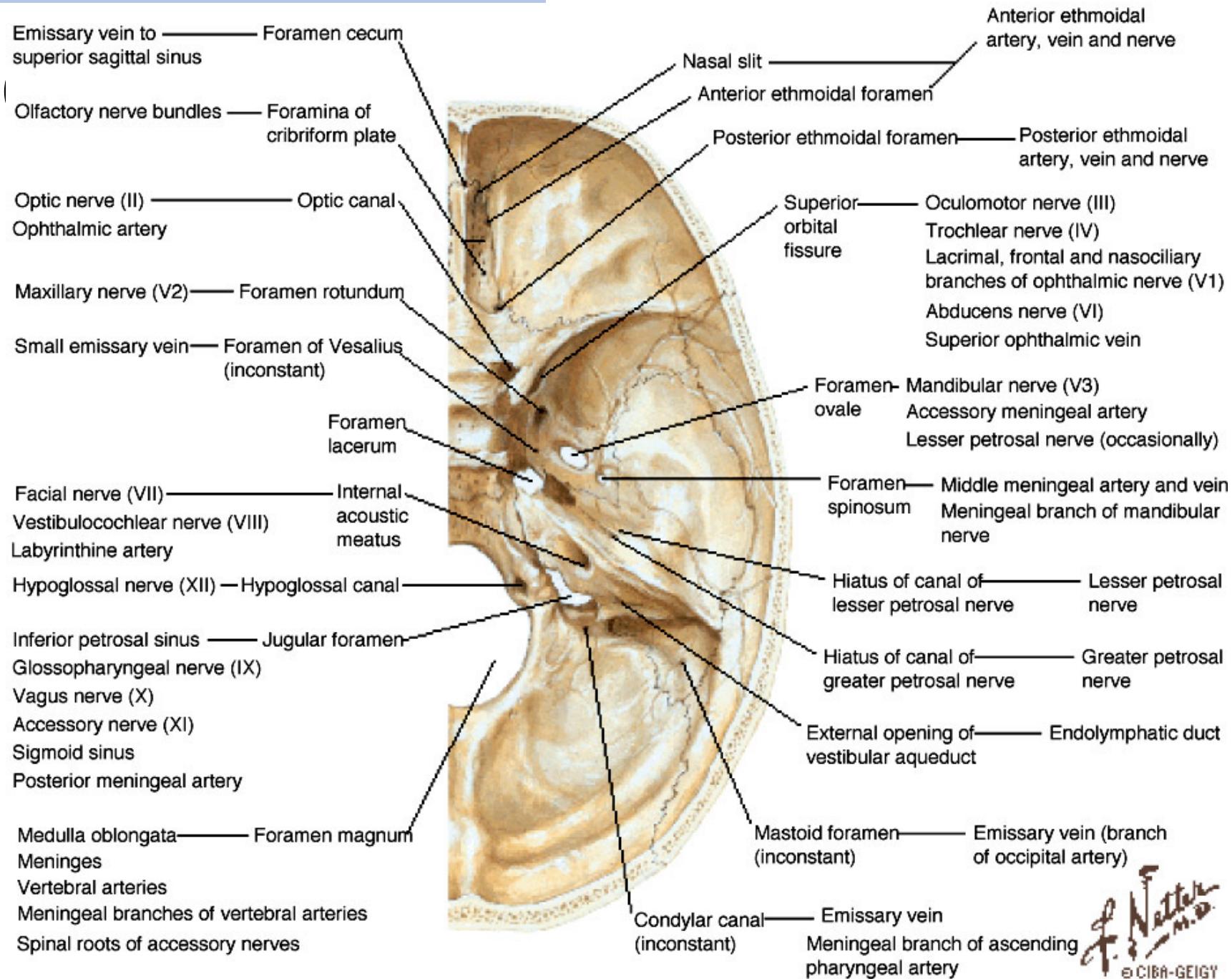
# Sphenoid: Landmarks & Relationships

- Landmarks
  - Body: forms in 2 parts
  - Wings: Greater & Lesser
  - Pterygoid Processes
  - Foramina: Superior Orbital Fissure, Foramen Rotundum, Foramen Ovale
  - Sella Turcica
  - In 3 parts at birth: body & wings
- Relationships
  - Bony: touches 13 cranial bones – all neurocranium bones
    - Back of the eyes
    - Roof of the mouth
    - Temples
  - Soft Tissue: Attachment site for Tentorium
  - Neurological: Floor of CNS, pathway for CN 1-6
  - Muscular: Temporalis, Pterygoids, Eye Muscles
  - Endocrine: Pituitary sits in Sella Turcica

## Cranial Base Internal View 1

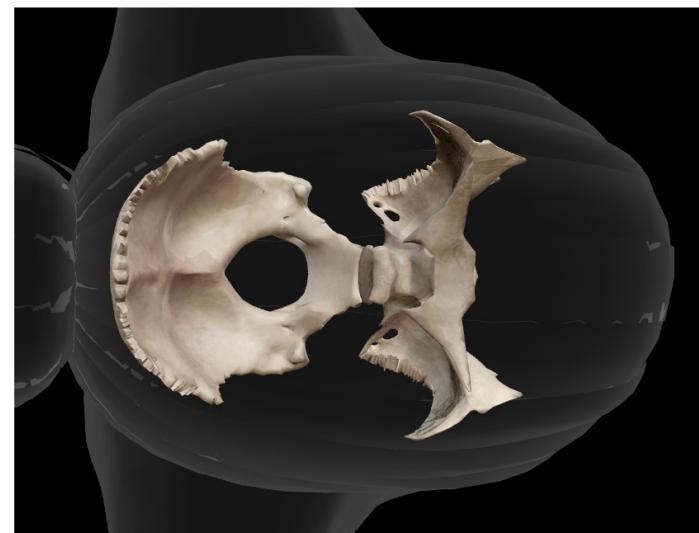
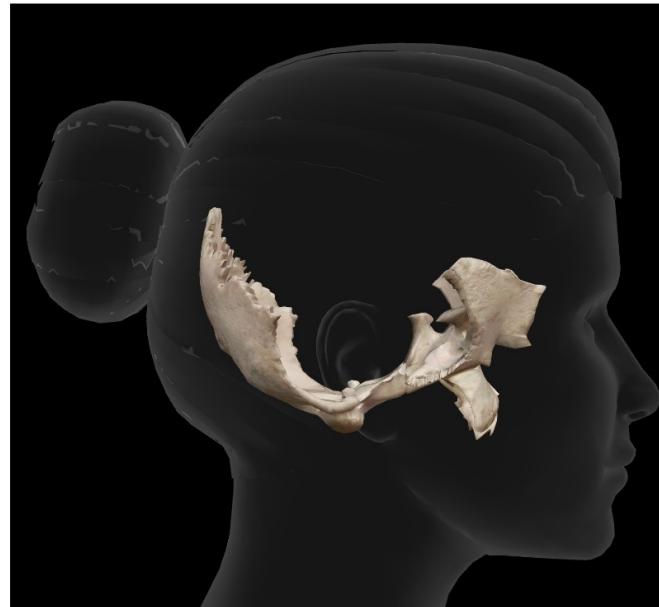


## Cranial Base Internal View 2



# Spheno-basilar Junction

Visible Body (created by Kate Dean, BCST)



# Spheno-Basilar Junction

Visible Body (created by Kate Dean, BCST)



# SBJ Movement in the Tide

*"The healthy sphenoid dreams with perception clarity and revelation" – Hugh Milne*

- Opens like a flower – sphenoid is wide and light – perceptive to subtle phenomena – “clear vision”
- Balanced fluid motion on midline – meeting of the King & the Queen – balance of polarities
- Sphenoid is the “master gear” – all other midline bones oppose its motion
- SBJ rises in inhalation, sphenoid dips forward (all bones open and descend); SBJ descends in exhalation, sphenoid falls back (all bones rise and narrow)
- Gives gentle massage to entire soft tissue, fluid, endocrine and neurological systems for optimal health
  - “Milks” the pituitary – important for release of venous blood
  - Whole bony system “floats” on the tide

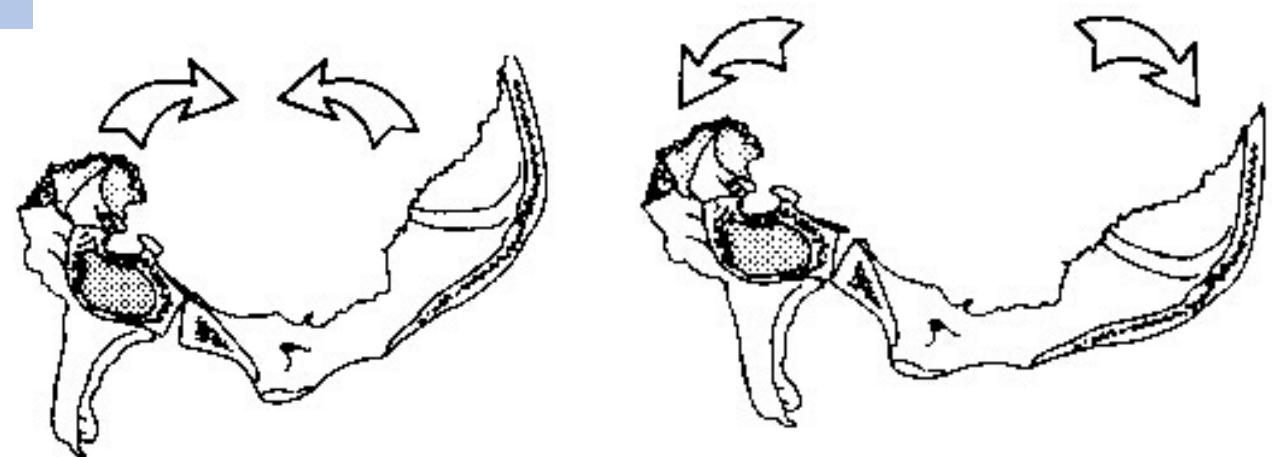
# Shapes of the SBJ

*Inertial fulcrums of any kind will pull the whole system away from midline; as fulcrums resolve, the system will return to midline.*

- **Physiological Shapes** – *How the system manages experience – less symptomology, easier to resolve*
  - Flexion
    - Tall, narrow head – often from birth
  - Extension
    - Wide, flatter head – often from birth
  - Side-bend (Left & Right)
  - Torsion (Left & Right)
  - Compression
- **Non-physiological Shapes** – *Created by outward forces – stronger symptomology, harder to resolve*
  - Lateral Offset
  - Vertical Offset
  - Compression

**SBJ**  
**Flexion and Extension  
Patterns**

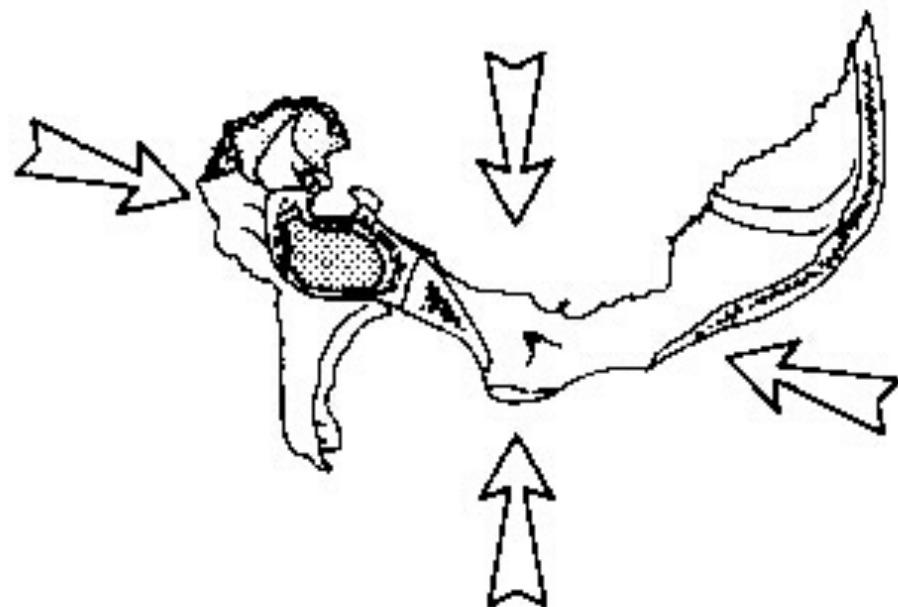
The SBJ shows the system's preference for inhalation or exhalation.



**SBJ Compression Pattern**  
*“Gathering”*

Compression is considered to be a *Non-Physiological Pattern*, in that it arises as a result of external pressures or impacts.

Compression can feel congested, block-like, thick, unmoving.



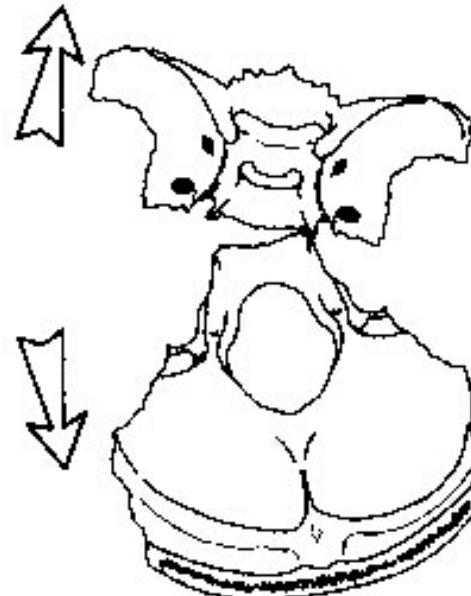
Milne, *The Heart of Listening*, p 268.

## SBJ Sidebending Pattern *“Leaning”*

The pattern is named for the bulging side, though the forces may be more significant on the narrow side.

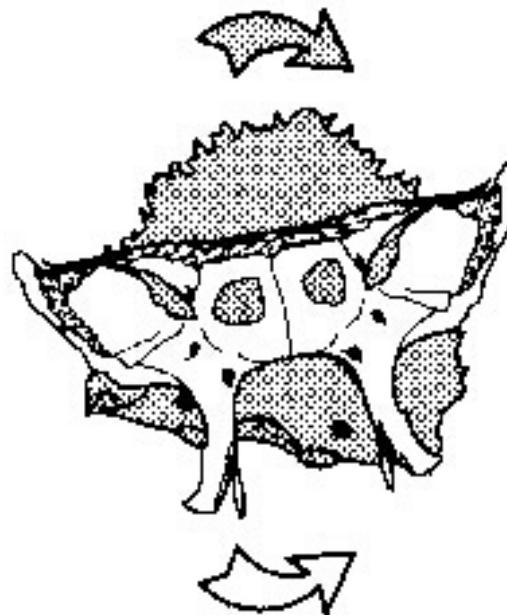
In this example, the pattern would be called Left Sidebending.

Sidebending is considered a physiological pattern, representing an internal adaptation.



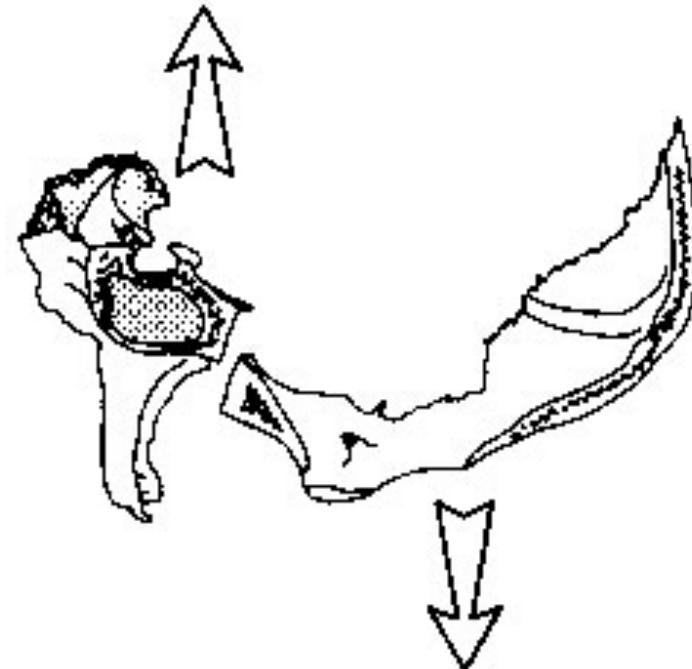
## SBJ Torsion Pattern *“Turning”*

The Pattern is named for the sphenoid's high side; this example would be called “Right Torsion”



## SBJ Superior Shear or Vertical Strain Pattern *“Offset”*

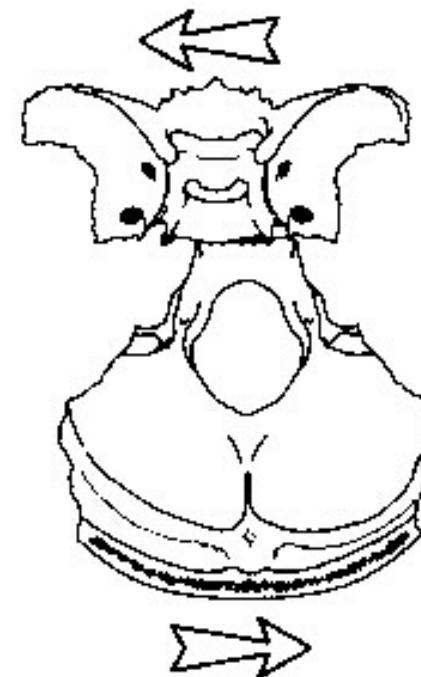
The pattern is named for the direction of the sphenoid: “Superior” in this example, or “Inferior” if the sphenoid is inclined downward



## SBJ Lateral Shear Pattern *“Offset”*

The pattern is named for the sphenoid's direction of posture; the example here would be left shear pattern.

Considered a “Non-Physiological” Pattern, in that it does not naturally arise but is instigated by external pressure or impact.



# Symptomology of SBJ Fulcrums

*“When the Sphenoid faults, the whole cranium faults.” – Hugh Milne*

- Diminished fluid drive of the whole system
  - Head feels dense, sluggish
- Eyesight
  - Including motor issues & potentially dyslexia
- Headaches
  - Mild to persistent migraines
- Tinnitus, Nasal Congestion & Sinusitis
- Structural Issues: Scoliosis, TMJ/Bite issues, Cervical Instability
- Capacity to Perceive Fully & Accurately
- Endocrine/Hormonal Issues
- Respiratory and digestive issues in infants
- Personality Changes
  - In extreme cases, due to intense injuries

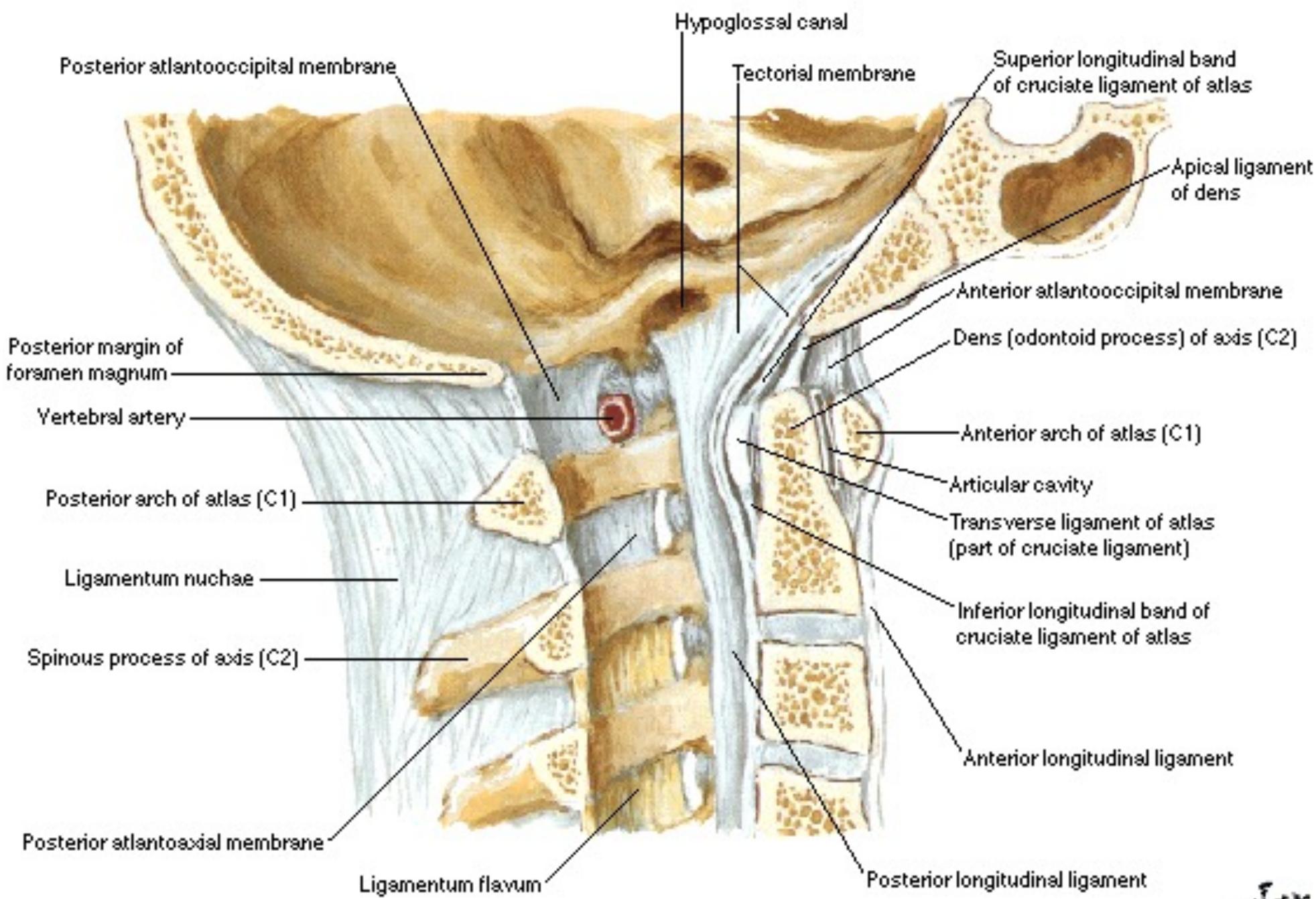
# Causes of SBJ Shapes

*“The SBJ is the key fulcrum allowing access to the entire history of the client.”*

– William Sutherland

- **Compensation Patterns:** balance fulcrums in the rest of the body and skull
  - Biological imperative to orient to the horizon
  - SBJ is the bony fulcrum for the whole body
  - Reflects spinal/pelvic dynamics, spinal dynamics & other dynamics in the head
    - Especially: TMJ, RTM, cervicals
- **Locally Unresolved Fulcrums:** affect the rest of the body
  - Birth
    - Both in the SBJ & within the sphenoid itself (intraosseous)
    - Laid down at birth and then used as template for stress responses, deepens over time.
  - Impact Trauma: Accidents, Falls & Blows
  - Emotional Shock
  - Stress
  - Deeply ingrained beliefs of self & the world: attitudes / expectations
    - Often rooted in early experience
    - Double-binds – Conflicting Loyalties
    - How do we see? How do we filter our perception?
    - What won't we allow ourselves to perceive? What were we habituated into perceiving and not perceiving?

## Netter 16A Cervical Vertebrae, O/A Junction & Ligaments



# Transverse Diaphragms

## Tentorium

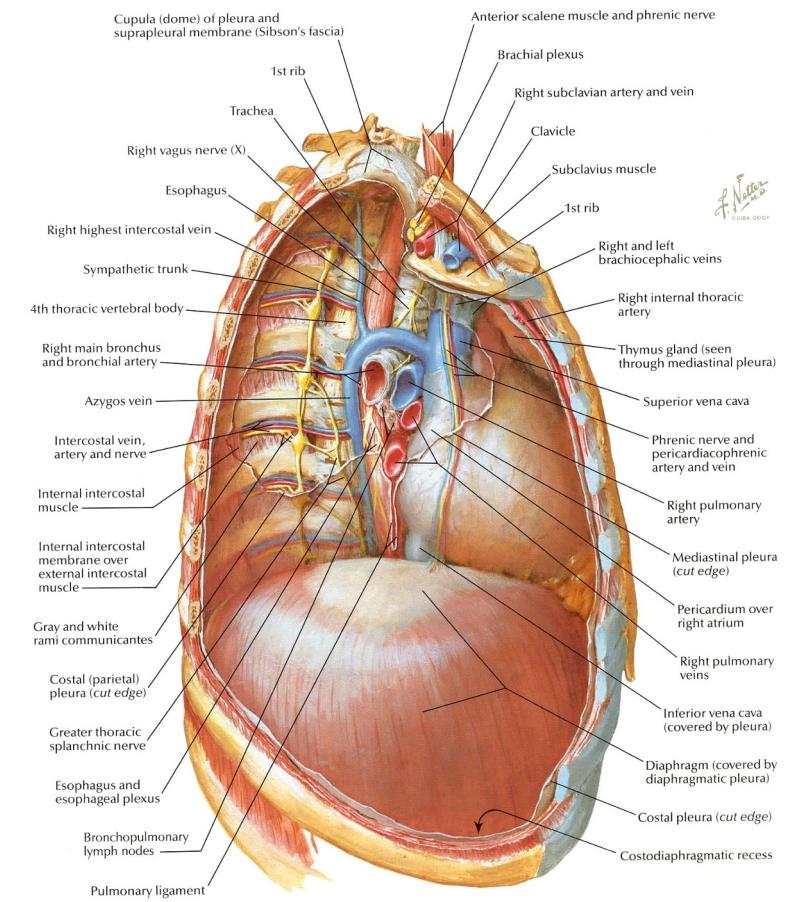
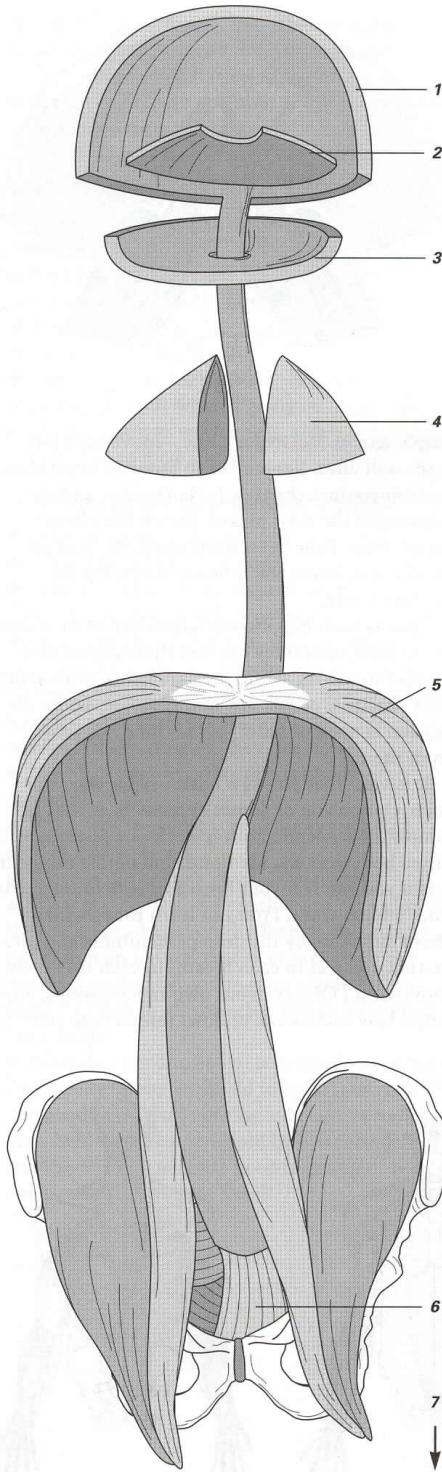
## Atlas-Occiput Junction

## Thoracic Inlet

## Respiratory Diaphragm

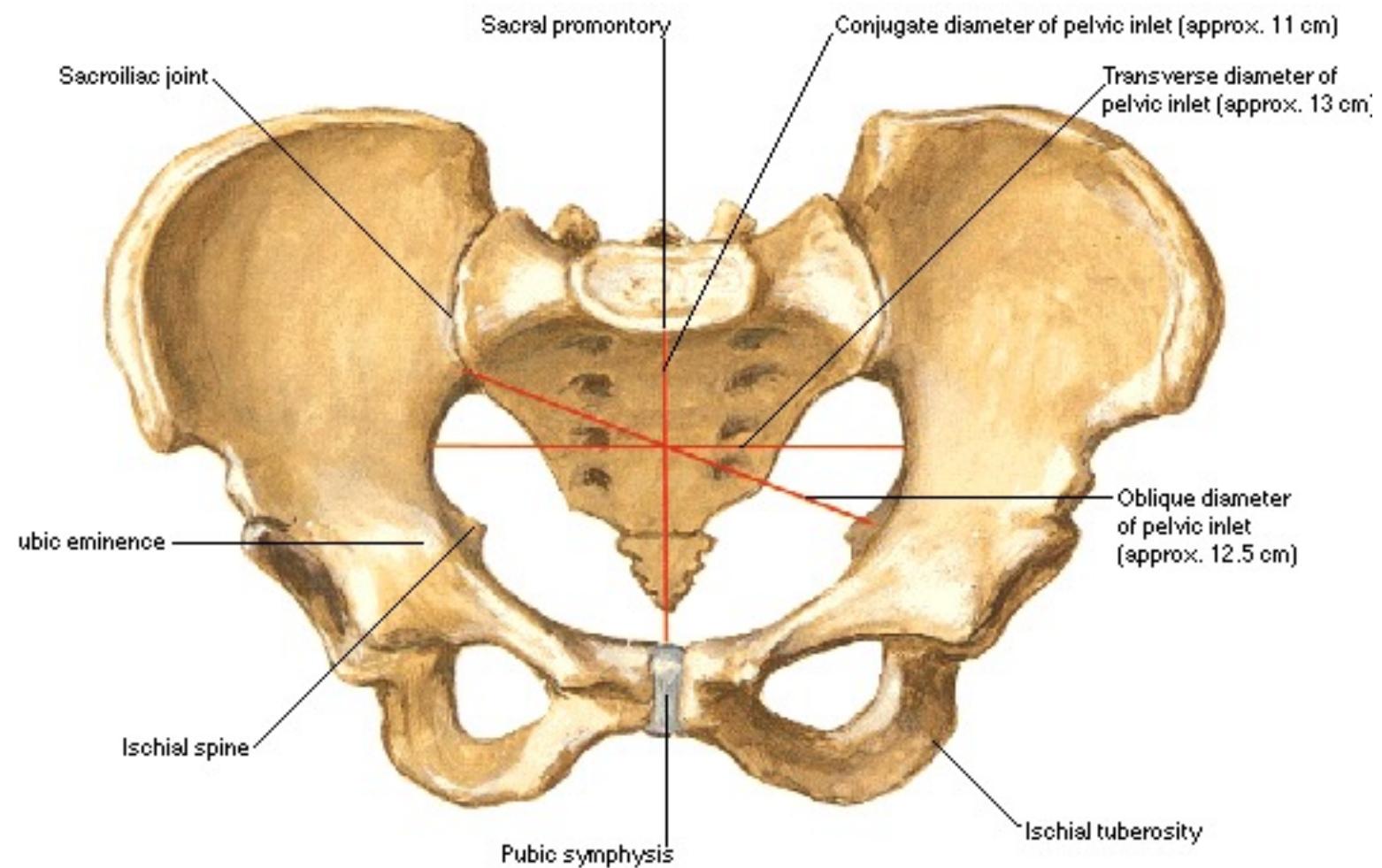
## Pelvic Inlet (broad ligament, hip crests)

## Perineum (pelvic floor)



Netter 332A  
Female Pelvis

Female Pelvis  
Measurements - Anterior View



# Ligaments of the Sacro-Iliac Joints

Sills, Foundation II, Fig. 9.5

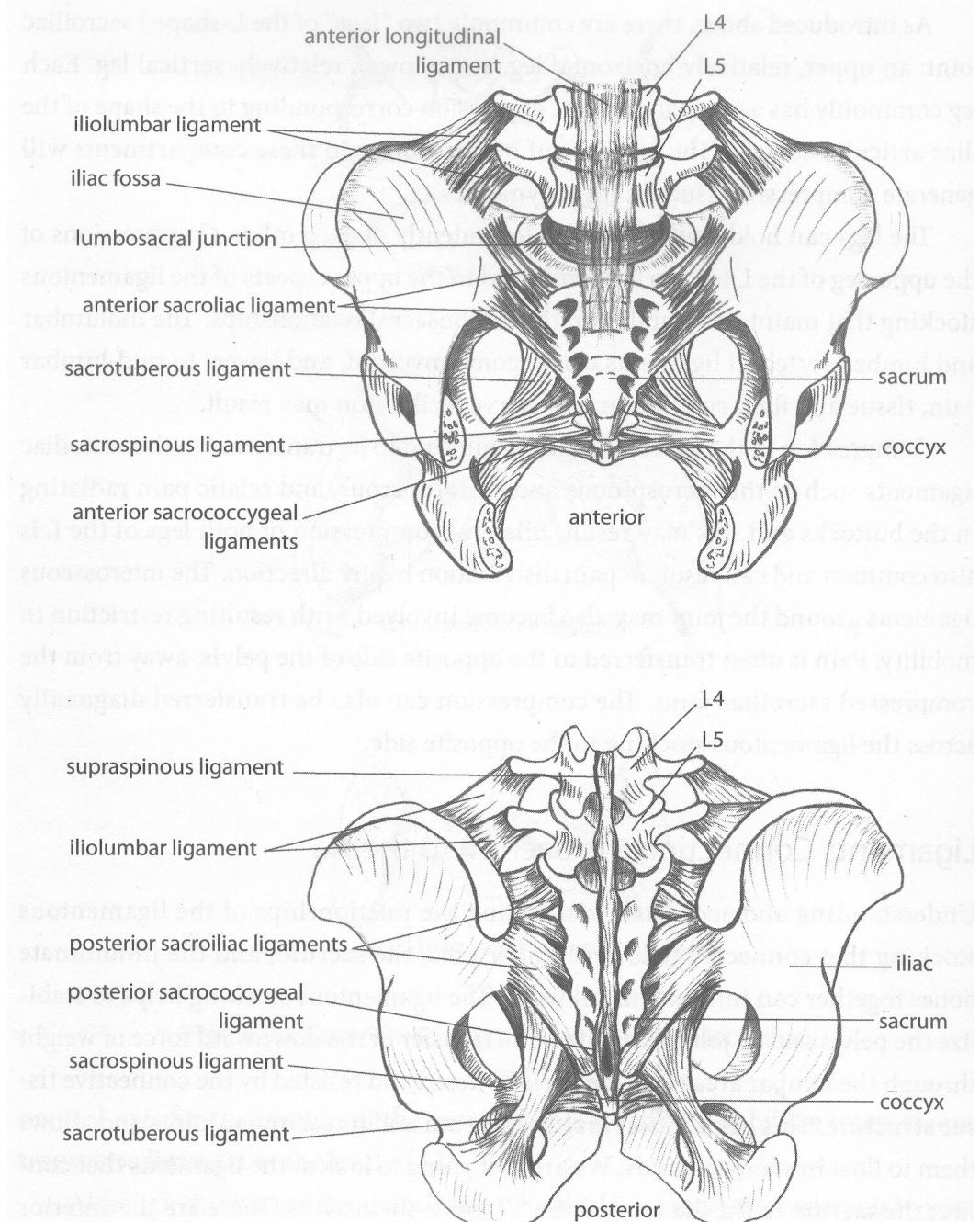


Figure 9.5. The major ligaments that stabilize the sacroiliac joints.

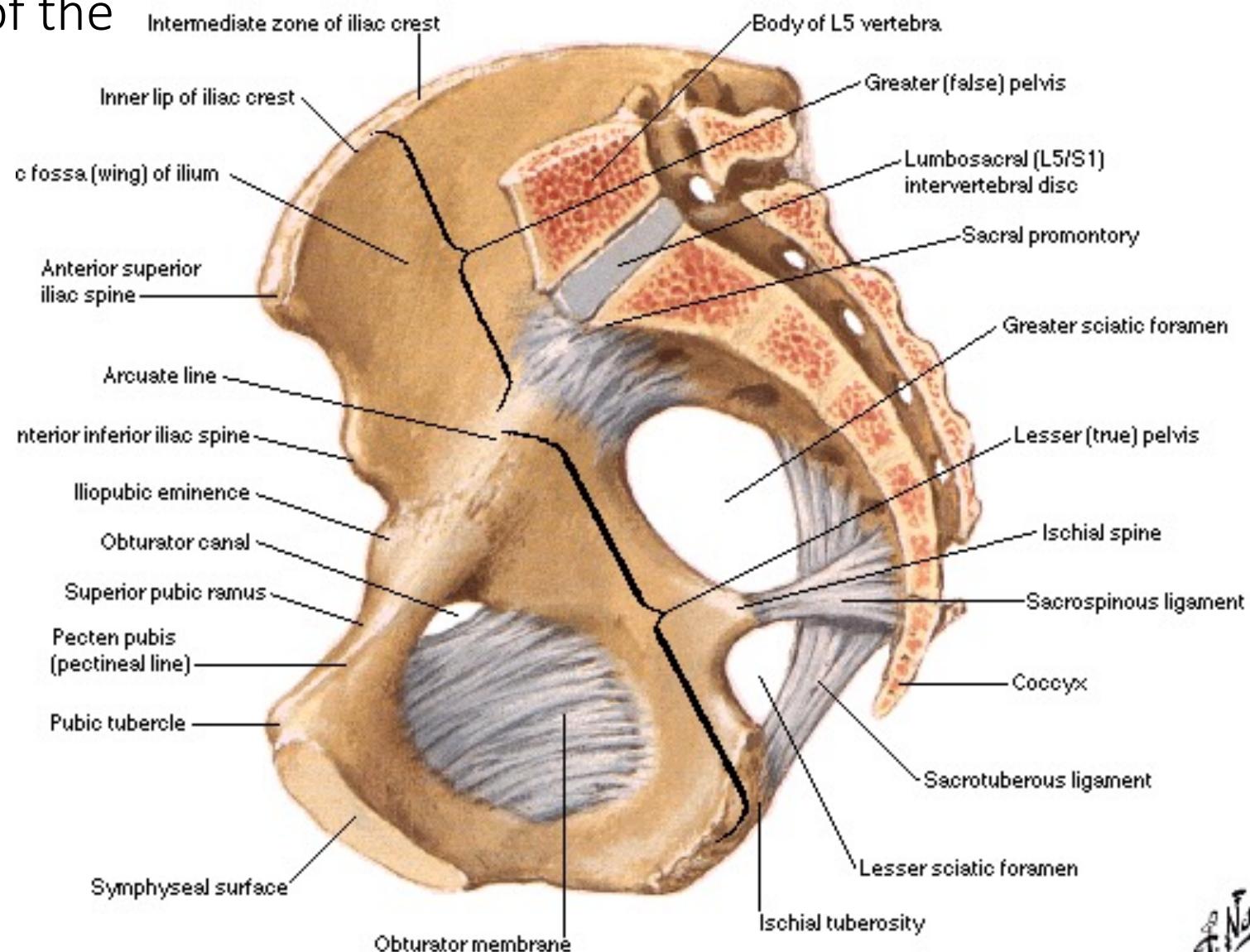
Netter 330A

Bones &

Ligaments of the  
Pelvis

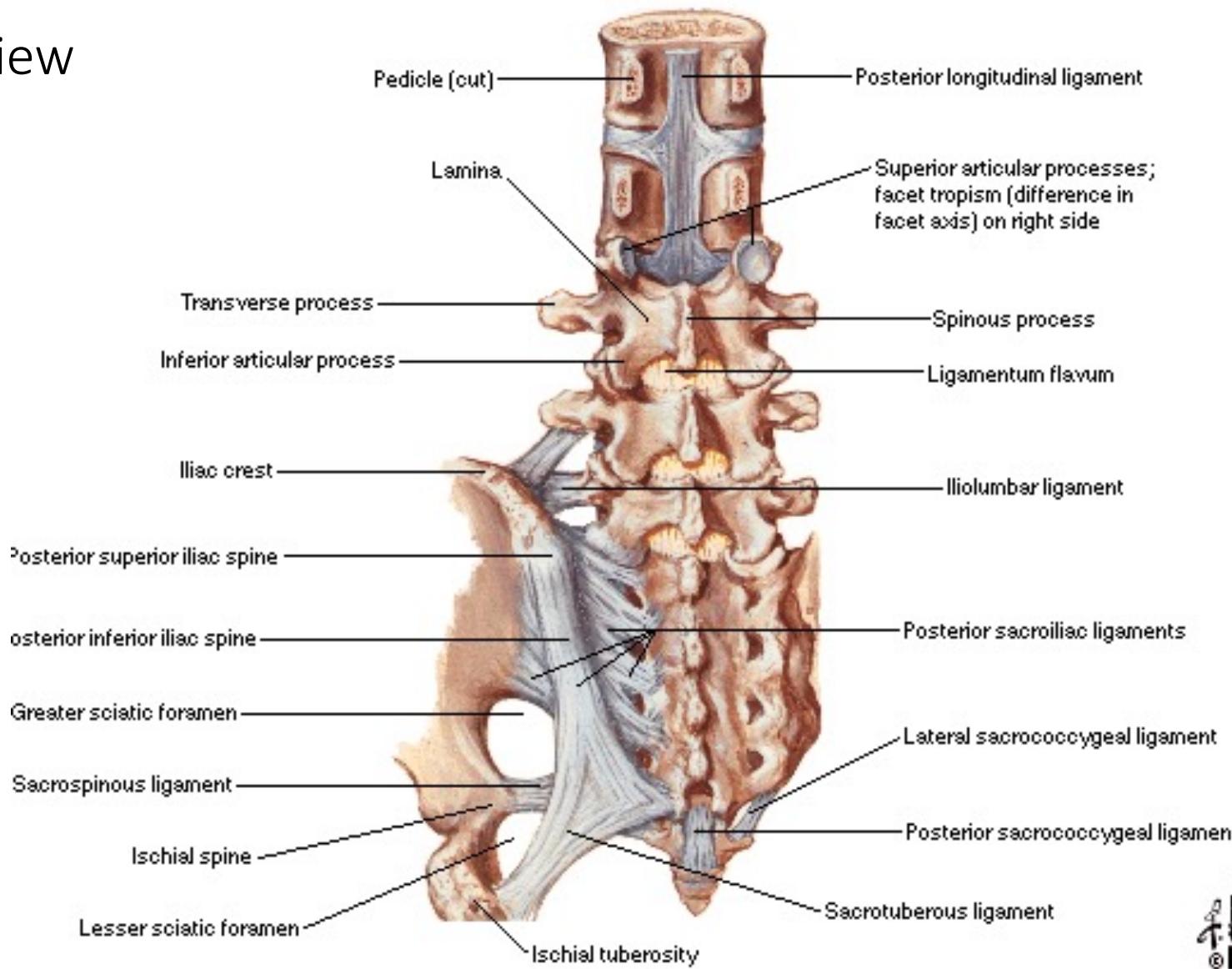
## Bones and Ligaments of Pelvis

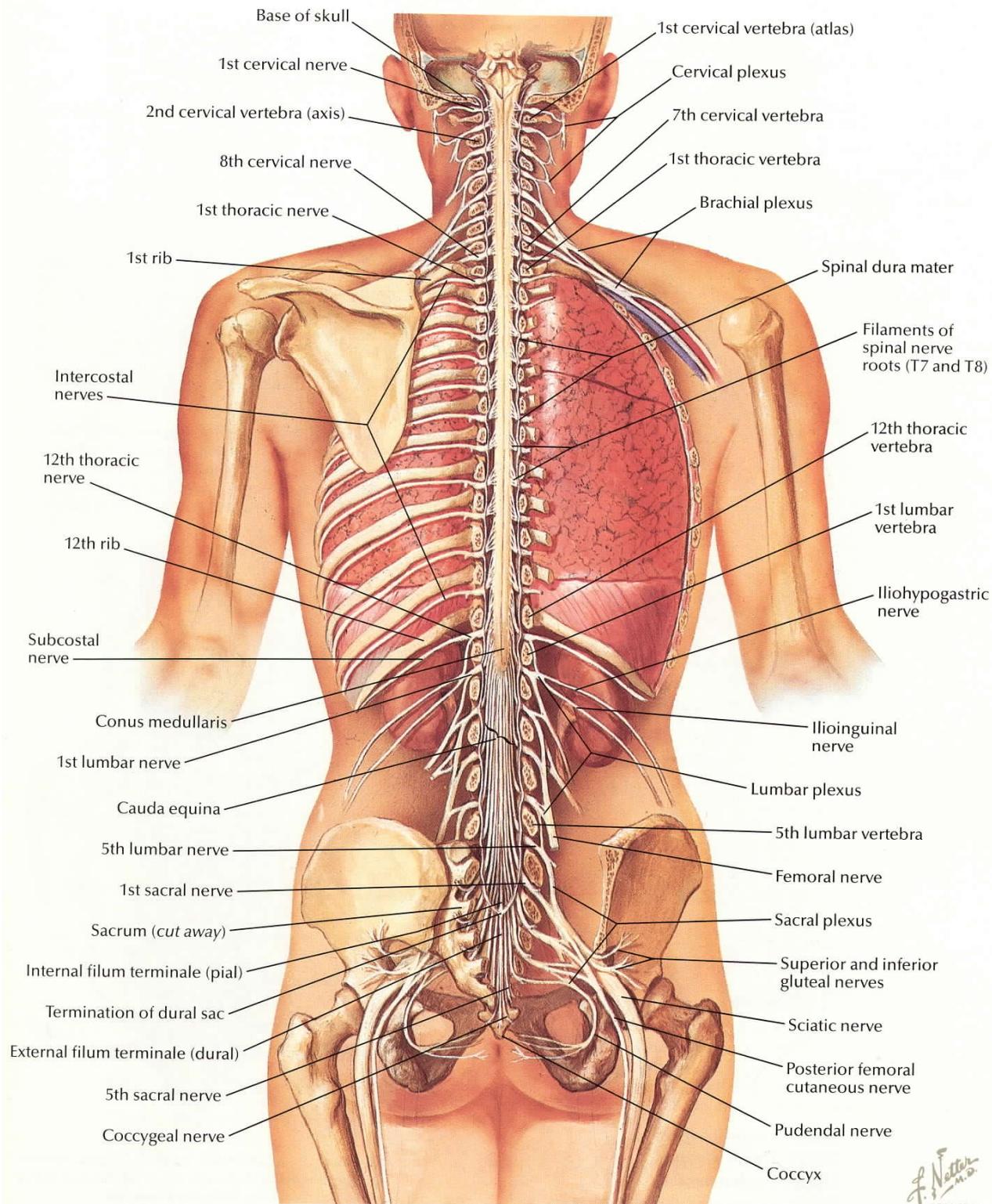
### Median [Sagittal] Section



Netter 147  
Lumbosacral  
Ligaments  
Posterior View

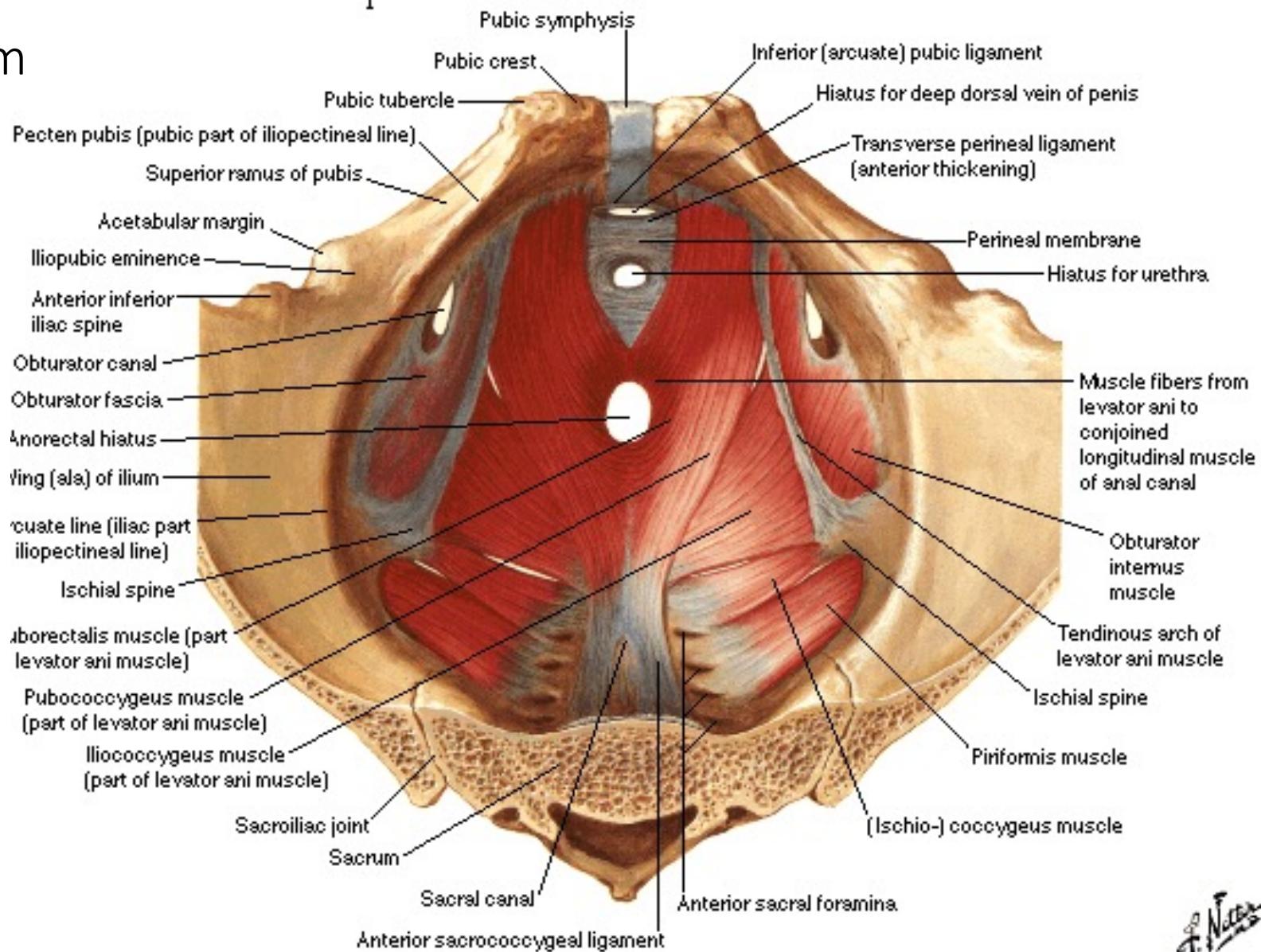
Vertebral Ligaments of Lumbosacral Region  
Posterior View

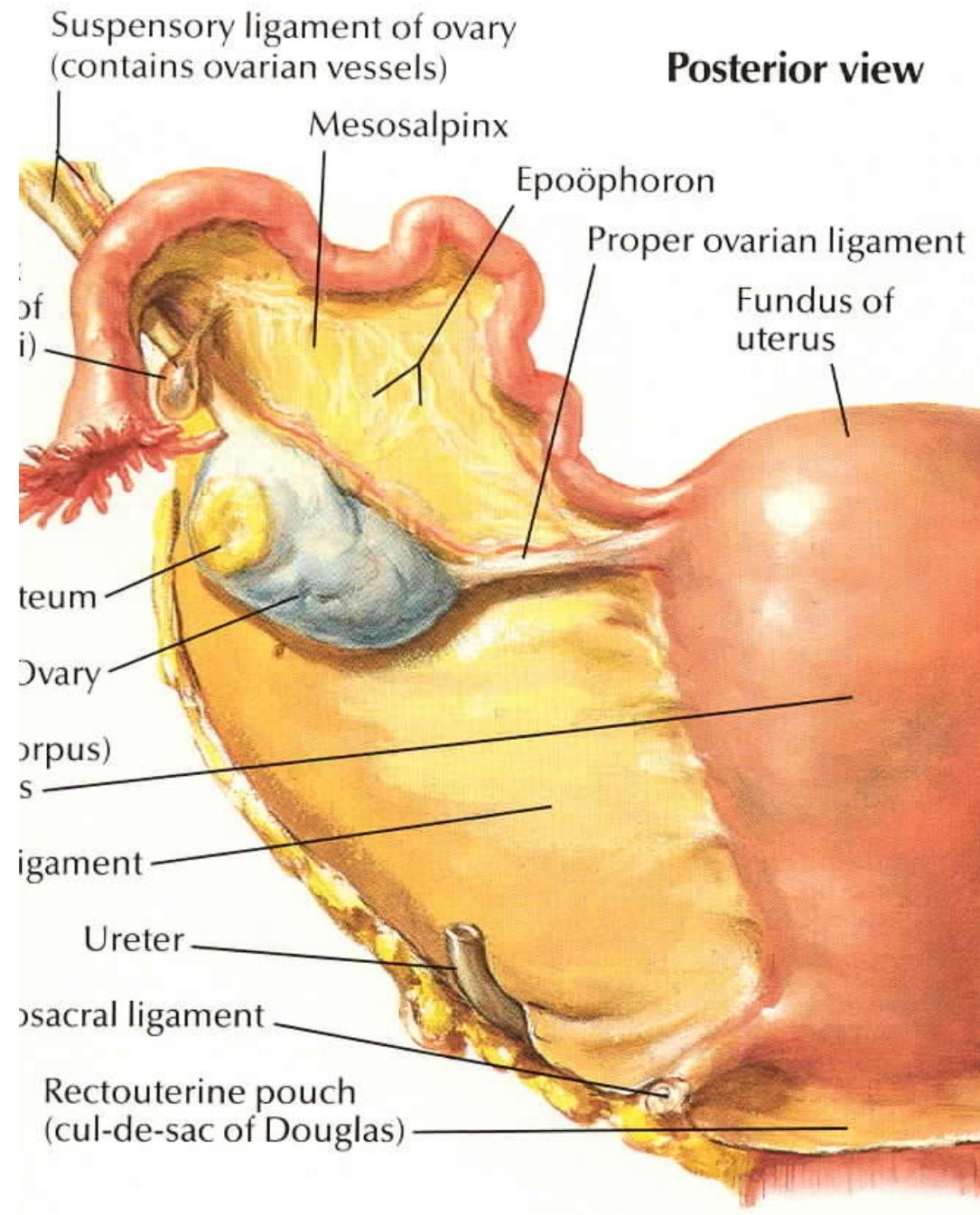




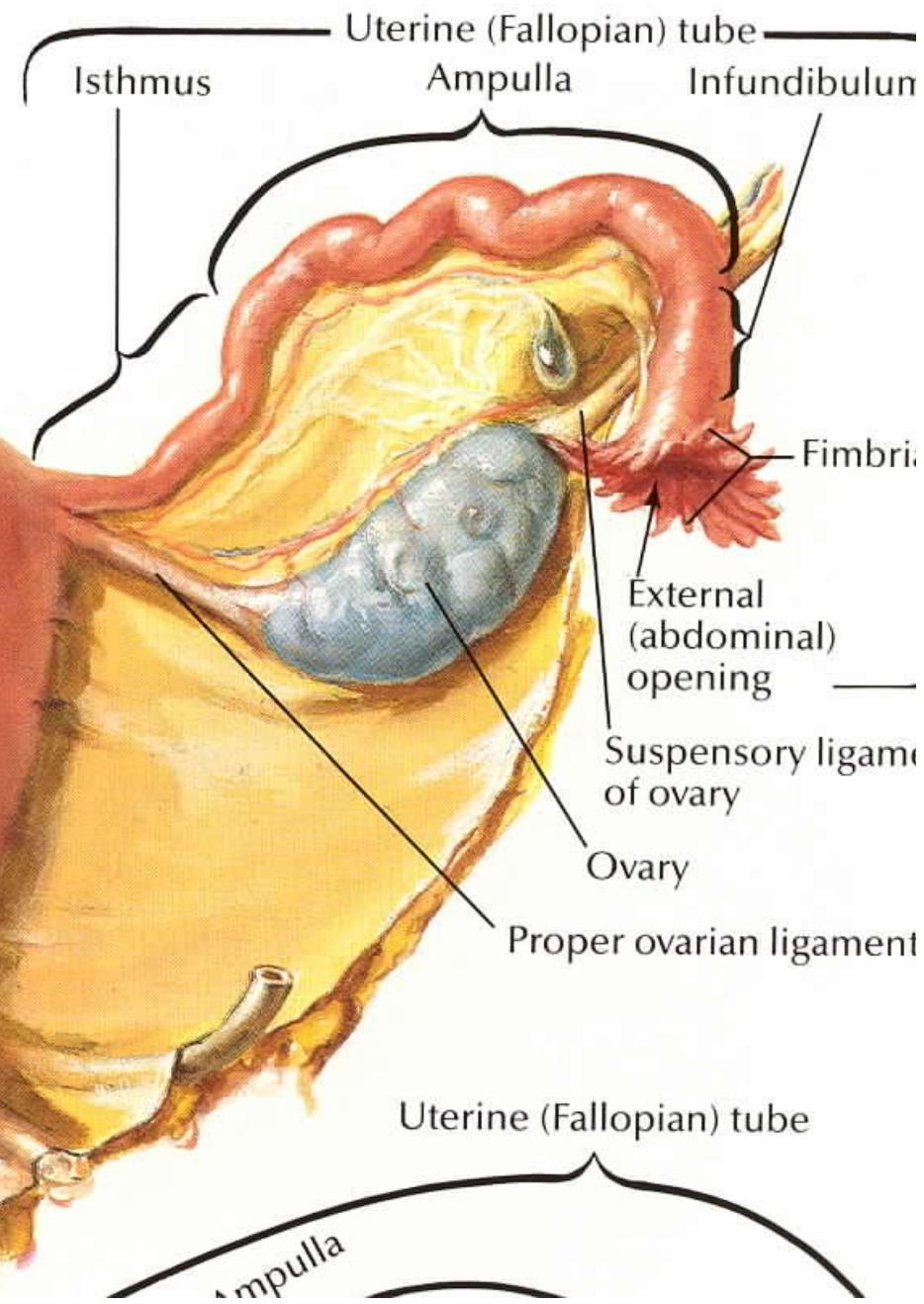
Netter 335  
Pelvic  
Diaphragm

**Pelvic Diaphragm of Male**  
**Superior View - Viscera Removed**

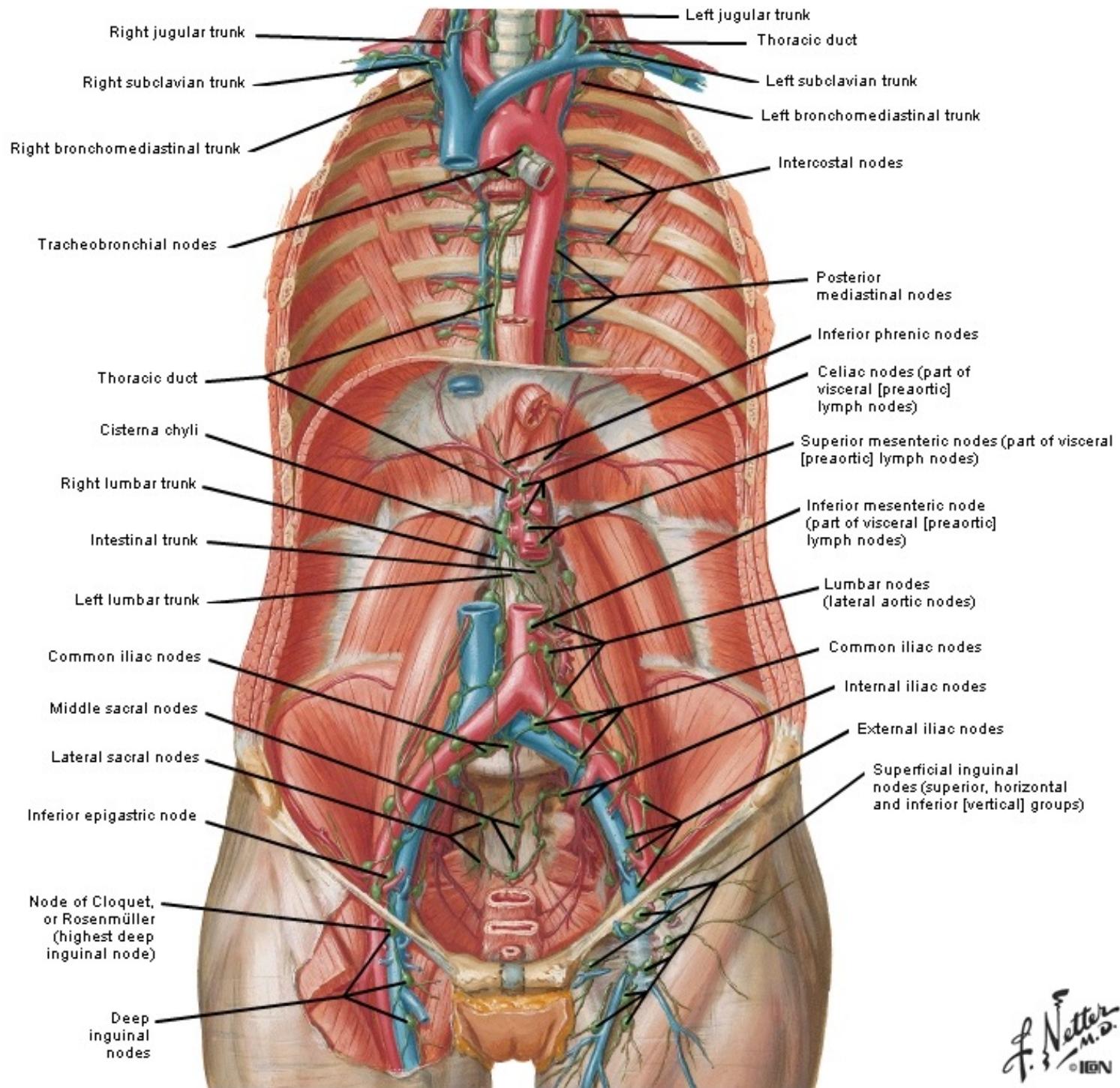




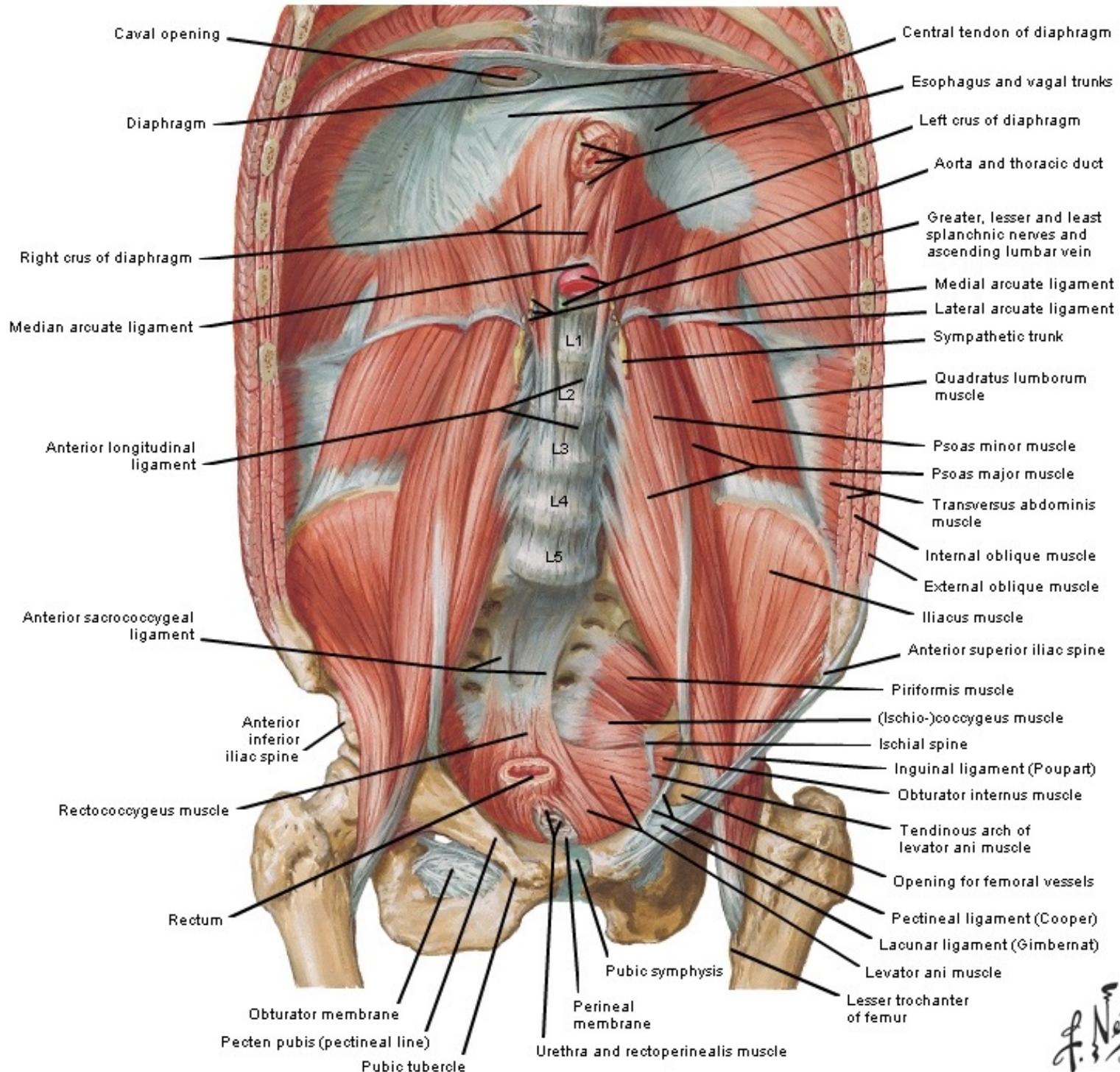
**Posterior view**



# Lymph Vessels and Nodes of Posterior Abdominal Wall

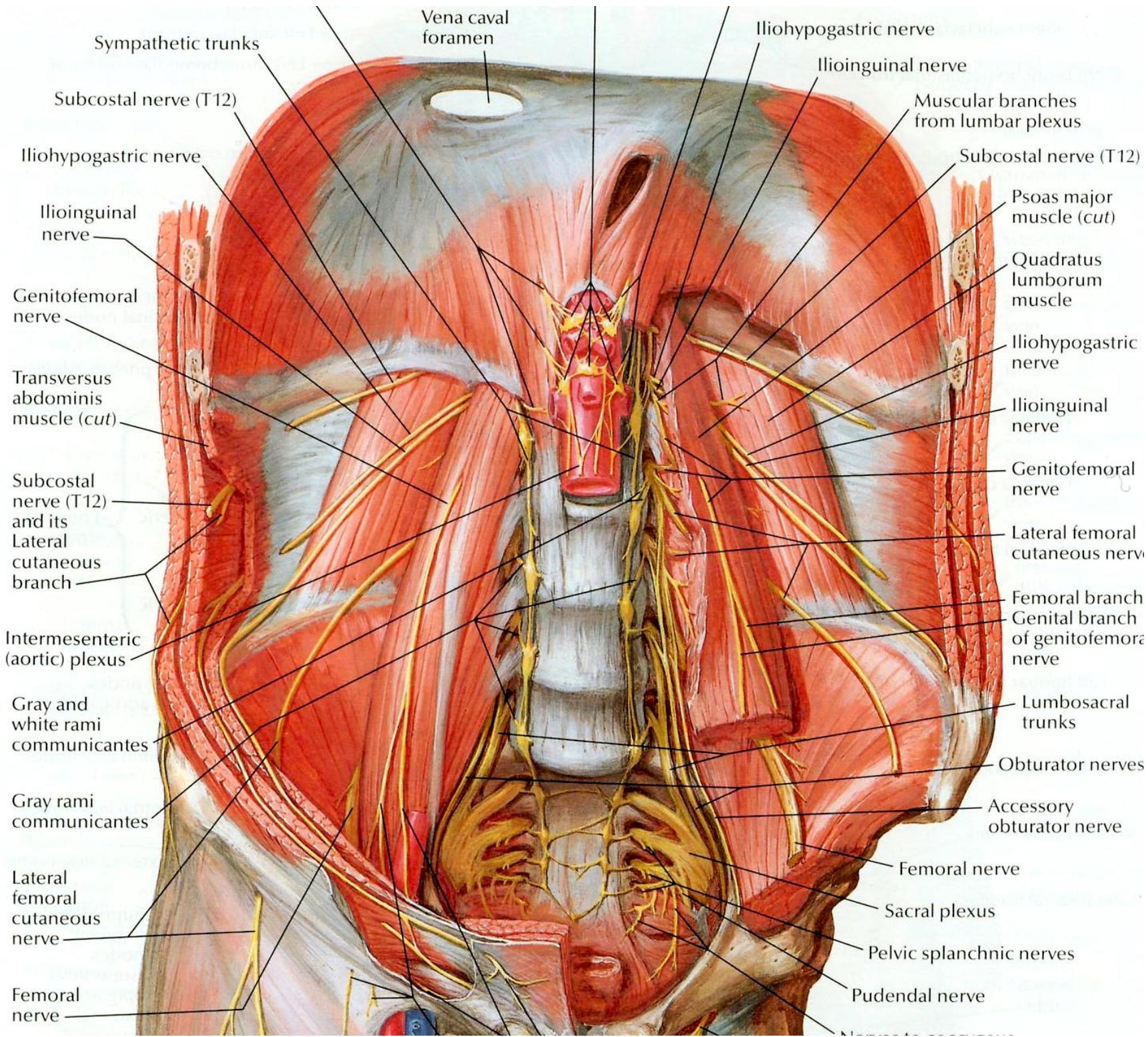


# Posterior Abdominal Wall: Internal View



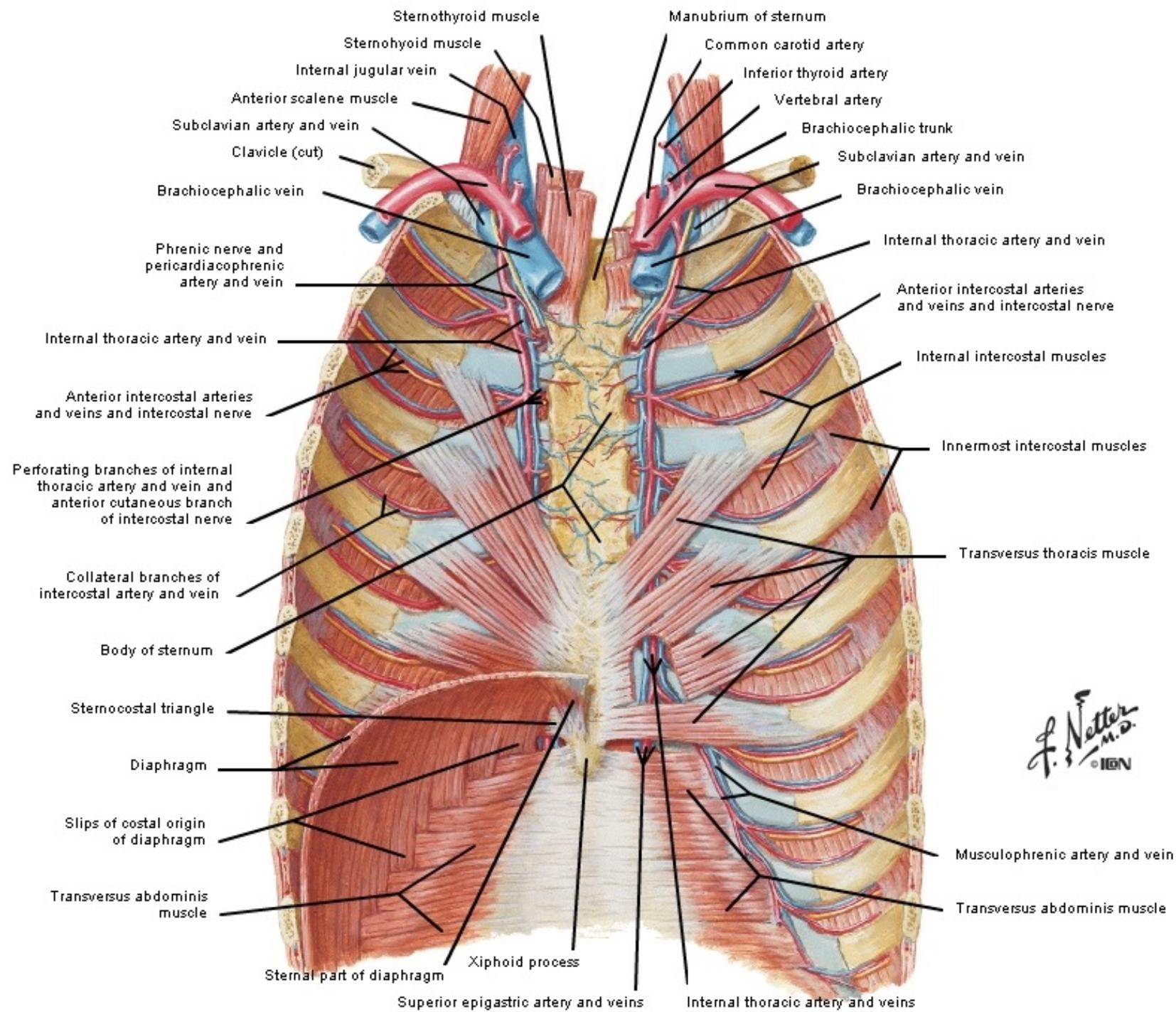
Connecting bottom to top:

Psoas and Quadratus lumborum connect to diaphragm, which connects to pericardium, which connects to buccopharyngeal fascia, which connects to cranial base  
Netter 250



# Anterior Thoracic Wall

## Internal View



*F. Netter M.D.*  
© 2003

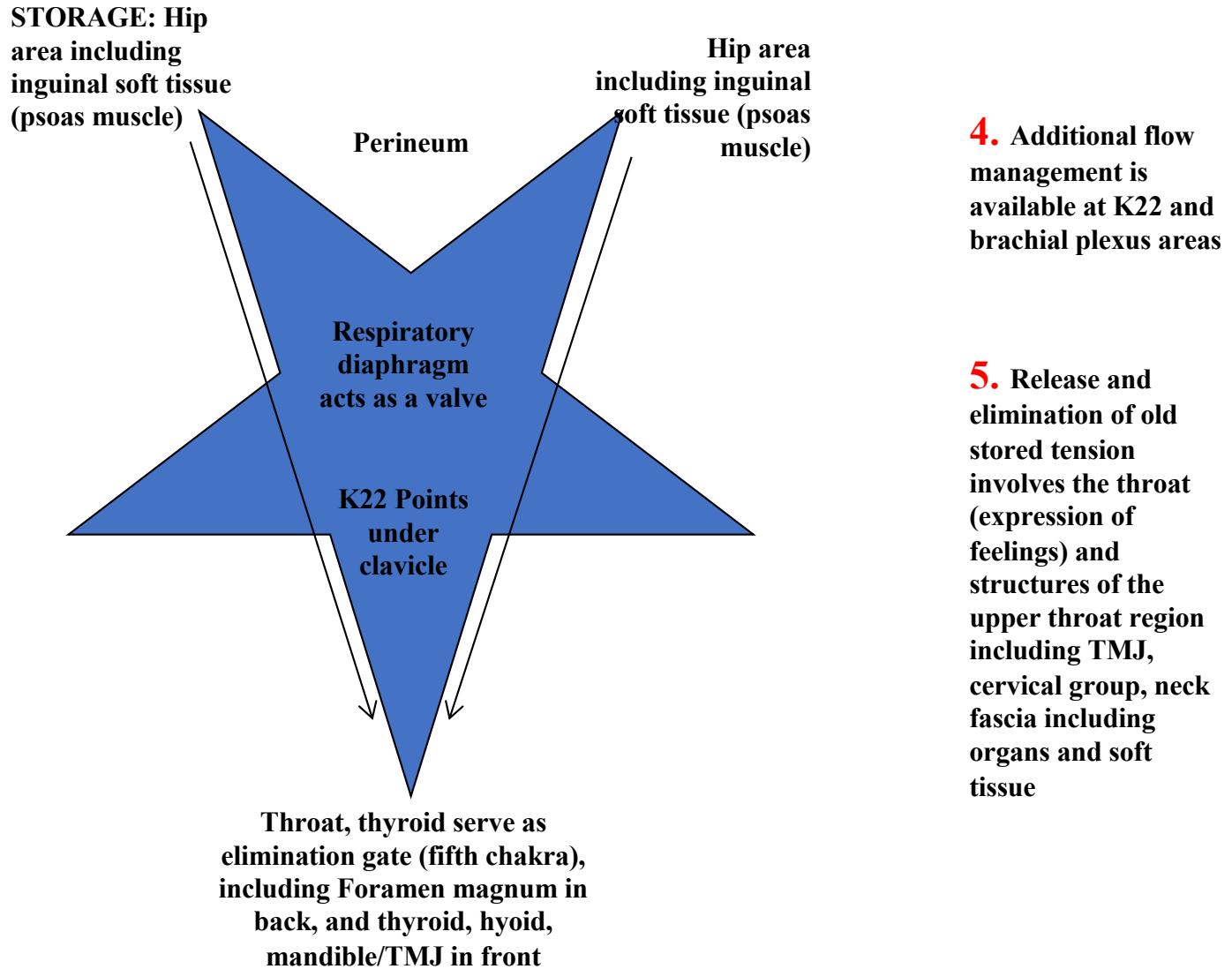
# Emotion flow pattern in the Body

**“In the pelvic basin at the bottom is the sum total force accumulation of sensory tension and emotional frustration”**  
--Stone, Polarity Therapy Vol I, Book 2 Chart 9.

**1.** Feelings that could not be processed in real time are compartmentalized and stored in the pelvis

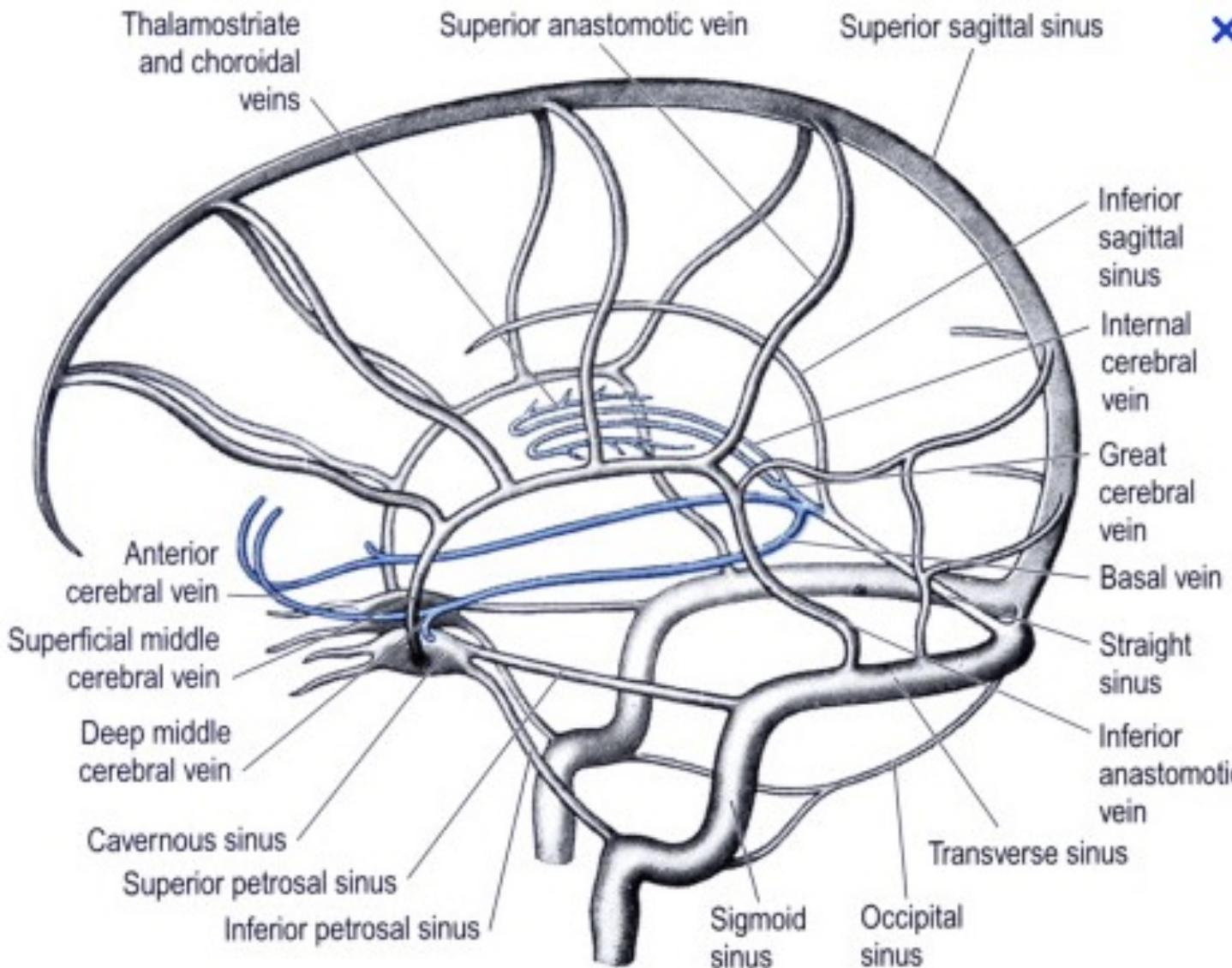
**2.** When resources are sufficient, these packets of stored energy are released and flow along the star

**3.** Diaphragm provides a check point to ensure against overwhelm



# Venous Sinus System

www.sciencedirect.com



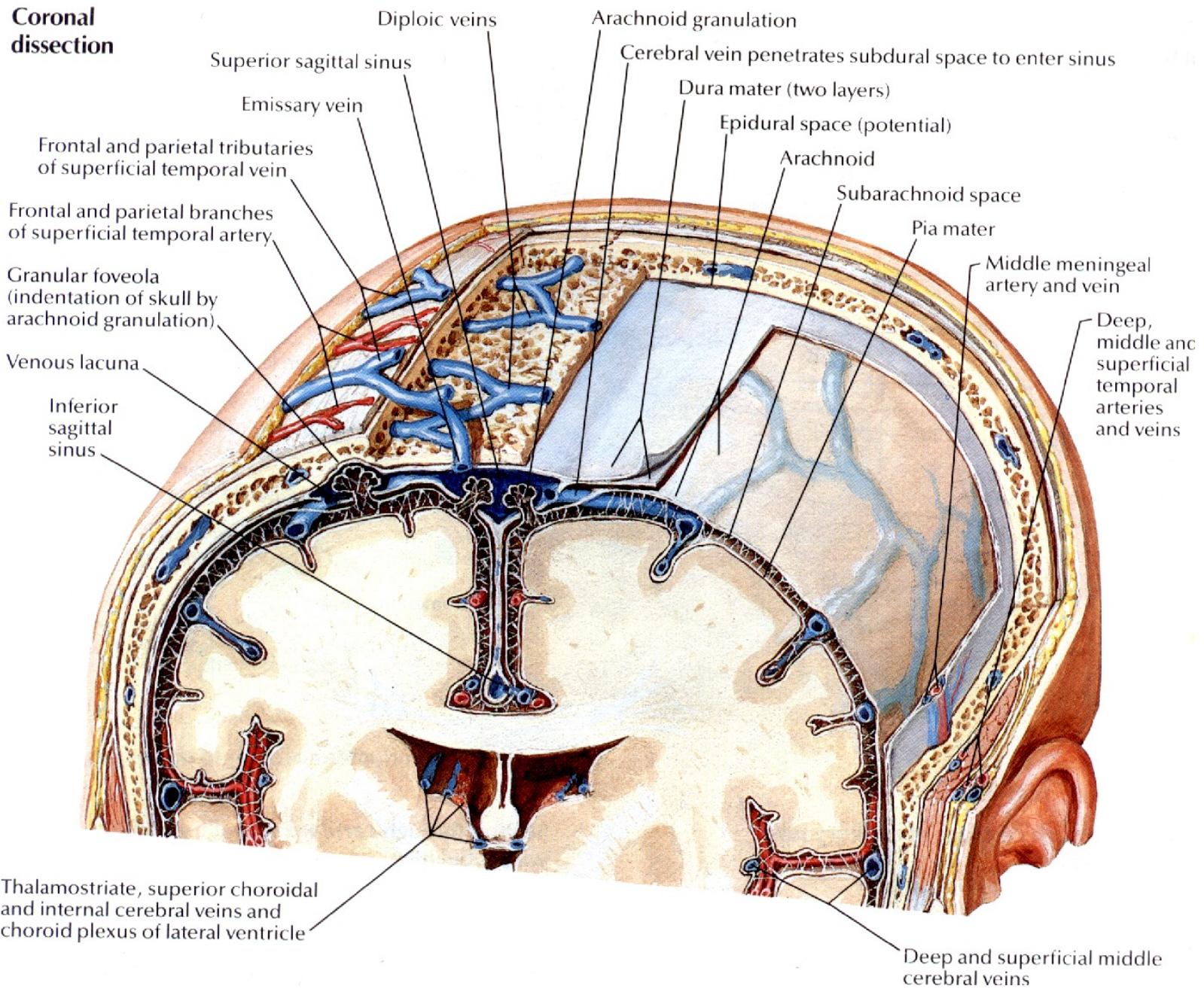
## MRI of VS System



Figure 64 – 06-30-08 – Magnetic resonan contrast demonstrates some irregularity in transverse sinus, but it is still patent and the demonstrating the thrombus is non-occlu

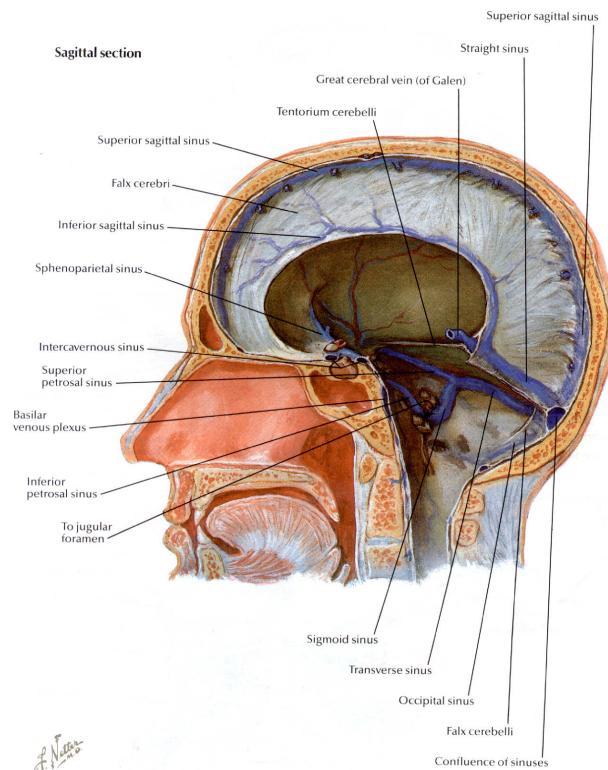
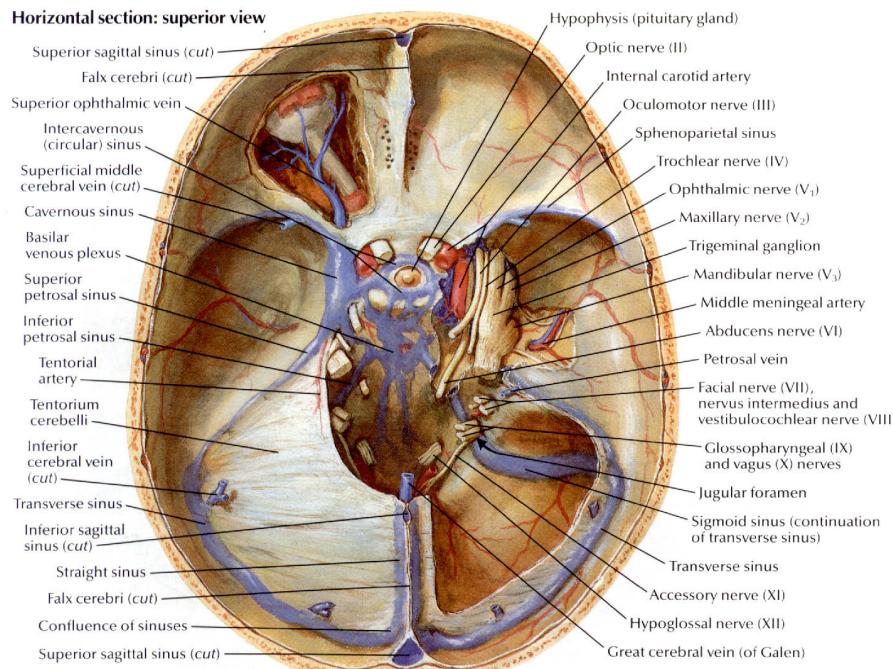
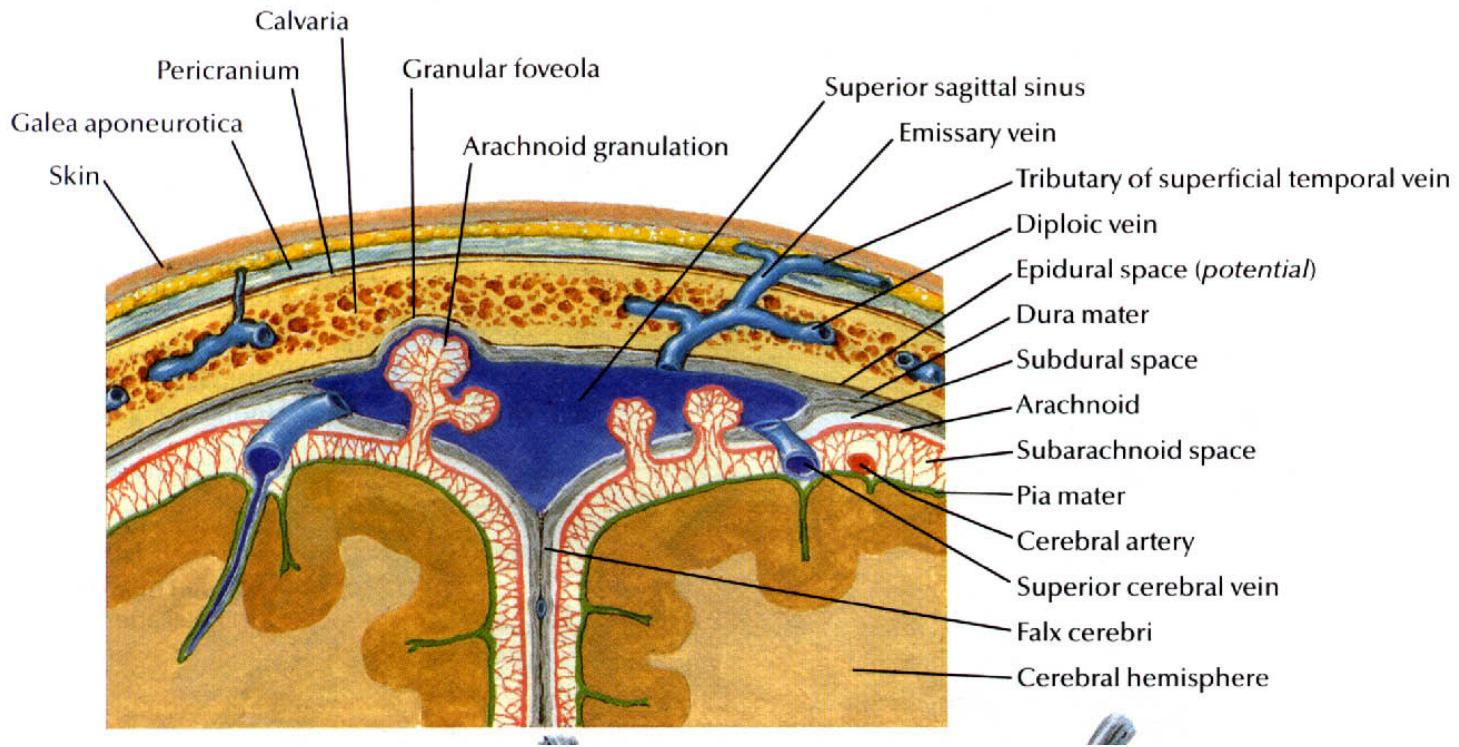
# Meningeal System

## Coronal dissection

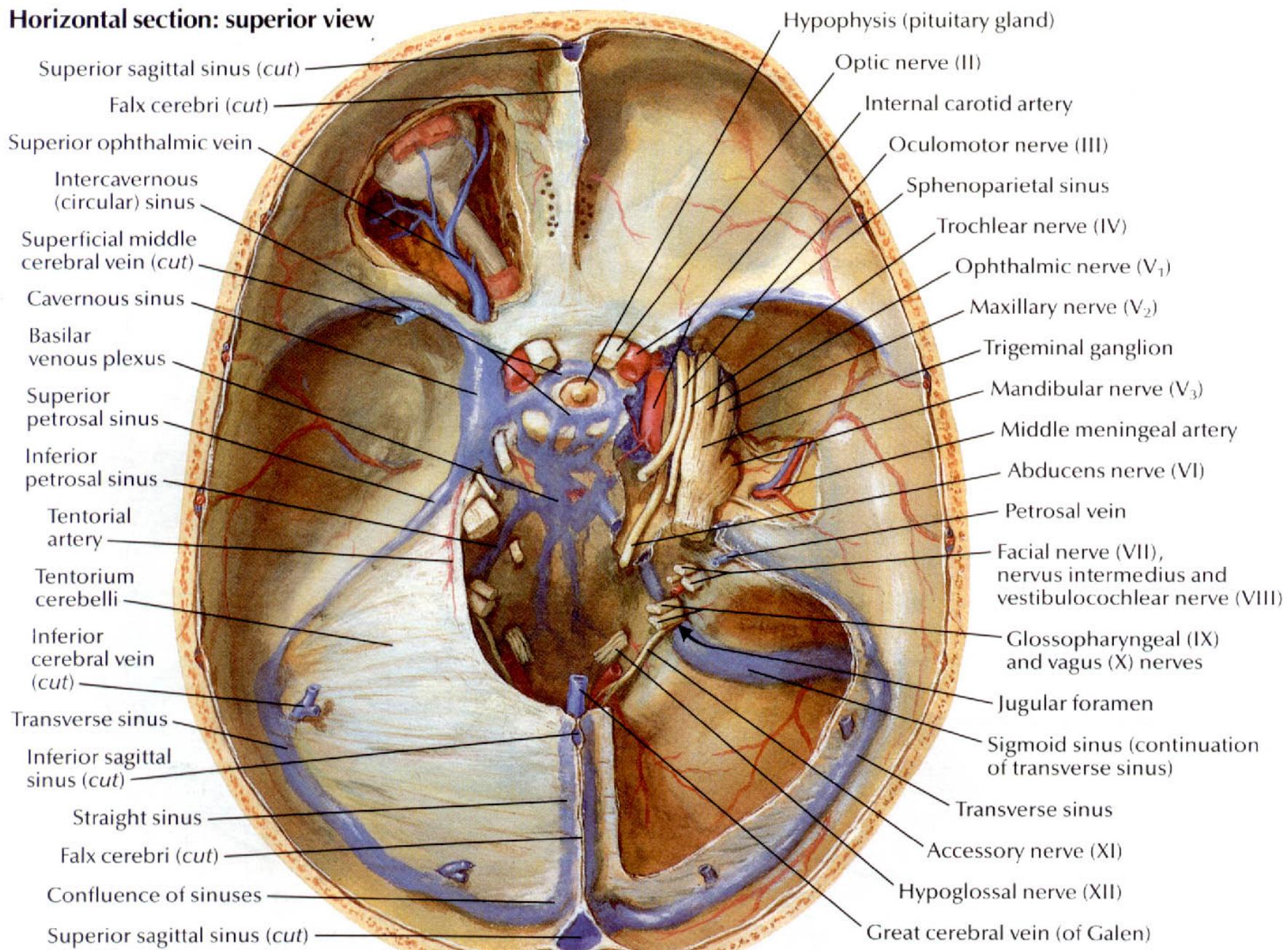


# Venous Sinus Views

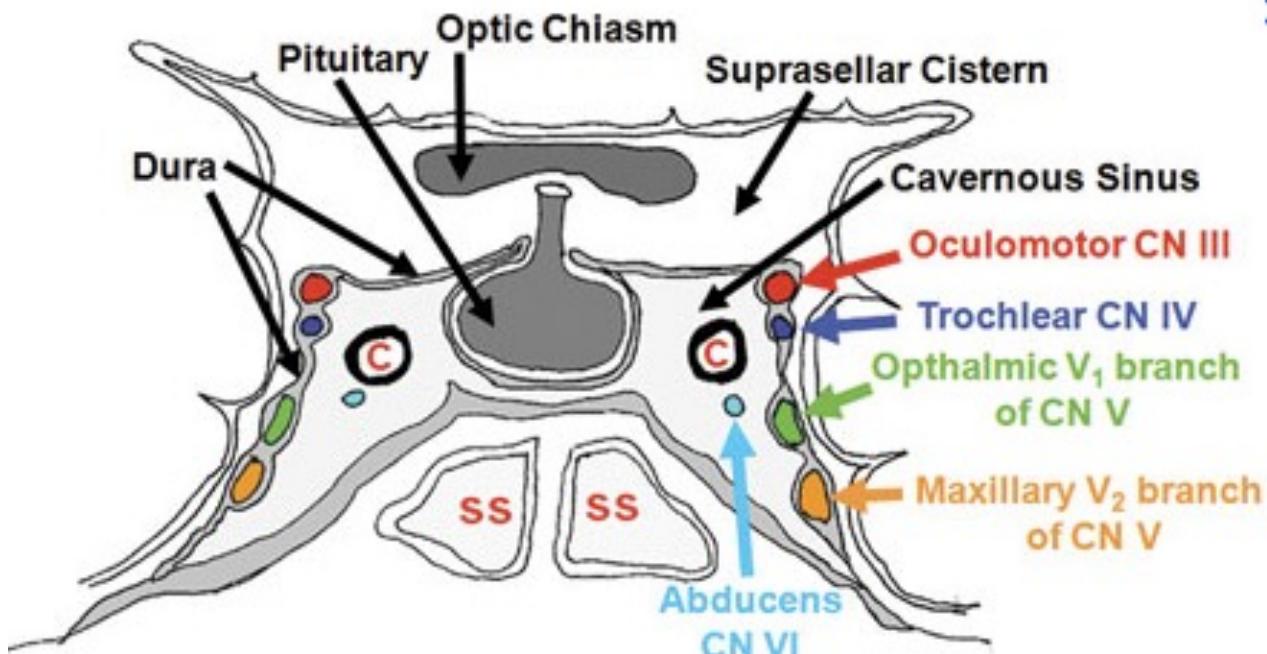
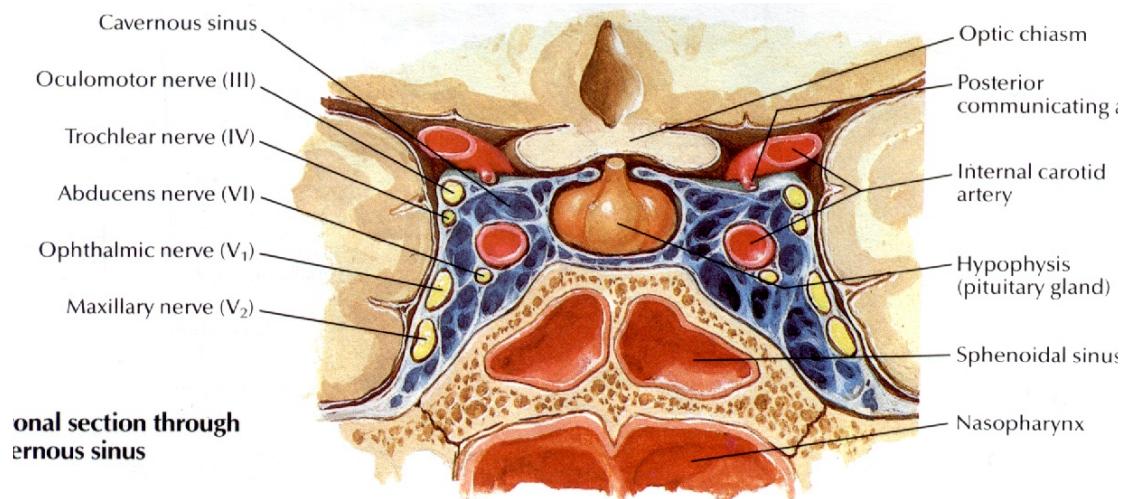
All from  
Netter



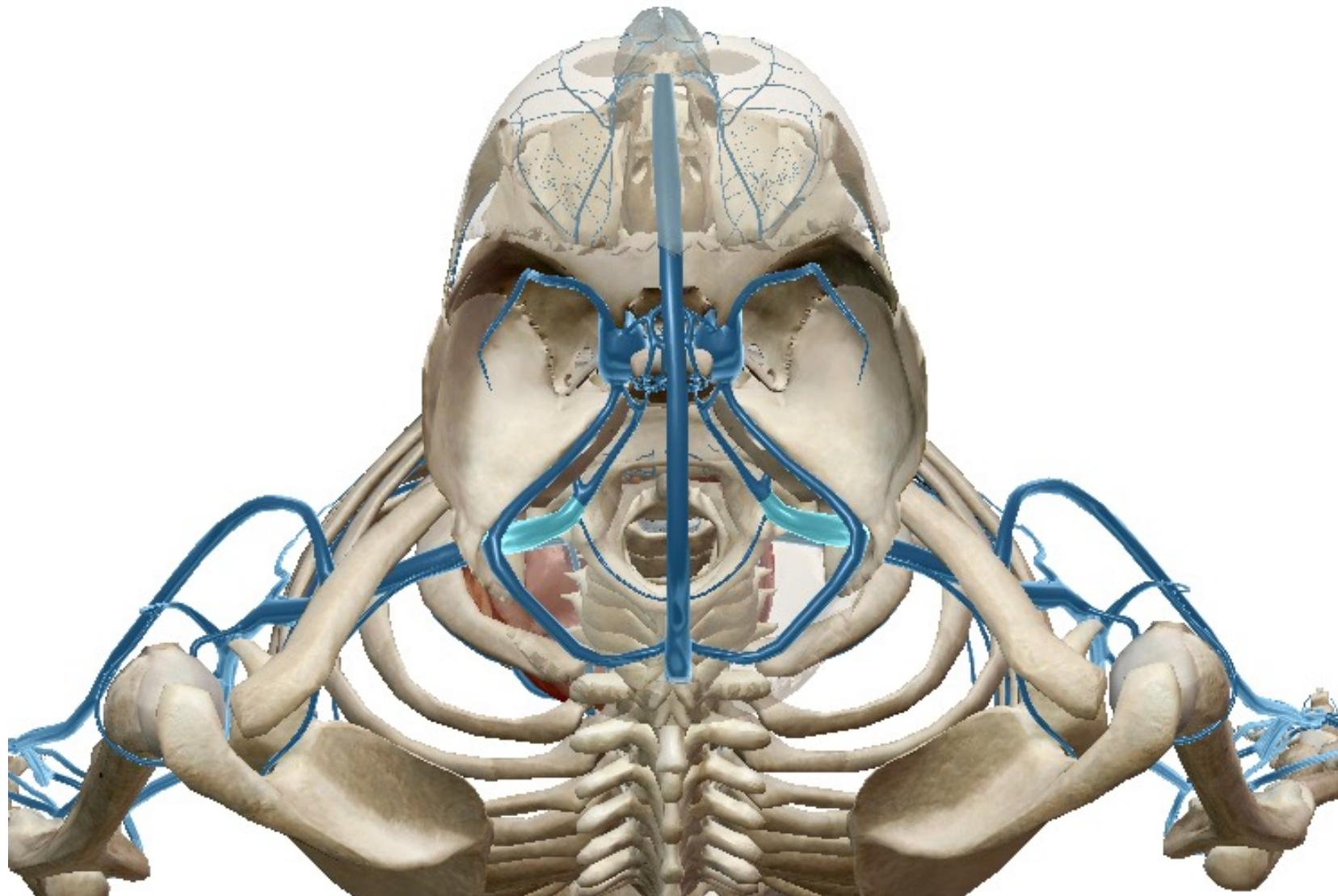
Horizontal section: superior view



# Cavernous Sinus & its contents

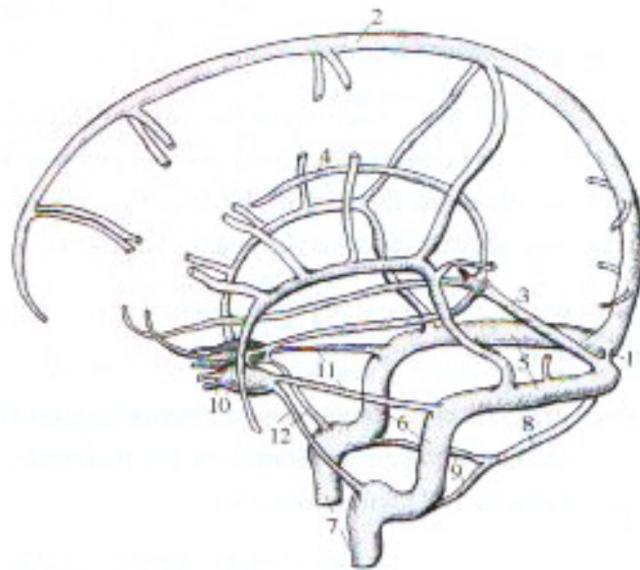


Sigmoid Sinus (light blue) • Visible Body Software



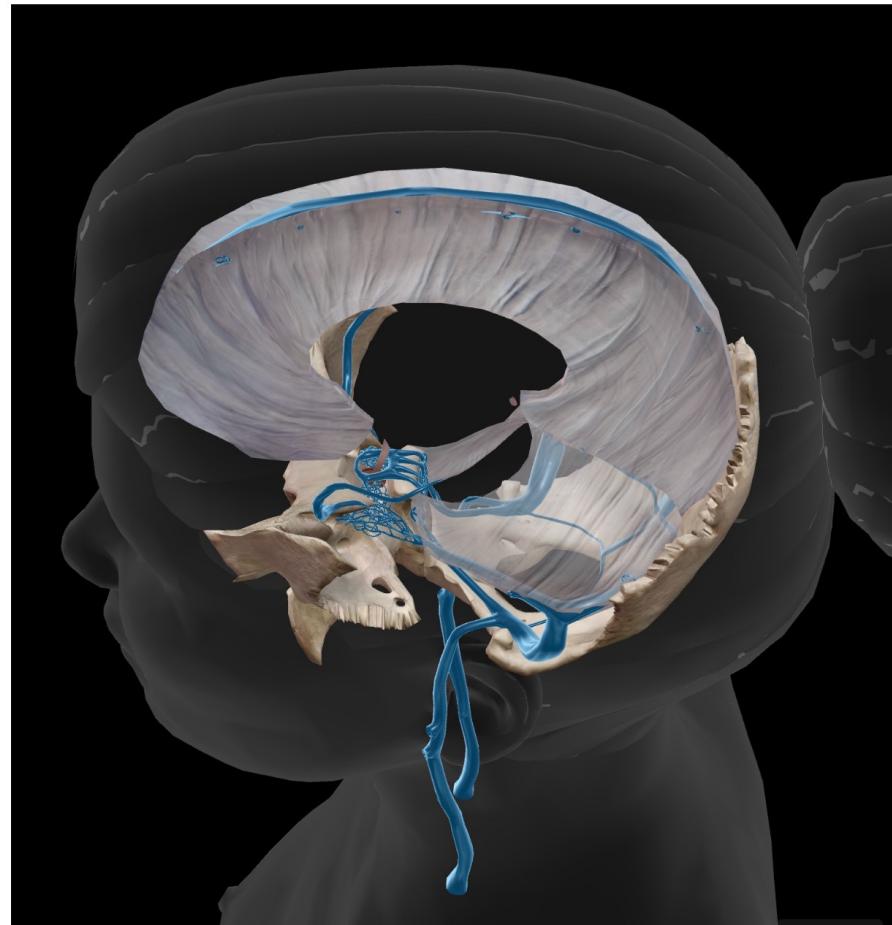
# Venous Sinuses (cont)

Visible Body (created by Kate Dean, BCST)



- |                             |                              |
|-----------------------------|------------------------------|
| 1 = confluence of sinuses   | 7 = internal jugular vein    |
| 2 = superior sagittal sinus | 8 = occipital sinus          |
| 3 = straight sinus          | 9 = marginal sinus           |
| 4 = inferior sagittal sinus | 10 = cavernous sinus         |
| 5 = transverse sinus        | 11 = superior petrosal sinus |
| 6 = sigmoid sinus           | 12 = inferior petrosal sinus |

Figure 12.2a. Major venous sinuses and the venous system.



# Venous Sinuses –

Visible Body (created by Kate Dean, BCST)



# Venous Sinus Drain Sequence

## Cranial Sinus Drain Sequence

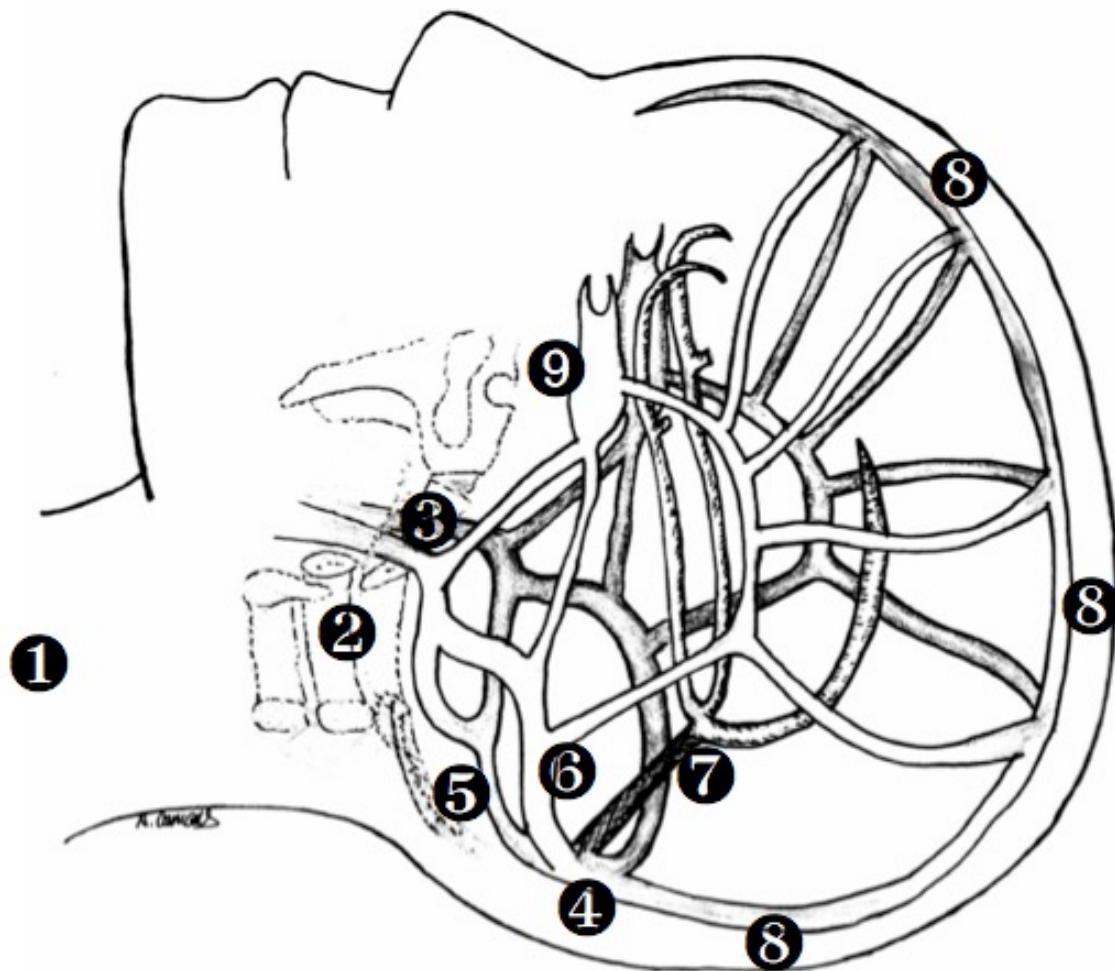
as taught by Franklyn Sills, RCST

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Art by Nora Camens, RPP

References: Nolte p. 90, Milne p. 183, Netter Plate 87, 88

1. Thoracic Inlet
2. O/A Junction
3. Foramen Magnum, Jugular Foramina
4. Confluence of sinuses
5. Occipital sinus
6. Transverse sinus
7. Straight sinus
8. Sagittal Sinus
9. Cavernous & Inter-cavernous Sinuses



# Venous Sinus Drain Hand Positions

## VENOUS SINUS DRAIN PROTOCOL

Images by John & Anna Chitty

### Preliminary

Fulcrums, space, contact  
General hold - resources - tide, potency



Image 1  
Confluence  
of Sinuses

### Thoracic inlet

Sense here for softening, opening; this is the diaphragm between the fluid fields of the neck and chest  
This is a brief contact, to establish some opening



Image 2  
Occipital Sinus

### O/A junction

Sense again for softening, opening, lengthening, widening of occiput, foramen magnum and jugular foramen  
Sense for a softening and opening of the foramen magnum  
Sense the jugular foramen  
Is there a shape? Notice it from the still center  
Get a sense that both are open  
You may feel a rush of fluid as they open  
Remember, most fluid drains out of the head through these two openings



Image 3  
Transverse  
Sinuses

### Image 1 Confluence of sinuses

Middle fingers contact the confluence through contact with EOP or枕骨 - the bump at the back of the head  
Sense the shape  
Wait for softening, sense of fluidity, spreading, potency



Image 4  
Straight  
Sinus

(thumb to  
middle finger)

### Image 2 Occipital sinus

Both hands, fingers contacting either side of occipital sinus from confluence to foramen magnum  
Wait for softening and spreading and potency  
Sense for fluid movement down the sinus to foramen magnum



Image 5  
Sagittal  
Sinus 1

(at occiput above  
confluence)

### Image 3 Transverse sinus

Fingers contact from confluence out laterally along the transverse sinuses  
Sense how they feel - can fluid move here or are they congested - or is one of them congested?  
Wait for softening and fluid motion and potency



Image 6  
Sagittal Sinus 2  
(thumbs across  
sagittal sinus at  
parietals)

### Image 4 Straight sinus

One hand, third finger on the confluence of sinuses  
Other hand, thumb at top of head, two thirds of the way back - thinking into the anterior end of the straight sinus  
As though you are contacting both ends of the straight sinus  
Sense into the sinus - does it feel like a tube with fluid flowing in it? or does it feel congested?  
Sense shape,etc  
Wait for softening,opening, potency, fluid moving



Image 7  
Sagittal Sinus 3  
(thumbs across  
sagittal sinus at  
parietals)

### Images 5-8 Sagittal sinus

Standing with fingers of each hand on either side of the sinus  
Wait for softening, spreading  
Thumbs crossing over the sinus  
Wait for thumbs to spread and move up one thumb width  
Continue to the hairline  
Then switch to fingers of both hands on either side of metopic suture  
Re-monitor in the vault hold - sense how the tide is now, the system may go into stillness to integrate



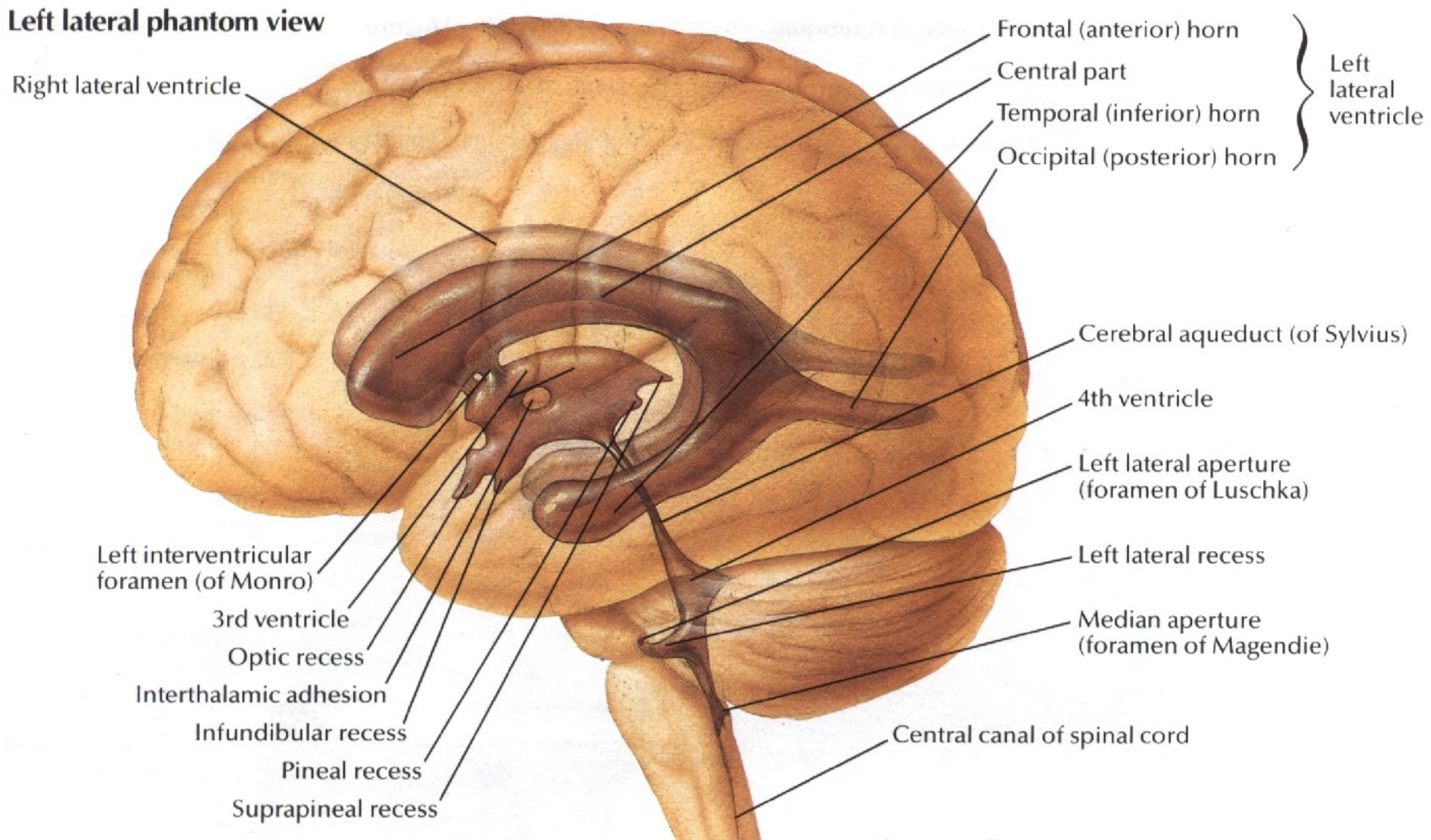
Image 8  
Metopic Suture  
(sagittal sinus at  
frontal bone)

### Sacrum - occiput



# Ventricles of Brain (Netter)

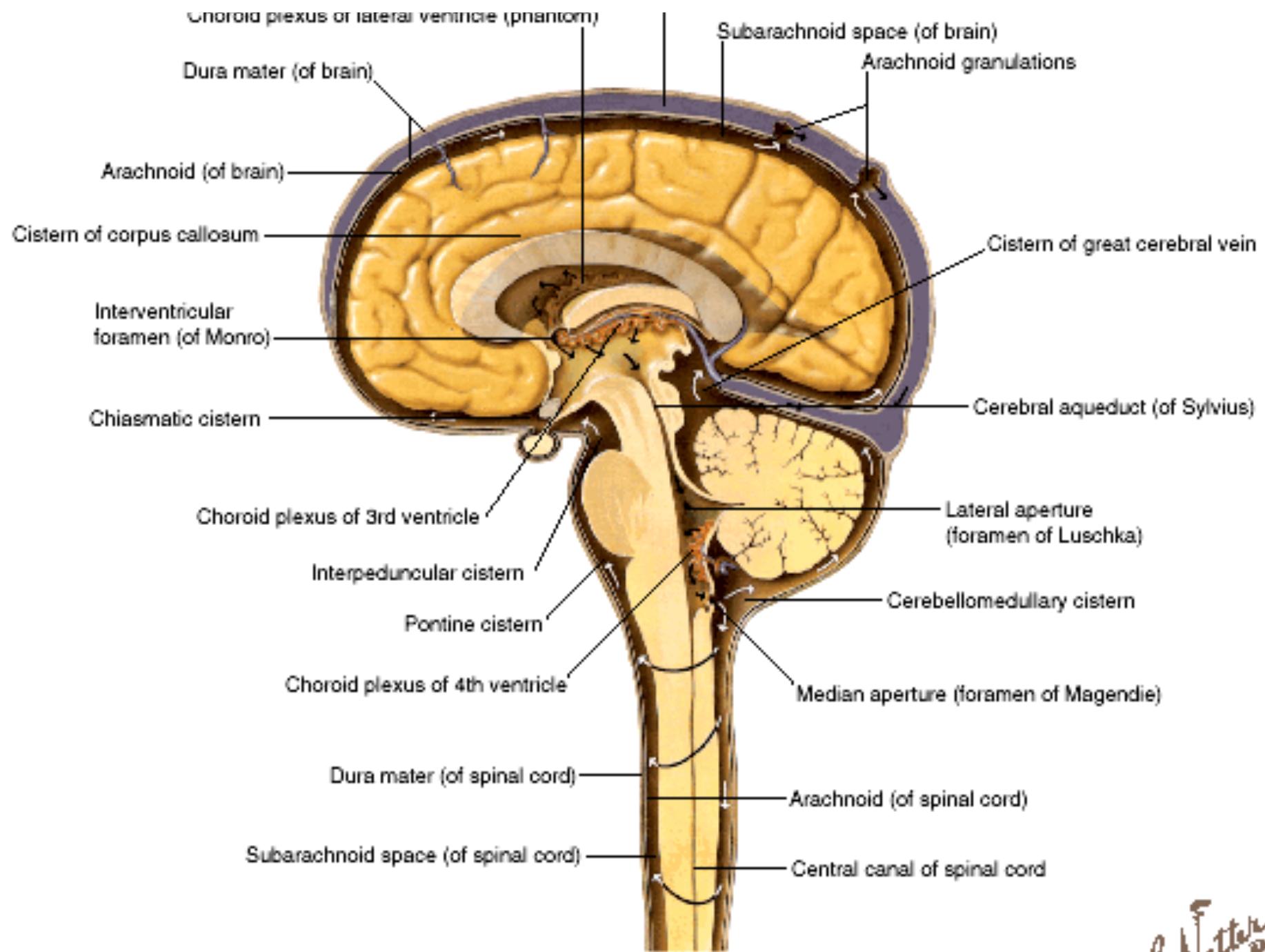
## Left lateral phantom view



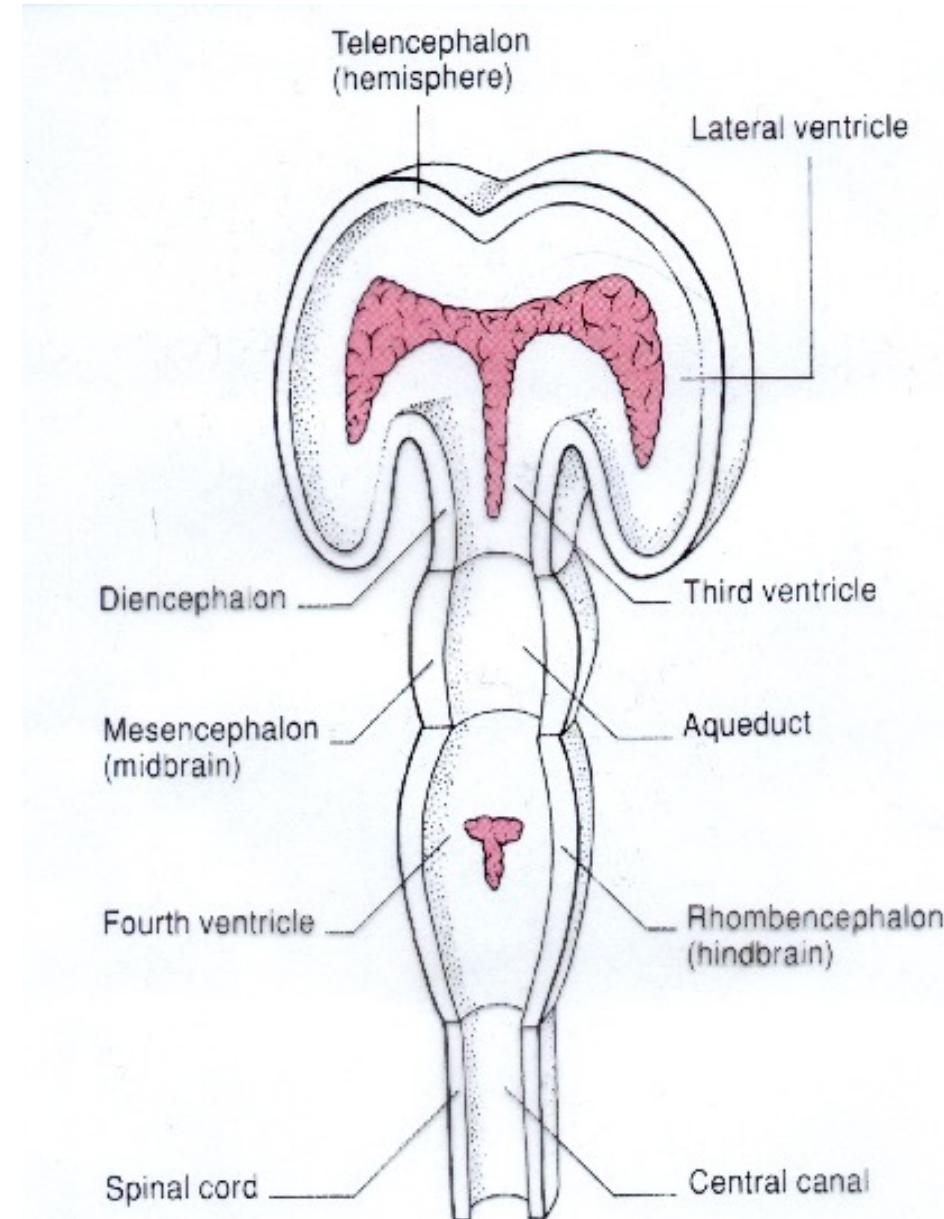
## “The Bird Takes Flight” – Ventricles in the Inhalation phase



# Circulation of CSF



## Ventricles Development



**Figure 1.4** Diagram of the developing ventricular system. Choroid plexuses are shown in red.

## *Sensitive Chaos: water injected into water shows fluid dynamics*

