

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 their immediate needs and following the theme of long-term care.

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.

EVALUATION

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 always a 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 access 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.

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 N.O.T. 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 on subsequent treatment visits.

Comments: _____
