

INTERNATIONAL COLLEGE
OF APPLIED KINESIOLOGY UK

Email Newsletter Vol. 3 Number 1
Summer/Fall 2013

Introduction

Upcoming Seminars

Muscle of the Month: Anterior Tibialis
by Jeffrey S. Kurtz, DC, CCSP, DIBAK

AK Review: Filum Terminale Technique
by Jeffrey S. Kurtz, DC, CCSP, DIBAK

Introduction

Dear Colleague,

I hope you are having a great summer and this newsletter finds you well. It has been a while since the last one, but that doesn't mean there hasn't been much going on. We had an international meeting in Australia, an AGM with Wolfgang Gerz in May, and we have some great courses coming up.

Session III of the basic course is coming up Sept 7-8 and we have a great Injury Recall Technique course coming Sept 21-22. See the flyers for more details.

Also included is a review of a technique that may not be used all that often, but should be. The Filum Terminale technique is reviewed in detail. It is a simple technique, but as we have learned, dural torques can be a major problem and this is sometimes the last key to unwinding it and restoring the normal tension in the dura.

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

Upcoming Seminars

2013

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.

Sept 21-22, 2013 Injury Recall Technique

--Dieter Becker and Martin Brunk are coming from Germany to present the full IRT course that was briefly demonstrated at the AGM in 2011. It is fundamental to the AK practice and crucial in reducing recidivism. Stressors of all types are covered and the technique can be implemented on Monday.

Sept 7-8, 2013

Evaluation of Structural Imbalances

AK Basic Course Session III

Tracy Gates and Jim Townhill will present structural imbalances and how to evaluate and treat them. Myofascial problems, pelvic fixations, weak muscle patterns, and postural evaluation are just some of the great clinical pearls you will take with you. This is session III of the basic course, which builds on the basics taught in the first two sessions and will be important for later sessions as well.

Click on the titles for links to the course flyers.

Muscle of the Month:

Anterior Tibialis

Written By:

Jeffrey Kurtz, DC, CCSP, DIBAK



Tibialis Anterior

The anterior tibialis has its origin on the lateral tibial condyle, the proximal 1/2 to 2/3 of the lateral tibial shaft, the interosseous membrane, and the intermuscular septum between the anterior tib and the extensor digitorum longus. The insertion is on the medial 1st cuneiform and medial 1st metatarsal base. The anterior tibialis is important in ankle stabilisation, dorsiflexion and inversion of the ankle mortise joint, support of the medial arch of the foot, and the deceleration of plantarflexion in gait. In the muscle testing of any ankle or foot muscle, it is very important to get your forearm in the position along the vector of the geometric arc produced during the dorsiflexion movement. Dorsiflexion and inversion make an arc and as with all muscle tests, the muscle test pressure should be tangent to the arc of the movement produced by the muscle. In testing the anterior tibialis, it is better to test in a sitting position because if there is a nerve compression at L4,L5, it will not show in a lying position. A valuable test is to have the patient push into the table and lighten the load on the pelvis and test to see if the anterior tibialis strengthens=subluxation/nerve compression.

Reasons for weakness of anterior tibialis:

-Gross nerve impingement from disc herniation

-5 factors of IVF--L4-L5, almost always structural

-1st cuneiform subluxation

-Limbic fixation--along with peroneus long/brev/tertius, and post tibialis

-Short triceps surae/reactive muscle

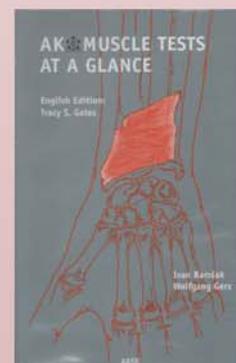
Shin splints are common in runners. There are posterior and anterior shin splint and correlate with the posterior and anterior tibialis respectively. In the case of anterior tib, the muscle is weak and cannot decelerate the plantarflexion after heel strike. There is also a forceful drop in the medial arch which then over stretches the muscle and its origin begins to avulse on a small scale. If the faulty mechanics continue for a long time, it can become a chronic and painful condition. Remember the approach: Fix the weak muscle!

For more information on the hamstrings 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



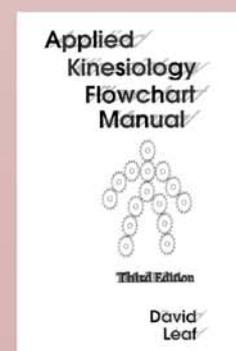
AK Muscle Tests at a Glance
by Ivan Ramsak and Wolfgang Gerz
-Translated to English by Tracy S. Gates



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



Filum Terminale Cephalad Lift Technique

By Jeffrey S. Kurtz, DC, CCSP, DIBAK

The attachments of the dura are the foramen magnum, C1,2, and 3 superiorly and the coccyx by way of the filum terminale. It was proposed by Goodheart that the coccyx acted like a tension uptake mechanism similar to a rod a reel. After the fisherman casts his line, he reels it in partially in order to gain a resting tension in the line for when he must set the hook. If there is too much slack in the line, he may not even know if a fish is on the hook as without tension, the fishing rod will not bend and/or the fisherman will not feel the tug of the fish on the line. In the case of the dura, a proper tension must be maintained in order to sustain organisation between the dural attachments. If there is too much tension, dural torque occurs and creates all sorts of functional problems.

Diagnosis:

One should think of this problem especially when there is one normal glut max and one weak. Automatically the coccyx will be pulled to the side. Also if there are tight paravertebral muscles along the spine or in the neck, one can determine if this is part of the problem. An SI joint that is chronically subluxated or adjustments that don't hold for long could be related to injury recall problems as well as the dural tension.

Exam: This should be done AFTER Categories, spinal subluxations, and respiratory faults are corrected.

Therapy localisation:

TL the coccyx-->strong indicator stays strong

TL the upper cervicals-->strong indicator stays strong

If one of these is positive (weak), you must fix other factors involved(5 factors, etc.)

TL the coccyx WITH downward traction-->strong mm goes weak

-->Filum terminale technique indicated.

TL the upper cervicals WITH traction-->strong mm goes weak

-->Filum terminale technique indicated



Challenge

Challenge direction:

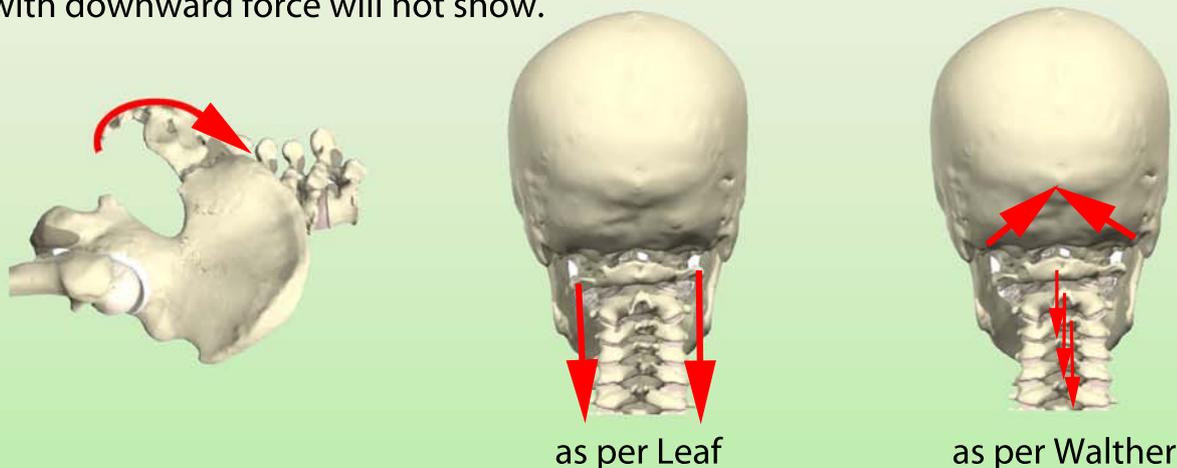
Rub paraspinals in lumbar or cervical spine and check for tenderness. Apply upward traction to the coccyx with your middle finger wraps around the dorsum of the coccyx and pulling cephalad on the skin over the bone. Rub the paraspinal muscles again and look for a reduction in tenderness. Check different vectors of traction as often it is up and toward a side of the body and not just straight up.

Note: Goodheart also noted that patients with healthy spines had a change of spinal length in the supine, sitting, and standing positions of less than 14 mm. The doctor can use a rolling tape measure from coccyx to EOP in order to measure the changes of spinal length in these different positions.

Treatment of Filum Terminale:

Treatment is described in different ways depending on who is teaching you the technique. Leaf states that the cephalad contact is on the atlas and the pressure is applied caudally while a cephalad pull during inhalation is applied to the coccyx in the challenge direction found to reduce paraspinal tenderness. Pressure is released during exhalation. In Walther's book, the index finger and thumb contact the occiput while the middle, ring, and little fingers contact C1,2,3. The index and thumb are pressed together on the occiput on the first exhale. On subsequent inhalation, pressure on the occiput is sustained while pulling C1,2,3 inferiorly. You have to cross your arms in order to be able to make the thenar/index contact and the 3rd, 4th, and 5th finger contact on C1,2,3. Both techniques are effective.

With the proper contacts and cephalad pressure on the coccyx, apply the pressure for 8-10 respirations. Afterwards, most people (90%) have a shorter spine length when measure with a roller tape measure. The paraspinal tenderness will also be dramatically reduced and the TL with downward force will not show.



Look for this in your patients. You will find it often and it can make a big difference if a patient has plateaued.

I hope this is a helpful review and I refer you to the same resources found in the Muscle of the Month page for further information. The Synopsis by David Walther and The Flow Chart Manual by David Leaf was used in the writing of this article.



INTERNATIONAL COLLEGE
OF APPLIED KINESIOLOGY UK

Advanced Injury Recall Technique

21-22 September 2013

@ Weald House, Southwater



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

Conference Programme

Saturday 21 Sept + Sunday 22 Sept 2013

Saturday 10am – 6pm, Sunday 9am – 5pm

- Introduction
- Getting the patient well – the need for IRT
- History of IRT
- The injury concept and neurologic basis
- First Examination with AK: Basic tools to diagnose the need for advanced IRT and to uncover hidden faults
- Establishing parameters for the treatment process –
“ How to keep track...”
- Basic treatment procedure (level 1)
- Dural tension as a diagnostic gate to injury patterns
- The Acupuncture System and Dural Tension
- Utilization of the acupuncture system in the treatment of injury patterns (level 2)
- Utilization of cranial and structural techniques in the treatment of injury patterns (level 3)
- Biochemical and Emotional aspects of injuries -
Injury patterns as an underlying cause for biochemical imbalances
- Workshops on all steps

The seminar will provide you with highly usable clinical tools that will empower your daily practice and open the door to fundamental progress for your patients. You will be able to use the presented material right away on Monday morning in clinic.

Guest Speakers ~ Martin Brunck and Dieter Becker



We are pleased to welcome Dr Dieter Becker and Dr Martin Brunck to London for their second time teaching for ICAK in the UK. Since 2011 they made again substantial progress in their treatment procedure. They will teach us a fast and efficient protocol to solve hidden problems, that keep our patients from getting well.

Dr Becker and Dr Brunck work in their offices in Hamburg, Lüneburg and Hanover in association with AK-trained Dentists and physicians. They have been members of the board of certified teachers of the ICAK since 2001 and teach AK seminars in Germany and Europe. Please see attached info with lots more info on their specialities and experience.



The Venue

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

ICAK UK Member.....**£250** (**£220** if paid before 20 July)
Non Member.....**£270** (**£240** if paid before 20 July)

Return your application form by 20 July 2013 to receive the early bird discount. No exceptions will be made.

Payment is by **cheque**, payable to ICAK UK or by **bank transfer** to ICAK-UK (Account number 91226449, Sort Code 60-17-28, Bank address NatWest Retford Branch 21 The Square, Retford, Notts, DN22 6DL). Please note a completed application form is required in ALL instances.

RSVP by 30 August to: Karen Willis, ICAK UK Chair, Islington Osteopathy Clinic, 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 30 August 2013. Cancellations prior to this date will incur an administration fee of £100.

Profile of Speakers for ICAK UK ‘Advanced Injury Recall Seminar’,

Dr. Martin Brunck studied medicine at the Hanover Medical School.

He held medical positions at the Klinikum Hannover Region and at the AKK-Klinikum Hannover Region as specialist in internal medicine, head intensivist and approved instructor on Emergency Medicine. His ten years of work experience allowed him to gain a deep insight into Scientific Medicine.



Since 1993, Dr. Martin Brunck studied Complementary Medicine. He attended numerous trainings in chiropractic techniques, TBM, orthopaedic manual medicine, acupuncture and manipulative osteopathic medicine and AK. In 1997, Dr. Martin Brunck started to practice Complementary Medicine in Hanover. In 2002, he became Diplomate in Applied Kinesiology, and in 2003 Teaching Diplomate of the ICAK. Dr. Martin Brunck held positions as board-member of DAEGAK (German Chapter of ICAK). Today, he is primarily concerned with studies on the Injury Recall Technique.

Dr. Dieter Becker studied Medicine at the Universities of Freiburg and Hamburg .



He completed his specialist training in Anaesthesia at the St. George’s Hospital in Hamburg, where he focused on cardio surgery anaesthesia, chronic pain patients and ICU.

Since 1993 he became interested in complementary medicine and Applied Kinesiology and attended numerous trainings in AK, orthopedic manual medicine, acupuncture and manipulative osteopathic medicine. Dr. Becker started to practice complementary medicine in 1997 in Hamburg. Dr. Dieter Becker became a Diplomate in Applied Kinesiology in 2002 and has been a teaching Diplomate of the ICAK ever since. He holds a Master degree in Neurolinguistic Programming (NLP), serves as a board member of DAEGAK (German chapter of ICAK), and is a member of ICAK’s International Board of Examiners (IBE).

Today, he is primarily concerned with studies on the Injury Recall Technique and works in his private practices in Hamburg and Lüneburg.

Dr. Martin Brunck and Dr. Dieter Becker have published a number of articles and have given numerous presentations and symposia on the topic of Complementary Medicine. They are regular speakers at medical and AK conventions. Since 2002 they have given regular seminars on Applied Kinesiology and the topics surrounding chronic injury patterns and trauma.

They are invited to lecture at the 2014 International Congress on Interventional Psychotherapy in Heidelberg with more than 2000 participants on treating psychological disbeliefs from a body approach with advanced IRT.



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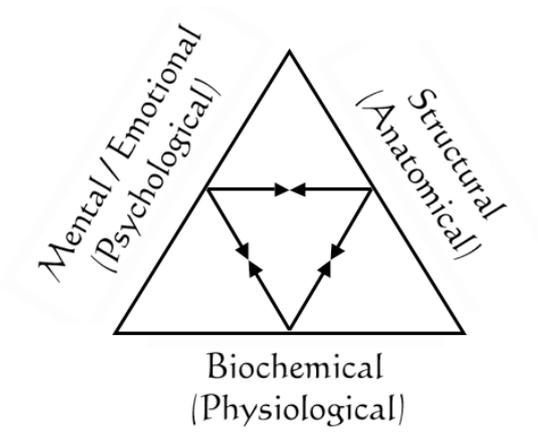
2013 - 2014

The Fundamentals of Applied Kinesiology with Advanced Clinical Applications

**An accredited Basic Course of the International
College of Applied Kinesiology – ICAK**

**Lecturers: Tracy S Gates DO, DIBAK
and Jim Townhill DC, DIBAK**

@ Weald House, Southwater



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

Conference Programme

2013-2014

The International College of Applied Kinesiology

The International College of Applied Kinesiology (ICAK) is an organisation dedicated to furthering the knowledge of health care professionals in Applied Kinesiology (AK). AK 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 all primary health care practitioners. ICAK members include registered health care professionals including chiropractors, osteopaths, physiotherapists, acupuncturists, medical doctors and dentists.

SEMINAR DATES AND TIMES

Saturdays 10am – 6pm & Sundays 9am – 4pm

16-17 Mar 2013 ♦♦♦ I – THE DYNAMICS OF AK EVALUATION ♦ next chance Sept 2014

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.

4-5 May 2013 ♦♦♦ II – VISCERA AND THE EMOTIONS ♦ next chance Oct 2014

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

7-8 Sep 2013 ♦♦♦ 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.

12-13 Oct 2013 ♦♦♦ IV – ORTHOMOLECULAR PRINCIPLES IN AK

The role of vitamins and minerals. Acid and alkaline metabolic states. Macro vs micro nutrients and AK testing. The final missing link in nutrition—Essential Fatty Acids. Prostaglandins and their role in almost everything.

9-10 Nov 2013 ♦♦♦ V – GLANDULAR/HORMONAL

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.

7-8 Dec 2013 ♦♦♦ VI – A RETURN TO STRUCTURE—STOMATOGNATHIC I

The cranium and craniosacral diagnostic principles and treatment. Classification of lesions. Understanding and treating the ubiquitous intraosseous fault of the occiput. Review of the pelvis.

11-12 Jan 2014 ♦♦♦ VII – STOMATOGNATHIC II & PERIPHERAL JOINT DYSFUNCTION

The TMJ & Hyoid. Tooth proprioception. Neurological tooth. Bite plates and splints. Peripheral joint dysfunctions and peripheral joint muscles.

8-9 Feb 2014 ♦♦♦ VIII – THE ACUPUNCTURE MERIDIAN SYSTEM

Introduction to the Meridians and using AK for evaluation and treatment of the Acupuncture system. CLINICAL COMPETENCE TEST.

AT THE END OF THE COURSE:

Upon completion of the entire basic course and test of Clinical Competence, you will be entitled to one year's complimentary membership of ICAK-UK (current annual fees are £90.00)

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

Each 2 day weekend costs £275, and includes module notes and morning and afternoon refreshments. Modules must be booked in groups as indicated below, unless you are a repeat delegate in which case individual modules are £275. ICAK-UK Members and repeat course participants are eligible for a 10% discount.

Modules 3-5

Standard Price..... **£825**

Modules 6-8

Standard Price..... **£825**

Modules 3-8

Standard Price..... **£1650**

Payment before 20 July 2013..... **£1500**

Return your **application form** by email as soon as possible to register for the course.

Payment is by **bank transfer** to ICAK-UK (Account number 91226449, Sort Code 60-17-28, Bank address NatWest Retford Branch 21 The Square, Retford, Notts, DN22 6DL).

Please note a completed application form is required in ALL instances.

RSVP to:

Jim Townhill

Email: jim@townhillfamily.com