



Enhanced Injury Recall Technique

Originating from Dr. Gordon Bronston, DPM, and further enhanced by podiatrist, Dr. Robert Crotty, DPM. Dr. George Goodheart Jr. DC, Dr. Wally Schmitt DC, DIBAK, DABCN and Dr. Sheldon Deal DC, NMD, DIBAK have carried the techniques forward with their own protocols. Adam Lehman, T.N.P. (Traditional Naturopathic Practitioner), En.K. (Energy Kinesiologist), has added additional insight from his studies with Dr. Schmitt. This technique is further enhanced with assessment tools by Michelle Greenwell, CAM specialist.

Influence of the technique:

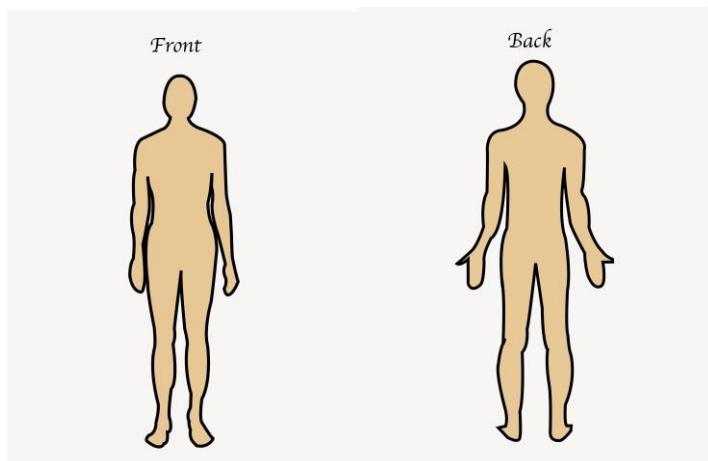
- Release stress from old injuries
- Improve range of motion
- Open blocks in movement restricted by stuck memories

Challenges related to held memories:

- Susceptible to future injuries from restrictions of previous injuries
- Loss of integrity, (strength, flexibility and coordination), in the tissue affected by the injury
- Decreased flexibility and range of motion
- Neurological disorganization creates challenges in producing movement that is supported by strength and appropriate movement patterning and coordination.

Measurement:

- Move affected area through a range of motion. Determine level of flexibility, ease of movement, strength and level of pain if present.
- Move other areas of the body as well to determine extent to which the motion is restricted, stiff, painful, or numb throughout.
- Use muscle testing, if known, to determine where the problem area is specifically located and where additional links are created. Use the "Fuzzy Glove" technique to assess the whole body by moving the hand down the front, sides and back of the body. If further assessment needs to be addressed for specific organs or tissue, call their names as the hand passes over the area for a second time. Any release of the indicator muscle indicates a linking point. Record on the figures below:



Muscle Test for a more Advanced Assessment:

Generational involvement: Y/N

Past: Father's Side/Mother's Side How many generations back:

Future implications: Y/N Passed to offspring? Y/N

Can the corrections be passed forward? Y/N

Do they need to be changed specifically on the future generations? Y/N

Age of Original Imprint for present position: Before Birth During Birth After Birth

Before Birth: First Trimester Second Trimester Third Trimester

Month: Day:

Birth Stages: Before the Birthing Canal In Birthing Canal Delivery Bonding

After Birth: Determine by decades then narrow down (less than 10/20/30/40/50/60/70/80/90)

Year: Month:

Emotion Involved: Y/N **Fire** **Earth** **Metal** **Water** **Wood**

Fire: Joy, Love, Hate **Earth:** Empathy, Sympathy **Metal:** Grief, Guilt, Regret

Water: Fear, Anxiety **Wood:** Anger, Resentment

Self to Self Self to Others Others to Self

People Places Situations

Protocol:

1. Determine if Injury Recall is required for the challenge. Drop the head gently back and see if the indicator muscle releases. If it does, Injury Recall will release the challenges determined above.
2. To clear several areas at once, "Clearing the Smoke Screen," make a cone with both hands bringing thumb to fingers on each hand. Place the finger tips at the TMJ on either side of the head. This will access the sphenoid bone and the frontal bone together. Move the head forward bringing the chin towards the chest 3 times. Muscle test previous details to see if they have been cleared, (Deal, Endocrine System, p 8).
3. Touch GV20 at the top of the head, in line with the ears, and see if the indicator muscle changes. This will indicate if there is a cranial fault. If so, bring the head forward 3 times while holding GV20. Retest.
4. Hold the area where the injury occurred. Move the head forward bringing the chin towards the chest 3 times. If the injury or pain is below the waist, then also tap firmly into the front of one ankle with two fingers for 3-4 times (this will be in the Talus-Mortis joint). If it is not possible to reach the ankle, substitute the wrist joint in its place at the back of the

hand where the wrist bends. If the injury is above the waist, the ankle or wrist tapping is not necessary.

5. Determine which meridian line is closest to the pain site or injury that has a point on the face. For example: *Front of the body* tap the cheek bones for Stomach Meridian, *Side of the body* tap the front of the ear for Gall Bladder Meridian, *Back of the body* tap the bridge of the nose near eyebrow for Bladder Meridian, for an event or memory tap Central Meridian under the bottom lip and then Governing Meridian above the top lip. Tap the point for approximately 10 firm taps with two fingers. *Side of Shoulder or Lung* may be Large Intestine Meridian, tap on the side of the nostril.
6. With two fingers tap around the left ear from top to bottom around the back. Make 4-6 sweeps with this tapping.
7. Determine if Injury Recall is now clear by dropping the head back and seeing if the indicator muscle releases. If it holds, the memory has been cleared from the tissue. If it releases, more injury recall is indicated. Repeat steps above.

Re-measure:

- Re-evaluate the range of motion, pain, stiffness etc through movement and measurements used previously for the area of injury.
- Re-evaluate the rest of the body for range of motion, pain and stiffness as well.
- Using muscle testing, use the "Fuzzy Glove" to determine if the indicator muscle will now hold as the hand passes over the linked areas previously indicated. All should now test clear or hold. If an area does not, there may be more action required using other techniques.
- Review the Advanced Assessment information to determine if this is now clear as well. If an area is not, there may be more action required using other techniques.

Background:

- Pain is not a sensation, but is an emotion. This emotion is registered in the limbic system. Very often the pain site is referenced first and the resulting therapy is localized to relieve just the pain indicated. However, the pain is part of a bigger picture and the body needs to be looked at from a systemic angle first. Once the systemic issue is addressed, the localized details may reduce or disappear altogether. If they do not completely clear, then deal with what is left locally. 80% of challenges can be relieved using the IRT to remove the emotional block with the memory. This allows changes to occur in the endocrine system as well as the digestive system where other symptoms may also be present (Schmidt).
- 90% of the nervous system is based on the stimulation of receptors, and decisions made by the cerebral cortex are a result of input from the receptors. 50% of nerve messages are from mechanoreceptors in the body. This hard wire is the reason Injury Recall Technique works so well to release tissue in the body. Surgery and drugs can only reach a portion of this, and it does not change the messaging received, nor the body's idea of how to deal with the messages (Deal, Endocrine System).
- The reaction to an injury is often to either pull the head back to try to get away from the threat, which engages the Landau and Moro reflexes and more, as well as, locking up the neck area across the Atlanto-occipital joint. Or, the feet react to the situation by pushing down into the ground to prepare for flight, thus jamming the Talus into the Mortis

joint. By flexing the Atlanto-occipital joint, moving the head forward towards the chin 2-3 times, this block is released. Or, by micro manipulating the Talus by creating a slight drop in the space between the joint in the ankle, the jam can be released. It is always important to reassess and re-measure to understand what changes may have resulted. If there is no change, there may be another underlying cause. If there is a change, this technique may open up many possibilities for movement and emotional release (Schmidt).

- Even though pain is no longer present in the body after the "healing" time has passed, everything may not be corrected and as optimum as you think it is. "At least you're no longer in pain. So you go along thinking you're OK. And later on, when you start noticing that "my feet are always cold," or "I'm getting more colds than I used to," "my menstrual cycle seems to have shifted," "I just don't seem to have as much energy as I used to," or "my memory/cognitive abilities seem to be slipping these days," it never occurs that this may be due to the injuries, and resultant pain, experienced in your life, even though the experience of that pain is long gone. After all, the injuries have "healed!" So what's going on? And what can we do about it?" (Lehman, p4).
- Firing of the nerve cells to the spinal cord and along the nervous system pathway can have an imbalance from an injury. This in shift in signals can create a reduction in stimulus to the proprioceptive system which assists with balance and equilibrium, and soon other symptoms of discord can result, or limitation of movement, (Lehman, p3-4).
- By tapping the end of the meridian the energy line is activated and opened up for a possible release of energy, similar to Meridian walking and Pain tapping techniques found in Touch for Health techniques (Thie, p 280-281).
- Temporal Tapping is used to access the Amygdala and all the organs in the body. Based on the muscle-organ relationship found in Meridian systems, the tapping opens up the links to all the organs in the body which then accesses the muscles and related tissue. This area is known as the TS line, or Temporal Sphenoidal, and it is where the temporal bone comes together with the parietal bone and the frontal bone (Sheldon, p 25, AK1).

References:

Youtube Reference: www.youtube.com/watch?v=fl3MalnxMIM with Dr. Sheldon Deal

Deal, Sheldon. DC, NMD, DIBAK. "Applied Kinesiology Shortcuts Part 1", p 35. www.KinesiologyInstitute.com.

Deal, Sheldon. DC, NMD, DIBAK. "Applied Kinesiology Shortcuts Part 3", p 29, plus auditory webinar. www.KinesiologyInstitute.com.

Deal, Sheldon. DC, NMD, DIBAK. "Applied Kinesiology for the Endocrine System," p 21, plus auditory webinar. www.KinesiologyInstitute.com.

Lehman, Adam. "Injury Recall Technique: A Comprehensive Approach to Balancing the History of Pain and Injury." Touch for Health Conference Presentation 2013.

<http://www.touchforhealthnederland.nl/downloads/congres2014/ENG%20Adam%20Lehman%20IRT%20.pdf>

Thie, John and Matthew Thie. "Touch for Health: The Complete Edition," 2005, California, USA: DeVorss & Company, pp 280-281.

Schmitt, Wally. DC, DIBAK, DABCN. "Expect Better Health: Injury Recall Techniques and Stop Your Pain Now! DVD.

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Weekly videos found at Feet First System

Newly released: "**My Little Black Book of Energy**". Available in hardcopy and e-book at www.dancedebut.com.