
THE UPLINK

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

Issue No. 24

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QUICK SCREENING FOR INJURY RELATED TECHNIQUES

The 3 quick screening steps that follow will tell you when you need to employ injury related techniques: Injury Recall Technique (IRT), Nociceptor-Stimulation Blocking Technique (NSB) and/or Set Point Technique (SP).

AUTOGENIC FACILITATION & STRETCHING THE FINGERS & TOES

1. Check inhibited muscle for Autogenic Facilitation (muscle spindle cell to strengthen.) If no facilitation occurs, then the patient needs IRT. See below.
2. Slowly stretch distal flexors on the same limb. (fingers or wrist, toes or ankles.) See below.
3. Slowly stretch distal extensors on the same limb. (fingers or wrist, toes or ankles.) See below.

FLEXOR & EXTENSOR STRETCHING RULES

- 1) If the patient has an inhibited FLEXOR muscle:
 - a) Stretching a distal flexor should facilitate an inhibited flexor on the same limb.
 - b) Stretching a distal extensor should NOT facilitate an inhibited flexor on that limb.
- 2) If the patient has a weak EXTENSOR muscle:
 - a) Stretching a distal extensor should facilitate an inhibited extensor on the same limb.
 - b) Stretching a distal flexor should NOT facilitate an inhibited extensor on that limb.

If the Flexor & Extensor Rules are not met, then there is a need for either NSB or SP. See next page.

LOCATING THE AREA TO TREAT

You may easily locate the exact area which needs your attention by rubbing or pinching over the suspected areas of involvement. This is summarized on the flow chart below and explained on the following page.

■ **RUBBING VS. PINCHING:** If an inhibited flexor is NOT facilitated by stretching a flexor on that limb, OR if the flexor IS facilitated by stretching an extensor on that limb: there will be an area somewhere along that limb which will respond to either NSB or SP.

Likewise, if an inhibited extensor is NOT facilitated by stretching an extensor on that limb, OR if the extensor IS facilitated by stretching a flexor on that limb, then: there will be an area somewhere along that limb which will respond to either NSB or SP.

When IRT is needed, RUBBING over the injured area will strengthen a weak muscle. In contrast, when either NSB or SP is indicated, PINCHING over the injured area will strengthen the weak muscle.

THIS ISSUE'S SPECIAL OFFER!

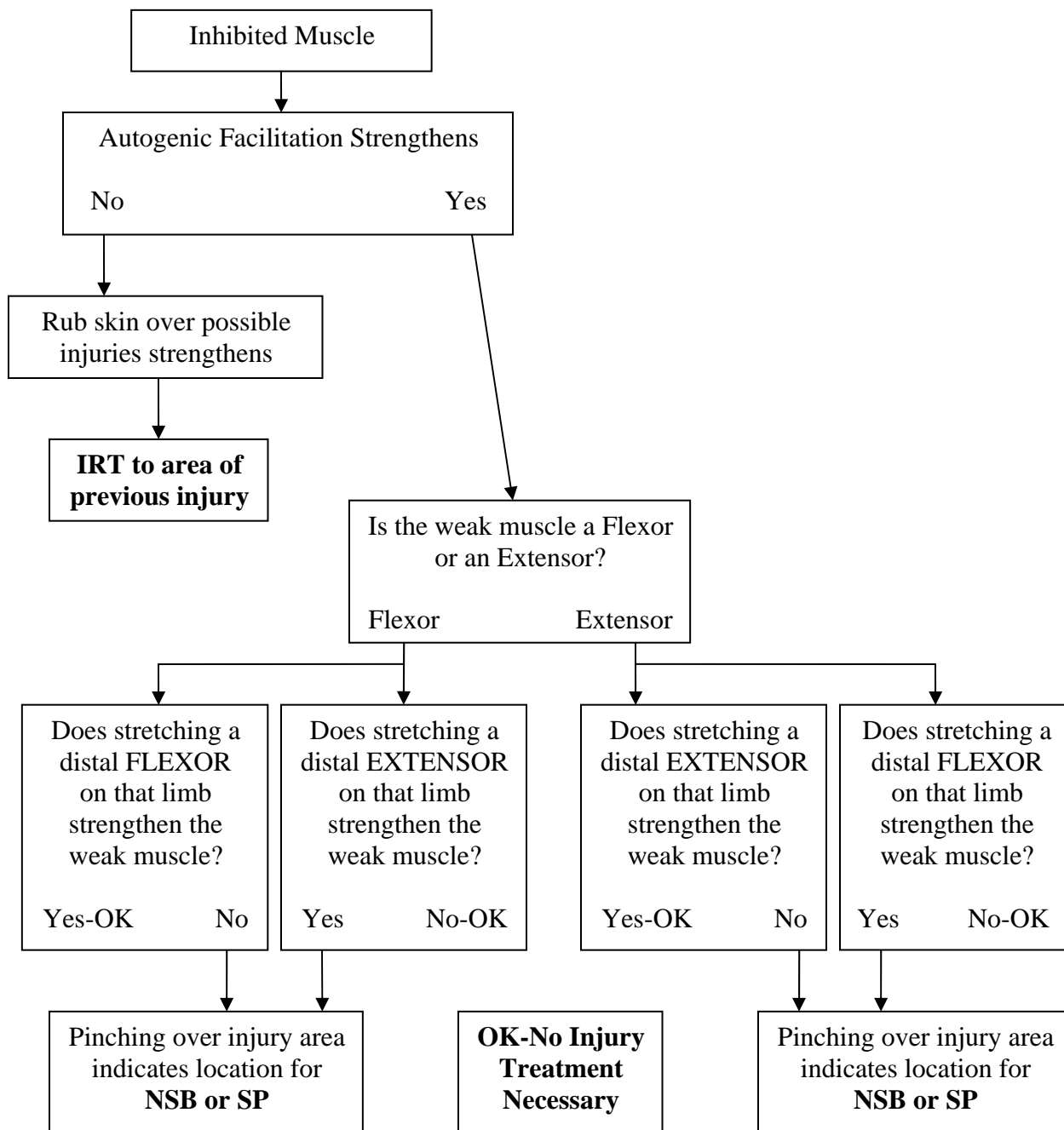
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FLOW CHART FOR PAIN RELIEF TECHNIQUES



■ **AT LEAST 1 OUT OF 5 OF YOUR PATIENTS** has a decreased ability to convert folic acid to its active form! Like all B vitamins, folic acid must be activated from dietary forms to active its active, 5-methyl tetrahydrofolate (5-MTHF) form. Recent genetic advances have revealed that 20% to 30% of the population does not make this conversion properly. This leaves the person vulnerable to any of the myriad effects of folate insufficiency unless the diet is supplemented with a 5-MTHF form of folate. It is only recently that we have become aware of the availability of such a folic acid product in its active 5-MTHF form.

Folic acid is necessary in the synthesis of DNA, hence for the growth and repair of all tissues. It is necessary for the production of red blood cells and white blood cells, the synthesis of a number of amino acids, the synthesis of various neurotransmitters, the breakdown of histamine, and so on. It is also necessary for the conversion of homocysteine in the major methylation pathway of the body, in particular in its activated 5-MTHF form. Faulty methylation and elevated homocysteine are implicated in the development of heart disease, cancer, and neurodegenerative diseases.

So far, we have had patients respond to a 5-MTHF product with such diverse symptoms as chemical sensitivities, irritable bowel syndrome, mental and physical fatigue, recurrent infections, and so on.

■ **LAB:** For many years, we have correlated the need for folic acid (and/or vitamin B-12) with the following CBC with Differential findings: 1) mean corpuscular volume (MCV) greater than 91, and 2) neutrophils (polys, PMNs) lower than 56% of the differential in the presence of a normal or lowered WBC.

■ **SOURCES FOR ACTIVATED FOLIC ACID:** We now know of two products with folic acid in its already activated, 5-MTHF form: FolaPro from Metagenics (800) 692-9400, and Folixor™ from SCS Intensive Nutrition (800) 333-7414. These products will help you out on some of your most difficult, recurrent, resistant patients.

■ **NOTE DATE CHANGES IN 100 HOUR COURSE SCHEDULES:** Soon after the publication of Issue #23 of *THE UPLINK*, it became necessary to change one date for the Los Angeles class and change several dates including the starting date for the Florida class. Please note the updated schedule. For course topics, see below.

■ **SPECIAL 100 HOUR COURSE THIS FALL:** will be taught in **CLEARWATER, FLORIDA** (not far from Tampa International Airport) and **LOS ANGELES, CALIFORNIA** (LAX Airport area.) This ICAK approved basic 100 hour AK course is for both beginners and advanced AK doctors and students.

ICAK diplomates Dr. Kerry McCord and Dr. Lou Oberstaedt will be assisting with hands-on workshops in the Florida class. In Los Angeles, former ICAK Chairman, Dr. Tom Rogowksey will be heading the workshop assistants.

On each weekend Dr. Schmitt will teach up-to-date techniques for assessment and treatment of a major structural area (**S**) and a major nutritional-chemical problem topic (**C**). The appropriate muscle tests will be taught each session relative to the structural area topic. Session-by-session major (**S**) and (**C**) topics are:

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|---|
| 1: S: Hands-On Pain Relief / Introduction, History of AK
C: Controlling Inflammation - Essential Fatty Acids |
| 2: S: Hip and Low Back
C: Relieving Fatigue – Part 1 (Oxygen Supply) |
| 3: S: Neck (and Cranium)
C: Relieving Fatigue – Part 2 (Energy Metabolism) |
| 4: S: Shoulder
C: Digestive System |
| 5: S: Knee
C: Adrenal Stress Disorder / Emotional Stress Overload |
| 6: S: Foot and Ankle
C: Food Hypersensitivities / Liver Detoxication |
| 7: S: Elbow
C: Carbohydrate Intolerance / Stopping Degeneration |
| 8: S: Wrist and Hand / TMJ
C: Common Glandular Dysfunctions |

■ **100 HOUR COURSE CE CREDITS:** Chiropractic Continuing Education credits will be applied for by Logan College of Chiropractic 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 FL and CA.