

Using Applied Kinesiology to Improve Outcomes (Cranial adjusting, Endocrine, and Visceral Integration)

Proposed schedule - outline

October 6th – 8th, 2017

Speaker: Daniel M. Halden, DC, PAK, CAC, CVMRT

School and program director: Pedro Luis Rivera, DVM, FACFN, DACVSMR

Scheduled hours: Friday, October 6, 8a-6p; Saturday, October 7, 8a-6p; Sunday, October 8, 8a-12noon.

FRIDAY

- | | |
|--------|---|
| 8-9 am | Review of AK rationale and application <ol style="list-style-type: none">1. Review essential ideas of AK, so all class members are clear on approach.2. Muscle testing basics<ol style="list-style-type: none">a. What the muscle test tells youb. What the muscle test does not tell you.3. Triad of Health4. Five Factors of the IVF5. Facilitation/Inhibition and the use of the Manual Muscle Test to assess function |
| 9-11am | Understanding the Primary Respiratory Motion and Cranial Motion <ol style="list-style-type: none">1. Anatomy, Physiology<ol style="list-style-type: none">a. CSF productionb. Ventriclesc. CSF fuctiond. Suturese. Cranial vault expansion and contraction2. Theories, research<ol style="list-style-type: none">a. Cranialsacralb. Sacrooccipitalc. AKd. Original studiese. More recent studies3. CSF flow<ol style="list-style-type: none">a. Why CSF flow is crucialb. Impediments to normal CSF flowc. Reestablishing normal CSF flowd. Influences on CSF flow4. Dural attachments<ol style="list-style-type: none">a. In the skull |

- b. Upper cervicals
 - c. Sacrum and coccyx
 - d. Between C2 and Sacrum
- 11a-Noon Palpation of cranial movement (class activity)
 Using AK to assess cranial motion (Part I)
1. Cranial Faults
 - a. Inspiration assist
 - i. Cranial
 - ii. Sacral
 - iii. Forced Inspiration assist
 - b. Expiration assist
 - i. Cranial
 - ii. Sacral
 - iii. Force Expiration assist
 - c. Glabellar fault
 - d. Universal fault
 - i. Interosseous fault
 - ii. Switching
 - iii. Ocular lock
 - e. Temporal bulge
 - f. Parietal descent
 2. Sutures
- 12-1pm Lunch
- 1-2pm Using AK to assess cranial motion (Part II)
1. Muscular considerations
 - a. Temporalis
 - b. Masseter
 - c. Omotransversarius
 - d. Hyoid muscles
 - e. Postural muscles
 - i. Psoas
 - ii. Paraspinals
 - f. Bilateral superficial pectorals
 - i. Temporal bulge
 - ii. Parietal descent
 2. TMJ
 - a. Role in cranial motion
 - b. Clinical considerations
 3. Upper cervicals
 - a. Meningeal attachments
 - b. Head position and postural considerations
 4. Pelvis
 - a. Categories (I, II, III)

- b. Sacrum and coccyx
 - 5. Using specific muscle testing
 - a. Therapy localization
 - b. Cranial respiratory challenges
 - 6. Hands on activity
 - a. Using muscle testing to find cranial faults
 - b. Demo to show correction
- 2-6pm Understanding Endocrine function from an AK perspective
1. Functional pathology
 - a. What the muscle test tells you
 - b. What the muscle test does not tell you
 2. Thyroid
 - a. Teres minor
 - b. Triple heater meridian
 3. Pancreas
 - a. Latissimus dorsi
 - b. Spleen meridian
 4. Adrenals
 - a. Sartorius
 - b. Pericardium (Circulation Sex) meridian
 - i. Gluteals
 5. Adrenal/Thyroid/Pituitary axis
 - a. Energy handling
 - b. Inflammatory issues
 - c. Coordination of activity
 6. Clinical case examples

SATURDAY

- 8-9am Questions. Review
- 9am-Noon Using AK to better understand visceral function
1. Functional pathology
 - a. How it relates to already established clinical tests
 - b. How to use it in an integrative clinical setting (more on this on Sunday)
 2. Large intestine
 - a. Hamstrings
 - b. Tensor fascia lata
 3. Small intestine
 - a. Quadriceps femoris
 4. Stomach
 - a. Superficial pectoral
 5. Liver

- a. Deep pectoral
- 6. Digestive control
 - a. Ileocecal valve
 - b. Valve of Houston (plicae transversalis recti)
 - c. Hiatal hernia
 - d. Theory (human)
 - e. Animal application
 - i. Revised theory
 - f. Clinical applications
 - i. Irritable bowel
 - ii. Megaesophagus
- 7. Kidney
 - a. Iliopsoas
- 8. Bladder
 - a. Cranial tibial
- 9. Urinary issues
 - a. Bladder ptosis
 - b. Kidney visceral manipulation
- 10. Lungs
 - a. Deltoideus
 - b. Serratus ventralis
- 11. Hands on activity
 - a. Finding active reflexes on each other
 - b. Thinking through the algorithm in small groups

12-1pm
1-4pm

Lunch
Clinic

Work on animals. Emphasize the use of the ideas discussed this weekend in approaching the chiropractic care of clinic patients. Looking specifically at cranial issues, potential endocrine issues, and visceral functional dysfunction. Stress using Applied Kinesiology framework to analyze, problem solve, and decide on appropriate treatment. Work on integrating as many aspects as possible into a given problem (i.e. muscle involvement, 5 factors of the IVF, organ relationships, spinal component, things that influence each of these, medications, food, supplements.)

4-6 pm

Review cases as a class
Correlation (Integration)
Build an AK point of view

SUNDAY

8-9am

Expand on correlation (integration)

1. How to use AK approach to further integrate care for improved clinical outcomes
2. Using AK to better understand visceral function
 - a. How to apply this understanding in an integrative clinical setting
 - b. Communicating this to your clients and your colleagues
 - i. What to say
 - ii. What not to say
 - iii. Semantics
 - iv. Vocabulary matters

9am-12

Other modalities that will further enhance these

outcomes

1. Understanding physiology
 - a. You cannot manipulate physiology clinically if you don't know and understand physiology
 - b. Goliath and Addie and megaesophagus
 - c. The Airedale terrier and the disrupted growth plates
 - i. Growth plate manipulation
 - ii. Laser?
2. Nutrition and supplementation
 - a. Cranials
 - b. Each of the muscles that we covered
 - c. Adrenals, thyroid, pituitary
3. Acupuncture as an adjunct to the AK chiropractic approach
4. Lifestyle management
5. Client/patient management