

STREAMLINING TFH FOR THE LAY PERSON

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There would appear to be a basic difficulty after TFH has been taught to the layperson in that it is not used as nearly as much as it could be. Even TFH instructors who are also therapists do not all use TFH balancing in their offices because "it would take too long" according to some. Pity, therefore, the mere lay person. A number of reasons could account for this:

1. **OVERWHELM.** There is just too much material, too much complex theorizing (5-elements, etc.) and too many muscles covered. 42 muscles seems excessive for the lay person.
2. **MATERIAL POORLY PRESENTED.** This leads to confusion and difficulty. The result is disillusionment and loss of heart.
3. **THE MANUAL.** The material in the Manual could do with improved layout, e.g. TFH Parts 1,2,3 should be in distinct Chapters.

It would be well to simplify, rearrange, codify and reduce.

To expect the average lay person to learn and use the muscles in the manner presented is overly optimistic. The subject matter can be simplified considerably. Indeed, by changing around the presentation and theory a Direct 1-Point balance can be taught on the very first day of TFH!! (See last paragraph of this paper).

Thus, complex theorizing and practice of such as 5-element ideas can be reduced in significance as far as a TFH balance is concerned. This would leave more workshop time available for other more practical sections of the Courses.

The lay person needs a simple format, one that is broken into parts and is easy to learn. Of course, this will also help the professional progress more quickly. I have found it useful to rearrange the muscles in the following logical and hierarchical order:

- 2 Control Circuits, viz. Supraspinatus, Teres Major.
- 6 YiMIMs (Yin Meridian Indicator Muscles), viz. Subscapularis, Deltoid, Pectoralis Major Sternal, Latissimus Dorsi, Psoas, Gluteus Medius - in that order!! It is suggested that the Deltoid replace Anterior Serratus for Lung as they are far easier to test, especially for the lay person.
- 6 YaMIMs (Yang Meridian Indicator Muscles), viz. Pectoralis Major Clavicular, Anterior Deltoid, Teres Minor, Quadriceps (or Rectus Femoris?), Peroneus, (Tensor?) Fascia Lata - in that order!!

28 other muscles

The work method is to learn, test and strengthen the 2 Control muscles. Next,

learn and Test only the 6 YiMIMs. This prepares for a Direct 1-Point Balance which is then introduced and practiced. YaMims and other muscles are then taught, tested and balanced as required. Note that the order of the 6 YiMIMs has the following features:

1. Physically, the order of test muscles goes down the body.
2. NL points for the muscles go down the body, in order.
3. The related 'organs' form a logical order and also run down the body, viz. Brain, Spine, H, Lu, Li, Sp, Ki, Sex.
4. NL points for the muscles tested are physically 'over' or 'above' the actual location of the organ in the torso.

All the above is extremely easy-to-learn as the pattern is clear.

5. For the purist - the order of testing follows the KO cycle!

The order suggested for the YaMIMs also goes down the body and is more easily absorbed after the 6 YiMIMs have been dealt with, e.g. pairings can be identified PMC/PMS, Deltoids, Teres Major/Minor.

MUSCLE DANCE: As taught, it is completely contrary to pedagogic principles! The so-called Range of Motion is the opposite of the motion that the muscle will traverse if activated, i.e. it shows the muscle going from contraction to extension! It could more properly be called Range-of-Opposition! Worse, it teaches the Opposite to that required!

Learners should be taught what is required

to be done with the muscle not the opposite; for that leads to confusion. This is particularly true for lay people (Professionals could learn Range-of-Opposition). Therefore, to avoid confusion, teach only what the testee needs to do, and nothing else!, e.g. for Supraspinatus, teach - 'push out & up', etc. It is therefore recommended that the muscle dance should be turned around completely to teach only the action the testee performs!!

Sheet 4(4) of this paper has the converted New Muscle Dance (and other) information on one half and the first 14 muscles rearranged as proposed above on the other half (The two halves can be printed front and back on A5). With this new scheme, the testor instructs the testee to repeat the action learnt in the New Muscle Dance and simply opposes that action! The vital information is below the stick figure!

These methods have been tried very successfully in practice in Ireland. The Direct 1-Point Balance (next page) is based on the following:

1. Major (Primary) and Minor (Secondary) blockages occur in the body.
2. If the Major blockages are cleared the Minor ones often disappear.
3. Major Blockages mostly occur in YiMIMs.
4. Major blockages are very often Lymphatic.
5. Prechallenging (See Journal 1983 paper by B. Butler)

For a more complete exposition see International Journal 1985 pp. 38-43.

Summary of Procedure (Updated):

1. Test and strengthen for Auriculars, Visual Inhibition, etc.
2. Test and strengthen Supraspinatus, Teres Major as usual TFH.
3. Test (no strengthening yet) the 6 Yin Meridian Indicator Muscles (YuMIMs) only in the following (or any other) order - Subscapularis, Deltoids (or "Anterior Serratus), Pectoralis Major Sternal, Latissimus Dorsi, Psoas, Gluteus Medius.
4. When the first weak YiMIM is found, then retest while touching the NL for that muscle (hereinafter called 'pre-challenging.' See the International Journal 1983, Paper by Brian Butler). Do not strengthen the muscle now - rather continue testing YiMIMs.
5. When subsequent weak YiMIMs are found then retest while prechallenging either (i) an NL used previously for prechallenge (provided it has been successful for all previous prechallenges!), or else, (ii) its own NL (Note: Do not retest previous weak YiMIMs yet).
6. When all 6 YiMIMs have been tested, then retest with prechallenge any weak YiMIM in the early part of the sequence (Subscapularis, etc.) while prechallenging the most successful NL (if necessary).
7. The steps above nearly always identify one (or possibly two) 'master' NL which strengthens all (or most) of the weak YiMIMs.
8. If no suitable master NL can be found, or if there is more than one NL necessary, then repeat the tests on the weak YiMIMs while prechallenging other NLs (you might have missed a weak muscle!), NVs, Meridians, etc. If still no successful master point (very rare), then check for over energy, physical muscle problems, etc. If no master 1-Point can be found, then strengthen the best points, or revert to standard TFH procedures such as fix-as-you-go, etc.
9. Balance/strengthen the best master point(s) identified.
10. Retest weak YiMIMs and retest with rechallenge (= TFH challenge) etc.
11. Test other muscles as required, e.g. YaMIMs, Pie, the rest of the 42 muscles, etc. while prechallenging the point strengthened.
12. Tidying up. If further muscles are weak on testing or retesting, then they most likely require physical strengthening techniques. such as O/I, Spindle Cell, Golgi Tendon, etc. or maybe Nutrition.
13. Nutritional support for the Meridian(s) associated with the key blockage(s) only is advised.

Note: A more complete description of the Direct 1-Point Balance is to be found in the International Journal 1985, pages 38-43.

INDICATOR MUSCLES

	P	A	B	C	D	E	F	G	H	NL	NV
1. SUPRASPINATUS/Central	33									shoul	4 & 11
2. TERES MAJOR/Governing	35									2-3	8
3. SUBSCAPULARIS/Heart	53									2-3	4
4. DELTOID/Lung	101									3-4-5	4
5. PECT. MAJ. STER./Liver	93									5-6 R	12
6. LATISSIMUS DORSI/Spleen	45									7-8 L	9
7. PSOAS/Kidney	65									nav + 1"	1
8. GLUTEUS MEDIUS/Cir-Sex	71									pubes	10
9. PECT. MAJ. CLAV./Stom.	37									5-6 L	11
10. ANTERIOR DELTOID/Gall Bl	89									3-4-5	4
11. TERES MINOR/Triple Warm	79									2-3	8
12. QUADRICEPS/Small Intest.	55									fibs	10
13. PERONEUS/Bladder	59									nav + pub	5 & 11
14. FASCIA LATA/Large Intest	105									leg side	10

4(4)

MUSCLE TESTS

Pos: = Position.
RoO: = Range-of-Opposition of muscle.

SUPRASPINATUS (C).
Pos: Wide-robots.
Arms out diagonally, forwards & sideways, palm facing groin.
RoO: Palm to groin.

TERES MAJOR (G).
Pos: Arms akimbo.
Arms angled, fingers behind.
RoO: Elbows forward.



(Arms up & out away from groin)



(Elbows backwards)

YIN

YANG

SUBSCAPULARIS (H).
Pos: Scarecrow.
Upperarms out from shoulders, forearms parallel to body.
RoO: Hands forwards.

DELTOIDS (Lu).
Pos: Flyers.
Upperarms out from shoulders, forearms straight in front.
RoO: Elbows down & in.



(Palms backwards or paddling).

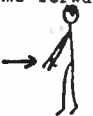


(Elbows up, Elbow lift)

PECT MAJ CLAVIC (St) **ANTERIOR DELTOID (GB)**
Pos: Swimmers. Pos: Straight robots.
Arms in front at shoulder level, palms facing back, palms turned out.
RoO: Breaststroke. (Arms forwards)



(Arms towards eyes)



(Arms forwards)

PECT MAJ STERNAL (Li).
Pos: Swimmers.
Arms in front at shoulder level, palms turned out.
RoO: Backstroke.

LATISSIMUS DORSI (Sp).
Pos: Penguins.
Arms at sides, palms facing out.
RoO: Arms out & away.



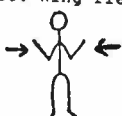
(Arms towards navel)



(Arms in to side)

TERES MINOR (TW).
Pos: Chicken Wings.
Elbows near sides, forearms up & out, palms forwards.
RoO: Wing flapping.

QUADRICEPS (SI).
Pos: Knees up.
Knee & Hip at 90°. RoO: Straighten leg.



(Wrists backwards Back wing-flap)



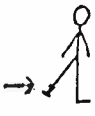
(Knees to nose)

PSOAS (Ki).
Pos: Insidefoot up.
Leg forward & up, foot turned out.
RoO: Leg out & down.

GLUTEUS MEDIUS (CX).
Pos: Leg to side.
Leg out to side.
RoO: Leg to middle.



(Leg up & in, or Sidefoot in-kick)



(Leg out sideways)

PERONEUS (Bl).
Pos: Little toe up.
Foot turned out, little toe up.
RoO: Little toe down & in.

FASCIA LATA (LI).
Pos: Outsidefoot up.
Leg forward & sideways, foot turned in.
RoO: Leg in & down.



(Foot turned out, little toe up)



(Outsidefoot up)

Notes: 1. "Pushing" instructions for testee in ().
2. Arrows show direction of tester's pressure.