

7. Parietal Descent (A.D.D. component)

Bilateral parietal descent found at this point in the protocol is indicative of attention deficit disorder (A.D.D.). If there is an additional hypersensitivity / allergy reaction then the term hyperactive disorder is added (A.D.H.D.). This condition will often result in uncontrollable behavior and activity with marked difficulty in concentration.

Evaluation: If absent reset *Cranial Stress Center* below and proceed to step (9). Positive therapy localization (two handed contact) of parietal descent fault. This is a bilateral cranial fault. Lift with a quick gentle traction and release parietal bone at the parietal-temporal suture. Then observe a left homolateral gait disturbance both anterior and posterior.

Correction: Lift Parietals as described above. Identify and correct gait reflexes in the standard method.

- a) Simultaneous correction of left anterior cloacae and ocular reflexes and left posterior cloacae and labyrinthine centering reflexes (eyes open & closed).
- b) Rub K-27 bilaterally.
- c) Spread maxilla internally.
- d) Lift parietals with six respirations.

8. Cranial Stress Center: The cranial stress center for steps 1-7 above is located at the mental foramen on the right jaw. This is generally a self-resolving reflex over time but efficient to correct at this point.

Correction: Reset Cranial Stress Center by a simple skin stretch over the foramen omale on the right jaw.

Note: Step (7) above represents a quick and simple version. One has the option to proceed with an **enhanced version** or an **extended enhanced version**.

Enhanced Version: This additional protocol is a shortened attempt to normalize laterality and brain chemistry imbalance and will be discussed on page 10.

Extended enhanced version: This additional protocol is an extension of the enhancement version and is found on page 11. Note the concepts will be discussed in greater depth in another section called "*Deep Level Switching.*"

Comments: _____

PART TWO: V.O.R. SYSTEM

9. Vestibulo Ocular Reflex System

This section is similar to the cranial injury complex. It represents the beginning of the neuro-physiological corrections of brain integration. It encompasses many brain functions believed to be related to processing and interpreting information, self-image, self worth, decision-making, concentration, time consciousness confidence, distractibility, directionality, equilibrium, and procrastination.

Evaluation: Positive therapy localization of labyrinthine to ocular reflexes.

Correction: Essentially the same as in cranial complex.

- a) **Labyrinthine - Ocular:** Simultaneous correction of bilateral labyrinthine to ocular reflexes eyes open and closed.
- b) **TNRR:** Rub TNRR (tonic neck righting reflexes) bilaterally with eyes open and closed.
- c) **Vestibulo-Ocular:** Stimulate right vestibular reflex (ear pull) with bilateral ocular reflexes utilizing eye movement right-left-up-down (*RLUD*).
- d) **TNRR-Vestibular & Ocular:** Rub TNRR while simultaneously activating right vestibular and bilateral ocular reflexes utilizing eye movement.
- e) **TNRR-Spheno-Basilar:** Rub TNRR while activating spheno-basilar motion eyes open and closed
- f) **TNRR-Pterygoids:** Rub TNRR while activating lateral pterygoid muscles bilaterally with eye movement and eyes closed.
- g) **Palatine-Vestibular:** Palatine to vestibular reflexes as found. While placing light pressure over palatine suture, stimulate vestibular reflexes (*RLUD*) with respiration.
- h) **Palatine-Ocular:** Palatine to ocular reflexes as found. While placing light pressure over palatine suture, stimulate ocular reflexes (*RLUD & Closed*) with respiration.
- i) **Sphenomaxillary-Vestibular:** Spheno-maxillary to (bilateral) vestibular reflexes as found. While placing light pressure over sphenomaxillary area, stimulate vestibular reflexes (*RLUD*) with respiration.
- j) **Sphenomaxillary-Ocular:** Spheno-maxillary to ocular reflexes as found. While placing light pressure over sphenomaxillary area, stimulate ocular reflexes (*RLUD & Closed*) with respiration.
- k) **Vestibulo-Cloacal:** Activate (anterior & posterior) cloacal reflexes (*RLUD & Closed*) while holding vestibular reflexes bilaterally.