

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 a strategy of on-going 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. Next, determine if the individual is or is not in a state of psychological or physiological reversal (overload). If present or suspicious of this phenomenon, one must neutralize it before continuing.

I. T.M.J. /masseter muscle screening enables the practitioner a quick and effective assessment tool to evaluate the most appropriate treatment starting point. 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 recruitment of their respective jaws(s) muscles (masseter, temporalis, and pterygoid muscles) it has the potential to cancel out other T.M.J. work and with their reactive muscle patterns confuse the practitioner if working with the lower extremity muscles.

Evaluation: Screen for status of the right and left jaw (masseter muscle) individually to determine if there are indicators of stress overload. Using an indicator muscle therapy localize right and left jaw individually. If a conditionally inhibited indicator muscle is seen on therapy localization, one should confirm this/these finding(s) by identifying the reactive inhibited (weak) gluteus medius.

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

- a) Right jaw *masseter* facilitation is indicative of active emotional stressors. At this point, one should assess if:
 1. Cardiac Back stress syndrome is present
 2. Sphenoid distortion is present
 3. Psychological or physiological reversal is present
- b) Left jaw *masseter* facilitation is indicative of extreme physical pain (uncommon) or more commonly overwhelming organ stress. With organ(s) stress, a positive therapy location over the organ(s) or a conditional inhibition of the organ-muscle relationship is readily seen. 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 homolaterally with 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, the patient is in moderate emotional stress but possibly well compensated. If switching was identified, (psychological / physiological reversal) this represents the uncompensated state. This level requires immediate attention in that any further treatment runs the risk of exacerbating symptomatology or more importantly, the presentation of confusing findings throughout an attempted treatment session for the practitioner.

Additionally, when identifying the above emotional states, note the occurrence /reoccurrence pattern of these findings is an indicator of the level of emotional reactivity of the patient. Advanced protocols will address this topic in greater detail.

II. On the initial office visit /evaluation, (following completion of section I above), one should evaluate if an active vestibulo-ocular-reflex system (VOR) deficit is present or not. If a VOR deficit is identified (60-70% 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 an obvious gait disturbance, i.e. leg turn-in will be symmetrical before gait treatment is initiated.

III. On follow up visits one should always complete the TMJ evaluation of section I above and verify symmetrical gait 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 especially if scoliosis is present, one must make some minor gait centering corrections before proceeding on subsequent treatment visits.

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