

PRIORITIES

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Rick seemed be set by insurmountable problems before he started working with Dr. Sheldon Deal (whose article also graces this journal) and also using some Touch For Health. Now there's no holding Rick down and his enthusiasm is infectious. Rick lives in Tucson, Arizona - took his Instructor Training Workshop at Eden, Arizona in February, 1980.

It was tremendous attending the 1981 annual meeting and sharing the latest in Touch for Health Techniques. If you remember I was fortunate to be able to share with you all a technique known as "Priorities". For those of you who missed it or may have forgotten the following is for you.

Prior to the use of this technique, if a muscle was found to be weak it was customary to go ahead and strengthen it by means of meridian tracing, neuro-vascular holding, neuro-lymphatic massage, accupressure holding points, or whatever other technique you may use to strengthen.

I'm quite sure that in your daily balancings, occasionally some of your "fix's" have blown out before the person has left the room, or they feel better, or look straighter for just a few minutes, but fall back into their original unbalanced states.

This is where the technique of "Priorities" comes into play. Let me put it this way. Imagine if you will, a big electrical power plant humming away (our own healthy body), and a summer electrical storm with dark clouds and lightning (potential disease, trauma, etc.). Then with a clap of thunder the lightning strikes the plant and presto, the lights go out in Georgia (our body is no longer in homeostasis).

Graphic as it may seem, that is precisely what happens to us, our electrical circuit breakers have been blown.

Should we at this point throw them on in any order, nothing happens, or in our case they keep popping off. But if we go back to the last circuit blown and then fix in order of circuits blown (electrical order), we will find more lasting results with our balancings. You do this by following a certain sequence of tests known as the "Priorities".

First we must find a weak muscle, say the subscapularis, then it must therapy localize.
*Therapy localization or TL for short, is a process of finding the therapy we will need to correct the weak muscle.

For those of you who have never used TL, let me digress for a moment. When you have a weak muscle, subscapularis, take the other arm and touch one of its fingers to the NV for the subscapularis. If the muscle strengthens you have just therapy localized, if not do the same with the NL.

Now if our original subscapularis stays weak after TL-ing all the correction points for the heart, we have not yet found the last circuit breaker blown and must look further for another weak muscle. On the other hand, should the subscapularis go strong thus TL-ing we can go to step 2. Test the subscapularis with the breath held in,* if the muscle stays weak, Michael Allen would say "keep a huntin Jethro". Should the muscle go strong we can now proceed to step 3. Test the subscapularis with the breath held in and then pinch the person being balanced,** Be careful so as not to inflict excessive pain.

It does not matter where you pinch, so long as you don't get slapped!! Again, if the subscapularis stays weak we must proceed to look for another weak muscle. Should the subscapularis go strong we can now advance to step 4. Test the subscapularis with the breath held in. Have the testee, with the head held straight, look to his right.** If the subscapularis stays weak we still must look for the right circuit breaker to turn on. Should the subscapularis go strong go to step 5. Test the subscapularis with the breath held in. Have the testee, with the head held straight, look to his left.** If the subscapularis stays weak keep looking for other weak muscles. Should it go strong the muscle is ready to fix. Go ahead and apply the correction that therapy localized in step 1.

One point I would like to make about steps 4 and 5. If you know which side of the body is the dominant side, you need only have the eyes turned to that direction. You may skip the other test.

You can find the dominant side by picking a point on the wall with both eyes open. Then close one eye, if the point stays in place, the eye that is open is on the dominant side. If the point moves, the eye that is closed is on the dominant side.

Keep in mind, this is not the final word on "Priorities". The members of ICAK (International College of Applied Kinesiology) are constantly seeking new knowledge through trial and error, double blind studies, etc.

At present I am working on a take-off of Dr. Goodheart's tapping technique and using it at the end of the "Priorities" as Priority 6 and it goes like this.

Test the subscapularis with breath held in and then tap the testee several times on the shoulder, leg etc., if the subscapularis stays weak, look onward. Should it go strong then correct. If any of you would like to try this last test out and send your results to me it would be appreciated.

Now that you have the "Priorities" down pat, keep correcting the muscles in order until you have no more to fix. Sometimes you will find an instance where there are no muscles that meet these criteria, now what do you do?

There are several things you can do, 1) fix the muscle that meets the most requirements, 2) fix the muscle when you find it weak, 3) go to the next annual meeting and learn more techniques and or muscles so it will happen less often. Remember, part of the fun of Touch for Health is the challenge.

I would like to close now with some words from my good friend Dr. Sheldon Deal "You only keep what you give away".

Bibliography

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