

INTERNATIONAL COLLEGE
OF APPLIED KINESIOLOGY UK

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Spring 2012

Introduction

Upcoming Seminars

Muscle of the Month: Wrist Flexors
by Jeffrey S. Kurtz, DC, CCSP, DIBAK

Fundamentals Review: Primary Atlas Technique
by Jeffrey S. Kurtz, DC, CCSP, DIBAK

Introduction

Dear Colleague,

Spring is finally in the air after a long winter. With the seminar season winding down, it loses no momentum with the upcoming events. In May there is the Annual General Meeting with special guest Eric Perotti from Australia. This coming October Tracy Gates will be presenting a course: "Using Applied Kinesiology to Assess the Developmental Profile" If you are interested in either of these seminars, please contact the ICAK UK at icak-uk@hotmail.co.uk. There is more information in the "Upcoming Seminars" section of this newsletter.

Don't forget to renew your ICAK UK membership! It is due in April of each year. If you are not a member and would like to receive all the benefits of membership including discounted seminars, please contact the ICAK UK at the address below.

If you have any questions, comments, or if you have a request about review topics, please feel free to contact the ICAK UK at icak-uk@hotmail.co.uk.

Sincerely,

Jeffrey S. Kurtz, DC, CCSP, DIBAK

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.

28-29 April, 2012 - Abbreviated 100 hour course Session 5, Tracy Gates

-- Analysis of the endocrine system and the dynamics of glandular interaction. Evaluation of the pituitary, thyroid, adrenals, pancreas and reproductive system; and the use of AK to diagnose and treat the endocrine system as a whole entity

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.

27-28 October, 2012 Using Applied Kinesiology to Assess the Developmental Profile

This course is an advanced course covering special needs and primitive reflexes. See the flyer here. If interested, please contact the ICAK UK as soon as possible.

Muscle of the Month:

Wrist Flexors

Written By:

Jeffrey Kurtz, DC, CCSP, DIBAK



Flex. Dig. Profundus Flex. Dig. Superficialis Flex. Carpi Radialis Flex. Carpi Ulnaris

The wrist flexors include the flexor digitorum profundus, flexor digitorum superficialis, flexor carpi radialis, and flexor carpi ulnaris. Palmaris longus is also a wrist flexor, but is not present in all people. Each muscle has its own characteristics and signs of weakness. The ability to test these muscles individually can be very useful in finding sites of nerve compression as well. For example, flexor digitorum profundus has a dual innervation and can help isolate a median vs. ulnar nerve entrapment or a median vs. anterior interosseus nerve entrapment. As a group, the wrist flexors can be indicative of an atlas problem addressed by primary atlas technique, which is discussed later in the newsletter. For the individual testing of these muscles, I refer you to the texts listed at the end of this article.

Signs of weakness include:

F. Dig Profundus: Difficulty in picking up small objects

F. Dig Superficialis: Weak grip

F. Carpi Radialis: Ulnar deviation of wrist and weak wrist flexion/pronation

F. Carpi Ulnaris: Radial deviation of wrist and weak wrist flexion

All of these muscles can be used to test their respective nerves at the level above the wrist. For investigation of nerve entrapment, one must test muscles innervated distal to the tunnel (opp pollicus/digiti minimi, etc.).

Quick facts about the Wrist Flexors

- The wrist flexors are not associated with meridians
- Weakness can indicate the need for primary atlas technique
- Useful in diagnosing multiple nerve compression sites
- These muscles are very similar to the plantar flexors and peroneal muscle groups of the ankle and foot
- Very important in treating medial/lateral epicondylitis

The wrist flexors are very important in the treatment of several common ailments involving the forearm and hand. Carpal tunnel, epicondylitis, pronator teres syndrome, and many other chronic conditions are affected by the balance or imbalance and the function of these muscles. Several common complaints from people who use computers extensively can be resolved with the treatment and balancing of these muscles with their synergists and antagonists. Range of motion, strength, and function during the strenuous activities can all be improved with the proper AK treatment.

For more information on the wrist flexors 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

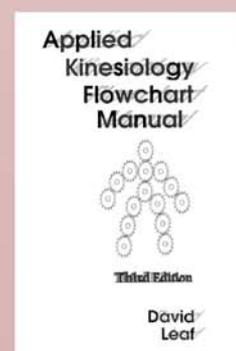


AK Muscle Tests at a Glance
by Ivan Ramsak and Wolfgang Gerz
-Translated to English by Tracy S. Gates



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



Primary Atlas Technique

By Jeffrey S. Kurtz, DC, CCSP, DIBAK

The primary atlas technique is a very important part of Applied Kinesiology. There are so many neurological aspects affected by the atlas that there is even a chiropractic discipline where the philosophy states that since all of the peripheral nerves pass through the atlas, treating the atlas will enable the body to heal itself.

In AK, it is frequently said to "Above all level the head." Why is this so important? There are several reasons, with one being that the upper cervical region musculature (rectus capitus posterior minor) has a dural attachment. It is suggested by Jackson that this muscle has a "monitoring" aspect of the tension in the dura due to the dense distribution of mechanoreceptors. Hack et al. stated that this muscle may be related to "tension headache" because of its attachment to the dura. Muscle imbalance in the upper cervical region may create tension on the dura and cause pain.

The suboccipital muscles are innervated by the dorsal ramus of the C1 spinal nerve. There is a motor component of this nerve, however there is no sensory component. Goodheart noted that therapy localisation to the atlas was better done with the thumb as opposed to the fingers. He attributed this to the possible lack of sensory root of C1 (making it less sensitive to TL) and that the thumb contains more nerve endings.

In examining the patient, the doctor should first rule out and or correct neurological disorganisation. It is very important to clear the static from the nervous system in order to attain accurate information from TL and muscle testing. Examination findings for an atlas problem include weakness of the wrist flexors on the side of laterality, positive muscle test with thumb TL on the side of laterality, and perhaps a weak upper trapezius or SCM that strengthens to a thumb TL of the atlas.

If the patient has neurological disorganisation, the TL and muscle tests may show the opposite side as positive (lateral) and if corrected based on the incorrect information, the patient will say, "Doc, I was much worse after that last visit", the next time they come in.

Another finding that is sometimes subtle is leg length difference. If the patient's short leg changes to the longer leg from supine to prone, the atlas is lateral on the short leg side when prone. Naturally the doctor would perform other tests to confirm this. Postural changes may demonstrate a hypertonic rectus abdominus that weakens after a stretch. This test can be done by the doctor lying across the table on his stomach with the patient lying supine over the back of the doctor; arching the back and stretching the abdominals. If the stretch reflex is not present, the doctor should also check for Jones trigger point with testing the muscle after a maximal 3 second contraction. Treat the muscle as needed.

After treatment of the abdominals, the atlas will palpate better and feel more mobile. However, after the patient walks, bends, and chews, it is likely to return to its original state. That is why it is important to treat the TMJ when there is an atlas and an atlas when there is a TMJ problem. This includes cervical compaction with the jaw opening and closing.

The atlas is the last correction to be made if it is still present. This follows the Gonstead findings that atlas imbalances are compensatory. Challenge the atlas and fix what you find.

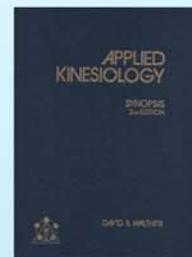
Although this is a primarily structural correction, it is important to consider other causes for an atlas problem, such as the other sides of the triad of health. If a patient keeps eating something to which he is sensitive, the atlas problem will continue to recur. The same can be said about an emotionally stressful situation that keeps recurring.

In David Leaf's Flow Chart Manual, there is an excellent algorithm demonstrating the primary atlas technique.

In the AK Synopsis by Walther, it states that Goodheart named this technique the Primary Atlas Technique because after correction many other examination findings would no longer be present. In the text it also lists several other procedure to help decrease recurrence.

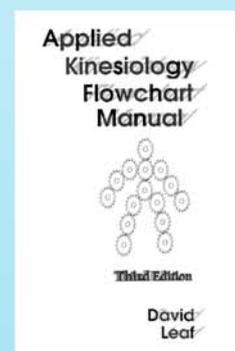
Below are the references used in writing this article and are highly recommended in finding more information about this technique.

Applied Kinesiology Synopsis, 2nd edition
by David Walther



AK Flow Chart Manual
by David Leaf

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be found on the ICAK-USA website:
www.icakusa.com





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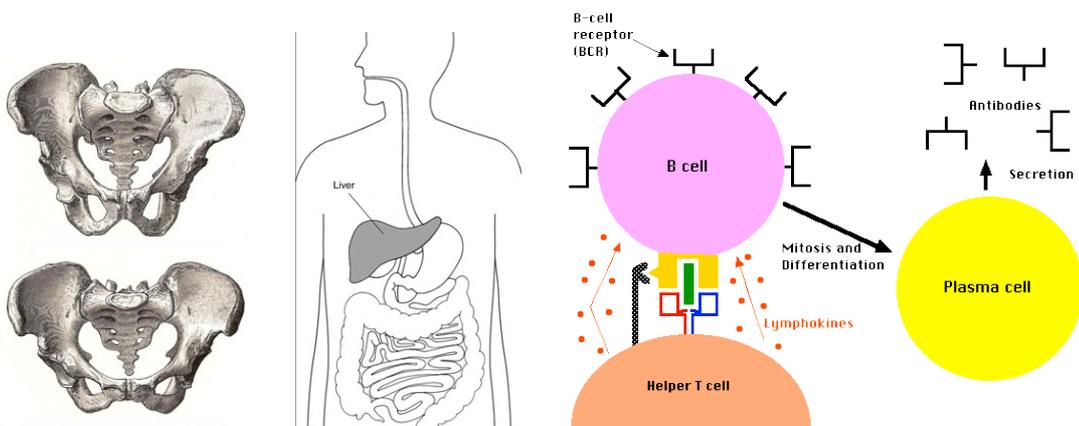
**Digestion A to Z - Biochemical and Mechanical Corrections;
Pelvic Instability, the Cranial & Orthodontic Connection;
Correcting Immune System Dysfunction**

**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

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.

USING APPLIED KINESIOLOGY TO ASSESS THE DEVELOPMENTAL PROFILE

By Tracy S Gates D.O., DIBAK

**A two-day course based on the work of
Doman and Delacato;
and the principles of Conductive Education**

Course content to include:

- ◆Birth Traumas ◆Protocols of
Diagnosis and Treatment of Neurological Disorganisation
- ◆Protocols for Diagnosis and Treatment of retained Primitive reflexes
- ◆Specific Rehabilitation Procedures ◆Evaluation of the six senses and
their functional development ◆Toxicities Specific to Braindamaged
Children ...

**Due to the complexity of the course, it is essential that all candidates
have completed a basic education in AK.**

****THIS COURSE IS ACCREDITED FOR OFFICIAL ICAK CREDIT HOURS****