SPECIAL AK 100 HOUR COURSE – STUDY GROUP GUIDELINES
Session 1

Gait Analysis

1. Perform Standing PMC and Latissimus dorsi Tests
2. Perform Standing PMC and Latissimus dorsi Tests again during right gait and left gait.

Muscle Spindle Cell Manipulation & Golgi Tendon Organ Manipulation

Using a PMC or a Latissimus dorsi, observe patterns of facilitation and inhibition

Inhibit normal muscles by MSC
Facilitate inhibited muscles by MSC
Inhibit normal muscles by GTO
Facilitate inhibited muscles by GTO

Postural Analysis

Start with Postural Analysis with a partner. Observe each other's postural deviations in the standing position.

Levels of hips (iliac crests), shoulders, and occiput (mastoid processes)
Rotations of hips, shoulders, head, hands, feet

Practice Muscle Testing

1. For each muscle, work with a partner and attempt to produce the Postural Analysis pattern for each muscle.
2. Perform the muscle test exactly as shown in class and as shown in textbooks.
3. To learn how an inhibited muscle feels, if normal response is found – perform MSC and/or GTO techniques to inhibit the muscle and then immediately retest.
4. Test each muscle covered in Session 1
    a. Latissimus dorsi
    b. Pectoralis major, clavicular
    c. Pectoralis major, sternal
    d. Psoas
    e. Tensor Fascia Lata
    f. Piriformis (prone)
5. If a muscle is inhibited "in the clear" – test with oral challenge using Aspirin, Acetaminophen, and Ibuprofen mixture.
    a. If Aspirin, etc. mixture facilitates the weak muscle, wipe off the tongue and then test for EFA by placing EFA in the mouth and retesting the inhibited muscle.
    b. Test with oral Black Currant Seed Oil, Flaxseed Oil, Fish Oils (EPA-DHA), and Sesame Seed Oil. Also test with cofactors: B-6, Magnesium, Zinc.
6. If a muscle is inhibited "in the clear" – TL to spinal areas
    a. Associated with the innervation of that muscle
    b. Associated with the acupuncture associated area of the spine for that muscle
    c. Use vertebral challenge technique to determine listing of subluxation
7. TL to Chapman's Reflexes for each muscle.
    a. If muscle is inhibited, look for a change from inhibited to facilitated.
        i. If this occurs – rub Chapman's Reflex to correct the inhibition.
    b. If muscle is facilitated, observe for a change from inhibited (51%er.)

Injury Recall Technique

1. Do this first whenever you find an inhibited muscle. Perform MSC to facilitate. If this does not result in a facilitated response, there is an injury somewhere. Rub the skin over

areas of suspected past injuries. Rubbing active injuries will cause the inhibited muscle to test strong temporarily.

2. TL injuries of the head and neck with the neck in extension. If a strong muscle weakens, perform IRT for the head and neck.
    a. Measure an appropriate range of motion before and after correction (neck, hip abduction, etc.)
3. TL injuries on the rest of the body while gently jamming (i.e., challenging) the ipsilateral mortis joint in a cephalward direction. If a strong muscle weakens, perform IRT by a micromanipulation (REMEMBER – IT IS A MICROMANIPUATION) on the ipsilateral talus in the direction of distraction.
    a. Measure an appropriate range of motion before and after correction.

Stop Your Pain Now! **Techniques**

1. NSB (IPR):
    a. If acute pain, aggravate pain by pressure or range of motion and test for indicator muscle inhibition.
    b. If a strong muscle weakens – TL ipsilateral acupuncture head points one-by-one until you find one which negated the inhibition.
    c. Tap this point while intermittently aggravating the pain as above. Tap until pain reduction is maximized.
2. Set Point (Touch and Tap) Technique:
    a. Have the patient TL an area of pain, either past or present.
    b. While testing a strong muscle, tap each acupuncture head point one-by-one until the indicator muscle shows inhibition.
    c. Maintain the TL and tap the acupuncture head point 100 times.
    d. Recheck a. and b.
    e. Check a range of motion before and after correction.
3. Location Quality Memory Technique:
    a. Test a strong muscle while the patient thinks about an area of past injury:
        i. Location on the body
        ii. Quality or nature of what the pain feels like when active
        iii. Memory of what the pain felt like at its worst
        iv. Memory of incident which caused original onset of the pain
    b. For each of the above LQM factors which induce inhibition in the strong indicator muscle, find an acupuncture head point which negates the inhibition.
    c. Tap the appropriate acupuncture head point 100 times coincident with the patient thinking about each of the positive LQM factors.
    d. Check to see if the patient can reproduce the pain before and after correction.

Vertebral Challenge

1. Identify a strong piriformis muscle. TL the spine area by area. If positive, TL segment-by-segment to identify level of subluxation.
2. Use vertebral challenge technique to identify direction of subluxation.
    a. Adjust in direction which produces inhibition of indicator muscle.
3. For lumbar subluxations, put one ear down and then the other ear down to determine which side posture position is most appropriate.
    a. Adjust with body in side posture position that maintains the challenge weakness.
4. Rechallenge after adjustment to determine success of correction.

Treat a patient following the full protocol on page 1.