THE UPLINK

Merging Contemporary Chiropractic Neurology and Nutritional Biochemistry in the Tradition of Applied Kinesiology

Issue No.23 **© Walter H. Schmitt, DC, DIBAK, DABCN** **Fall/Winter, 1995**

Home Runs" and lots of hands-on workshopping. See Issue #19 for listings of topics, session-by-session. See seminar schedule for all dates. Contact: NUHS AK Club, P.O. Box 3611, Glen Ellyn, IL 60138 (630) 889-6702, e-mail: willak4u@yahoo.com, web site: http://nuhs-ak-club.tripod.com

3 TYPES OF K-27 SWITCHING PATTERNS

Following correction of injuries by injury recall technique, 3 types of switching may be present. In Issue #1 of *THE UPLINK*, K-27 switching was discussed as being an indicator of the presence of uncoupled cervical motion. Any factor which impacts cervical proprioception can result in K-27 switching. This includes cranial faults, TMJ problems, and various tooth problems. Through the years, many doctors have observed the following 3 patterns related to TLing to K-27 points. Note that Crossed K-27 TL and Dorsal Regular K-27 show identical patterns as described below.

1. Regular K-27 TL:
R hand to R K-27 + L hand to L K-27
Significance: Cranial fault
Assessment: Pre-test imaging strengthens (see below); rubbing over cranial bone strengthens
Treatment: Correct cranial fault – either IRT or traditional mechanical correction
Further Assessment: Is the cranial fault negated by TL to an immune system circuit? (e.g., thymus, spleen, lower sternum.) If so, treat immune NL. (See Issue #17.)

2a. Crossed K-27 TL:
R hand to L K-27 + L hand to R K-27
2b. Dorsal Regular K-27 TL:
Dorsal R hand to R K-27+Dorsal L hand to L K-27
Significance: TMJ – possible tooth problem (Neurological tooth, IRT, SP, or NSB–See Issue #3)
Assessment: TMJ TLs with neck in extension – possibly negated by TL to a tooth
Treatment: IRT TMJ and TMJ muscles; Tooth techniques (Issue #3)

3. Dorsal Crossed K-27 TL:
Dorsal R hand to L K-27+Dorsal L hand to R K-27
***Significance*:** Tooth problem (Neurological tooth, IRT, SP, or NSB) causing TMJ TL
Assessment: TMJ TLs with neck in extension – negated by TL to a tooth
Treatment: Tooth techniques (Issue #3)

PRE-TEST IMAGING

Pre-test imaging (PTI) is a quick screening test for the presence of cranial faults. The following procedure may be used any time an inhibited muscle is present. This includes using PTI with a weak muscle in the clear, or with a weakness created in an indicator muscle such as when TLing K-27 or during a challenge procedure (ICV, vertebra, etc.)
1. Find a weak muscle or weak indicator muscle.
2. Have the patient imagine performing the test.
3. As the patient imagines doing the test, retest the muscle - if it is now strong:
4. TL to the cranial bones and sutures to identify which one(s) neutralize the original weakness. (Do not use PTI at this time.)
5. Correction of the cranial fault abolishes any change in muscle testing by PTI.

www.drwallyschmitt.com

SHORTCUT CORRECTION FOR MOST CRANIAL FAULTS

The following IRT procedure is effective for about 80% of the cranial faults encountered. The other 20% must be corrected by the traditional AK mechanical techniques. In mechanical cranial faults, the IRT correction will not negate cranial indicators. This suggests that many (maybe the majority of) cranial faults are reflexive rather than mechanical.

1. Pre-test imaging is positive. Identify cranial fault by standard AK procedures (e.g., neck flexors weakness, challenge, pain patterns, etc.)
2. Patient TL to cranial fault will strengthen a weak muscle. (Doctor rubbing the skin over the cranial fault also strengthens.)
3. Pinching the skin over the cranial fault will weaken a strong extensor muscle (if IRT will be an effective treatment procedure.)
4. Correction by neck flexion IRT while:
   a) Patient TLs area OR b) Doctor pinches area
5. All factors in 1. above are now negative.

NUTRIENTS FOR RECURRENT CRANIALS

1) citric acid cycle nutritional factors (B vitamins, manganese, magnesium); 2) vitamin B-6; 3) zinc; 4) check possible heavy metal toxicity.

■ **TRANSLATING AK INTO NEUROLOGY:** For the past several years, I have been including a section in almost every lecture on the concept of muscle testing as functional neurology. A video tape was made when I presented a one hour version of this lecture as an introduction to the Special 100 Hour AK Course in Lombard, Illinois. Although the lighting in the room was not the best, the quality of the audio and of the slides was excellent. Through the years I have had a number of requests for a tape of this information and so now, we are making this one hour video tape available. See Order Form.

■ **TRANSLATING NEUROLOGY INTO AK:** For years I have been investigating and promoting the use of muscle testing as functional neurological assessment, even prior to starting Dr. Ted Carrick's Chiropractic Neurology program in 1989. Dr. Carrick's program emphasizes the importance of using "autonomic windows" for evaluation of the nervous system, that is, checking parameters such as pupil response, bilateral blood pressures, and retinal venous-arterial diameter ratios. Using muscle testing and specifically designed sensory receptor challenges, we have observed that it is possible to employ "somatic windows" to evaluate many otherwise unobservable neurological functions. We are, for the first time, teaching some of this work in the next Master Class in Chapel Hill. (See below.) It is fascinating to see the effects of neuroanatomy before your very eyes, and the clinical responses are remarkable as well.

■ "**NEUROLOGICAL TOOLS FOR DAILY USE"** is the title of the next ***Master Class*** in Chapel Hill. I didn't know what to call this seminar because the topics will be related to patients we see every day, and yet it includes the latest advancements in using muscle testing as functional neurology. Some remarkable tools will be presented which are applicable to many commonly seen patients' problems: *TMJ, the immune system, bilateral limb problems, sleep disturbances, digestive problems including the ICV, etc.* Included are functions from the right and left cortex down through the brainstem through the spinal cord areas. *Attendance very limited* so register early.

■ **SPECIAL 100 HOUR COURSE THIS FALL:** Dr. Schmitt's basic 100 hour course will be offered in two separate locations starting this fall: **TAMPA/ST. PETERSBURG/CLEARWATER, FLORIDA** and **LOS ANGELES, CALIFORNIA.** This course has been acclaimed by *both beginners and advanced* AK doctors and students. It is approved as a basic 100 hour course by the I.C.A.K.

In Florida, Dr. Schmitt will be teaching the new syllabus with the assistance of Dr. Kerry McCord and Dr. Lou Obersteadt.

www.drwallyschmitt.com

In Los Angeles, Dr. Schmitt will be "substituting" for Dr. Bob Blaich who has taught continuously in Los Angeles over the past many years. Dr. Blaich will be offering the traditional "Essentials" 100 Hour AK Course in the Chicago area starting this fall, and will return to teaching in LA in the fall of 2003.

Each session in Dr. Schmitt's special syllabus will focus on specific major topics so that the doctor returns to practice armed with new tools for particular problem areas. These include ***"AK HOME RUNS"*** - powerful tools which can be rapidly employed in any practice, which are applicable to many patients, and which will be "big hits" in your practice.

See the seminar schedule for all dates.

■ **100 HOUR COURSE CE CREDITS:** We are pleased to announce that Chiropractic Continuing Education credits will be applied for Sessions 1 and 2 and Sessions 7 and 8 in both the Florida and California locations. Please contact Dr. Schmitt's office at least *100 days prior to the seminar if you would like us to apply for CE in states other than* Florida and California.

■ **QUIZ ON PREVIOUS ISSUES' TOPICS:** (Issue number in brackets after multiple choices. Answers at bottom of column.)

1. Excess of which vitamin is most likely to result in low back pain? A) A; B) B; C) C; D) D; E) E [18]

2. TMJ and cranial faults are often indicators of what underlying hidden problem: A) Adrenal B) Parathyroid C) immune system (thymus & spleen); D) Kidney [17]

3. Gait disturbances are often seen in the presence of A) Hyperinsulinism; B) Sulfur need; C) Calcium need; D) Emotional Recall; E) Parathyroid problems [16]

4. Recurrent muscle weakness on the left posterior side of the body is often due to a need for which mineral? A) Ca; B) Mg; C) Na; D) Se; E) K [21]

5. Pinching (causing nociception) will cause a selective weakness of the organ-related muscles in hidden problems of which organ? A) Thyroid B) Immune System; C) Liver; D) Adrenal; E) Reproductive [22]

■ Quiz answers: **1**-E **2**-C **3**-A **4**-B **5**-D