

Making TFH Easier

How to make TFH classes more enjoyable and successful

(Updating the Direct 1-Point Balance)

by Ristead P. de Barra, B.Sc., A.T.O., L.C.S.P.(assoc.)

84, Cappaghmore, Clondalkin, Dublin 22, Ireland, tel: 01-571183

The TFH material includes a large amount of information, techniques and expertise which classes aim to impart to the students. It is advisable, therefore, for the students to be able to learn the material easily and to absorb and apply the information as quickly as possible. None of the material is very obscure or difficult. It is just that the very amount makes for overwhelm and so causes difficulty. However, if the material were to be arranged in a simple and very easy and logical pattern, it would be of enormous benefit. This would be particularly true for the lay person, the person for whom the TFH synthesis is expressly designed. Of course, such a method would also make life much easier for professionals.

This paper is an attempt to make the learning of TFH easier. It will also make it easier to teach. The methods applied are a **chunking down** and a **rearrangement** of the basic material, as follows:

TFH - 1 Procedures

Start with the easiest and most important muscle in kinesiology, viz, the Strong Indicator Muscle (SIM). Next, introduce a very easy and practical application, e.g. Auricular Energy. In the class, find the 1/2 of the students who switch off most clearly and easily on this and then workshop practice Muscle Biofeedback testing (MBT) on this repeatedly, that is, before doing any corrections. Do this for as long as it is necessary for all to become comfortable and confident at MBT. Only then show the correction and retest. Repeat the procedure for Visual Inhibition and Switching. Then (or later) have the class test and correct for Dehydration, Zips, etc. This forms a good and necessary clearing and may take up to 3 hours or more of class time. It is well spent for, in the process, the students will have had excellent practices of MBT and will

be ready to be introduced to specific muscles, i.e. the 14 TFH -1 muscles.

These are introduced in a 'chunked-down' format in 3 sections:

1. Supraspinatus and Teres Major (for Brain and Spinal Cord and so relating to the Central Nervous System). Test, and if weak, demonstrate and practice the corrections, viz, Neuro-Lymphatic, Neuro-Vascular, Acupressure Trace, Physical Corrections, etc.

Next, the 12 Meridians of the Wheel, which are to be subdivided and clearly separated into yins and yangs.

2. Deal with the most important 6 meridians first, viz., the yins. These have a higher priority for treatment. It is merely logical to give them prime importance in the instruction process. As the strict order of the muscles (on the Wheel) in the TFH book (Pectorallis Major Clavicular, Latissimus Dorsi, etc.) is not going to be followed, it would be a good opportunity to rearrange the Yin Muscles in an easy-to-learn and logical sequence. One particular sequence is very suitable from a number of viewpoints. The sequence is:

Subscapularis,
Deltoid,
Pectoralis Major Sternal,
Latissimus Dorsi,
Psoas,
Gluteus Medius

(Note that the Deltoid is preferred to Anterior Serratus as Lung Indicator in TFH -1

The sequence has the following useful features:

1. Physically, the order of test muscles goes down the body.

2. NL points for the muscles to down the body in order.
3. NL points for the muscles are physically 'over or above' the actual location of the organ in the torso.
4. The related organs form a logical and hierarchical order and also run down the body, in order, viz., (Brain, Spine) Heart, Lung, Liver, Spleen, Kidney, Sex.
5. The order of the Meridian Testing follows the KO Cycle

For all the above, the pattern is clear and easy to learn. The 6 yin muscles can be chunked down even further by pointing out that there are 2 tests with the elbow bent, followed by 2 tests with the arm straight and the palms outwards, followed by 2 leg tests! It is well worth while changing to this pattern. There may be some initial effort for the instructor but the dividends are handsome, as witnessed by those who have made the change. It makes the TFH classes more successful. The students learn more easily and so have more confidence to use the material straight away - thus leading to further success.

3. The 6 yang muscles complete the 14. These, too, can be arranged in a simple order going down the body, for example:
Pectoralis Major Clavicular,
Anterior Deltoid,
Teres Minor,
Quadriceps,
Peroneus,
Fascia Lata.

They comprise 3 arm muscles followed by 3 leg muscles. Also, apart from the Thyroid, the related organs also go down the body. i.e. Stomach, Gall Bladder, (Thyroid), Small Intestine, Bladder, Large Intestine,

(Alternatively, the order, Teres Minor, Anterior Deltoid, PMC, etc., might be preferred so the Thyroid comes first.)

These yang muscles are treated as being less important and the student is advised that they can be omitted when starting balancing if the student feels that 14 muscles would be too much to begin with. As the overall attitude is more relaxed, the funny thing is that all the muscles (not just the yins) are more easily

learned and taken on board. The student is under less pressure.

Thus, the stages of 'chunking-down' are:

2 muscles,
2+6=8 muscles, and finally,
2+6+6= 14 muscles.

The students are far more comfortable with the prospect of handling 2 or 8 muscles first, with the option of adding on the extra 6 Yangs later. The student has more choice.

A worksheet for this method is included with this paper.

Notes:

1. The groundwork is prepared for the Direct 1 - Point Balance, which is to be introduced in the TFH- 2 (see below).
2. The Muscle Dance also needs to be rearranged to suit the new sequence. a separate page of this paper indicates a fun way of learning the first 8 muscles.
3. Detailed information regarding each muscle in the new order is given on the back of the worksheet (included with this paper).
4. TFH -1 is completed with Cross - Crawl, Food Sensitivity Testing, Surrogate Testing, Postural Evaluation, Emotional Stress Release, etc, as usual.
5. Teaching muscle testing. The so called Range of Motion (ROM) concept is misnamed and confusing. For testing, the muscle is placed in contraction and the 'Range of Motion' demonstrated is when the muscle is weak and fails to hold against the testor's pressure. This should more accurately be called 'Range of Weakness' of the muscle. The 'Motion' that the muscle performs when it is strong and is activated is in the opposite direction! This could be referred to as the 'Range of Action' (ROA) of the muscle. Furthermore, the 'Range of Action' of the muscle is what should be taught to beginners, not the so-called 'Range of Motion'.i.e. the 'Range of Weakness' **The 'Range of Action' teaches the action the testee needs to perform during the muscle**

test. The so called 'Range of Motion' teaches the testee to move the muscle in the wrong direction a few times and then they are asked to do the opposite for the test! Educationally, this is ridiculous. It leads to confusion. It is also a waste of time. With the 'Range of Action', the testee is only taught the direction of the movement when contracting the muscle further. The testor presses in the opposite direction. The testor needs to know both parts (both the testor's and the testee's). The testee does not need to know or practice the direction the limb will move. If the muscle is weak, that is the testor's business. With the 'Range of Action', the students have far less confusion or difficulty in relation to the direction of the muscle test. The 'Range of Action' is also indicated on the back of the worksheet. After all, it is not necessary or desirable to show the 'Range of Motion' when demonstrating a SIM test. The 'Range of Action' is perfectly adequate'

Notes by the editor:

1. The term 'Range of Motion' is not defined in the TFH book; however, using accepted dictionary definitions, 'Range of Motion' refers merely to the limits to which the muscle moves both in maximum compression and maximum extension; no direction within these limits is implied.

2. Currently approved TFH-1 instruction technique emphasizes that the testee is in charge (often coaching an untrained testor to test the testee), and consequently it is normally the testee's business to decide whether a muscle test is 'strong' or 'weak'.

TFH - 2 Procedures

When teaching a TFH-2, it is recommended to start with a revision of the 14 TFH-1 muscles and at the same time to introduce the Direct 1 - Point balance, which is as follows:

1. Clearing: Test and strengthen the Auriculars, Visual Inhibition, Switching, Dehydration, Zips, etc. as before in TFH-1.

2. Test and strengthen Supraspinatus, Teres Major as in TFH-1.
3. Test only (no strengthening yet) the 6 yin muscles in the new order, viz., Subscapularis, Deltoid, Pectorals Major Sternal, Latissimus Dorsi, Psoas, Gluteus Medius.
4. When the first weak yin muscle is found, retest while touching the NL for that muscle. Hereinafter, this is called 'Prechallenging' (See the International TFH Journal 1983 paper by Brian Butler). Regardless of whether or not the muscle strengthens on the Prechallenge - **do not balance the muscle now.** Rather continue with testing the yin muscles.
5. When the next weak yin muscle is found by testing, then retest that muscle while prechallenging either; (i) an NL used successfully previously for prechallenging (preferably), or (ii) the NL for that muscle. Repeat this process for every weak yin muscle found by testing until all 6 are tested and you have identified one Priority NL (or maybe 2) which strengthens all succeeding weak yin muscles.
6. When all 6 yin muscles have been tested, then retest any weak yin muscle(s) in the early part of the cycle (Subscapularis, etc.) while prechallenging the most successful NL (or NLs). This step is necessary when the priority NL is not the NL of the first weak muscle.
7. Steps 4,5,6 will nearly always identify one (or possibly 2) Priority or Master NL points which strengthens all (or most) of the weak yin muscles. The procedure is similar to 5-Element Balancing.
8. If no suitable master NL can be found, or if there is more than one Master NL necessary, then repeat the tests on the weak yin muscles while prechallenging other NLs (you might have missed a weak muscle) NVs, Meridians, etc. If still no successful master strengthening point can be found (this is very rare), then check for over energy physical muscle corrections, 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 1-point reflex(es) identified.
10. Retest all previous weak yin muscles and also retest with Rechallenge (which is identical with the TFH Challenge procedure), etc.
11. Test other muscles as required. e.g. the yang muscles, the rest of the 42 muscles, a selection of muscles, etc. while rechallenging the master point(s) previously balanced.
12. Tidying up: If further muscles are weak on testing or retesting, then they most likely need physical correction techniques such as: O/I, Spindle Cell Stimulation, Golgi Tendon Resets, etc., or perhaps Nutritional support.
13. Nutritional support is only recommended for the Meridian(s) associated with the key major 1 - point blockage(s).

Notes

1. The process of Direct 1-point Balancing as outlined is far easier than working through the complex process of 5-Element Analysis and Balancing. It does not require any paperwork. It does not require the learning of complex formulae or rules for where to start balancing. It is, therefore, more appropriate for the lay person.
2. This process short circuits 5-Element theory. The 'Master' blockage is directly identified.
3. When teaching TFH-3 the course could also begin with the clearing techniques and then the Direct 1-Point Balance, as in TFH-2.
4. Following the pattern of testing the muscles in TFH-1, one method of selecting the extra muscles for TFH-2, is

to choose all the upper body muscles that are tested face up, starting at the top and working down the body. For example:

Upper Trapezius,
Neck Flexors,
Brachioradialis,
Levator Scapulae,
Rhomboids,
Anterior Serratus,
Coracobrachialis,
Diaphragm,
Abdominals,
Mid and Lower Trapezius,
Triceps,
Opponens Pollicis Longus.

5. For TFH-3 there is left 7 muscles to be tested face up on the lower body, e.g.
Popliteus,
Piriformis,
Adductors,
Sartorius,
Tibials (Anterior and Posterior),
Quadratus Lumborum
and 8 muscles to be tested face down, e.g.
Neck Extensors,
Sacrospinalis,
Iliacus,
Gluteus Maximus,
Hamstrings,
Gracillis, Soleus,
Gastrocnemius.

6. A booklet of notes on the above and related topics is available from the author.

References

1. Butler, Brian, *Teaching Neuro-Vascular Point Strengthening Technique*, TFH International Journal, 1986, pp. 166-167.
2. de Barra, Ristead, *An Integrated TFH Energy Balance*, TFH International Journal, 1985, pp. 38-43.
3. de Barra, Ristead, *Streamlining TFH for the Lay Person*, TFH International Journal, 1987, pp. 45-48.

MUSCLE TESTS

NOTES: 1. "ACTION" instructions for testee in (). Pos: Position
 2. Arrows show direction of tester's pressure. RoO: Range-of-Opposition of muscle

CONTROL

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



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



YINS

YANGs

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



PECT. MAJ. CLAVIC. (SI)
 Pos: Swimmers.
 Arms in front at shoulder level, palms turned out.
 RoO: Down & out.
 ACTION: (Arm towards eyes)



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



ANTERIOR DELTOID (GB)
 Pos: Straight robots.
 Arms in front 40°, palms facing back.
 RoO: Arms to thighs
 ACTION: (Arms forwards)



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



TERES MINOR (TW)
 Pos: Chicken Wings.
 Elbows near sides, forearms up & out, palms to front.
 RoO: Wrists forward.
 ACTION: (Wrists backwards. Back wing-flap)



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



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



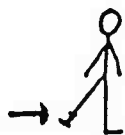
PSOAS (Ki)
 Pos: Insidefoot up.
 Leg forward & up, foot turned out.
 RoO: Leg out & down
 ACTION: (Leg up & in, or Sidefoot in-kick)



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



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



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



INDICATOR MUSCLES

	P	A	B	C	D	E	F	G	H	NL	NV
1. SUBRASPINATUS/Central	33									shoul	4 & 11
2. TERES MAJOR/Governing	35									2 - 3	8
YIN											
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									navel + 1"	1
8. GLUTEUS MEDIUS/Circ-Sex	71									pubes	10
YANG											
9. PECT. MAJ. CLAV./Stomach	37									5 - 6 L	11
10. ANTERIOR DELTOID/Gall Bl.	89									3 - 4 - 5	4
11. TERES MINOR/Triple Warmer	79									2 - 3	8
12. QUADRICEPS/Small Intestine	55									ribs	10
13. PERONEUS/Bladder	59									navel + pubes	5 & 11
14. FASCIA LATA/Large Intestine	105									leg side	10

THE "NEW MUSCLE DANCE"

"ACTION" (Range-of-Test) of the first 14 Touch for Health Muscles

Note: DELTOID replaces ANTERIOR SERRATUS as Indicator Muscle for Lung (easier to test)

<u>MERIDIAN</u>	<u>MUSCLE</u>	<u>MEMORY AID</u>	<u>ACTION OF MUSCLE = INSTRUCTION TO TESTEE</u>
CV	SUPRASPINATUS	Wide Robots	Out and away from groin. Push against back of wrist.
GV	TERES MAJOR	Akimbo, fingers behind	Elbows backwards
H	SUBSCAPULARIS	Scarecrow, Semaphore	Padding. Push FRONT of wrist
Lu	DELTOID	Flyers	Elbow lift
Li	PECT. MAJ. STER.	Swimmers (down and in)	Arm towards navel
Sp	LATISSIMUS DORSI	Penguins	Arm in to side
Ki	PSOAS	Inside ankle kick (soccer style)	(For leg furthest from tester) Push up and in towards tester's face
CX	GLUTEUS MEDIUS	Leg out sideways	Leg out to side. Sidefoot outwards
St	PECT. MAJ. CLAVIC.	Swimmers (up and in)	Arm towards eyes (or nose)
GB	ANTERIOR DELTOID	Straight Robots	Arms straight forwards
TW	TERES MINOR	Chicken wings flap back	Back of wrist back
SI	QUADRICEPS	Knees up (Mother Brown)	Knee towards nose
BI	PERONEUS	Charleston?	Turn foot out. Little toe to nose
LI	FASCIA LATA	Leg 45° forwards and 45° sideways	Leg up and out. (Test at feet of testee as for testing Gluteus Medius!)

MEMORY AID: The WIDE ROBOTS with ARMS AKIMBO hold the PADDLE and LIFT the SWIMMING PENGUINS which KICK IN and KICK OUT SIDEWAYS.

Note 1: Excluding Subscapularis, the tester always pushes on the BACK or BACK and SIDE of the wrist for all the arm muscles.

Note 2: With this scheme, in most instances, the "ACTION" is a continuation of the natural movement necessary to get the limb into position for the test. The only exceptions are Pectoralis Major Clavicular (which requires a small change in direction) and the Pectoralis Major Sternal. The rest of the 14 muscles follow the guideline!