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NEURAL ORGANIZATION Technique

**Basic
Teaching
Manual**



**Survival
Systems**

Originally developed by Carl Ferreri, D.C. PH.C

Expanded by

Neural Organization Technique International Professional

Non-profit Organization

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Foreword

This manual represents an updated version of past neural organization technique (N.O.T.) manuals. It incorporates all the basic concepts of neural organization technique as originally developed by Carl A Ferreri, D.C., Ph.C with emphasis on understanding the theory and new diagnostic applications. Although you may notice differences in sequence, description, and emphasis, the basic philosophy remains the same. For those that have taken prior instruction from certified instructors or Dr. Ferreri in the past, differences in opinion will always exist. Neural organization technique represents an eclectic approach, which shares the wisdom and expertise of many practitioners past and present.

The methods described in these N.O.T. manuals should not be taken as a cookbook protocol. The practitioner is expected to have performed the usual and customary physical examination and in particular pay careful attention to the diagnostic screening steps outlined in the manuals. When used correctly, Neural Organization Technique can play a vital role in healthcare services provided to your clientele.

The manuals are written in a format that assumes one is familiar with basic applied kinesiology (PAK) concepts and knowledgeable of the origin and insertion of common muscles, location of many of the common neurolymphatic and neurovascular reflexes as well as a comprehensive understanding of neuroanatomy, neurophysiology and pathophysiology. While this manual can serve as a reference and study aid there is no substitution for a live lecture. The content of these manuals are copyrighted by N.O.T.-IP.

Acknowledgements

This manual represents a culmination of several months of work from the original members N.O.T. –IP and contributions of many N.O.T. practitioners around the world.

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History of Neural Organization Technique

Neural Organization Technique is a holistic physical and energy medicine modality, based in Applied Kinesiology, which deals with our basic primal survival systems of fight/flight, feeding/digestion, reproduction and immune. Our health depends on how well these systems are maintained and their ability to receive, process and respond to sensory information in a constantly changing environment of both internal and external stressors. Treatment utilizes a sensory receptor-based therapy involving primarily skin surface reflexes designed to normalize nervous system function.

In 1978 Dr. Carl Ferreri, a chiropractic physician from New York, further developed the basic concepts of Applied Kinesiology and several other chiropractic techniques into an eclectic protocol he named Neural Organization Technique (*N.O.T.*). His theme was nothing is impossible; as it relates to the central nervous system and body's ability to heal itself. His passion was helping the developmentally delayed especially Down Syndrome and many other debilitating conditions of both children and adults. His knowledge of the human body, neural function and energy medicine was that of a genius in not only in knowledge but also in clinical practice.

Neural Organization Technique focuses on development in neonatal early natal neurological development, i.e. our primitive survival systems. These primitive or primal Systems are Fight/Flight, Feeding, and Reproduction representing external survival systems with the Immune system, recognized as an internal system. These survival systems are universal and basically the same in all forms of life. Our survival systems function on a subconscious level, (autonomic nervous system) allowing life to survive in a hostile or potentially hostile environment by fleeing from or fighting our predators/enemies, by gathering and assimilating food and with reproduction, for the procreation of the species. The challenge in Neural Organization Technique and many other healing arts is working with these systems to obtain diagnostic information and a therapy that offers predicable results in an efficient and cost effective manner.

The purpose of Neural Organization Technique is to re-establish optimal neural function by resetting neural pathways and undoing compensatory states. By returning neural function back to its original state, the concept of rehabilitation and or retraining is no longer the highest priority. An optimally functioning nervous system allows the body to heal from acute or chronic illness and traumas at maximum efficiency and at the same time raises our vitality and improves longevity. This is what makes *N.O.T.* special within the healing arts community.



Dr. Carl Ferreri
Father and
Developer of
Neural
Organization
Technique

Introduction and Theory

The fundamental premise of Neural Organization Technique is to re-establish optimal neural function by resetting neural pathways and undoing compensatory states. By returning neural function back to its original state, the concept of rehabilitation and or retraining is no longer the highest priority. To reach this *organized* neurological state, we look at how sensory information (afferent stimuli) about our environment is gathered and interpreted knowing that the (efferent) response must be consistent with the concept of survival and the preservation of the species.

From the beginning of life, in utero through childhood and adult, N.O.T. recognizes that our nervous system is continually processing information thru the pre-programmed survival systems of fight/flight, feeding and reproduction. These three systems are present in all living things allowing the continuation of life while adapting to any and all changes in our environment. Additionally, we also include a fourth internal survival system, the immune system.

Neural Organization Technique attempts to re-establish and optimize neural function within these survival systems by first recalibrating sensory input devices (mechano-receptors) in our skin, muscles, tendons, ligament, joints and bones. A critical neural pathway, vestibulo-ocular-reflex, is thoroughly evaluated in fight/flight and found to be a foundation cause to the common condition idiopathic scoliosis. The second survival system of feeding is interpreted primarily through the T.M.J. and coordinated jaw movements with the digestive organs. Reproduction is interpreted through the endocrine system, recognizing that hormones represent the body's non-electrical communication system.

The immune system, an internal survival system, can be thought of as the glue that holds life together and is the most complex due to its dynamic nature. A final variable that all the healing arts must address is the mental emotional factor. Neural Organization Technique offers some insightful protocols to understand and treat this complex and ever changing state of our emotional health.

Advanced N.O.T. protocols have shed new light and therapeutic options on many complex disorders ranging from learning disabilities to cerebral palsy.

Treatment protocols follow a specific sequential format, similar in concept to a computer software language. Understanding how to identify and correct the aberrant code represents the challenge and excitement of using Neural Organization Technique.

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Introduction and Theory

Neural Organization Technique utilizes many basic and advanced applied kinesiology neurophysiology concepts, several other eclectic kinesiological methods and energy medicine techniques in the advanced protocols. Energetic steps will be identified as such are an option for the practitioner to use or not.

Utilization of Neural Organization Technique allows the practitioner to work on three levels. It remains the prerogative of the individual practitioner to incorporate this or not.

- I. The first level can be considered **Present-Time**, i.e. where present symptomatology is active and the most common level to work on. To progress to deeper levels, this level must be stable.
- II. The next level is commonly called **IRT** which stands for in **In Relationship To** or commonly referenced in AK as **Injury Recall Technique**. On this level one is able to address and clear memory patterns of *significant* past injury(s), and or chronic stress patterns to organs, glands or specific centers in the brain. On this level the key factor is the emotional anchor which needs to be neutralized relative to the offending trauma or chronic state.
- III. This level is best named by describing it: **Cumulative Old Stress Patterns**. This level is not commonly addressed and appears to represent the cumulative minor traumas and stressors one accumulates in childhood and teenage development. Although important in its role to diffuse physiological stress from the surface and disperse it deeper, it probably plays a minor role in active (*acute*) symptomatology.

DEFINITIONS AND TERMS

N.O.T.	Neural Organization Technique: Developed in the late 1970's by Dr. Carl Ferreri, D.C. Ph.C. Neural Organization Technique is a systematic protocol based primarily in applied kinesiology that organizes the nervous system through the primal survival reflex systems of fight/flight feeding, reproduction and Immune system.
N.O.T. Instructors	Instructors of Neural Organization Technique that have been certified by N.O.T. _IP Certification Board in 2011 to present date.
A.K.	Applied Kinesiology: Professional Applied Kinesiology P.A..K. is a functional neurological assessment and therapeutic technique developed by Dr. George Goodheart in the early 1960's and later evolved into the International college of Applied Kinesiology (I.C.A.K.).
Muscle Testing	Is a methodology within A.K. utilizing an isolated muscle challenge to access neurological memory. It functions as a neurological assessment tool allowing a practitioner access to all biological processes.
NL	Neurolymphatic reflexes are skin surface reflexes that facilitate lymphatic drainage of both muscle and corresponding organ(s), originally developed in the 1930's by Dr. Frank Chapman, osteopath.
NV	Neurovascular reflexes are skin surface reflexes that facilitate vascular drainage of both muscle and corresponding organ(s), originally developed in the 1930's by Dr. Terence Bennett, chiropractor
TL	Therapy Localization is unique phenomena to A.K., which allows a practitioner scan reflexes for energetic imbalances.
IM	Indicator muscle is often used to facilitate a specific procedure or scan.
ESR	Emotional Stress Reflex also known as the stomach NV points on the forehead.
Gait	The walking or running posture and its associated muscular activity.
TNRR	Tonic Neck righting reflexes.
Cloacals	Cloacal reflexes are the centering reflexes of the pelvis.
Ocular	Ocular reflexes are the head righting reflexes responsible for orientating to the horizon.
V.C.	Visual Centers are bilateral points located on skull directly posterior to the eyes. V.C. are primarily used as a diagnostic enhancement tool.
Labyrinthine	Labyrinthine reflexes are the head righting reflexes responsible for orientating to gravity.
TS Line	Temperal-Sphenoidal Line is a diagnostic area outlining the sphenoid bone where it intersects with the Temporal bone as developed by Dr. M L Rees, chiropractor.
Chiropractic	An alternative health care profession that has as its core philosophy the facilitation of the body's own resources to restore health. It incorporates an eclectic methodology.

SCREENING PROTOCOL

Screening: One of the true challenges of any technique is to quickly evaluate your patient and determine the best course of therapy that can be performed in a session as well as following the long-term theme of care and the immediate needs of the client.

Neural Organization Technique offers a unique methodology to add to one's diagnostic and therapeutic tool box. For this reason following, the usual and customary physical exam procedures, one should start in the supine posture to begin the N.O.T. examination.

Examination

Screening: Determine the manual muscle testing compatibility of the patient and that the individual is not in a state of psychological or physiological reversal (overload). If present or suspicious of this phenomenon, one must neutralize it before continuing. The steps below will prove to be very helpful and need to be considered and often take priority.

I. T.M.J. /jaw screening offers the practitioner a quick and effective assessment tool to evaluate the most appropriate starting point on a client. The purpose is to assess if there is an emotional over-load or a physiological over-load that needs to be diffused first. Because both of these states involve a recruitment of their respective jaws(s) muscles (masseter, temporalis and pterygoid muscles) it has the potential to cancel out other T.M.J. work.

Evaluation: Therapy localize (*TL*) the right and left jaw (masseter muscle) individually to determine if there is an immediate weak (*TL*) indicator muscle response. One should confirm this/these finding(s) by identifying the opposite inhibited (weak) gluteus medius.

Note: If one sees the inhibited (weak) gluteus medius on the homolateral side of TMJ involvement, this is confirming evidence that the individual is in a state of physiological reversal. The practitioner has the choice to either do a quick reset by rubbing K-27 bilaterally for 60 seconds or ignore the homolateral finding knowing that the condition will self-resolve during treatment outlined in the emotional clearing section of this manual.

- a) Right jaw facilitation is indicative of emotional stressors. At this point, one should access if:
 1. Cardiac Back stress syndrome is present
 2. Sphenoid distortion is present
 3. Psychological or physiological reversal is present

- b) Left jaw facilitation is indicative of extreme physical pain (uncommon) or more commonly overwhelming organ (physiological) stress. With the later there will be one or more organs in distress that will initiate a positive therapy location over the organ(s) or a weakness of the organ-muscle relationship. One should attempt to identify the cause(s) of this physiological overload or elicit a history of the health challenge.

Correction: Spindle down →← the masseter and spindle down →← the temporalis on the side of involved jaw. Then cross over to the opposite side and release the lateral pterygoid. Continue on to the masseter and temporalis (spindle down →←) and again cross over to the opposite side and release the lateral pterygoid. Note one finishes on the same side one started.

Note: It is strongly recommended that this jaw correction be repeated twice and verified that it has been cleared successfully.

If sphenoid involvement was identified proceed to section on emotional clearing.

Additionally, when identifying the right emotional jaw note the occurrence /reoccurrence pattern of this finding as an indicator of the level of emotional reactivity of the patient and the potential need for further investigation and therapy as one sees fit.

EVALUATION

II. On the initial office visit /evaluation (following completion of section I above), one should evaluate if an active vestibulo-ocular-reflex (VOR) deficit is present or not. If a VOR deficit is identified (65-70% of general population) then the practitioner knows additional protocols will be needed (i.e. scoliosis and optionally-language processing). If VOR is absent, then one will not need to include scoliosis and language processing protocols in one's treatment plan. Additionally clinical analysis will not show obvious gait disturbance, i.e. leg turn-in will be symmetrical before treatment is initiated.

III. On follow up visits one should always complete the TMJ evaluation of section I above and verify gait (leg turn in) as described in section II if not yet successfully treated.

IV. One can also use pre-screening steps to determine key components of the protocol that need to be addressed especially when evaluating on subsequent visits:

- a) Status of Gait and Centering reflexes (Leg turn-in or *TL* any centering reflex)
- b) Status of the Superficial Immune System (Sp-21 or C-7 & T-1 fixation pattern).
- c) Status of Endocrine system.
- d) Status of Universal Jaw indicating systemic organ problems.
- e) If more than one visit is utilized to correct gait reflexes and scoliosis if present, one must make some minor gait corrections before proceeding.

Comments: _____
