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INTERNATIONAL COLLEGE  
OF APPLIED KINESIOLOGY UK

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Email Newsletter Vol. 1 Number 4  
Winter 2011-2012

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by Jeffrey S. Kurtz, DC, CCSP, DIBAK

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by Jeffrey S. Kurtz, DC, CCSP, DIBAK

# Introduction and Course Review

Dear Colleague,

Welcome to the fourth edition of the ICAK UK Newsletter. I hope your holidays went well and you got some quality time with friends and family. The new year has begun and there is a lot going on. There are several seminars coming up, the AGM is coming in May, and there are changes in mind for the basic course which will start in the fall.

This month a fundamentals review will be added. It is a review of the retrograde lymphatic technique. It is important to review old topics; we all have gone to a seminar or talked with a colleague to find that there was a technique was very effective that we used to do, but for whatever reason stopped doing it. This will help bring to the front a tool that perhaps is in the tool box, but hasn't been pulled out for a while.

I hope you find all the information useful and I wish you all great success in 2012!

Jeffrey S. Kurtz, DC, CCSP, DIBAK

# Upcoming Seminars

2012

If you would like to be added to our email list or you would like more information regarding seminars, please email the ICAK-UK at: [icak-uk@hotmail.co.uk](mailto:icak-uk@hotmail.co.uk).

## Jan 2012-April 2012 - Abbreviated 100 hour course, Tracy S Gates

--The first 4 weekends of the 100 hour course teaching doctors the basic procedures of Applied Kinesiology. It includes structural, chemical, and emotional approaches to treating the triad of health for which AK is based. The course integrates neurology, biochemistry, acupuncture, craniosacral therapy, chiropractic/osteopathy, and several other disciplines. Booking form included in this document.

## 12-13 May 2012-ICAK-UK Annual General Meeting featuring Eric Perotti

--Eric Perotti is coming from Australia to present:

- Digestion A-Z - Biochemical and Mechanical Corrections
- Pelvic Instability, the Cranial and Orthodontic Connection
- Correcting Immune System Dysfunction

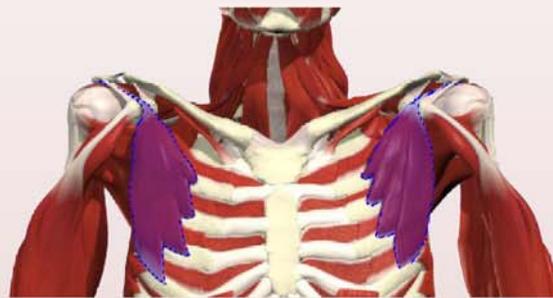
Following the seminar on Saturday will be the AGM at 5pm. There will be a review of the years activities, budgets, and plans for the next year. The AGM will be in Southwater at the Weald House. Attached in this document is a flyer and booking form.

Muscle of the Month:

Pectoralis Minor

Written By:

Jeffrey Kurtz, DC, CCSP, DIBAK



Pectoralis Minor

The Pectoralis minor muscle is a muscle that can cause or contribute to several problems. It originates on the ribs 3-5 in general, but can sometime vary. The insertion is on the coracoid process of the scapula. It functions to protract the shoulder and also expands the ribs when working in a closed kinetic chain.

**Muscle testing is a science and an art.**

Muscle testing of this muscle has a couple different approaches: 1) the Kendall method demonstrated in the AK Synopsis which is to have the patient hold the shoulder in protraction while the doctor pushes into retraction. 2) The Beardall approach is to have the patient hold the shoulder in protraction and also bring the arm into full external rotation, adduction, elbow extended and palm up. The back of the forearm would be over the navel. The doctor has a hand on the anterior shoulder and on the posterior wrist. The patient holds this position as the doctor attempts to pull the arm anterior away from the body and also against retract the shoulder. I refer you to the muscle testing books and synopsis for illustrations.

## Quick facts about the Pec Minor

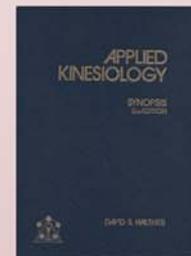
- it is not associated with any organ, meridian, or neurovascular
- It is one of the 3 RNA muscles
- it is the primary muscle involved in Retrograde Lymphatic
- it can be involved with a tight and taught levator scapulae
- Neurolymphatic is just above the xiphoid process

Sometimes the state of the pec minor can reveal other problems present in the patient. If you have hypertonicity in the pec minor, check the ipsilateral lower trapezius for weakness. These muscles are antagonists. If both pec minors are hypertonic, both lower traps may very well be weak indicating a T/L fixation.

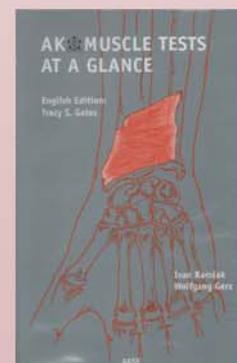
For those stubborn levator scapulae muscles that we all love that seem to never let up, check for a tight pec minor. It most likely will need a facial flush. Improving function of the ipsilateral upper trap and relaxing the pec minor will soften the levator and ROM will increase.

For more information on the pec minor and other muscles, I recommend the following references as they were referenced in the writing of this article:

Applied Kinesiology Synopsis, 2nd edition  
by David Walther

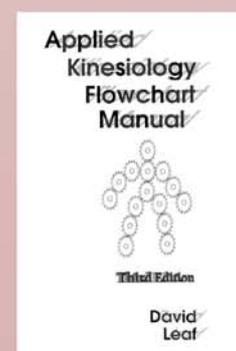


AK Muscle Tests at a Glance  
by Ivan Ramsak and Wolfgang Gertz  
-Translated to English by Tracy S. Gates



AK Flow Chart Manual  
by David Leaf

This must be ordered from the USA and can be found on the ICAK-USA website:  
[www.icakusa.com](http://www.icakusa.com)



# Retrograde Lymphatic Review

By Jeffrey S. Kurtz, DC, CCSP, DIBAK

The retrograde lymphatic technique goes with the muscle of the month; the pectoralis minor. Before explaining how it is involved with the technique, a little basic info on the lymphatic system:

--Lymph movement through the lymphatic system is accomplished by:

- 1) muscle activity
- 2) passive movement
- 3) blood vessel pulsation
- 4) motility of intestines
- 5) venous pressure
- 6) gravity

--All the lymphatic vessels join together to dump into the venous system through the Thoracic Duct or the Right Lymphatic Duct

--Right Lymphatic Duct Drains: right neck/head, right thorax, right upper extremity, right side of the heart, right lung

--Thoracic Duct Drains: Everything else

--Thoracic Duct dumps lymph into the L Subclavian and L Internal Jugular Veins

Symptoms of decreased flow include upper respiratory infection, infections of the ear, sinus, nose, throat, and tonsils. Others include lower respiratory infections including bronchitis/pneumonia and pitting edema. Joint pain and problems that keep recurring are also an indication.

**\*\*Problems that develop during sleep\*\*** If the patient says "Doc, I'm ok when I go to sleep, but pain/stiffness is worst when I get up in the morning. I feel better when I get moving though.", that is an indication to check for this condition. Other nocturnal conditions include bruxism, sleep apnea, and frequent urination.

## Technique:

Test a strong indicator muscle. Place the patient in a retrograde position with the head lower than the rest of the body. This can be done several ways: 1) the patient can hold a bridge position, 2) the doctor can hold the legs in elevation, or 3) if you have a hi-lo chiropractic table, place the patient's feet on the head piece and elevate the table 20 degrees.

Hold this position for 15-20 seconds and then retest the indicator muscle. It will test weak if there is a drainage problem in the thoracic duct. To confirm this, have the patient raise their arms overhead and retest the weekend indicator muscle. When the arms are raised overhead, it stretches the pec muscles and allows for increased lymphatic drainage.

Unless you have a hi-lo, it will be necessary to test the right lymphatic duct specifically. Lifting the legs does not challenge this duct, so the method proposed by Brea is to flex the right arm to 90 degrees and lift the head with the chin to the chest. Hold for 5 seconds and test a previously strong indicator muscle of the right arm.

### Treatment:

One of the main culprits for causing decreased lymphatic flow is the pec minor muscle. When it gets tight and shortened, it clamps down on the lymphatic ducts as they drain into the venous system. They also pull the shoulder forward, creating a rounded posture that is not conducive to good lymphatic or blood flow. If the pec minor is weak in the clear, fix what you find; it most often will be a Golgi tendon organ that is turned up too high. If the pec minor is hypertonic, fix what you find; it most often will need fascial flushing.

After treating the pec minor, also check the 2 divisions of the pec major for a stretch reflex (fascial flush).

After considering the synergists (pec major), think about the antagonist of the pec minor; the lower traps. If they are weak bilaterally, it is VERY important to correct the thoracolumbar fixation or the retrograde will come back even after working on the pec minor. If they remain weak, the pec minors tighten up again and clamp down on lymphatic flow.

Other things to consider are thoracic and rib fixations and subluxations as well as pelvic problems. One of the pelvic distortions that is often seen with a retrograde lymphatic is a posterior sacral base. Pelvic problems can affect the position of the shoulder and if they are not addressed, the shoulder will return to a detrimental position and the condition will return.

Incidentally, many thyroid patients will have a lymphatic flow problem. The thyroid dumps its hormones into the lymphatic system. When lymphatic flow is down, so will the circulation of thyroid hormone. One of the signs of hypothyroidism is feeling better after exercise, but having to light dynamite to start the exercise due to low energy. Movement increases the flow and therefore the effects of the thyroid hormone can be utilised. Another sign is when low thyroid patients feel better at the end of the day. It's the same principle; sometimes increasing the lymphatic flow on a hypothyroid patient can make significant measurable changes.

The retrograde lymphatic technique is a great tool to have at your disposal. It is something so important that it could and should be checked on every patient every visit. Especially in the back patients that wake up stiff and in pain and have spent thousands on a super-mattress that did not have a significant effect. Since tight pec muscles seem to be epidemic among desk/computer employees, so are lymphatic flow problems.

I hope this review helps you in your rediscovery of effective techniques learned long ago. Part of being in the medical field is to be constantly learning new things to help our patients. However, it is also important to hold on to the valuable knowledge acquired along the way.

I wish you continued health and success and if you have any questions regarding Retrograde or other AK principles, email me at: [drkurtz18@gmail.com](mailto:drkurtz18@gmail.com)

Regards,

Jeffrey S. Kurtz, DC, CCSP, DIBAK

References:

1. AK Synopsis 2nd Edition, David Walther, 2000
2. AK Flowchart Manual, David Leaf, 1995

## BOOKING FORM

Name.....

Qualification.....

Address .....

Postcode .....

Telephone.....

Email: .....

Each 2-day weekend, to include module notes and morning and afternoon refreshment:

ICAK-UK Members                   **£225.00**

Non-members                       **£250.00**

Repeat Course Participants       **£175.00**  
*(of a Basic Course taught by Tracy S Gates)*

*10% discount for payment of the entire course in advance.*

Please register by **FRIDAY 23rd DECEMBER** and send your payment (**non-refundable, excepting cancellation of the course by ICAK-UK**) to:

**Administrator - Basic A.K. Course**  
**Weald House**  
**Worthing Road**  
**Southwater**  
**West Sussex   RH13 9JB**

Cheques made payable to: **T S GATES**

**Further Enquiries:**

**Tel: 01403 730342**

**Email: admin@purebio.co.uk**

## Dates of the ICAK Modules 2012

**Venue: Weald House SOUTHWATER, Nr Horsham, WEST SUSSEX RH13 9JB**

### SEMINAR TIMES

**SATURDAY 10:00AM TO 6:00PM - SUNDAY 9:00AM TO 4:00PM**

**2012**

January 14-15

#### **I - THE DYNAMICS OF AK EVALUATION**

The art of precise muscle testing—the importance of stabilisation, positioning, resistance direction and velocity. The proprioceptive model of muscles & muscle testing and developing proprioceptive skill as an amateur. Subluxations & Fixations. The practical testing of main muscles.

February 11-12

#### **II - INTRODUCTION TO VISCERA AND THE EMOTIONS**

Emotional stress release & Psychological Reversal. Retrograde lymphatics. Aerobic/anaerobic muscle function. Ileocaecal valve. Diaphragm. Cardiovascular system. Digestion. Neurological organisation and cortical dominance. The testing of more basic muscles.

March 10-11

#### **III - EVALUATION OF STRUCTURAL IMBALANCES**

The importance of searching for the weak muscle pattern. Pelvic categories. Sacral & iliac fixations. Disc lesions. Foot pronation and Gait testing. Muscle lesion patterns related to the golgi apparatus, fusi cells, fascia and trigger point problems.

Mar 31-Apr 01

#### **IV - ORTHOMOLECULAR PRINCIPLES IN AK**

The role of vitamins and minerals. Acid and alkaline metabolic states. Macro vs micro nutrients and AK testing. Essential Fatty Acids. Prostaglandins and their role in almost everything. Homocysteine; and the cholesterol myth.

**The first three modules of this course will form much of the content of the Basics of Applied Kinesiology under the proposed re-structuring of the education of Applied Kinesiology leading to a Diplomate status. This re-structuring is currently being undertaken by the International Educational Council (IEC) of the International College of Applied Kinesiology (ICAK).**

**Following this basic education, the proposed format is a modular learning system which will fall under various categories: such as biomechanical, orthomolecular, visceral, sports specific etc; allowing the practitioner to follow an education most relevant to his or her practice and profession. The fourth module of this course will therefore create an introduction into the modular system.**

#### **AT THE END OF THE COURSE:**

**Attendance certificates will be issued at the end of the course and the hours covered will contribute to your ongoing education in Applied Kinesiology under the new educational system, so that there will be no requirement to repeat the topics already covered.**

Upon completion of all four modules you will be entitled to associate membership within ICAK-UK, specifically described as a student of AK, until such time as your total hours of AK education exceed 100. (Current annual dues are £80.00)

## ABOUT THE COURSE

*This is a clinically relevant and powerful course of study that will expand the diagnostic skills of the young as well as the experienced practitioner.*

In each of the four modules, innovative procedures will be combined with fundamental concepts in AK, so that difficult or more complicated patients may be better evaluated from the very start of your training.

This course has been designed for the thinking practitioner. Those who are or have been searching for the missing tools needed to understand difficult diagnostic situations need search no further:

In a step-by-step learning curve, each session will introduce an ever-increasing number of guiding principles that lead the practitioner to metabolic, structural and / or emotional therapeutic input.

*Why, when, where and how to treat are the basic needs of every practitioner—the Fundamentals Seminar Series will provide the necessary tools to achieve these skills!*

### **The International College of Applied Kinesiology - UK**

The International College of Applied Kinesiology (ICAK) is an organisation dedicated to furthering the knowledge of health care professionals in Applied Kinesiology (AK).

AK is a totally dynamic method that allows a more complete evaluation and treatment of the structural, biochemical and mental aspects of dysfunction in a patient.

It employs manual muscle testing as a complement to other methods of diagnosis, enabling the practitioner to assess the unique needs of each patient.

**AK is a valuable clinical tool for chiropractors, osteopaths, physiotherapists, medical practitioners and dentists.**

**Tracy S. Gates** is a registered osteopath of 25 years standing.

Having practised for several years using osteopathy and cranial osteopathy, she studied Applied Kinesiology, successfully achieving her diplomate status in 1994.

As part of her diplomate she made a research study into the use of AK in treating Special Needs children. The research was further backed up by a period of time spent at the Peto Institute in Budapest; as well as study at the Institute for Research into Human Potential in Philadelphia.

Today, Tracy lectures in the UK and throughout Europe. She makes regular presentations of her ongoing research at various conferences in Europe and the USA. She is currently involved in working with and treating athletes competing at an international level.

Tracy is Vice-Chair of the International Committee (I.C.) of ICAK, Secretary of the International Educational Council (IEC) and the International Representative for ICAK-UK.



*“AK has opened my eyes to so many potential areas of dysfunction that I would not have considered with only a structural education. It will change the way I work—Tracy, you are an inspiration!”* *Ezra Levy MRCP.*

*“For those wanting to understand and treat the underlying cause of patients' symptom patterns this course covers everything. Tracy's obvious deep wealth of knowledge and clear presentation style really animates the subject matter - with plenty of demonstrations and supervised practical to appreciate the intricacies of this work.”* *Matt Bourne D.O.*

General Practitioners will find that Applied Kinesiology opens up exciting diagnostic and therapeutic possibilities in the day to day practice of medicine. Tracy's course is both relevant and useful, I recommend it to all GP's.

*Michael O'Beirne M.B., M.R.C.G.P.*



INTERNATIONAL COLLEGE  
OF APPLIED KINESIOLOGY UK

**2012**

**ICAK-UK  
presents:**

# **The Fundamentals of Applied Kinesiology**

with

**Clinical Applications**

**- an accredited Basic Course of the  
International College of Applied  
Kinesiology—ICAK**

**Lecturer:**

**Tracy S Gates D.O., DIBAK**



INTERNATIONAL COLLEGE  
OF APPLIED KINESIOLOGY UK

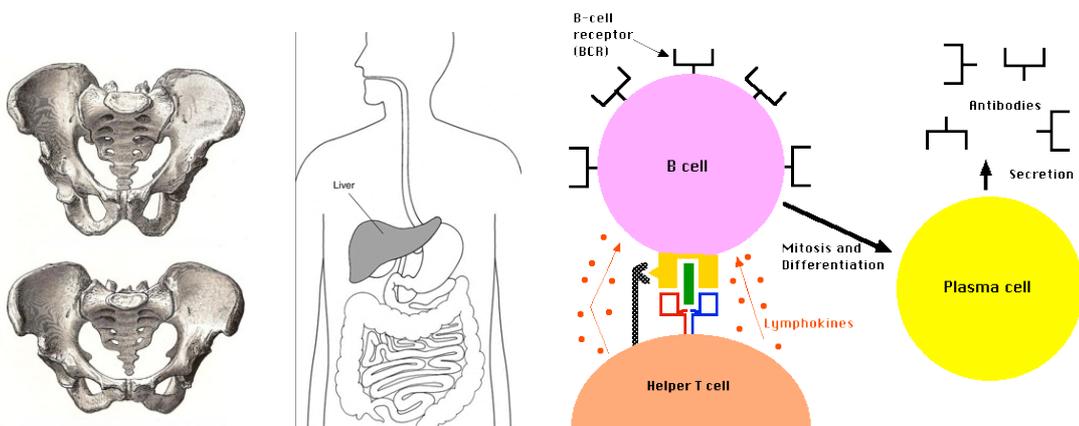
**Digestion A to Z - Biochemical and Mechanical Corrections;  
Pelvic Instability, the Cranial & Orthodontic Connection;  
Correcting Immune System Dysfunction**

**This will be a special event presented by guest speaker  
'Dr Eric Pierotti' from Australia**

**+ ICAK UK AGM @ 5pm Saturday**

**Saturday 12th - Sunday 13th May 2012**

**@ Weald House, Southwater**



Weald House, Worthing Road, Southwater,  
West Sussex, RH13 9JB

# Conference Programme

12-13 May 2012

Saturday 10am – 6pm

Sunday 9am – 5pm

## Course Overview

### **Saturday 12 May: Digestion A-Z • Biochemical and mechanical corrections •**

“We think of the gut as merely a means to break down foods we eat, yet in reality, it forms the foundation of health in all other body systems. If the gut breaks down, we break down - structurally, chemically and emotionally “

What you will learn

- 1. A comprehensive understanding of digestive physiology
- 2. How to diagnose biochemical dysfunction
- 3. How to diagnose and correct visceral biomechanics of the digestive organs

### **Sunday 13 May: Pelvic and Lower Back Instability; The Pubic Symphysis and Torus Palatinus connection**

A new perspective of symphysis pubis diagnosis and correction and the cranial and orthodontic connection.

“Just as the gut is foundation of total wellbeing, the pelvis is the cornerstone of structural well being. At the centre of this is the often neglected symphysis pubis which is the lynch pin of pelvis stability.”

### **Sunday 13 May: Understanding, diagnosis and correction of immune system dysfunction**

- The relevance of T lymphocytes in the maintenance of health and disease
- Functions of Interleukins
- T-Helper cell Dysregulation and the role of Nutritional Deficiencies, Hormonal Dysfunction, Gut Dysbiosis, Intracellular Pathogens, Parasites and Vaccinations.
- Applied Kinesiology Testing of Immune Function
- How to correct Immune Dysfunction, promote Tissue Repair and Reduce Inflammation

What will this course do for you as a clinician?

- Teach you new skills to help patients that you currently can't help
- Enhance your patient's outcomes
- Teach you easy to use Monday morning techniques

## Guest Speaker Dr Eric Pierotti – Diplomate of the International Board of Applied Kinesiology



As a 1973 graduate chiropractor, Eric brings 37 years of clinical experience in private practice. He undertook further studies in Applied Kinesiology, Nutrition and clinical biochemistry teaching these subjects (including Symptomatology) for Health Schools Australia for several years. Eric is the immediate past Chairman of the International College of Applied Kinesiology and has written several original papers, which have been published in the USA Collected Papers for critical review and the International Journal of Applied Kinesiology and Kinesiologic Medicine. He teaches Applied Kinesiology courses both nationally and internationally and is a regular presenter at various seminars.

### Course Location

The course will be held at Weald House in Southwater, West Sussex. This excellent venue is easily accessible by car, and is a short taxi ride way from Horsham train station.

There are lots of nearby options for accommodation, and plenty to do in the evenings with Horsham and Brighton close by.

Weald House  
Worthing Road  
Southwater  
West Sussex  
RH13 9JB



# Conference Application

Name	
Profession + Qualifications	
Address	
Postcode	
Email address	
Telephone	
Practice Website	
ICAK UK Member ?	Yes / No

## Prices

**Full Course – Saturday and Sunday –**

ICAK UK Member.....**£250** (**£220** if paid before 15 March)

Non Member.....**£270** (**£240** if paid before 15 March)

**Saturday Only (Digestion) / Sunday Only (Pelvis + Immune System)**

Please indicate the day you want to attend

ICAK UK Member.....**£140** (**£125** if paid before 15 March)

Non Member.....**£160** (**£145** if paid before 15 March)

ααααα **Early-bird £30 discount on both days / £15 on 1 day** ααααα

Return your application form by 15 March 2011 to receive the early bird discount.

Payment is by **cheque only**, payable to ICAK UK.

RSVP by 4 May to: Karen Willis, ICAK UK Chair, Clinic Central,

Colebrooke House, 10-12 Gaskin Street, London N1 2RY

Email: [icak-uk@hotmail.co.uk](mailto:icak-uk@hotmail.co.uk)

Please note that the conference fee is non-refundable for cancellations after 4 May 2011. Cancellations prior to this date will incur an administration fee of £30.