

A photograph of a hand, likely a right hand, with the index finger extended and the thumb and other fingers curled. The hand is positioned in the foreground, reaching towards the left. The background is a laboratory or clinical setting, featuring shelves stocked with numerous small, clear plastic containers or vials. The entire image is overlaid with a semi-transparent blue filter. The title text is positioned in the upper right quadrant of the image.

Essential Kinesiology Techniques for Muscle Testing Practitioners

By Terry Larder

Essential Kinesiology Techniques for Muscle Testing Practitioners

By Terry Larder

Foreword from the Kinesiology Association (UK)

The Kinesiology Association (KA) is delighted to be working in alliance with Terry Larder the principle of The Classical Kinesiology Institute. When we decided to develop our own Curriculum for a brand-new KA Diploma Course it was serendipitous that at the time Terry was planning to produce this book, her definitive Kinesiology guide.

Over her many years as a Kinesiologist and Trainer, Terry has always had a passion for wanting to know the provenance of the methods she uses. The production of this book has allowed her to reference, from numerous sources, many of the techniques taught at diploma level so we now have the definitive text book a Professional Diplomates in Kinesiology.

This book is the cornerstone for the training of new students who aspire to become professional members of the Kinesiology Association.

This body of work is also an excellent reference manual for any established Kinesiologists who want to ensure they are using the techniques correctly, because we all know how information can easily become distorted over time.

This new and comprehensive book will help to underpin one of the KA's aims and objectives - To advance and promote high standards of ethics, training and practice for KA practitioners.

Established in 1988 the KA (previously known as the Association of Systematic Kinesiology) is the UK's largest membership organisation with around 500 members and provides them with on-going support, guidance and training.

The Kinesiology Association Trustees



The KA is a registered Charity (No. 299306) and a Company Limited by Guarantee (No. 2235125).

Registered Office: 15 Cygnet Drive, Durrington, Wiltshire, SP4 8LQ. Telephone: 01980 881646

Email: admin@kinesiologyassociation.org

Website, www.kinesiologyassociation.org

Table of contents

Acknowledgements	i
Prologue	ii
Glossary	iii
Start As You Mean To Go On	vi
Why Muscle Response Testing Works	x
A Blueprint for Client Management	xiii
Finger Modes	xvi
Circuit Retaining Mode	xix
Hand Modes – Quick Reference	xxii
Rules for Therapy Localisation, Circuit Locating and Challenge	xxiv
Stacking	xxvi
1. Electromagnetic Imbalances and Corrections	1
2. Emotional Imbalances and Corrections	35
3. Biochemical Imbalances and Corrections	59
4. Structural Imbalances and Corrections	115
5. General Imbalances and Corrections	201
Quick Reference Tables	234
References	239
Index	240

Start as You Mean to Go On

Welcome to the next stage of your training as a professional kinesiologist. You have already become well versed in the foundations of kinesiology and you will learn some fabulous skills to prepare you to commence your new vocation

Refer to this section frequently. We all need reminding of where we are, where we've come from and what we have yet to achieve. By considering these issues periodically, you will be able to easily see how far you have already come.

In the words of Goethe – **'begin it now!'**

This section will be identifying some key areas that you need to consider in order to succeed in building a healthy business. Pages have been left at the end of each section for you to write any notes as you go along, and they will become part of this workbook.



The Exclamation Icon: denote Key Points, these need examining closely.



The Lightbulb Icon: denote items that you may need to reflect on, or check items that need some further study.

So that you can quickly identify the protocols themselves, look for these icons they will always appear in pink tinted boxes;



The Magnifier Icon: denotes a Test, these should be explored to denote the relevance of the protocol.



The Tick Icon: denotes a Correction, If the Test is a positive one then follow these corrections.

Recommendations

Work on as many people as you can during this time. These will be your future clients and you will have a ready-made practice when you are ready to start charging!

Join your professional kinesiology association and get student insurance cover

Finding 'clients'

Start to source people willing to be treated. Be serious about this. People will then look on you as a professional from the start. Ensure that they understand that they have a commitment to you to follow through with treatment and take your advice, especially since you are giving them your time and expertise free of charge.

Put out flyers advertising your services in health shops or at your workplace - even as a student you can treat people for free.

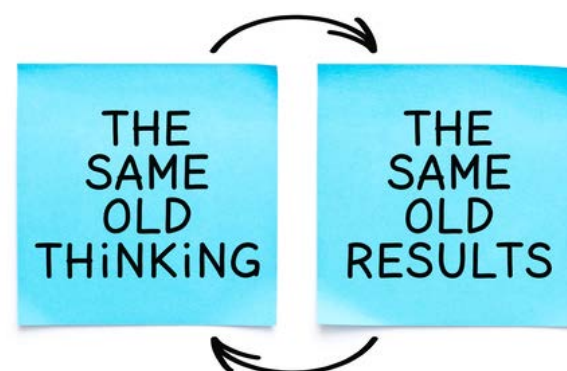
Start as you mean to go on

Be professional. Make appointments for people and keep to these times.



The change challenges

1. *Be clear on what kind of change is required e.g. major shake-up vs. moderate progression.*
2. *Plan, Plan, Plan!*
3. *Schedule your time*
4. *Set short-term goals*
5. *The war will only be won by winning the battles along the way: If goals are not met, focus on improvement, not fault – finding.*



Set your sights on the specific objective

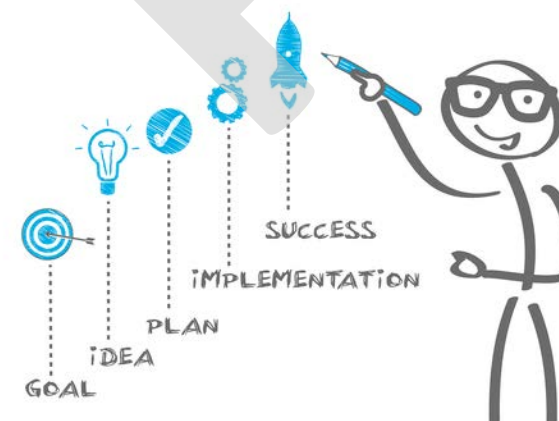
For example, aim to work on one new person every two weeks or to distribute your leaflets to all the health food shops in town by the end of the month.

Where are you going to see your clients? Can you set aside a room at home? If not, can you investigate where you might be able to hire a room for a few hours a week – maybe sharing a session with another student, if there is anyone who lives nearby. You may ask clients for a donation towards room hire costs or offset your trade discount on supplements that you will now be able to receive. You will then be on the way to being ready to build your practice when you are in a position to start charging. You will already be in 'practice', so the transition will be smooth.

Prime your clients so that they understand that you will eventually be charging a fee. It won't be a shock to them when the time comes, and they will be used to the idea.

Make a point of encouraging those of your non-paying clients, who have felt better as a result of seeing you, to recommend you to others. Give them some of your leaflets to distribute amongst their friends. Begin your business **NOW**.

Begin NOW to grow your business. Make plans and implement them.



When the time comes, transitioning into a practitioner will be simple.

Your business will already be off the ground.

4 stages of learning for a healthcare practitioner

It can be quite nerve-racking to be faced with your first paying client – especially if it's a complete stranger that you have never met before. It can also be stressful to be watched during a practical assessment. We are all aware that when we are under stress, we don't always learn or perform at our best, nor can we concentrate on the matter in hand so easily. Our success can much depend on our ability to keep calm and think clearly – even if things don't go exactly to plan during the session.

Some of the following strategies may help you to consider how you approach learning

- ✓ **Gaining experience – work with as many people as you can lay your hands on**
- ✓ **Listening and watching demonstrations**
- ✓ **Review the protocols. Take time out to read them through again after class then meditate on them (think them through and picture scenarios of how they could be used during a treatment). If you are unsure of the protocol's full implication on the body, research any connected physiology from your A & P book.**
- ✓ **Learning by practice as soon as possible – within 24 hours after the class if you can**

When things are new, naturally you will be asking your tutor for a set protocol. We frequently hear in class, 'I see that the protocols have an order, like a recipe book, but when do I use the techniques? Please give me an order of play'. Well you will be shown lots of scenarios on how and when to use them but remember "there are many roads to Rome"! Your course-mate may choose a totally different route from you when addressing a problem that a client has - but remember that neither of these routes are wrong as they all end up in the same place, that is, facilitating the action of change and adjustment in the body itself. The body and mind are the healers and we are only the conduits.

Dispelling Fears and Phobias

Acknowledgement:

Roger Callahan – Thought Field Therapy

Emotional Finger Mode

Together with the tools that you already have for getting to the root of a fear or phobia, this technique is a powerful way of resolving real issues like fear of snakes, fear of flying etc.

“It is important to tread carefully and not force the person to confront something that they do not want to do. The person must feel safe, even though they may feel uncomfortable.”

As in all kinesiology techniques, it is ideal to treat people ‘in the mode’. Therefore, in the case of flying for example, to treat them prior to embarking at the airport is preferable if possible. In the case of spiders or other creepy crawlies, showing them a picture, or even having one available may prove to be advantageous.



Rationale

If a person is in a situation that causes fear or panic – or any kind of emotional overload - it will case an excessive amount of energy in the stomach meridian. By tapping Stomach 1 whilst the person is in the mode, this will dispel excess energy, causing a return of equilibrium within the energy system. Stomach 1 is situated on the notch felt on the body orbit beneath the eye, in line with the pupil when the eyes look straight ahead.

For this example, we will consider a person who is afraid of going in a lift.

Test an AIM whilst the person says a statement such as:

“I(person’s name) feel perfectly comfortable about going in a lift”

“I am free from the fear of the lift breaking down when I am in it.”

“I no longer have a phobia about travelling in a lift”

Notice the statements are all in the present tense, in other words we want the brain to acknowledge that the fear/phobia is dispelled NOW, NOT in the future.

Another example might be a morbid fear of spiders or snakes. Perhaps you could get them ‘in the mode’ by showing the person a picture of the insect/reptile first as a drawing, then a photo and if appropriate eventually the real thing! Ensure that you don’t move on to the next stage until the person is perfectly happy looking at the image. In this instance, the person can look at the object and tap their own ST 1 without saying an affirmation. They can also think about the problem whilst tapping ST 1.

Use a SUD scale (Subjective Units of Discomfort) by asking the person to rate on a scale of 1-10 how severe their fear is. This is useful because you can then check the SUD scale again at different stages of the session. It’s a good guide to how well the treatment is working. Be thorough in listening to the client and questioning them to establish the fundamental issues that make them phobic. Ensure that you address those. If you can break down the issue into small bite-size pieces, this is more effective than trying to address the problem as a whole. Once you have

established the thoughts/events that unlock an AIM, you could then find out which one of these is the modality. If modalities are dealt with first, this is not only more effective, but you’ll usually find that a lot of the individual issues then resolve themselves.



It really anchors the treatment if you can give a vibrational essence along with this technique.

1. Ask the person to think about an aspect of the fear/phobia or find a way of getting them into the mode. Test an AIM

2. If the IM unlocks, tap simultaneously and bilaterally St1 (See Figure 3) whilst they repeat the phrase*. To anchor, check the phrase again using an AIM. If this does not work, try tapping spleen 1 at the medial edge of the root of the nail of the big toe (hallux). (See Figure 4)

Retest the IM as they think of the fear/phobia again. The indicator should now lock.

*Adding a flower essence can really enhance your treatment. Find the essence first **before** tapping St 1. To do this, put the feeling/ phrase that unlocked the IM into pause lock then find the remedy that locks the IM

Stomach 1 (Figure 3)

Stomach 1 centrally just below the eyes



Spleen 1 (Figure 4)

Spleen 1 at medial edge of nail bed on big toe



Hand Modes

Key Finger Modes

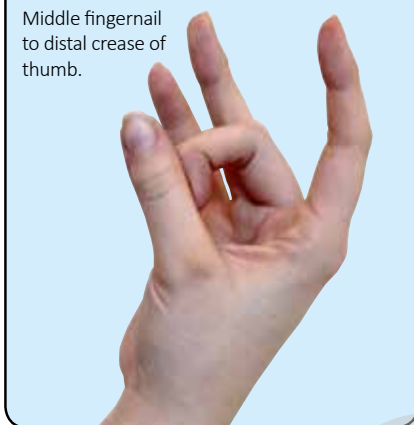
Structural Mode

Index finger pad to thumb pad.



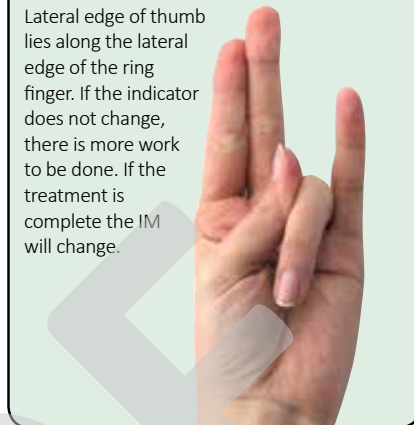
Modality Mode (Alan Sales)

Middle fingernail to distal crease of thumb.



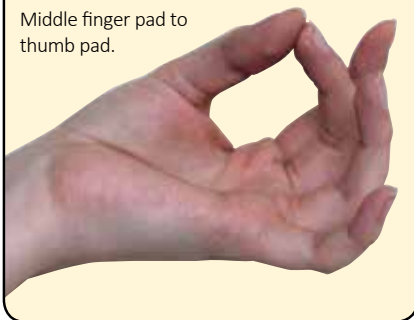
Complete Mode

Lateral edge of thumb lies along the lateral edge of the ring finger. If the indicator does not change, there is more work to be done. If the treatment is complete the IM will change.



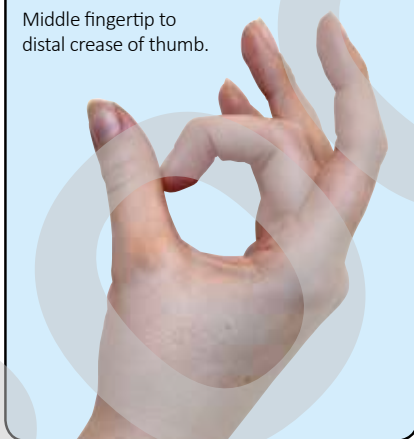
Biochemical/Personal Ecology Mode

Middle finger pad to thumb pad.



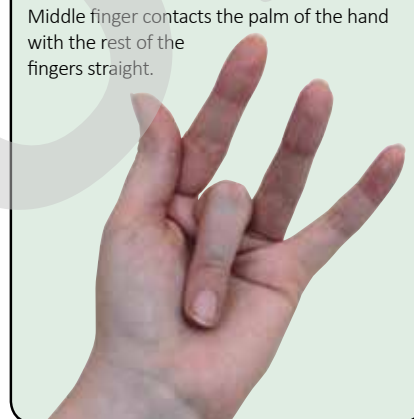
Priority Mode (Alan Beardall)

Middle fingertip to distal crease of thumb.



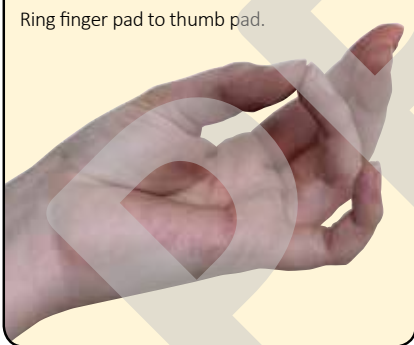
STO Mode

Middle finger contacts the palm of the hand with the rest of the fingers straight.



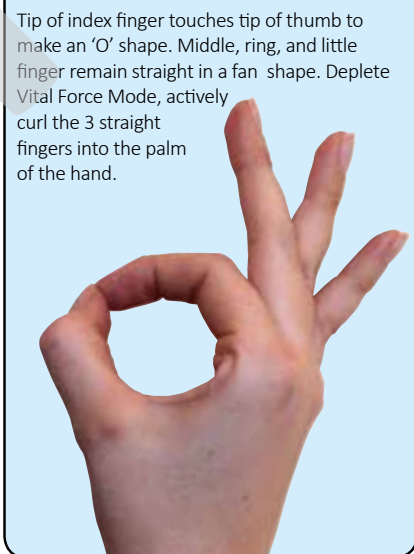
Emotional Mode

Ring finger pad to thumb pad.



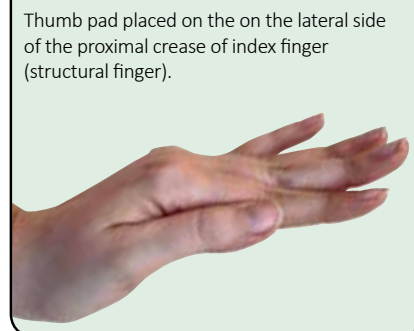
Raise Vital Force Mode (Angela Burr Madsen)

Tip of index finger touches tip of thumb to make an 'O' shape. Middle, ring, and little finger remain straight in a fan shape. Deplete Vital Force Mode, actively curl the 3 straight fingers into the palm of the hand.



Dural Torque Mode

Thumb pad placed on the on the lateral side of the proximal crease of index finger (structural finger).



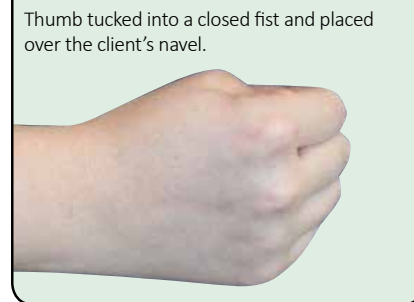
Electromagnetic Mode

Little finger pad to thumb pad.



Age Recession Mode (Past Trauma Resolution)

Thumb tucked into a closed fist and placed over the client's navel.



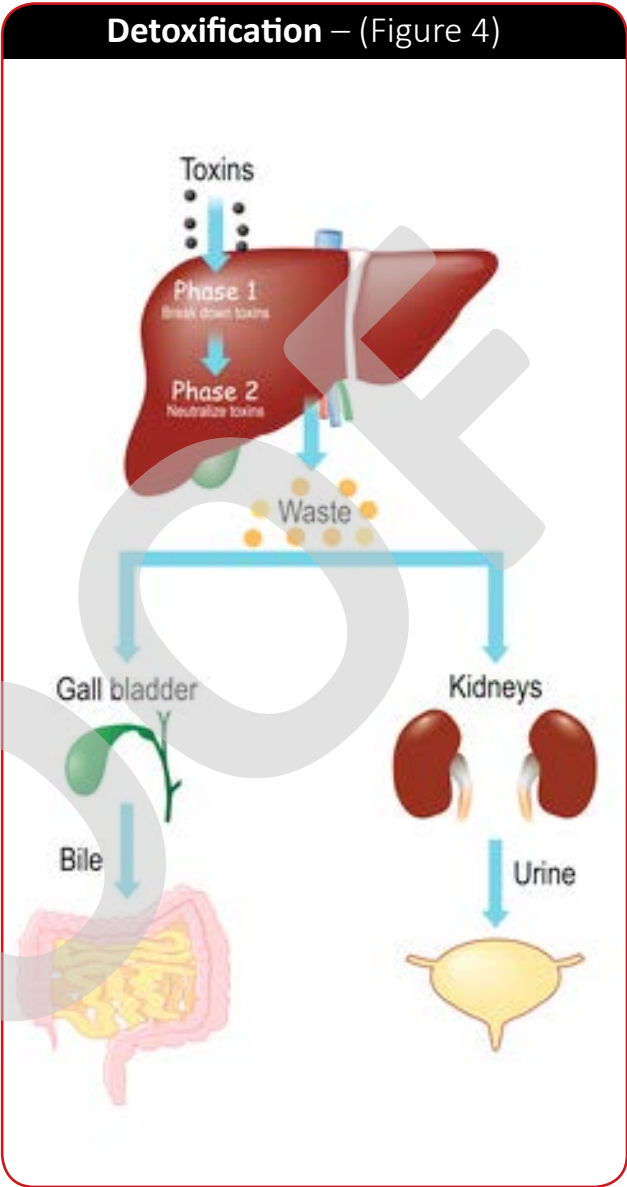
Liver Support

The liver is a highly complex organ with many functions. The two functions we will briefly discuss are the liver's detoxification pathways, and bile production. (See Figure 4). I recommend that you study these in detail as they are linked to so many health issues.

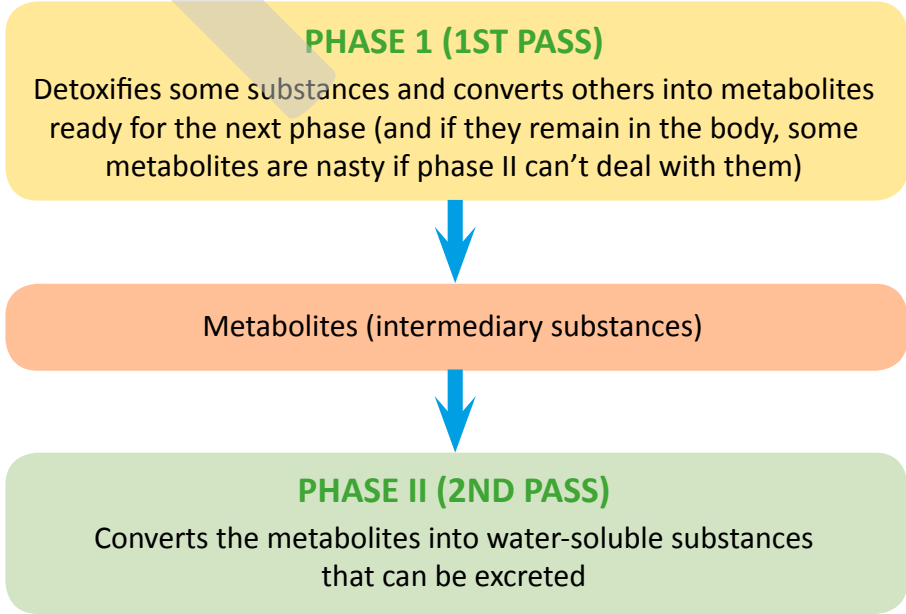
Liver Detoxification Pathways

Two detoxification pathways to be aware of are known as Phase 1 and Phase 2 or First Pass and Second Pass metabolism. (See Table 6). They are highly complex and there are (thankfully for us!) failsafe methods ensuring functions overlap – useful when genetic differences mean that some pathways just don't work as well as others. For example, some people can't tolerate even just a small glass of wine without being affected whereas another person can become drunk but never get a hangover. Some individuals smoke 20 a day all their lives and live to their 90's whereas others develop lung cancer on 5 a day. All of these sorts of people would likely be described as having normal liver function.

The concept of liver detoxification is the processing of waste products so that they become water soluble and therefore easily excreted by the kidneys and bowels. Simply put this is how it works –



Liver Detoxification Pathways – Table 6



For healthy detoxification, there needs to be a good balance between Phase I and Phase II

Properties of bile

As well as emulsifying dietary fats, bile increases the motility of the bowel. In cases where the liver is not producing enough, transit time in the bowel slows down contributing to poor elimination of waste. Bile gives stools the brown colour, so if your client complains of pale stools, think of insufficient bile. This may be because the liver is congested, or the person is deficient in bile salts.

Bile serves as a means of excreting several important waste products from the blood. Spent hormones and other chemicals are secreted by the liver into the bile, so if bile is not flowing, these substances continue to circulate inappropriately in the system.

Testing Liver Function

Method 1:

The most direct way of testing for liver function is the use of test vials.

Liver Dysfunction (this is a 'blanket' test vial that covers various specific dysfunctions)

Specific test vials* available include-

Liver detoxification pathways impaired

Liver congestion (bile)

Bile Salt Deficiency

OR

Method 2:

A bilaterally weak pectoralis major sternal muscle tested using a gamma II muscle test shows organ (liver) dysfunction. It is possible to place these muscles in circuit retaining mode and find a correction/remedy. Some sources say that this is an indication for heavy metal toxicity (Deal)

OR

Method 3:

1. Activate the biochemical finger mode and contact the liver alarm point. If the IM unlocks the liver needs biochemical support. Place these into circuit retaining mode (unlock).

2. Activate the finger mode for toxicity. This will **lock** the IM if the liver requires support for detoxification.
3. Take off the toxicity finger mode as you have this information. This means the IM will return to unlocked, which is easier to find the most beneficial support which will **lock** the IM. (When the supportive nutrition selected helps to increase chi, the 'Raise Vital Force Mode' will then unlock the IM).

Liver Detoxification Pathways Impaired (See Table 6)

Useful Nutrition:

Selenium, zinc, vitamin C, beta carotene, B complex, quercetin, alpha lipoic acid or R-lipoic acid, NAC, milk thistle, dandelion, glutathione, DIM (di-indole methane from cruciferous vegetables), I3C (indole-3 carbinol also from cruciferous vegetables), cysteine. Broccoli and other cruciferous vegetables. Other sulphur-containing foods are eggs, garlic and onions

Protein is important as the phase II pathway needs amino acids to conjugate hormones and chemicals. Check using the 'protein deficiency' test (Figure 1).

Liver Congestion – Bile

Using a castor oil pack placed over the liver area can help a congested liver.
www.edgarcayce.org

Increase healthy fats in the diet such as avocado and coconut oil. Fats stimulate bile production. Beetroot, celery, radish, berberis, dandelion root, fumitory, Oregon grape.

Bile Salt Deficiency

The body preserves bile salts by recirculating them several times before they are finally excreted in bile. People who have had their gall bladder removed or have been on a low-fat diet may show a deficiency.

Beetroot, celery, radish, Oregon grape, berberis, or proprietary brand digestive

Establishing a Cloacal Imbalance – Figure 5

Test the right posterior ipsilateral reflexes

Raise the **right arm** and the **right leg** to gait position.

Place your hands on the outside of the wrist and ankle and **pull inwards towards the centre** of the body to test the left **posterior ipsilateral** reflexes, test as above using **left arm** and **left leg**.



Test the left posterior contralateral reflexes

Raise the client's left arm as previously described and the right leg. Place your hands on the inside of the wrist and ankle and pull in towards the centre of the body. To test the right posterior contralateral reflexes, test as above using **right arm** and **left leg**.



Test the right anterior ipsilateral reflexes

Raise the client's right arm and leg into position. Place your hands on the inside wrist and ankle and push out away from the body – arm towards head and leg towards couch (superior and inferior) To test the left **anterior ipsilateral** reflexes, test as above using the **left arm** and **left leg**.



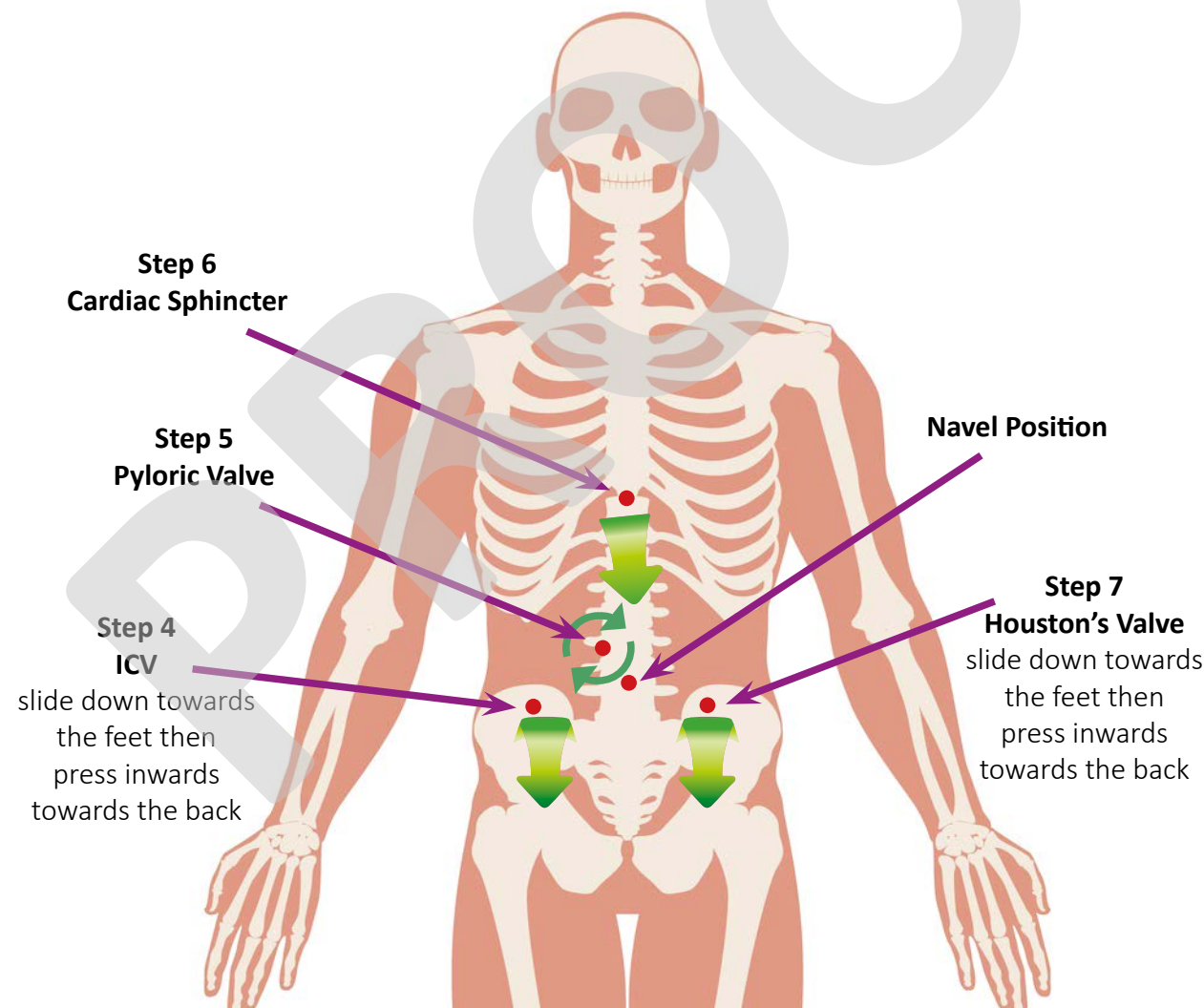
Test the right anterior contralateral reflexes

Ask client to raise their right arm and left leg. Place your hands on the inside of the wrist and opposite ankle and push out away from the body, arm towards the head, leg towards the couch (superior and inferior). Test as above using **left arm** and **right leg**.



7. Pull the Houston's valves downwards (inferiorly) towards the right leg and the push inwards (posteriorly). ✓
8. Rub the neurolymphatic points for the tensor fascia lata (TFL) on the lateral surface of the thighs down to just below the knee.
9. Hold the neurovascular points for the TFL situated on both sides of the head on the parietal eminences.

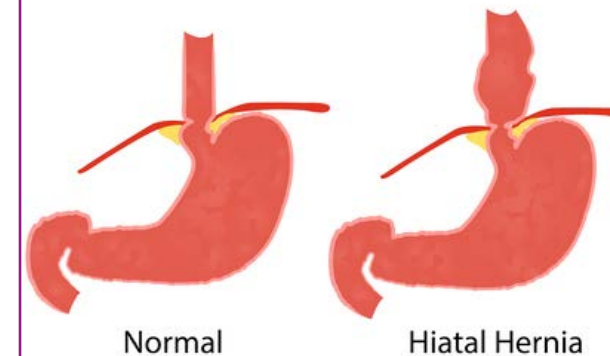
Step 4,5,6,7 Chronic valves – Figure 10



Sub Clinical Hiatal Hernia

Structural Finger Mode

HIATUS HERNIA – (Figure 11)

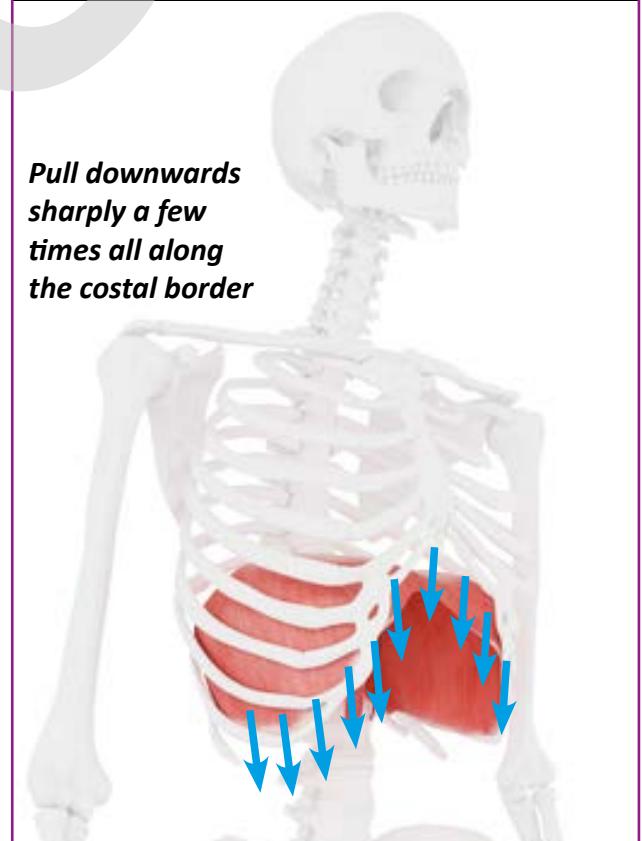


A hiatus hernia is a weakening in the diaphragm where the oesophagus passes through it. A small portion of the stomach can protrude through this hole which renders the cardiac sphincter unable to prevent the contents of the stomach regurgitating back into the oesophagus **See Fig 11**. This causes burning and discomfort, particularly when bending forward or lying down. Very slight impingement of the stomach can cause indigestion. Stress can cause the diaphragm to tighten which can create pressure on the oesophagus. This protocol helps release any impingement that the diaphragm is causing.

1. With the client relaxed, push up under the rib cage on the left side near the Xyphoid process of the sternum (use firm pressure - a light touch is the test for HCL deficiency). If the indicator unlocks, this suggests that the top of the stomach has slipped up through the opening in the diaphragm and may be pinched and irritated. This may create chest pains, 'heartburn', and difficulty breathing. ?

2. Have the client stand up against a wall. With the client relaxed, work fingers up under the xyphoid process and pull downwards sharply a few times all along the costal border (the border of the ribs - **See Fig 12**). When the diaphragm feels tight, it is beneficial to pull downwards and hold position until muscles start to relax, and the client no longer feels discomfort. Sometimes this can be quite painful since the area, if irritated, will be sore on palpation. Therefore, go gently at first and gradually build up the pressure as the client relaxes. ✓
3. Rub firmly, horizontally **See Fig 13**, on the front and back of the lower edges of the ribs simultaneously. You are rubbing along the diaphragm's insertion.

Step 2 Hiatal Hernia – (Figure 12)



Pull downwards sharply a few times all along the costal border

! Notice that the diaphragm has its origin in the same area as the psoas, which could also be involved. Check the psoas muscle and correct if necessary. They can be reactive to one another

Draw a simple chart of a body, front and back and ask the person to mark with a cross all their old injury sites. Include bad bruises, whiplash injuries, fractures, tooth extractions, vaccination sites, sprains and any surgical procedures.

Mammograms, root canal treatment and sprained ankles are particularly difficult for the body to handle.

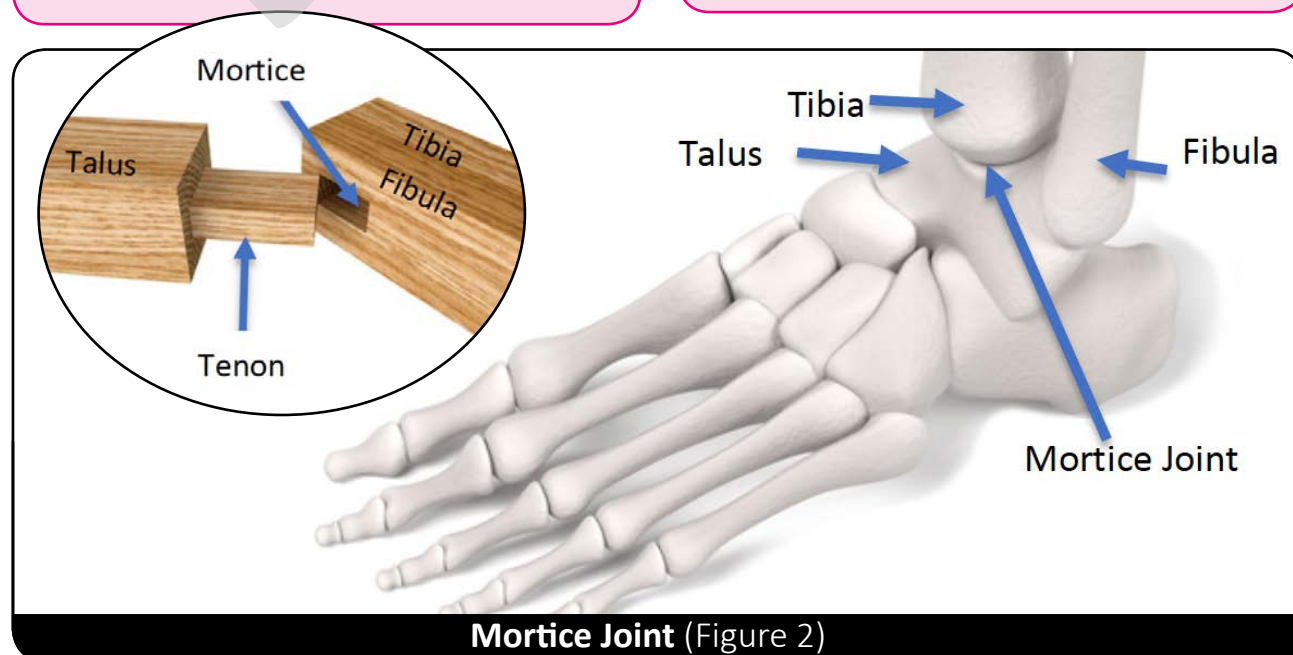
This treatment only ever has to be done once for each injury

Activating the Landau reflex by extending the neck will reveal any trauma left by old injury sites situated on the head and torso. Compressing the ankle joint (mortice joint) will reveal any trauma left anywhere on the body.

1. Jam the mortice joint **fig 2** by quickly compressing the heel on each foot towards the head and then test a strong indicator muscle. You could use an anterior deltoid or the quadriceps. Make sure that this does not unlock your indicator muscle. If it does, it is not possible to carry out injury recall until you resolve the ankle lesion.
2. Ask the person to TL the site of an old injury. If the injury is old and healed, it will not cause the indicator muscle to

unlock. This is normal. If it does cause the indicator muscle to unlock, the injury has not completely healed and may need to be addressed first; IRT may still be checked after carrying out the appropriate correction. Now sharply compress the heel on the same side of the body as the injury is situated. If the injury is in the centre, then compress both heels, one at a time. If injury recall is an appropriate treatment, the IM will now unlock.

3. The treatment is to separate the mortice joint whilst the person is still contacting the injury site with their hand/s. Dr Bronson confirms that just separating the mortice joint works for all areas of the body without the need to flex the head for injuries above C7 as is taught in a number of protocols. Place just one hand over the talus and tug in a plantar direction (towards soles of feet) to separate the mortice joint.
4. With the person still touching the old injury site, repeat step 3. Sharply compressing the mortice joint of the ankle should no longer unlock your indicator muscle if the memory of the old injury has been diffused.



Continue the procedure until all old injury sites have been treated in this manner. If you measured the person's flexibility before treatment, now carry out the same procedure – abducting the leg or the arm. In most cases there is a significant improvement in flexibility.

Injury Recall Technique has Enormous Implications in Other Areas of Healing Techniques (Deal)

I have described so far how IRT was found, how it is carried out, and its association with old injuries. Since its inception researchers have discovered that this simple technique can be used in many other circumstances, sometimes negating the need to carry out more complex procedures. Here are some examples:

Scanning the Whole Body for Old Injuries Requiring IRT

People don't necessarily remember all the injuries they have ever had.

1. Jam one talus by sharply compressing the heel and place into pause lock, then do the same on the other foot. By entering these tests into pause lock, they subsequently act as a 'filter'. **This filter will not in itself change an IM** but now only old injuries then require IRT will CL. When any part of the body is touched, only injury recall sites will show.
2. When the IM unlocks over the area, perform the IRT as previously described.

“ When anything is entered into pause lock, the client no longer needs to TL as the practitioner can now CL for related points, which will help to speed up the process. ”

IRT on TMJ Clears Compensations

This technique, performed at the start of a session, can be used instead of Pulse

Synchronization. Pulse synchronization is the best technique to 'get onto the same wavelength' as your client, but this protocol probably clears more compensations.

The TMJ is open to constant physical and emotional insults, so IRT will show frequently in relation to the TMJ.

1. Ask your client to contact both temporomandibular joints simultaneously and test an AIM. The IM should remain locked. If it unlocks, a TMJ correction needs to be done before proceeding further.
2. Carry out IRT on the TMJ in the usual way.

Spindle Cells

If a weak muscle does not respond to neuromuscular spindle cell technique (taught in a foundation kinesiology course), then IRT is needed for the muscle.

1. Ask your client to TL the belly of the weak muscle. The IM will unlock.
2. With your client still touching as in step 1, if jamming the heel (talus) locks the IM, IRT is needed.
3. Perform IRT by separating the mortice joint as described previously.
4. Retest the weak muscle, which should now test strong.

NB. Use IRT in this way for muscle pain. This removes the need for strain counter-strain techniques.

Emotional Technique Using IRT

Dr Deal says that this technique, although quick to do, seems to be as good as more lengthy techniques used for diffusing emotional stress as long as it is a modality/priority. The client does

List of Suggested Procedures

This is NOT a definitive list and is designed to help you at times when your mind goes blank.

Allergies	Atlas	Candida	ICV & Houston
	Nutrition (particularly Zinc)	Hypoglycaemia	Emotional
	Adrenals	TMJ	Digestive Insufficiency
	Food intolerances	Dural Torque	Metal Toxicity
		Blood Chemistry	
Back Problems	Injury Recall	Fixations	Emotional Bruising
	ICV	Reactive Muscles	Hypoglycaemia
	Atlas	Gait	Adrenals
	Lovett Brothers	Cross Crawl	B & E Points for Pain
	Dural Torque	Cloacals	Cranial Faults
	TMJ	Nutrition	Pelvic Categories
	All Muscle Techniques	STO	Fixations
Constipation	ICV & Houston	Food Intolerance	Candida
	Chronic Valves	Stress	Parasites
	Peristalsis Techniques	Fibre Deficiency	HCL & Enzyme Deficiency
	TMJ		Diet
Depression and Anxiety	Food Intolerance	Candida	Heavy Metal Toxicity
	Blood Sugar Handling	Parasites	Atlas
	Spondylogenic Reflex	Liver Toxicity	Ionization
	Cross Crawl	Emotional Techniques	Blood Chemistry
	Emotional Techniques		
Diarrhoea	ICV & Houston	Food intolerance	Candida
	TMJ	Stress	Parasites
	Diet	Fibre Deficiency	HCL & Enzyme Deficiency
	Chronic Valves	Peristalsis Techniques	
Digestive	Sub-Clinical Hiatal hernia	ICV & Houston	Nutrition
	HCL deficiency	Spondylogenic Reflex	Adrenal Stress
	Enzymes	Chronic Valves	Emotional
	Dural Torque	Vagus	Thoracic Spinal Misalignments
Fatigue	Nutrition	Endocrine	Ionisation
	Food Intolerance	Emotional Techniques	Eight Energy (Tibetan Energy)
	Candida, Parasites	Blood chemistry	Aura Leaks
	Hypoglycaemia	Meridian Work	Chakras
	Retrograde Lymphatics	Cross Crawl	Modality Mode
	Digestion	Dural Torque	TMJ
	Ionization	Metal Toxicity	Scar Tissue

Headaches-Persistent	Neck Muscles	Walking Gait	Blood Sugar Handling
	Atlas	Cranial Faults	Endocrine Checks
	Dural Torque	Postural Analysis	Blood Chemistry
	TMJ	Reactive Muscles	Liver Toxicity
Irritable Bowel	ICV & Houston	Emotional Techniques	Candida
	Chronic valves	Food intolerances	Parasites
	Nutritional Deficiencies	Spondylogenic Reflex	Chakras
Joint Problems	Ligament Interlink	Reactive Muscles	Injury Recall
	Muscles	Fixations	Cloacals
	Food intolerance	Nutrition	Gait
		Candida	Parasites
Limb Pain	Reactive Muscles	Spindle Cell, O & I	Ridler's Reflexes
	B & E Points	Fixations	Food intolerance
	Injury Recall	PRYT	Candida
	Nutrition	Spinal Misalignment	Shock Absorbers
Muscle Weakness or Tightness (Persistent)	Allergies	B & E Points	Chakras
	Lack of Nutrition	Reactive Muscles	STO
	Posture Check	TMJ	Cranial Faults
	Emotional Stress	Walking Gait	Injury Recall Technique
	PRYT	Muscle Techniques	
Neck Problems	As for back problems	Hyoid	Walking gait
	Auricular Lock	Ionisation	Cranial Faults
	Spinal Torque	Cloacals	
Menopause	Endocrine	Hypoglycaemia	Food Intolerances
	Adrenal Stress	Candida	Liver Dysfunction
	Nutrition	Emotional	
PMS	See Menopause	Uterine Lift	
Migraine	Food intolerance	Spinal Misalignments	Endocrine
	Hypoglycaemia	Cranial Faults	Nutrition
	Candida	Walking Gait	Adrenal stress
	TMJ	Pelvic categories	ICV
	Dural Torque		
Skin Problems	Nutrition	Liver & Kidneys	Liver Dysfunction
	Atlas Correction	ICV	Kidney Dysfunction
	Candida & Parasites	Metal Toxicity	Allergies and Intolerances
	Endocrine Checks	Emotional Techniques	

Electromagnetic Imbalances and Corrections

Encompasses acupuncture meridians, acupuncture points, centring mechanisms, electromagnetic imbalances, electromagnetic stress, radiofrequency stress, geopathic stress.



Table of contents

Electromagnetic Imbalances – The Start of Disease?	3
Short cut for testing if electromagnetic imbalances are online	3
Cloacal Reflexes	4
Hyoid	9
Centring	12
To Test if the Person's Environment is Causing Them Stress	12
Blood Chemistry	13
Ionisation	15
Alarm Points	17
Scars	20
Chakras – Pre and Post Ganglionic Technique	21
Aura Leaks	24
Walking Gait	25
How to Reset the Biological Clock	28
Pitch Roll Yaw and Tilt	29

Emotional Imbalances and Corrections

Encompasses techniques that help to resolve negative thought patterns, mental conflicts and the effects of past trauma.

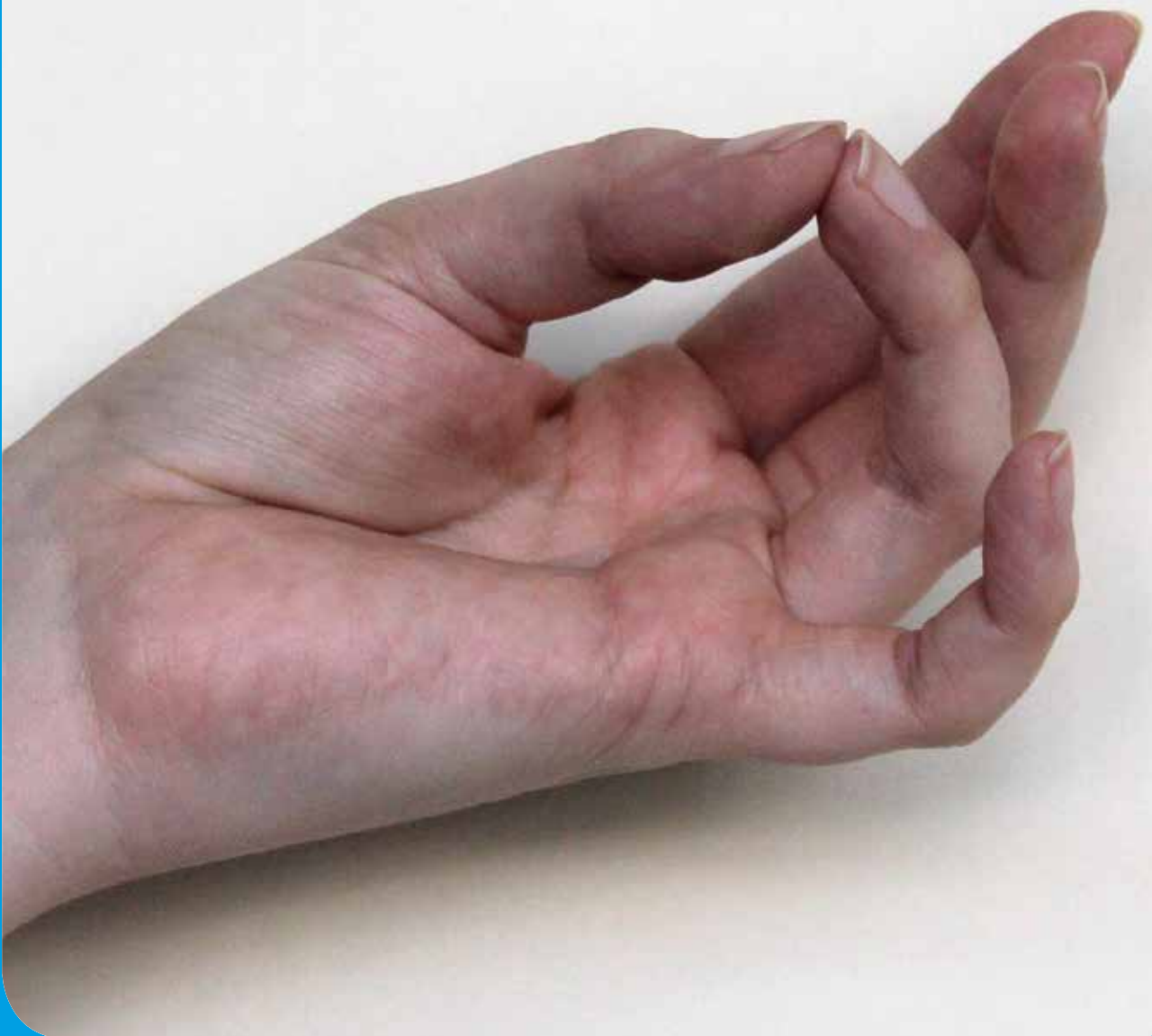


Table of contents

Addressing Matters of the Mind	37
Verbal Challenges.....	38
Alarm Points and the Emotional Finger Mode	39
Techniques to Diffuse Negative Thoughts	41
Fundamental Conflict/Psychological Reversal.....	41
Eye Rotations.....	45
Temporal Tap.....	46
Dispelling Fears & Phobias.....	48
Rationale.....	48
A Great Anchoring Technique.....	50
Emotional Bruising Technique.....	51
S.T.O. Technique	52
Summary of Addressing Matters of the Mind	53
Spondylogenic Reflex to the Diaphragm	54
Imbalances That May Occur Simultaneously.....	55

Biochemical Imbalances and Corrections

Encompasses allergy or food intolerance, toxicity, microbiome imbalances, body chemical imbalances, nutritional supplementation, homoeopathy, allopathy, nutrition and herbs.



Table of contents

What Does it Mean When the Biochemical Finger Mode Shows?	61
Why give nutrition?	62
Nutritional Rewarding	62
Using Test Vials	63
Vitamins in Foods	64
Minerals in Foods	65
Ridler's Reflexes	66
Digestive Insufficiency	70
Allergies	73
30 Second Allergy Balance	75
Use the Alarm Points to Identify Organs/Systems that Need	
Nutritional Support	78
Toxicity Talk	81
Liver Support	82
Liver and Thymus Tap connection	84
Kidney Support	84
Lung Support	85
The Colon	85
The Skin as an Eliminary Organ	86
Extracellular Matrix	87
Heavy Metal Toxicity	88
How to Find and Address Heavy Metal Toxicity	92
Amalgam Removal	93
Candida Albicans	94
Candida Toxins	98
Addressing Candida Overgrowth	98
Immune System Weak	99
Leaky Gut	101
Beneficial Bacteria Deficiency	102
Microbiome Finger Mode	104
Intestinal Parasites	105
Understanding Insulin	109

Structural Imbalances and Corrections

Encompasses: Muscle techniques, moving bones, cranial faults, temporomandibular joint dysfunction, balancing valves, stress receptors, spinal reflexes, neurolymphatic and neurovascular points.

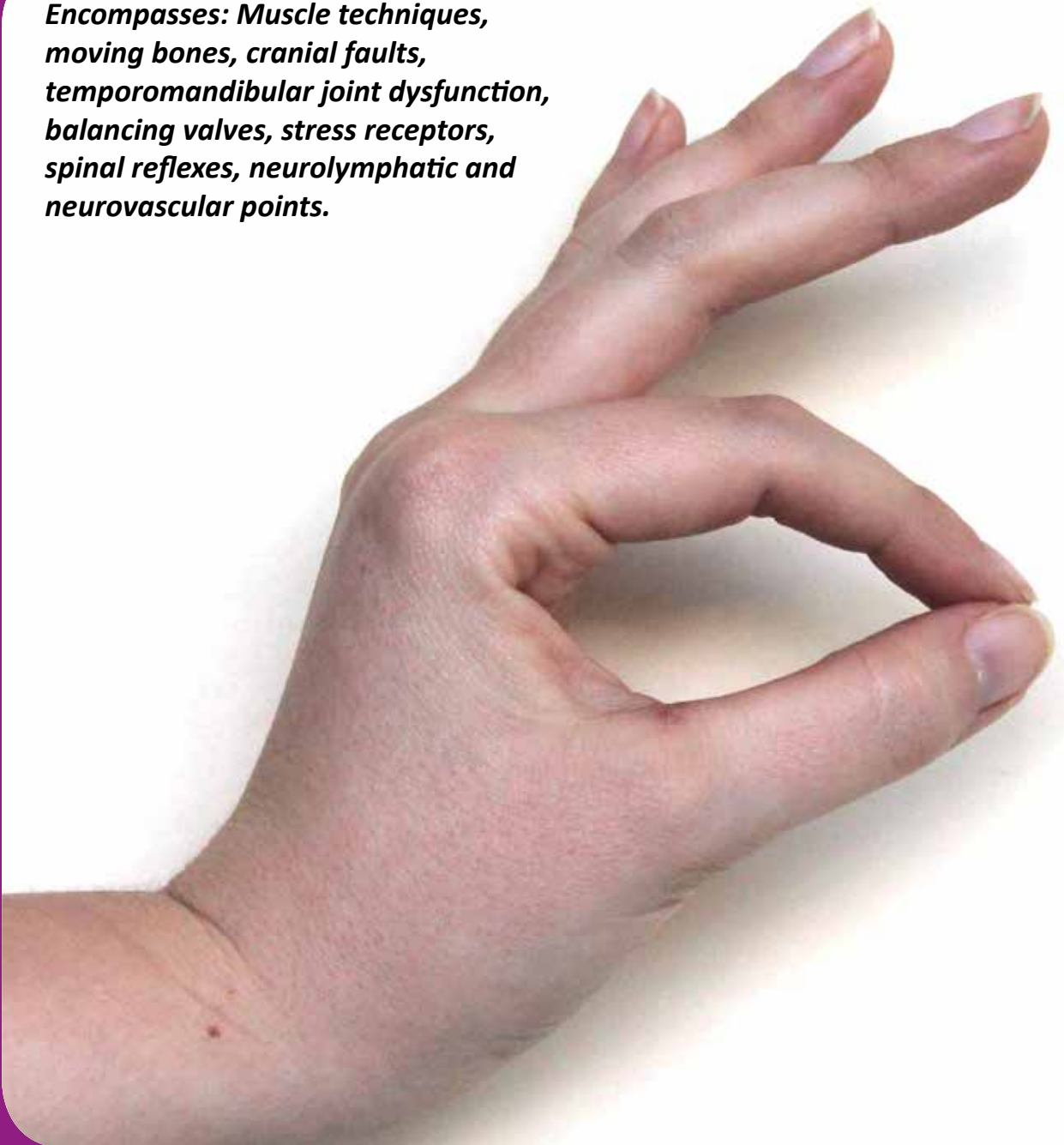


Table of contents

Ileocaecal Valve (ICV) Syndrome	118
More on Peristalsis	128
Ileal Brake Challenge for Fats.....	128
Ileal Brake Challenge for Carbohydrates	128
Gastric-Colic Reflex.....	129
Balancing the Vagus Nerve	131
Chronic Valves	133
Sub Clinical Hiatal Hernia	135
Lateral Atlas	137
Moving Bones	139
How to Find a Spinal Misalignment	141
Correcting a Spinal Misalignment	142
Moving a Vertebra Using its Lovett 'Brother'	143
Correcting a Vertebra Using Sound	145
Fixations of the Vertebrae	146
Ligament Stretch	146
Spinal Torque	149
Dural Torque	149
Temporomandibular Joint Dysfunction	152
Masseter and Buccinator	154
Temporalis Muscles.....	155
Medial Pterygoids	156
Lateral Pterygoids	156
TMJ Protocol Summary	157
How to Check Dental Splints.....	158
Ligament Interlink	159
Retrograde Lymphatics	160
Anterograde Lymphatics	162
Shock Absorbers	163

General Techniques, Imbalances and Corrections

Here you'll find tests and corrections that cannot be classified. Their scope is broad and stand-alone, or they may fall into several categories. You'll also find some high gain techniques to aid your investigations and handy quick reference charts containing suggested procedures to go to for common health issues.



Table of contents

Pre-stressing	203
Pulse Synchronisation	204
Injury Recall Technique	205
Testing the Endocrine System	209
Pituitary	210
Thyroid	210
Thymus	211
Hypothalamus	212
Pineal	212
Parathyroids	212
Adrenals	213
Procedures for Assessing and Correcting the Endocrine System	208
How to Treat Endocrine Imbalances	215
Test for Adrenal Fatigue and Corrections That Don't Last	216
Past Trauma Resolution	218
Beginning and End (B & E) Points	221
'Changing the Fuse' with B & E Points	222
Additional Pointers	223
B & E Points and Neurotransmitter Production	223
B & E Points as a Correction in its Own Right	223
GV 20 as a Master B & E Point (Deal)	224
B & E Points, Injury Recall Technique and Emotions	226
B & E Points for Reducing Pain	226
Lateral Sway	228
Peripheral Vision Technique	229
Vision – Far and Near Sightedness	230
Blood Pressure Balance	231
Universal Application of Sagittal Suture Spread and Tap	232
List of Protocols in Categories	234
List of Suggested Procedures	236