PART THREE: PROCESSING DEFICITS

Primary Deficits:

10.   Auditory Processing

Auditory processing represents the most common primary deficit. It essentially manifests itself as an auditory delay and or an inability to focus on sounds (differentiating between the spoken word and background noise). This deficit will always trigger step (1), an eye muscle fault.

Evaluation: Positive therapy localization of the auditory branch of the eight cranial nerve (vestibular nerve). To accomplish this therapy localization, have the patient must place their index finger in the ear canals bilaterally and gently pull anteriorly while checking with the left anterior deltoid (indictor muscle) with eyes looking in any of the deficit vectors from 1:30 thru 7:30 while practitioner speaks.

Correction: Stretch eye muscle fascia for 20 seconds in each vector.
- a)   While the practitioner places middle finger in ear canals bilaterally with a gentle pull cephalad and speaking (counting 1-20), and correct with eyes looking in vectors 1:30 ⊖ 7:30.

- b)   While patient holding a card saying *"short term verbal memory"*, stretch eye muscle fascia for 20 seconds in each vector from 4:30 ⊖ 7:30.

- c)   While patient holding a card saying *"short term auditory processing"*, stretch eye muscle fascia for 20 seconds in each vector from 4:30 ⊖ 7:30.

- d)   Identify if there is an emotional charge related to this deficit by *(TL)* to skin reflexes or TFL muscle. Correct in usual fashion.

- e)   Reset memory by stretching eye muscle fascia up-to-left & up-to-right. Note that a minor memory reset will just be up-to-the-right.

Comments: _____

_____

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PART THREE: PROCESSING DEFICITS

Primary Deficits:

11.   Eye Tracking and Teaming

This deficit is most commonly referred to as dyslexia and represents an inability for the eyes to track and team as an integrated pair. This primary deficit will always be present because of the sphenoid bone *"tilt"* distortion. It essentially manifests itself as an inability to read for extended periods. This deficit will always trigger step (1), an eye muscle fault.

Evaluation: Positive therapy localization of the cranial nerves 3,4,6 (oculomotor, trochlear, and abducens). To accomplish this therapy localization, have the patient look in any of the deficit vectors from 1:30↝ 7:30 while holding reading material and checking any indicator muscle *(IM)*.

Correction: Stretch eye muscle fascia for 20 seconds in each vector.
- a)   While reading material is placed on patient s body, stretch eye muscle fascia with eyes looking in vectors 1:30 ↝ 7:30.
- b)   While the patient holds reading material, stretch eye muscle fascia in vectors 4:30↝ 7:30.
- c)   While the patient holds reading material with legs crossed, stretch eye muscle fascia in vectors 4:30↝ 7:30.
- d)   While patient holding a card saying *"short term visual memory "* stretch eye muscle fascia for 20 seconds in each vector 4:30↝ 7:30.
- e)   While patient holding a card saying *"visual reasoning "* stretch eye muscle fascia for 20 seconds in each vector 4:30↝ 7:30.

- f)   Astigmatism, check for need to polarize eyes by placing positive and negative finger polarity over eyes individually and check *(IM)*. Correct as found by maintaining contact for 20 seconds. Next repeat procedure while rubbing/stimulating visual centers.
- g)   While the patient holds a *"lined "* card determine which is the deficit pattern, lines vertical or horizontal. Correct as found by stretching eye muscle fascia in vectors 4:30↝ 7:30.

- h)   Identify if there is an emotional charge related to the above deficits by *(TL)* to skin reflexes or TFL muscle. Correct in usual fashion.
- i)   Reset memory by stretching eye muscle fascia up-to-left & up-to-right. Note that a minor reset will just be up-to-the-right.

Comments: _____

PART THREE: SECONDARY PROCESSING DEFICITS

12.   Academic Skills

This group of deficits is grouped together as secondary in that their deficiencies will not cause step (1) eye muscle faults to fail. One can add to the list any number of processing faults as one sees fit. The list below represents the most common and should represent your minimal list.

Evaluation: Positive therapy localization of any deficit (academic activity, skill, etc. which is age appropriate) while patient is looking in any of the deficit vectors 4:30➔7:30 while checking any indicator muscle *(IM)*.

Correction: Stretch eye muscle fascia for 20 seconds in each vector (4:30➔7:30). Remember to check for emotional charge and memory reset at conclusion of each step as performed early.
- a)   Holding a writing utensil in ones hand.
- b)   Spelling, a card with the word spelling on it.
- c)   Spelling card, while holding a writing utensil.
- d)   Math, a card with mathematics (age appropriate) on it.
- e)   *Brain Integration:*   Hold a card representing music score (gestalt processing) in left hand and math or spelling (representing logical processing) in the other hand. May need to reverse this for true left handed people. Check for deficit in usual fashion. Note this finding is an indication of **Deep Level Switching *(DLS)*** and will need to be addressed further.
- f)   Directionality, a card with the words right, left, up, down.
- g)   Directionality, a card with the words east, west, north, south.
- h)   Timed Test written on a card.
- i)   Peripheral motion. While patient looks straight ahead, move hand or object in their periphery. Initial correction is always in all four cardinal directions. During correction, eyes must be focused straight ahead and open.
- j)   Evaluate for low self-esteem by saying one's name aloud. A simple correction would use the standard eye muscle reset (4:30➔7:30). An enhanced version would include the *(**DHS**)* protocol outlined in section VI page (1).

- k)   _____
- l)   _____
- m)   _____
- n)   _____
- o)   _____
- p)   _____
- q)   _____
- r)   _____
- s)   _____