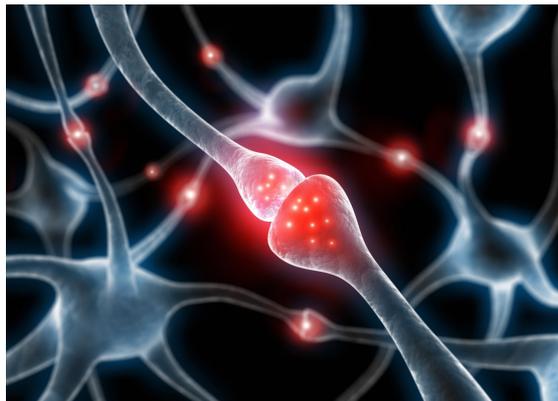




INTERNATIONAL COLLEGE
OF APPLIED KINESIOLOGY UK

The Injured Brain: A Non-invasive Protocol for Brain Recovery

Dr Joseph Shafer DC DIBAK



Two weekends

21st/22nd May 2022

25th/26th June 2022

Crowne Plaza Hotel, Gatwick Airport

Also on ZOOM

Saturday 10am-6pm, Sunday 9am-4pm

Registration on Saturday from 9.30am

The Injured Brain: A Non-invasive Protocol for Brain Recovery through Long Term Synaptic Potentiation

Course & Objectives:

The course includes two weekend (Saturday and Sunday) seminars for a total of 24 – 26 hours of theory 40% and practical 60% sessions.

1. The primary objective of the course is to provide the practitioner with viable, effective methods for evaluation and treatment of post-traumatic brain injury & stroke. Methods used include transcranial vibration/percussion stimuli, brain-specific muscle testing and a coupled transcranial static magnet and a ‘paired associative stimulus.’
2. The secondary objective is to introduce the clinical evaluation of various emotional disorders such as: anxiety, depression, obsessive compulsive disorders, memory & learning disabilities.

Background:

Brain trauma is well known to cause varied and often severe emotional, mental and physical consequences for the traumatized individual that worsen with time. Insidious degradation of the brain with age often begins 30 to 50 years prior to the diagnosis (ie. Alzheimer’s). Chronic stress induced up-regulation of brain centres and down-regulation of others may and can lead to anxiety, depression, memory loss, abnormal and obsessive behaviours.

This course will demonstrate and instruct the clinician in the use of low Hz, transcranial vibration & skull percussion stimuli as non-invasive, diagnostic provocations to the brain. Vibration imparts a ‘quivering or shaking’ stimulus, primarily to the area of the brain that is close to the skull where the vibration is applied. When a brain circuitry flaw is present (either through induced trauma or a CVA), an incongruity in central regulation is created, thus causing disturbances in many areas of the brain, often far-removed from the traumatic site. These affect muscle coordination, especially noted during functional manual muscle testing. The decline in fine motor control provides the clinician with a ‘clinical marker’, whereby therapeutic inputs may be examined for efficacy.

The therapeutic evaluation combines the transcranial stimulation with transcranial static magnet positioning on the skull which will eliminate the fine motor control decline. Once the brain area is located, one of ten peripheral zones will become exquisitely painful to palpation when the static magnet is placed over the defective brain area. The peripheral zone is then manipulated along with simultaneous transcranial static magnet stimulation over the indicated area. Together, these provide a simple, non-invasive treatment modality for brain trauma.

Course Outline:

Part 1 –

- a. Muscle testing methods to uncover central discoherence patterns in regulatory balance.
 - * Neurologic extensor muscle tests:
 - Upper extremity posterior postural muscles (innervated superior to T7).
 - Lower extremity anterior postural muscles (innervated below T7).
- b. Challenges for central discoherence and extensor muscle dysfunction using varied peripheral and CNS stimuli.

Part 2 –

- a. Transcranial hemispheric vibration theory, application and extensor muscle dysfunction conclusions.
- b. B & E (Meridian beginning and end point) and meridian tract discussion.
 - * Meridian theory
 - * Stimulation of meridians
 - * The concept of muscle meridians

Part 3 –

- a. Transcranial vibration effects on ipsilateral & contralateral muscle responses.
- b. Abnormal muscle response following transcranial stimulus with B&E point counter stimulus.
 - * Muscle meridian evaluation for therapeutic input
 - * Application of muscle meridian manipulation and localised, skull transcranial magnetic application.

Part 4 –

- a. Discussion and theory of memory, memory suppression and adverse memory suppression.
 - * The role of the pre-frontal, medial temporal and hippocampal structures
 - * Hippocampus ‘forgets-to-remember-to-forget’
 - * Theories in modern psychology for memory degradation and failure to suppress.

Part 5 –Final discussions, Q&A and possible ‘live patient’ evaluations.

- * End of seminar

NB. Ring magnets, mallets and low velocity vibrators are a requirement and will be used during the seminar for both the diagnostic and therapeutic parts of the protocol. These will be available for purchase at the seminar.

Muscle testing acumen is a pre-course requirement. Those without MMT fundamentals will have difficulty keeping up and basic muscle testing skills cannot be taught during the course due to time constraints.

Prices

LIVE

ICAK UK / International Member...£720 (early bird price £650 if paid before 9th Apr)
Non Member.....£800 (early bird price £730 if paid before 9th Apr)

ZOOM

ICAK UK / International Member...£670 (early bird price £600 if paid before 9th Apr)
Non Member.....£750 (early bird price £680 if paid before 9th Apr)

Payment and Registration

On our website www.icak.co.uk, payment by PayPal

Any queries please contact either:

Fiona Harker,
ICAK UK
Executive Secretary
info@icak.co.uk

Or

Richard Stenning
ICAK UK Chair

richard@chiropractic-care.co.uk

B&B is available at the hotel for the delegate rate of £109. Contact the hotel directly with code ICK.

Hotel address: Crowne Plaza, Langley Drive, Crawley RH11 7SX
Tel: 01293 608608

PLEASE NOTE:

FULL REFUND if we have to cancel due to to Covid or another unforeseen reason

NO REFUND for your cancellations after 9/4/22 will be given.

Any cancellation prior to 9/4/22 will have a £100 administration fee deducted from the refund.

WE LOOK FORWARD TO SEEING YOU THERE