BNT Manual Outline

I. BNT Theory & Therapy Explained
   a. Introduction ..............................................................page 1
      i. Welcome Letter
      ii. The Evolution of BNT
      iii. Ideal Qualities for BNT Therapists—bulleted list, box?
      iv. Who Can Learn BNT—bulleted list, box?
   b. About BNT ............................................................page 5
      i. What is BNT
      ii. What makes it different
      iii. BNT & the psyche
      iv. The BNT Treatment Process
   c. BNT theory ............................................................page 9
      i. Root problem is trauma
         1. Causes learning disabilities and other neurological &
            behavioral problems
         2. Chemical, emotional, or physical
      ii. Role of the Brain, Skull, and Senses
         1. Triune brain
            a. Reptilian - oldest part of the brain, fight or flight
               response
            b. Limbic – emotional
            c. Neocortex – cognitive
         2. Skull
         3. BNT treats multiple senses (vision, hearing, proprioception)
         4. BNT treats the psyche and emotions
      iii. BNT Has Lasting Effects
         1. BNT rewrites neurology & communication between brain
            and body; neuroplasticity
         2. BNT gently directs the body’s own healing capacities
         3. BNT is conducted in order and repeating—reorganizes or
            re-aligns neurology for lasting change

II. Procedures
   a. Preparedness & Self-Care ............................................page 11
      i. Responsibility to Hold the Space
      ii. Self-study for Understanding
      iii. The Power of Compassion
      iv. Self-study for Developing Compassion
      v. Building Rapport
      vi. Methods for Mindset
      vii. Self-care
   b. Fundamental concepts and techniques ................................page 15
      i. Centering ..............................................................page 15
      ii. Muscle testing ......................................................page 18
      iii. Eye codes ............................................................page 22
      iv. Pause lock ............................................................page 28
v. Switching .......................................................................................... page 29
  1. Neurological switching
  2. Deep level
  3. Re-alignments – rub points, meridian trace,
vi. Integration .......................................................................................... page 29
  1. Peace blanket
  2. Creating an energy egg
  3. Infinity sign
vii. Using a Surrogate for Treatment
viii. Anchoring
c. Level 1: Body Circuits—Building the Foundation.............................. page 36
  i. Circuit overview
     1. Tendon guard reflex & Achilles tendon
     2. Atlas (& axis) & sacrum
     3. Respiratory circuit
     4. Core centering reflex circuits
  ii. Procedural summary ............................................................................. page 45
  iii. Procedure 1. Achilles Tendon Stretch ........................................... page 47
  v. Procedure 3. Respiratory Circuit ..................................................... page 52
  vii. Procedure 5. Back UCCR Circuit ................................................ page 57
  x. Procedure 8. Front LCCR Circuit ................................................ page 64
  xii. Procedure 10. Combining Front CCR Circuits .............................. page 68
  xiii. Procedure 11. Combining Front and Back CCR Circuits .......... page 70
I. BNT Theory & Therapy Explained

a. INTRODUCTION

Welcome Letter

Please allow me to introduce myself, explain why I feel so compelled to do this work, and why I hope you’ll join me in practicing BNT and spreading the word about its possibilities to change lives.

You are about to enter a new world: a world of possibilities, an unveiling of human potential, a world where people who seek you help leave breathing a big sign of relief and say "Ahh, finally I am free to be who I was really meant to be".

Books Neural Therapy™ (BNT) is incredibly practical, has many applications, and uses a common-sense approach. Rather than just analyze and treat symptoms, BNT provides solutions to real problems. In spite of its down-to-earth approach, BNT methods may seem foreign or unusual to many people. This is because BNT arises from a unique view on the root of learning disabilities and other mental and emotional issues. Einstein said that it is impossible to find the solution to a problem from the same state of awareness that created the problem. His eyes would be twinkling if he were to peer into a room where BNT is being performed.

Learning BNT is not for everyone. It is not a “quick fix”. It doesn’t simply treat symptoms, or modify undesirable behaviors. BNT is a holistic system that is never one-dimensional, or attributes symptoms to a single variable. The learning curve will be steep for some, but the rewards will be even greater.

You are about to learn tools that can help change lives for the better. You will learn how to:

1. Restore confidence and the ability to effectively learn
2. Improve physical performance
3. Improve mental performance
4. Improve emotional well-being

At the end of each day, you will be satisfied knowing that you have had a positive impact on another’s life and that that impact will radiate out into the world. You will fall asleep with a smile on your face and peace in your heart.

I am so grateful you will be joining me by learning this life changing, life affirming work.

Most sincerely,

Phyllis Books, MA, DC, CCN, DACBN
The Evolution of Books Neural Therapy™ (BNT)—a message from Dr. Phyllis Books

“Necessity is the mother of invention” is an old English proverb, which means necessity forces us to come up innovative solutions. Such is the reality of Books Neural Therapy™ (BNT).

I wasn’t looking for a solution to learning and behavior problems in children. Learning was, and still is fun for me, and my own children didn’t have any obvious learning challenges. But a problem existed in a larger family called “education”. And “education” was the family I was born into. My mother was a teacher, as were many other close relatives, and I have both bachelor’s and master’s degrees in education. At family gatherings, the conversations often involved the various ups and downs of the education profession along with other education-related issues. Frequently the question “Why can’t Johnny read?” would arise in these discussions. Now children who can’t learn are labeled with the broad term “learning disabled”. Learning disabilities, such as dyslexia, dysgraphia, ADHD, have become a large and growing problem. In education circles, they have become the “elephant in the room” that few have succeeded in taming.

As a graduate student, I was assisting at the Michigan State University lab school where first and second graders were learning to read. My emphasis was teaching junior and senior high school children, so I hadn’t had much exposure to elementary school teaching methods. The lab school children were offspring of university professors and graduate students so most were of average or high intelligence. And, for the most part, they came from families where reading was valued and there was enough money for proper nutrition and health care. Despite these advantages, some of these children couldn’t read no matter what methods we employed. This riddle stayed with me for years.

It wasn’t until “God lifted up the road I was on and put it down in another direction” that I ended up in chiropractic school where I was gifted with very detailed information about the brain and nervous system. As I learned about how signals travelling between the brain and body can get derailed impacting health and the body’s internal communications, light bulbs started going off in my head. I began to realize that problems with the underlying neurology could be the root of kids’ learning disabilities, and also impact physical health and mental well-being.

It was ironic to me, as a former English teacher, to discover communication breakdowns in the body that couldn’t be easily described in words or corrected with spoken language. Furthermore, the breakdowns were invisible to the naked eye—there were no obvious wounds to the nervous system. I was seeing an entirely unique communication system going on in the body. So I put on my detective hat, learned this new language, and began decoding the body’s role in learning.

Thank goodness I love to learn. After my master’s degree, I began communication consulting with large companies. After my doctorate in chiropractic, I was armed with new knowledge of the connections between the brain and the body. Then I began
studying anything and everything I could get my hands on within the fields of health care, psychology, neuroscience, and child development, from both eastern and western medical approaches. Sprinkle all that book learning in with my own experiences teaching, raising children, and frequent grandmother duties, and Books Neural Therapy™ (BNT) was born.

As with any new development, acknowledgment goes to those before me who paved the way with alternative views of health and treatment modalities. These alternative modalities gave me the basis of the BNT toolkit and include Applied Kinesiology, Sacral Occipital Technique (SOT), Learning Enhancement Program (LEAP), Neuro Linguistic Programming (NLP), Affective Neuroscience, Network Spinal Analysis (NSA), Cranial Sacral Therapy (CST), Emotional Freedom Technique (EFT), Spiral Dynamics, Family Constellations, Bio Energetic Synchronization Technique (BEST), Neural Organization Technique (NOT), Feldenkrais, body-centered bioenergetic therapy, Brain Gym, trauma release work, rebirthing, and Matrix Energetics.

To all of these teachers and practitioners before me, I am eternally grateful. As a teacher and innovator myself, my greatest pleasure is for others to embrace this work and carry it forward by healing clients and teaching others BNT. My goal is to make this work available to children of any age, anywhere and everywhere in the world. I am so grateful for the opportunity to share this therapy with you so that you may be part of this vision.

Every human being is precious and should be given the opportunity to function at their full and natural capacities. It has been extremely gratifying for me to see the results of BNT in people’s lives. I have had client’s who never finished high school, go on to college, graduate, and become successful beyond their wildest dreams. I have seen kids go from “I can’t read” to “I want to finish the book”. I have seen children become more self-reliant and finish homework willingly. For almost three decades, I have seen BNT restore joy to my client’s and their families, improve health and well-being, and make learning fun again.

**Ideal Qualities for Practitioners**

- An efficient brain and clear head—completion of Books Neural Therapy™ (BNT) as a client is highly recommended
- An open heart—compassion and acceptance are key to effective results
- Nonjudgmental—ability to see the beauty and goodness in a person regardless of their current behavior or situation; ability to visualize them as whole during treatment sessions
- Discipline—for lasting success, it is critical to practice BNT strictly according to protocol and not take short cuts
- Knowledge of basic anatomy and physiology or willingness to learn
- Sensitivity—ability to sense subtle shifts in the client as the most profound changes may result from the smallest of inputs
Who can learn Books Neural Therapy™ (BNT)?

- **Parents** can learn 60-70% of BNT via the online class: The Dyslexia Reversal System™ (a modified BNT training)
- **Teachers and education professionals** can learn most of BNT (70-80%)
- **Medical and wellness professionals**—doctors and other licensed health care or wellness providers can learn all of BNT (100%) at Practitioner, Mastery, and Elite Mastery Levels, and can also be certified as a BNT Instructor. For more information on the requirements for each level see [BNT Certification](#).
I. BNT Theory & Therapy Explained

b. ABOUT BOOKS NEURAL THERAPY™

What is Books Neural Therapy™

- Unique—rewires neurology starting at the deepest part of the brain
- Gentle—repeated light touches on the body restores connections
- Lasting—practiced in a sequence mimicking normal development to properly organize and strengthen the nervous system and create lasting change
- Natural—back-to-basics, common sense approach

Books Neural Therapy™ (BNT) is a multidisciplinary approach incorporating the latest advances in neuroscience. BNT re-aligns circuits that have been dysregulated by various traumas, improving neurological and structural deficits that often accompany dyslexia and other learning and behavioral differences. In a sequence that mimics natural neurological development, repeated light touch is used to restore structural mis-alignments and energetic connections in areas of the brain, body, and sense organs involved in learning and other mental activities. Once the treatment series is completed, the brain, body, and sense organs are properly aligned and functionally integrated, and the nervous system is properly nourished by blood and cerebral spinal fluid. BNT creates lasting change by methodically working from the foundation up through the higher levels of the brain. The end result is a highly resilient and complete person with a brain functioning at its full and natural capacities.

"Nothing beautiful ever hurries". The way of BNT is slow, gentle, deep, and very rewarding to the client and the practitioner. Everyone wins with BNT.

What makes Books Neural Therapy™ different?

Some therapies for dyslexia and other learning disabilities focus only on one component of the sensory system (e.g. eyes or ears) neglecting the need to synchronize that sense with other senses and the nervous system as a whole. Other therapies may treat only one specific part of the brain (limbic, emotional brain or cognitive), or only provide "coping" skills to essentially make the best of the person’s current condition. None of these techniques completely and thoroughly treats the root of the problem. BNT is unique in that it accesses deep layers within the oldest part of the brain, where negative patterns and circumstances interrupt normal brain development and its integration with the body. This causes a chaotic, fearful, or rigid nervous system. Because the nervous system is expending energy compensating for this abnormal state, there are not adequate resources for reading and learning.
Books Neural Therapy™ and the Psyche

It doesn’t take a doctor to know that mental states can influence the body; everyone is familiar with how angry thoughts can induce muscle tension and tie the stomach “in knots.” In recent years, the entire medical community has agreed that chronic stress directly impacts health by lowering the state of the immune system, raising blood pressure, causing psychological disease, and contribute to cancer and heart disease. More surprising is that stressful mental states, that may be conscious or unconscious and from events long ago, can be stored in the body and impact our health, our ability to learn and perform other cognitive mental operations.

Books Neural Therapy™ (BNT) has a practical and clever way of asking the body to reveal any unfinished business like past stressful events and clear them from the system. With BNT, this is accomplished in weeks or months compared to years with talk therapy. Furthermore, with BNT, there is no need to re-live or even discuss the precise event. The event is accessed spontaneously during the process, cleared, and returning the psyche to its natural pre-injured state.

<table>
<thead>
<tr>
<th>Important Features of BNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Details of a significant event don’t have to be known or discussed in order for the body to process and clear it.</td>
</tr>
<tr>
<td>● It is normal for you and your client to possibly have body memories and/or sensations, (e.g. nausea, fear, nervousness) during muscle monitoring and re-alignments—just allow the feelings to come to the surface and pass.</td>
</tr>
<tr>
<td>● There may be strong feelings of connection between you and your client during the process as you feel compassion for what your client has been experiencing; or you and your client may not feel a thing, now or ever. That doesn’t mean “the magic” isn’t happening, the process works regardless.</td>
</tr>
<tr>
<td>● Trust the process and be patient. Events will be processed and change will occur at the proper times for the client. “Nothing beautiful ever hurries.”</td>
</tr>
</tbody>
</table>
The Books Neural Therapy™ Treatment Process

The Books Neural Therapy™ (BNT) treatment process consists of four major sections, each providing the base for the one that follows. **Each section must be completed in sequence, and it must also be repeated during each session as a check for backsliding and any new problems.**

The four major sections of BNT (Figure I.b.1) are:

1. **Level 1: Body Circuits—Building the Foundation**
2. **Level 2 Part 1: Cranial Circuit—Releasing Cranial Trauma**
3. **Level 2 Part 2: Temporal Mandibular Joint (TMJ) Circuit—Releasing Physical and Emotional Pain**
4. **Level 3: Learning Circuits—Dyslexia and Learning Challenges**

The last section, Level 3: Learning Circuits—Dyslexia and Learning Challenges, is where the re-alignments specific to learning differences occur. Here is where the changes the client seeks usually become apparent; however, Level 3 should not be attempted until the previous levels are complete. Doing so would risk the treatment’s success, would not produce lasting change, and might result in the release of strong emotions. This means that during half or more of the treatments, the client may not see changes in his or her learning or behavior. This should be explained in advance to avoid possible disappointment for people who want quick fixes. **For success, BNT must be completed in the proper sequence** so that the underlying foundation has been prepared and the change will last. If short cuts are taken, the therapy will not be successful, no one is happy and everyone loses.
THE BASIC SECTIONS OF BOOKS NEURAL THERAPY™

FOUNDATION REPAIRS

CRANIAL TRAUMA

TMJ

ADD / ADHD & DYSLEXIA

Each depends on the above. Therefore, each must be completed in sequence for the end results to last.
I. BNT Theory & Therapy Explained

c. BOOKS NEURAL THERAPY™ (BNT) THEORY

Neurological Dysregulation is the Root of Learning Problems

The state of the brain and nervous system determines the way in which a person learns and can greatly impact behavior. The basis of a healthy brain begins in utero and development continues until early adulthood. Each layer of the brain is constructed upon the existing layer. Traumatic events may impact a certain layer of the brain during development. Also, because development does not stop, one trauma can disrupt the development and structure of subsequent layers of the brain, and its proper integration with the body, and other senses.

All trauma—physical, emotional, or chemical—can disrupt the proper development of the brain. Physical trauma can be obvious such as serious accidents, abuse, or repeated surgeries, but it can also be as subtle as a difficult birth or a toddler’s fall. Likewise, emotional trauma can include PTSD or surviving a natural disaster, or simply disappointment at a tender age. Finally chemical exposure can include chemotherapy, exposure to pesticides, suffering from severe allergies, vaccinations, or consuming too much sugar. According to this definition, we’ve all have experienced some sort of trauma during our lives and much of that trauma can be reversed by Books Neural Therapy™.

Role of the Brain, Skull, and Senses

The brain can be divided into three major areas: the reptilian brain, the limbic system, and the neocortex. The areas develop in sequence and govern different functions. The reptilian or basic brain develops first, and governs basic survival including the fight-or-flight response. The limbic system, or the emotional brain, is involved with emotion, motivation, and a sense of belonging. The limbic system is also responsible for effective communication of the reptilian brain with the higher brain, or the neocortex. The neocortex is the portion of the brain responsible for language, planning, and abstract thought. Many therapies for learning disabilities focus solely on the neocortex. But, as you can imagine, dysfunction in the other brain layers can impact the neocortex. If the reptilian brain has been impacted by trauma, the person may have an inappropriate fight-or-flight response in school, around certain subjects, or learning activities. It is hard to read aloud when your brain is telling your body it is in danger. Similarly, it is difficult to learn if there are traumas in the limbic system. This may result in inappropriate emotional responses to learning issues.

Other than the brain itself, the skull can greatly influence the ability to learn. It has been assumed that once the bones of the skull “fuse” in babies, the bones are fixed. But there is good evidence that the bones of the skull continue to move slightly throughout life. Any sort of cranial trauma, including slight bumps to the head, can cause the bones to adhere strongly to themselves. As a result, the natural movements or flexibility of the skull is affected.
As most know, the senses, particularly vision and hearing, are highly involved in learning. Also involved is the sense of proprioception which is the brain’s sense of the body and its movement through space. Proprioception relies upon the vestibular system and also kinesthesia, which receives input from the muscles (muscle spindles) and the tendons (Golgi tendons). Abnormal proprioception is often seen in those with learning difficulties as clumsiness and a feeling of disconnectedness with one’s own body.

**BNT Has Lasting Effects**
BNT uses repeated gentle touch to re-align bones, correct neurological communication, enable the brain to be fully oxygenated and nourished with CSF, and direct the body’s own healing capacities to create lasting change. For BNT to last, the treatment is always conducted in order and repeated during every session.

Level 1: Body Circuits, of Books Neural Therapy™ (BNT) focuses on the nervous systems’ foundation lying in the reptilian brain along with the brain’s connection to the body. Level 2: Cranial and Temporal Mandibular Joint (TMJ) Circuits works primarily on the brain itself, the skull structure, stored emotional and physical pain, and further explores the connection of the body and the brain. Finally, Level 3 works specifically on the brain, vision, hearing and vestibular systems to refine structural and functional problems related specifically to reading and other learning difficulties.

Because BNT is a holistic system, it effects are greater than simply improving reading and other cognitive skills. It consistently and positively impacts self-esteem, emotional intelligence and, social behaviors; and frequently improves physical performance and overall health.
II. Procedures

a. PREPAREDNESS AND SELF-CARE

Responsibility to Hold the Space

In addition to learning the actual physical steps used in the practice of Book Neural Therapy™ (BNT), there is a particular mindset which is crucial in determining your success as a practitioner.

Our deepest need as a human being is to be seen and heard, and BNT allows this at a very deep level—far below the spoken word and ordinary consciousness. During the course of the BNT process, old patterns and traumas are released. How much is released and when, is controlled unconsciously by the client. The release of patterns held in the body may go completely unnoticed, consist of moderately uncomfortable physical sensations, or involve a sudden surge of long-buried traumatic memories. Regardless of how the release plays out, it is vitally important for the practitioner to create a safe space for this deep healing to occur.

Your state of mind is transmitted non-verbally to the client. If you are distracted, judgmental, not fully present or compassionate, the client will sense that, and the session will not be productive. The client’s “radar” is finely tuned to “read” your energy and knows if you are in the proper state for this work.

When practicing BNT it is important to remember that you are not really the healer or actually in control at all of your client’s healing process. Instead you are a guide, entrusted to hold the space in a proper way so healing can occur. You are allowed into the intimate recesses of another human being. It is a precious and sacred place to which few people have access. For in BNT, we go into the places where shame, accidents, perceived mistakes, errors, guilt, and self-judgment are housed. You are privileged to hold the space, and must create a sense of safety and non-judgment for clients as their history surfaces and clears through their body.

Self-study for Understanding Trauma:

- Healing the Shame that Binds You by John Bradshaw
- The Drama of the Gifted Child by Alice Miller
- Waking the Tiger by Peter Levine
- The Luscher Color Test by Max Luscher

The Power of Compassion

Compassion is a sense of shared suffering combined with the desire to alleviate the suffering of others as if it were one’s own. A strong sense of compassion is a key part of the proper practice mindset. If you are not naturally compassionate, it can be learned (see “Reading and Study for Developing Compassion”).

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
An example of the power of compassion can be found in Dr. Ihaleakala Hew Len’s work in Hawaii. Ho'oponono is the ancient Hawaiian practice of reconciliation and forgiveness. Dr. Len is a psychiatrist and practitioner of Ho'oponono. More than thirty years ago, he was hired at the Hawaii State Hospital, which housed mentally ill criminals. Dr. Len did not personally counsel the patients, instead, each day he took out inmates files, and one at a time looked at their pictures and said the following four statements: “I’m sorry. Thank you. I love you. Please forgive me.” Within 18 months, many of the prisoners had been released. These four statements repeated silently to yourself and directed at your clients during treatment constitute an easy, simple, and profound tool to increase compassion.

Compassion obviously benefits the client, but also benefits the practitioner. There is evidence that practicing compassion lowers stress hormones, slows the aging process, and improves mental health.

Self-study for Developing Compassion:

- *Illuminata: A Return to Prayer* by Marianne Williamson
- *Zero Limits* by Joe Vitale & Ihaleakala Hew Len
- *Love and Logic®* training
- Institute of HeartMath® training
- *Sufi technique of polishing the heart*
- Dalai Lama’s writings
- Meditation and Ho’oponono

Building Rapport

Rapport occurs when two or more people feel connected to each other. It is often described as being “in sync” or “on the same wavelength” as another. It is another important contributor to achieving the proper mindset for practice.

There are many techniques for building rapport such as matching body language, breathing rhythm, or maintaining eye contact. Of these, maintaining eye contact and matching breathing rhythm are best for BNT. A simple eye contact technique to build rapport is to look into the eyes of your client with “smiling eyes”. When you look softly into the eyes of another and the look is taken in, something wonderful happens in the nervous system. The basic, survival brain is allowed to rest and the limbic, emotional brain, is allowed to come forth. Care, bonding, and connection all happen at this level. And this level is an essential part of long-term success with BNT. Matching breathing rhythm is a technique used throughout the BNT process as part of the therapy, with the wonderful side effect of developing rapport.

Methods for Mindset

There are many different methods that can be used to cultivate the proper mindset and center yourself for BNT practice. It is up to the individual to choose the method or combination of methods that suits them best. However, it is very important to consciously prepare yourself prior to each treatment session.

Your chosen preparation method should enable you to:
- Fully focus on your client and the task at hand—leave your personal worries and concerns at the door
- Compassionately accept your client, without judgment, in their current state
- Believe that change is possible
- Visualize your client as whole, complete, and perfect
- Hold the vision of your client’s beauty and perfection until they believe it themselves

Centering yourself and becoming neutral are other essential components of the proper mindset. BNT relies heavily on muscle response testing (muscle monitoring), which requires a neutral state to function properly. Prior to each session or anytime during the session, a technique of “wiping the slate clean” can be used. In essence, the gesture says: “I leave the past behind, I put aside any other thoughts of the day, and I am ready to be totally present for this person who now comes before me”. For this technique, simply wipe your hand from head towards my foot, in a cleaning gesture.

More detailed information on specific methods for centering can be found in the next section “Fundamental Concepts & Techniques”.

Again, the ability for the client to feel safe and understood is a valuable and essential ingredient for the success of BNT. A side effect of the BNT process, is the healing of those around the client, including the practitioner. Everyone wins with BNT.

Self-care
Anyone who works in the healing profession or spends time helping others understands the importance of self-care. You have to feel your best physically and mentally to be an effective practitioner of BNT. Also, your clients will be looking to you as a model of health and balance.

Firstly, do you have forgiveness and compassion for yourself? Do you follow the same dietary and lifestyle advice you give your clients? Do you get enough rest and live a balanced life? Do you get regular treatment by others in the profession (i.e. chiropractic, acupuncture, or massage) to minimize stress? It is also very important that you experience and complete the BNT process as a client, so your own nervous system and brain are functioning properly.

More specifically, you need to protect your body during practice. Make sure your treatment table is at a comfortable height. During the various re-alignments, keep your back straight and bend your knees instead of bending at the back.

Finally, your personal hygiene and professional attire should also be considered. With BNT your hands are your tools, so it is very important that fingernails are kept clean and short. Many of the re-alignments will be painful to the client if your nails are not cut very short. You will be very close to your client, so be sure your breath is fresh and your body is clean. Finally, respect the practice of BNT and dress professionally but comfortably. For women, be careful of the necklines and hemlines of your clothes as you will frequently be bending over or leaning on the treatment table.

With some practice, the ability to achieve and maintain the proper mindset and the high standard of self-care needed for BNT practice will become second nature. You will be amazed at how these seemingly small things can be big contributors to your success.
As most know, the senses, particularly vision and hearing, are highly involved in learning. Also involved is the sense of proprioception which is the brain’s sense of the body and its movement through space. Proprioception relies upon the vestibular system and also kinesthesia, which receives input from the muscles (muscle spindles) and the tendons (Golgi tendons). Abnormal proprioception is often seen in those with learning difficulties as clumsiness and a feeling of disconnectedness with one’s own body.

**BNT Has Lasting Effects**

BNT uses repeated gentle touch to re-align bones, correct neurological communication, enable the brain to be fully oxygenated and nourished with CSF, and direct the body’s own healing capacities to create lasting change. For BNT to last, the treatment is always conducted in order and repeated during every session.

Level 1: Body Circuits, of Books Neural Therapy™ (BNT) focuses on the nervous systems’ foundation lying in the reptilian brain along with the brain’s connection to the body. Level 2: Cranial and Temporal Mandibular Joint (TMJ) Circuits works primarily on the brain itself, the skull structure, stored emotional and physical pain, and further explores the connection of the body and the brain. Finally, Level 3 works specifically on the brain, vision, hearing and vestibular systems to refine structural and functional problems related specifically to reading and other learning difficulties.

Because BNT is a holistic system, it effects are greater than simply improving reading and other cognitive skills. It consistently and positively impacts self-esteem, emotional intelligence and, social behaviors; and frequently improves physical performance and overall health.
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

Introduction
There are several basic concepts and techniques (described here) that are used repeatedly throughout Books Neural Therapy™ (BNT). Some are integral to the basic protocol; while others may be used only when necessary.

i. Centering Procedures

“At every stage the question is: Must I defend (contract or protect) or can I grow (expand)?” – Joseph Chilton Pearce

NOTE: Center yourself before each and every BNT session.

NOTE: If you lose focus at any time during the session, repeat your centering activity.

Have you ever noticed how when you “tune in” to another, you physically feel an energetic connection which leads to deep bonding and connection between the two of you? Centering will help you feel this same connection with your clients.

Before starting a BNT session, you should always center yourself so that you can give the client your undivided attention. Much of the work of BNT is energetic and centering helps you connect to your client energetically. Also, centering builds rapport, increases the client’s responsiveness to touch, and increases your accuracy and effectiveness as a practitioner. Centering is also necessary to ground you and help establish the neutrality needed for accurate muscle monitoring and the application of BNT.

Centering is the process of consciously slowing down your body, quieting your mind, and becoming focused on the task at hand. There are many ways to center yourself and you should use the technique that best suits you. Following are a few examples to try. At the end of your centering activity imagine gold light emanating from your client’s heart and think: “Peace”, or “Lord make me an instrument of thy peace.”

Centering Meditation

1. **Write yourself a note.** Find a quiet environment and write a list of the things on your mind that you are ready to set aside. This frees your mind to focus on centering.
2. **Focus on your breath and drop an anchor.** Focus on your breathing and take a
few deep breaths. Imagine you are a boat “dropping anchor” which sinks deep
down to the bottom of the ocean.
3. **Be still.** Close your eyes and come to a very still place deep inside you. Feel and
fully explore the textures and smells around you.
4. **Focus on your heart.** Concentrate on your heart and imagine you are a
superhero; you shed your usual demeanor and don your superhero outfit. As you
do this, your heart just explodes wide open. It is huge and full of light and you
shine your big heart out to the whole world like a gigantic flashlight.
5. **Visualize your client.** Now see your client come into your heart. Let some
wonderful memories or feelings you have for this client bubble up to the surface.
You are filled with love and gratitude, and your love is overflowing.
6. **Store positive feelings.** Now imagine sending those yummy feelings into your
belly. Breathe into your belly and store those good feelings, like a squirrel buries
his acorns into the hollow of a tree to feed him through the winter.
7. **Return to yourself.** Now journey back—through the positive feelings,
visualization of your client, focus on heart, be still, and pull up your anchor. You
are deep inside yourself again.
8. **Wipe clean.** Imagine you are a big blackboard, and you are wipe all the writing off
the it until it is clean.
9. **Become neutral.** You are in neutral, deeply observant state, and deeply
connected to your client. You have no attachment to outcomes, preconceived
ideas, or agenda for the work ahead. Your only thought is the belief that your client
is good, and your greatest desire is for them to be their highest and best self.
10. **Step through the curtain.** Now imagine there is a curtain between you and your
client. You have been behind the curtain, and now you step through—clean and
pure and ready to be of service to your client.

**Microcosmic Orbit**

1. **Sit or stand with spine straight.**
2. **Place tongue on the roof of mouth.**
3. **Breathe deeply and focus on the breath.**
4. **Imagine energy flowing in a circle through the Governing and Conception Vessels (GV and
CV or Ren and Du) (see Figure II.b.i.1).** GV and CV are connecting acupuncture meridians. CV
runs the midline of the body starting just below your lower lip down the front of the torso, past
your pubic bone and to the perineum. There it connects with GV that ascends up the spine,
over your head and ending up just above your lips where it connects with CV via the tongue and roof
of mouth.
5. Repeat visualization 2-3 times or more.

Cook’s Hook-Up

1. Cross left ankle over right ankle
2. Extend both arms in front of you, hands back-to-back
3. Cross right hand over left at wrist and interlock fingers
4. Tuck clasped hands under and up, rest them on your chest (Figure II.b.i.2)
5. Tongue is at roof of mouth, inhale slowly through nose
6. Tongue is down, exhale through mouth
7. Continue 1-2 minutes
8. Finish with fingertips of right hand on left hand fingertips for a few breaths

Baby breathing or belly breathing (See Conscious Breathing by Gay Hendricks)
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

ii. Muscle Monitoring Procedures

Muscle monitoring is the key diagnostic directing progress through the BNT procedure. Muscle strength is used to identify energetic imbalances that are then addressed through the individual BNT procedures. The client’s nervous system unconsciously controls the muscle monitoring response, and shows areas of weakness that are ready for re-alignment at any certain time. Because of this, BNT progresses at a rate individualized for each person. Because the client’s unconscious is controlling the process, one particular BNT procedure may easily clear in one session, but require many re-alignments in the next session. (However, there are typically fewer re-alignments during each repetition of the procedure).

Muscle monitoring can be difficult to master. The best tips for effective muscle monitoring is to practice a lot and stay neutral. Practice on many different people, as there will be differences in different bodies’ responses. Some response will be very easy to interpret, while others will be more difficult. Also, your thoughts can influence the process, so it is important to stay neutral. Re-center yourself if, at any point, you feel distracted or no longer neutral. Once you have a good feeling for muscle monitoring, continue to practice and remain confident. Insecurity about your ability to perform muscle monitoring will also impact your results.

See How Emotions Impact Muscle Monitoring

In muscle monitoring, the client is asked to hold strong an arm, leg, or other body part strong while the practitioner puts pressure on it. The rule of thumb is to use two fingers and two ounces of pressure on the limb to monitor muscle strength of an area of the body that is touched, or therapy localized, by the client or practitioner. This act directs the muscle monitoring to the area being touched. Because of therapy localization, you should not allow the client to rest their hands anywhere on their body during muscle monitoring, because that will misfocus the test.

Here are descriptions of the muscle monitoring procedures used in BNT.

Derefield Leg Check (Although not technically a muscle monitoring procedure, this check is used as an indicator for re-alignments; as such, it is included here.)

1. Position
   a. Client is prone
b. Stand at the end of the table, back straight, and knees slightly bent

2. Check leg length
   a. Assess the client’s feet and leg length
   b. Firmly grasp the feet; one with each hand—*thumb below heel near arch of bottom of foot and index and middle fingers on either side of lateral malleolus*
   c. Staying neutral, bring the feet together so they barely touch
   d. Compare leg lengths at the medial malleolus of each leg (position 1, Figure II.b.ii.1)
   e. Apply moderate traction to legs and lift feet to 90˚ (position 2, Figure II.b.ii.2)
   f. Compare leg lengths again

---

Hamstring (leg) Muscle Monitoring

1. Position
   a. Client is prone (face-down)
   b. One leg is bent to a 45˚ angle

2. Muscle monitor leg strength
   a. Two fingers are placed at the client’s ankle, just below the heel
   b. Ask the client to hold the leg strong
   c. Apply approximately 2 ounces of pressure to leg pushing it towards the table
   d. Therapy localize the area as needed (Figure II.b.ii.3)

3. Note conditions where muscle goes weak
Muscle (arm) Muscle Monitoring
1. Position
   a. Client is supine (face-up)
   b. Arm is raised to a 90˚ angle
2. Muscle monitor arm strength (Figure II.b.ii.4)
   a. Two fingers are placed on the client’s wrist
   b. Ask the client to hold the arm strong
   c. Apply approximately 2 ounces of pressure to arm pushing it towards the table
   d. Therapy localize the area as needed
3. Note conditions where muscle goes weak

Muscle (leg) Muscle Monitoring
1. Position
   a. Client is supine (face-up)
   b. Feet are spread 8-12 inches apart
2. Muscle monitor leg strength
   a. Two fingers are placed on the client’s ankle(s), just under the lateral malleolus
   b. Ask the client to hold the leg(s) strong
   c. Apply approximately 2 ounces of pressure to ankle(s) pushing them (it) towards the midline
   d. Therapy localize the area as needed
3. Note conditions where muscle goes weak

Neck Flexor Muscle Monitoring
1. Position
   a. Client is supine (face-up)
   b. Ask the client to raise their head a few inches off the table and hold strong
2. Muscle monitor neck strength
   a. Place palm on their forehead
   b. Apply approximately 2 ounces of pressure to forehead pushing head to table (Figure II.b.ii.5)
3. Note conditions where muscle goes weak

**What Interferes With Muscle Monitoring**

If results are confusing or unclear, check for:

- Position of arm or leg—if limb is at the wrong angle, it will interfere with the results
- Breath holding—be sure you and your client are breathing normally
- Dehydration—both you and your client need to drink water before sessions
- Chewing gum—interferes with monitoring
- Leg or arm locked, over-extended or rigid—the client should hold strong, but remain relaxed; say “it’s okay to be strong, and it’s okay to be relaxed"
- If these issues are resolved and monitoring still seems unreliable and confusing, check for switching (see “Switching”)
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

iii. Eye Code Procedures

**NOTE: For successful treatment and lasting change, all eye codes must be addressed in every procedure where specified.**

Have you ever been to a chiropractor only to have the adjustment “fall out” again very quickly? Have you ever talked yourself into a new behavior and then immediately lost the motivation to follow through? In both examples, the therapy failed because the root cause of the mis-alignment or self-doubt was never addressed.

Eye codes are a critical variable used with muscle monitoring in most BNT procedures. Eye codes enable lasting neurological change by accessing neurology pathways that are “blocked” by deeply embedded subconscious interference. Frequently after traumas or shocks, we find ways to compensate for the damage that has been done. Like a re-routed stream of water cutting a path through the earth, trauma causes changes to natural neurological pathways resulting in deeply embedded “holding patterns”. Eventually, these compensating patterns become the “easy” way for the neurological signals to flow. Eye codes help return the flow to the correct path, and in a way that the body can hold, to create lasting change (Figure II.b.iii.3).

Eye codes work at the level of the primitive (reptilian) brain. Words and explanations of the cognitive brain are useless when working at this level. This part of the brain deals in images, dreams, and body behavior. During treatment, information may be released from the primitive brain, travel through the limbic brain and come up the cognitive brain where they can be processed. Eye codes energetically pull aside layers of trauma, freeing up bound neurological pathways so that processing and reconnection can be made allowing for deep healing.

The beauty of eye codes and BNT is that they work in a gentle and subtle way. Because of this, clients are not required to recognize, talk about, or re-live past traumas in any way for healing to occur (although some patients will feel emotional and need to talk at times).
There are sixteen eye codes used in most of BNT procedures. For success and lasting change all eye codes need to be addressed. The sixteen eye codes are layered into each procedure (unless otherwise noted). Table II.b.1 summarizes the eye codes.

Table II.b.1. Eye Codes. O=eyes open, C=eyes closed, ITD="in the dark", VC=visual center, BC=body center

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

To use eye codes, muscle monitoring is performed as specified for the procedure in all eye code modes. So while you are monitoring the muscle you are saying to the client “eyes open”, “eyes closed”, “eyes open, think in the dark”, and “eyes closed, think in the dark”. Re-alignments are made for each and every instance there was muscle weakness. During re-alignment, remind the client of the mode you are correcting for; i.e., “eyes open thinking in the dark”. Visual center (VC), body center (BC) and both (VC, BC) are therapy localizations added to each of the four eye codes (#1-4), to make a total of sixteen eye codes as described in Table II.b.1. Following are more details on each eye code.

Note: Always be sure the client continues to breath naturally throughout all eye code muscle checks. Model proper breathing (long, deep, and audible) to your client by asking them to breathe with you.

Eyes open
This mode accesses everyday consciousness.

Be sure to say “eyes open” at the beginning of each muscle test and during any necessary re-alignments for this mode.

Eyes closed
This mode accesses events where the client’s eyes were literally closed as when sleeping or, otherwise unconscious or unaware. Even though the client may have been unconscious, traumatic events occurring in this state may be held somewhere in the body.

Be sure to say, “eyes closed” at the beginning of the muscle test. The client should keep their eyes closed during muscle monitoring and any necessary re-alignments for this mode.
Eyes open “in the dark”
This mode accesses events where the client was wide awake and fully conscious, but literally or figuratively “in the dark”. Usually it is something they were “in the dark” about, or going on all around them, but still outside of their awareness. An example might be family stress, such as financial problems or death of a relative, impacting a small child. Other times it is something the client didn’t see coming, such as a car accident, falling off a bike, or even harsh words that resulted in a shock to the nervous system.

Be sure to say, “eyes open, think in the dark” at the beginning of the muscle test and during any necessary re-alignments for this mode. You don’t have to literally make the room dark, but you and your client need to think “in the dark” during the process.

Eyes closed “in the dark”
This mode can access events that occurred when the client was sleeping or unconscious. Usually, however, it accesses events that contained a high amount of input information at a time or place where it could not be properly process, small child with alcoholic parents, consciousness does not have experience to process the event, OR in a class when you are “full” of information and anymore cannot be handled as adult handle it later, so the system became overloaded or shut down entirely. The events accessed here, are often the ones with the greatest impact on the nervous system. In fact, they may be so significant that they weren’t processed at all, and simply put aside to “deal with later”. Here is where the unfinished business of the nervous system lies. These events may prohibit the client’s ability to move forward in life for reasons that are not recognized or understood, because they are buried so deep.

Be sure to say, “eyes closed, think in the dark” at the beginning of the muscle test and during any necessary re-alignments for this mode.

Eye Codes Plus Visual Center

The visual center is a therapy localization area near the occipital (visual) lobe of the brain. It helps the body “see” or process the old information and update it with new or corrected information. The visual center is on the back of the head between the ears and possibly associated with that the basal ganglia and cerebellum.

After the four neutral eye codes (above) have been checked and re-aligned, the process is repeated with the client’s, or your hand firmly on the visual center (Figure II.b.iii.2).

You can relax the hand away from the visual center between muscle tests, but it should
be in place along with reminding the client of the eye code while performing muscle checks and re-alignments.

**Eye Codes Plus Body Center**
The body center is a therapy location area near the tailbone or sacrum. This area is where old information is stored in the body, or where events can’t be seen from all angles.

After the four neutral eye codes, and neutral codes plus visual center (above) have been checked and re-aligned, the process is repeated with the client’s, or your hand firmly on the body center (Figure II.b.iii.3). You can relax the hand away from the body center between muscle tests, but it should be in place along with reminding the client of the eye code while performing muscle checks and re-alignments. (Figure II.b.iii.4).

**Eye Codes Plus Visual Center and Body Center**
Finally, all four eye codes are used with BOTH therapy localization areas (visual and body centers). This ensures that all areas are communicating with each other and properly integrated. Even thought VC and BC are “clear”, the new information needs to be connected so the body understands all the changes.

When using the client’s arm for these muscle checks and re-alignments, it is necessary to use pause lock (see below), to “lock in” the visual and body centers. Once the centers are “locked in”, the contact with the visual and body centers are held in the system, so hands do not have to be used for therapy localization. The four eye codes are then checked and re-aligned as necessary. Undo the pause lock before continuing on to the next procedure.

**Example of Using Eye Codes**
During the Lower Core Centering Reflex Circuit Procedure, the leg is muscle tested for strength while one of the Lower Core Centering Reflexes (LCCRs) is therapy localized, or touched.
With one hand on the client’s LCCR and one hand on the ankle, apply pressure and ask the client to hold their leg strong. Then say “eyes open”, “eyes closed”, “eyes open, think in the dark”, and “eyes closed, think in the dark”. Re-align for each eye code where the leg went weak. Saying the code to remind the client during re-alignment. Repeat muscle monitoring to be sure the muscle is now strong and the re-alignment is complete.

Next, ask the client to place one hand on the visual center and repeat the process. Repeat muscle monitoring to be sure the muscle is now strong and the re-alignment is complete.

Now, ask the client to place one hand on the body center and repeat the process. Repeat muscle monitoring to be sure the muscle is now strong and the re-alignment is complete.

Finally, have the client place one hand on the visual center, and one hand on the body center and repeat the process. (During procedures where the arm is used for muscle monitoring, the visual and body centers should be “paused locked” so that the client’s arm is available for monitoring). Repeat muscle monitoring to be sure the muscle is now strong and the re-alignment is complete.

### Eye Codes—Key Points

- Eye codes are key to clearing events that are deep in the nervous system and can impact learning, behavior, and other issues.
- Eye codes cannot be used with an emotion (e.g., love, sadness), because that involves a different area of the brain.
- When working with infants, a surrogate or you can do the eye options while realigning the child.

### Additional Options for Unusual Cases (Level 2 & Level 3)

In addition to eye codes, other concepts can be applied to muscle monitoring to assist re-alignment. Used mostly as finishing touches, these options are simply words said during the muscle monitoring process. They usually relate to information gathered from the client’s case history, or information provided to you by the client during the course of treatment. These options are used mostly in Levels 2 and 3 as finishing touches, but can be used at anytime during the BNT process. Following are some examples of additional options:

- Details of a significant event—time of day (e.g. “dawn”, “dusk”), or conditions (e.g. “raining”)
- Self-image—“mirror” or “mirror image” to indicate how the client sees himself, or a reflection of any kind
- Sense of self—“glasses” for people who have worn glasses, or may hide behind...
their glasses

- Birth trauma—“In utero” or “at birth”, or put a wet cloth over the forehead to simulate in utero, or an do quick “X” pattern at sphenoids (sides of eyes) to replicate REM state of sleep
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

iv. Pause Lock Procedure

Pause lock (also called retaining mode, circuit hold, or putting something into circuit) is a technique discovered by Dr. Alan Beardall and is used to “hold” a piece of information within the body’s neurological and energetic circuits over a period of time. In BNT, pause lock is used to hold the therapy localizations, visual center and body center, into place as needed to free the hands of the client and practitioner. The information recorded in pause lock can be transferred between practitioner and client.

Functions of Pause Lock
The following description is from Charles Krebs’ book, A Revolutionary Way of Thinking.

- To isolate an imbalance so it can further investigated (ex: finding the most appropriate correction for an imbalance)
- To record an imbalance that has been accessed consciously and allows it to be worked on without need of further conscious involvement.
- To isolate and record successive layers of compensating imbalances via stacking to reveal the underlying cause which, when corrected, will also correct all of these layers of compensations.
- To transfer the circuit from the practitioner to the client, the client simply brings his/her ankles together and then separates them while the monitor maintains physical contact. This allows the practitioner to be able to move around normally without maintaining further contact or keeping their legs apart. This can also be very useful if the practitioner or client has to interrupt the work to briefly attend.

Pause Lock Procedure for BNT
Used to “hold” the therapy localizations (visual center and body center) into place when there aren’t enough arms and legs for all testing combinations.

1. Client or practitioner places their hand on the visual center, body center, or both.
2. The client touches their heels together
3. Information is now held in the system; muscle monitoring and re-alignments may continue as per protocol.
4. Clear pause lock when finished by asking the client to again touch their heels together.
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

v. Switching Procedures

NOTE: Switching can happen at any time during a treatment session.

NOTE: Switching should be checked for routinely (at least once while client is prone and once while supine), even if there are no signs that switching has occurred.

Switching Derails the BNT Process
Sometimes during treatment, a subconscious memory of an old event, belief system, or past traumatic experience and results in dysregulation of the nervous system.

We call this process neurological “switching” because at one moment the client’s neurology is responding to re-alignments normally, and then, like the flip of a switch, the response goes haywire. This switching, or neurological switching, is evident when the muscle monitoring process goes awry and suddenly muscle monitoring results are all weak or all strong, re-alignments are not working, or the test results just do not make sense. What this means for BNT, is that the client’s brain is not remembering re-alignments and is reverting back to its old neurological pathways.

Switching is caused by damage to, or a weakness of the nervous system and results in disorganized or derailed neurological signalling. The brain is trying to send messages up and down the spinal cord and distribute them properly to either the left or right side of the body, but the information either gets delayed, gets sent to the wrong side of the body, or gets totally derailed and never reaches its destination.

Switching can also explain inconsistent behaviors or abilities. Such as the ability of a student to do a math problem or read aloud one day and not be able to the next day, or even five minutes later. Teachers and parents may see this behavior as manipulative behavior or a “bad” attitude, but there is a reason for it. The teacher says ” I know you can do this, I saw you do it yesterday; now you just sit down and do your work.” But the child can’t; whatever he knew the day before is seemingly lost and can’t be retrieved no matter how hard he tries.

While this is surely frustrating for the parent or teacher to experience, imagine how frustrating it is for the student! You know how frustrating it can be when you can see someone’s face and can’t remember their name? Imagine this times one hundred. This is how the student feels. They sense they should know something and they are
searching their brain for the information that was there a moment ago, and find that space suddenly empty.

Re-aligning for neurological switching is possible, and an important part of BNT. **The Basic Switching Procedure** is detailed below. In summary, the client and practitioner contact three areas: the acupoints KI27 (approximately where collar buttons of a shirt would rest), the umbilicus, and the coccyx while rubbing for 30 seconds. If the switching does not re-align, other methods should be tried as described below.

**Governing Vessel & Conception Vessel Signal Breakdown**
Another possible cause of switching is the abnormal flow of energy in the acupuncture meridians Governing and Conception Vessels (GV and CV, or Ren and Du). See the illustration Governing Conception Vessels in Figure II.b.v.1. Bringing these incoherent patterns back into alignment can correct for switching and speed up processing time in the BNT protocol. Re-align GV and CV using the Microcosmic Orbit Method.

**Deep Level Switching**
Another type of switching is called deep level switching. Deep level switching was first described by applied physiologists, Richard Utt and Charles Krebs, Ph.D and is based on the premise that brain waves of children less than six or seven years old are slower than adults resulting in a dreamlike or hypnotic (Theta-Alpa) state of consciousness. In this state, any information may be viewed as “fact” as there is no logic filters engaged in processing input as true or not. This makes sense evolutionarily, as children that age are absorbing huge amounts of information about the world around them, but it also puts children in a highly programmable state. As a result, traumatic events (or events perceived as traumatic by the child) become embedded in the primitive, subconscious brain. This information is kept current in the mind and body even though the programming happened erroneously and in early childhood. Typically, there is a significant event between the ages of 2 and 4 years old that the clients will frequently recall. The event could be something as simple as a frustrated mother yelling at her toddler that he’s “stupid”, or “can’t do anything right”. But because of the timing, the subconscious is programmed and the event still impacts the current behavior and beliefs of the client.

If switching is difficult to re-align using the Switching Procedure, then deep level switching may be the cause (see ‘Deep Level Switching Procedure”).
Basic Switching Procedure

CHECK

Prone (face-down), muscle monitor leg

1. Position
   a. Client is prone
   b. Stand at client’s hip on one side of the table
   c. Bend client’s leg 45˚

2. Muscle monitor leg strength
   a. Client therapy localizes navel (places finger on navel)
   b. Place 2 fingers on ankle with one hand
   c. Therapy localize coccyx with other hand (Figure II.b.v.2)
   d. Gently push leg towards floor

3. Re-align if muscle is weak

OR

Supine (face-up), muscle monitor arm

1. Position
   a. Stand at client’s side
   b. Raise client’s arm to 90˚, keep straight

2. Muscle monitor arm strength
   a. Client therapy localizes navel (places finger on navel)
   b. Therapy localize both Kidney 27 (KI27) points (collar buttons) with fingers of one hand—**KI27 are acupuncture points located just beneath the clavicle about 2-3 inches from midline. They should feel a bit sore when rubbed.**
   c. Place 2 fingers on wrist with other hand
   d. Gently push arm down towards client’s feet

3. Re-align if muscle is weak

RE-ALIGN (same for prone or supine)

**NOTE: There are 2 options for re-alignment—Rub Method OR Microcosmic Orbit Method. Typically, the Rub Method is used first, followed by the Microcosmic Orbit Method if the re-alignments are not successful after several attempts.**

**Rub Method**

1. Client contacts navel
2. If supine, ask client to raise knees
3. Contact coccyx with one hand
4. Contact both KI27 points with the other OR, if client is prone, have them contact one KI27 point (in addition to the navel) and you contact the other
5. Rub all three contacts (navel, coccyx, and KI27 points) for a 30 seconds (Figure II.b.v.3)
6. Repeat muscle monitoring for switching

**OR**

**Microcosmic Orbit Method**

1. Client is on their side
2. Use your hand to trace the Governing and Conception Vessels (GV and CV or Ren and Du) (see Figure II.b.v.1) about 3-5 inches away from the body’s surface—GV and CV are connecting acupuncture meridians. CV runs the midline of the body starting just below your lower lip down the front of the torso, past your pubic bone and to the perineum. There it connects with GV that ascends up the spine, over your head and ending up just above your lips where it connects with CV via the tongue and roof of mouth.
3. Repeat three times
4. Repeat muscle monitoring for switching

**NOTE:** If switching does not correct in several tries, check for deep level switching (below). Also, try an integration procedure as the client’s body may be asking for more time to process and integrate the work.

**Deep Level Switching Procedure**

**CHECK**

**Muscle monitor abdomen**

1. Position
   a. Client is supine (face-up)
   b. Client’s arm is raised to a 90° angle
   c. Therapy localize an area about 1-2 inches above navel by pushing 3 fingers into the abdomen approximately ½ inch deep (Figure II.b.v.5)
2. Muscle monitor arm strength
   a. Two fingers are placed on the client’s wrist
   b. Ask the client to hold the arm strong
   c. Gently push arm towards floor
3. If weak, re-align with Microcosmic Orbit Method
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

vi. Integration Procedures
Book Neural Therapy™ (BNT) is a detailed, and sometimes laborious, process which can deeply change and heal the nervous system. For these changes to become integrated, the client will need time to rest and recover after most sessions. An integration procedure may be as simple as a few minutes of alone time, a short nap, or a slow, gentle walk around the office. If the session was especially powerful or included an important breakthrough, a more complicated integration procedure should be used immediately after the breakthrough, at the end of the session, or both.

Here are a few integration procedures from which to choose. As you continue your practice you will get a feel of when to use each procedure, and which works best for you.

Infinity Sign Procedure
This is the most common procedure used to close a session. It helps lock in the new energetic patterns you have shown the nervous system. You can think of it like giving gratitude for the day, saying a prayer, and tucking a child in to sleep for the night. It adds a layer of energetic protection to your client and also helps release you from the session.

1. Position—Client is supine (face-up), eyes closed, and relaxed
2. Slow your breathing down
3. Slowly make large infinity signs with your hand around, above, and at the head and feet of the client
4. Visualize enfolding and sealing energy around the body
5. Continue for 1-2 minutes

Peace Blanket Procedure
This procedure has a nurturing feel and is used to connect the occipital and frontal areas of the brain. It is used most often after work on the Cranial Circuit (Level 2). It helps the body acknowledge the work that has just been completed, and can be done anytime integration of a procedure is needed. It is safe for infants, seniors, and those asleep.

1. Position
   a. Client is supine (face-up), eyes closed, and relaxed
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

vii. Using a Surrogate Procedure
Some clients will have trouble participating in Books Neural Therapy™ (BNT). These clients include infants, highly active or uncooperative children, and adults with mobility problems. With these clients a third person can be used as a surrogate. As long as the third person remains in physical contact with the client, like an extension cord, BNT will work.

Infants
The mother (or third person) is on the treatment table and holds the infant on her chest. When prone (face-down), the surrogate can hold hands with the infant. It is only important that the surrogate be in physical contact with the infant. Proceed through the protocol as described using the mother’s body.

Children/Adults
The third person is on the treatment table while in physical contact (holding hands) with the client. Proceed through the protocol as described using the third person’s body.
II. Procedures

b. FUNDAMENTAL CONCEPTS AND TECHNIQUES

viii. Anchoring Procedure

During a BNT session, significant changes or shifts will often occur. When this happens, it is important to give the client a few moments to process the information. It is also helpful to follow the re-alignment with an anchoring procedure. Anchoring is similar to integration, but typically reinforces the new pattern with physical movement. In BNT, the preferred way to anchor change is with the cross-crawl Brainercise.

Neuro Linguistic Programming (NLP) uses "anchoring" as a technique to reinforce a positive shift. In this case, a touch is used to remind the system of the positive change. Like Pavlov's dog salivating at the sound of a bell, repeated touch is used to train the body to remember the change. In the future, the client can use the touch as needed, to remind them of the positive change. NLP uses anchoring to reinforce a positive shift.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

i. Circuit Overview

Introduction
Level 1 of Books Neural Therapy™ (BNT) deals with the body-to-brain circuit. It can repair communication problems within the circuit and also works to re-align the primitive (reptilian) layer of the brain itself. This primary goal of Level 1 is to build a strong and resilient foundation for which the higher level work to rest. It is extremely important that this level be worked thoroughly and methodically for the other levels of BNT to last over time. This level re-aligns a nervous system that may be unnaturally stuck in a fight-or-flight response, and may include the processing of very early traumas including birth trauma.

The process begins with the client prone (face-down). The Achilles Tendon Reflex, Lateral Atlas and Sacrum Circuit, Respiratory Circuit, and Back Core Centering Reflex (lower and upper) Circuit procedures are completed. The client is then turned supine (face-up) and the Atlas Freedom Circuit, and the Front Core Centering Reflex (lower and upper) Circuit procedures are finished. Procedures to combine the front and back circuits are done to complete the level.

Treatment sessions should run 30-45 minutes. Ideally, sessions should close at the completion of a procedure and be finished with an Integration Procedure (see “Fundamental Procedures”). The work may be slow at first, so don’t be surprised if you spend most of a treatment session on a single procedure. It usually goes faster in following treatments. For more information on treatment session timing, spacing, and finishing see “BNT in Practice”.

Achilles Tendon Reflex
The first procedure in BNT is to assess the tension of, and stretch the Achilles (or calcaneal) tendon. (Figure II.c.i.1) Tension and stress can accumulate here; if this neural-sensitive area becomes overloaded with stress without release, it can stimulate an involuntary fight-or-flight response in the body called the Achilles Tendon Reflex.

The Achilles Tendon Reflex (or tendon guard reflex) is an activation of the sympathetic nervous system which overrides the normal, parasympathetic, rest-and-digest activities of the body. According to Tortora and Anagnostakos

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
in *Principles of Anatomy and Physiology*, this reflex, triggered by stress, shortens the calf muscles and locks the backs of the knees, thereby preparing the body to stand and fight, or run from danger. It causes the muscles associated with the Achilles tendon (gastrocnemius) to contract while antagonistic muscles (tibialis) relax, thus shifting movement to the toes.

This response also inhibits the vocal and speech systems, and may result in a stutter or dyslexia. A client is trying to read or talk normally, but the tension in the Achilles tendon overrides the nervous system signaling the brain to shut down all functions that are not vital, and rush to safety. The link between Achilles tension and learning difficulties may explain dyslexia and stuttering in those where toe-walking (an indicator of Achilles tendon tension) persists after the age of four years. According to Carla Hannaford, author of *Smart Moves*, “Shortened calf muscles, as evidenced by “toe walking” often show up in autistic and speech-impaired children...”. Paul Dennison founder of education kinesiology (Edu-K), observed that, when students are in a perpetual state of stress, calf muscles tend to shorten and speech is simultaneously inhibited. Further, according to Network Spinal Analysis and Sacro Occipital technique, tension on either leg indicates pressure somewhere along the spinal cord, although it does not indicate the exact location of the stress.

All this evidence points to the fact that stress in the Achilles can have an impact on the nervous system, speaking, and learning. Releasing the tension in the Achilles tendon can have an immediate calming effect on the client, so stretching the Achilles tendon is a very important first procedure in the BNT process. Tension of the Achilles tendon is assessed on a scale from 0 (no tension) to 5 (highly tense). The tendons are next firmly stroked as the foot is pumped to remove stress and even the tension bilaterally (Figure II.c.i.2). Tension is reassessed and the process is repeated until the tension of both tendons is at a 2 on the scale.

**Lateral Atlas and Sacrum Circuit**

The atlas and sacrum are two areas of the body that are very important neurologically. Mis-alignments between these two structures can impede the flow of neurological information up and down the spine and contribute to learning difficulties. The atlas and sacrum are related structures as their locations are at the opposite ends of the spinal cord and problems in one area are frequently reflected in the other. Because of this relationship, they comprise one circuit and are worked on during the same procedure.
Atlas (or cervical vertebrae 1, Figure II.c.i.3) is the highest vertebra of the neck and holds up the head. If atlas is mis-aligned the head may literally be off center. When atlas is out of alignment, it causes stress not only in the upper neck area but also at the base of the brain. The stress can be sufficient to disrupt the ability to think clearly. There are 26 vertebrae in the spine and if any one of them is mis-aligned, neurological signals can be physically slowed or stopped altogether. The atlas acts as a master switch for the entire spine and its mis-alignment impedes not only neurological signals, but also the flow of cerebral spinal fluid (CSF) and blood to the brain. This can cause major neurological interruptions in the body, which may translate to unclear thinking and all sorts of learning difficulties.

Furthermore, because of atlas’ unique circular structure (Figure II.c.i.4) it’s alignment is easily disrupted and it can be difficult to re-align. When re-aligning atlas in BNT, you may find that it moves around freely during checks and re-alignments. It may be very strong in one eye code, but very mobile in another. Don’t be surprised if you spend quite a bit of time working on this step on the procedure, but being thorough at this stage is critical to the process.

As stated previously, problems with the atlas may be reflected in the sacrum, so while working with atlas, the sacrum will likely need re-alignment as well. When the sacrum is uneven or unstable it can affect proprioception, balance, and surefootedness. These effects are often literal and cause an unsteady feeling of the body, but also may be more figurative translating to an unsteady feeling of self or poor self-confidence.

**Respiratory Circuit**
With every breath, we extend our life. With each inhalation, we expand and with each exhalation, we contract. Such is the rhythm of life itself. Like waves from the ocean, with our breath we invite life to move through us—in with the new, and out with the old.
In order to preserve our health and grow as individuals, maintaining this basic rhythm is critical for the efficient distribution of oxygen to all tissues of the body, including the brain. Also, because the body is holistic, effective respiration includes more than the lungs alone. Various parts of the body send information to the brain that help or hinder the entire respiratory system. Mis-alignments of the body impacting respiration confuse the nervous system and may cause a fight-or-flight response, similar to the Achilles Tendon Reflex. When the fight-or-flight response is triggered, the brain shuts down any system unnecessary for survival. Activities such as speech, hand-eye coordination, and cognitive processes related to reading and writing are impacted.

BNT can re-align portions of the nervous system related to respiration which carry messages between the body and brain. This restores the natural breathing pattern enabling the nervous system to return to its normal parasympathetic (rest-and-digest) state. Now, higher cognitive and motor functions can operate at full strength.

**Core Centering Reflex Circuits**

When you lose your balance, your whole "internal GPS" goes haywire. Where you are, in time and space, gets confusing and you feel disoriented and discombobulated. Imagine what it is like for your client to constantly feel unbalanced; it's a scary and uncertain place, and certainly not one where your client can have strong focus and learn.

Human development occurs in a specific sequence. The first year of life includes many developmental milestones, such as sitting up, crawling, and standing. To build a strong foundation for higher brain functions, is essential that these events occur in the proper order and last the appropriate length of time. When the body and brain’s neurology develop and integrate properly, the body becomes balanced and coordinated, eyes track normally, the brain correctly decodes sounds, and is ready to read and learn.

Many of the problems associated with dyslexia and other learning difficulties often begin during this early stage of neurological development; perhaps the “wiring” gets interrupted, or errors were made during development. Later issues, including minor head injuries or concussions, chemical insults, or intense emotional states, may also disrupt the nervous system. Regardless of the specific cause, the neurology is currently malfunctioning and now the output is distorted.

The Core Centering Reflex (CCR) Circuits are involved in motor activities such as centering, coordination, and the balance of the body. Their proper functioning impacts our ability to stand, walk, read, write, or do any activity requiring motor coordination. In BNT, the CCR Circuits are re-aligned to improve and update any developmental or neurological abnormalities.
The core centering reflexes are eight areas of the body. They are:

- Back Lower Core Centering Reflexes—two areas near the ischium on left and right sides of the body (Figure II.c.i.5)
- Back Upper Core Centering Reflexes—two areas near the occipital on left and right sides of the head (Figure II.c.i.6, Figure II.c.i.7)
- Front Lower Core Centering Reflexes—two areas near the inguinal groove on left and right sides of the body (Figure II.c.i.8, Figure II.c.i.9)
- Front Upper Core Centering Reflexes—two areas near the eyebrows on left and right sides of the head (Figure II.c.i.10, Figure II.c.i.11)
The Lower Core Centering Reflexes (LCCRs) are also called the cloacals. Cloacal in Latin means “common sewer” and these very primitive reflexes are located near the genital and anal areas on the front and back of the body. These reflexes govern the primitive functions of procreation and elimination. As such, they are “private parts” and must be treated delicately and respectfully. Shame, exposure, intimacy, and boundary issues are often stored here. Because of the forbiddenness of this area, the “rub” re-alignment method should not be attempted without establishing strong rapport, as it can feel too invasive and intimate for the client.

The Back LCCRs are located just below the “sits” bone or ischium of the pelvis. The Front LCCRs are located in the inguinal groove (crease where legs meet the torso) approximately two inches above the pubic bone and 2-4 inches lateral to the midline of the body (very near the lateral border of pubic bone). Both Front and Back LCCR’s are relatively large areas, so being within 2-3 inches of the area is accurate for therapy localization.

The Upper Core Centering Reflexes (UCCRs) are located on the head and are involved the proper functioning of the occipital and other areas of the brain. The Back UCCRs (or Labyrinthine Reflex) are located just below the base of the skull, almost halfway between the center of the lower border of the occipital bone and the earlobe attachment. Usually there is a “v” shape in the hairline over the area. The Front UCCRs (or Visual Righting Reflex) are located on the supraorbital notch, a small boney notch which can be felt near the inner end of the eyebrow.

The back UCCR deals with the inner ear, physical and spatial orientation, and sound input. The front UCCRs relates to visual orientation. During the “four legged” crawling stage of human development, the preferred sense used to relate to the world is hearing (back UCCR). When we stand on two legs to walk, the primary sense shifts from hearing to vision (front UCCR). Oftentimes this developmental sequencing of first-hearing-then-vision goes awry, especially if
the child did not crawl and walk in the correct sequence and for the appropriate amount of time. If the front and back UCCRs are not working efficiently and communicating with each other, it is difficult to read and learn and successfully maneuver through life.

An interesting observation when working with the CCR Circuits, is that the back circuits are often impacted by past events that affect centering, balancing, or standing. This might include an accident where the force was from the behind. The Front CCR Circuits frequently reflect events coming towards the client; either anticipating future events or events that literally impacted the body from the front.

The CCRs Circuits are aligned with the body and each other (top to bottom, left to right, front to back) during the BNT process so that all motor activities including body and eye movements are smooth and coordinated. At the beginning of the process, the client is prone. After the initial procedures (Achilles tendon stretch, etc.), the four Back CCR Circuits are re-aligned in all combinations (top to bottom, left to right). Then the client is turned over to a supine position and atlas is re-aligned, followed by re-alignment of the four Front CCR Circuits in all combinations (top to bottom, left to right). The final step in Level 1 is the re-alignment of the CCR Circuits with each other front to back.

"The cloacal reflexes begin developing in the womb and are the basis of our Primitive Reflexes, which are brain stem reflexes that provide coordinated body movement before the full development of our integrated postural and gait reflexes by about age three." — Fundamentals of Energy Kinesiology, Charles Krebs.

Note: Because there are eight core centering reflex circuits and they must be re-aligned in all possible combination and eye codes, these procedures may feel monotonous, and confusing. Just remember these are crucial for motor coordination. Be patient and trust in the process—the return for this work will be dramatic.

**Atlas Freedom Circuit**

At this point, the back procedures have been completed and the client is supine (face-up) for the first time. The first procedure in this position is to check the Atlas Freedom Circuit and re-align the atlas from the front. Again, atlas is important because it is the last place in the spine where neurological signals may become derailed before they get to the brain (Figure II.c.i.12). Further, mis-alignment of atlas may impede the flow of cerebral spinal fluid and blood to the brain. This particular circuit may seem resistant to re-alignmment. Atlas’
circular shape (Figure II.c.i.13) allows it to move in many different directions and angles; at times it seems to “hide”. Again, with patience, the atlas will hold the re-alignments.

Besides the Atlas Freedom Circuit’s place as part of the standard procedure, there are a few special points regarding this circuit. Firstly, the Atlas Freedom Circuit should be rechecked after any major change during any level of BNT, because it may shift in response to a re-alignment elsewhere in the system.

Also, atlas can physically move “in relationship to” various issues (i.e. “mother”, “math”, “kindergarten”). The nervous system repositions atlas in order to hide information from the conscious brain. This phenomenon may be at the root of many behavioral problems, including self-sabotage. Your client may have the best intentions to reach a goal only to be sabotaged by atlas moving slightly thus preventing electrical impulses from the spinal cord to reach their destination in the brain. Here, atlas plays the part of the master switch and re-aligning atlas relative to key issues can reset the breaker. This function of atlas is used mostly in Level 3 where specific subjects relating to learning disabilities are addressed. However, it may come up in Levels 1 or 2. If atlas is extremely difficult to re-align, even after re-aligning for switching, this “in relationship to” function may solve the problem. A specific issue can be muscle monitored for by saying or thinking the issue (i.e. “mother”). If the muscle checks weak, than atlas is re-aligned while the client thinks of that specific issue. This can be addressed in either the Lateral Atlas and/or the Atlas Freedom Circuits.

After the Atlas Freedom Circuit work is completed, the Front Core Centering Reflex Circuits are monitored and re-aligned. Finally the front and back Core Centering Reflex Circuits are monitored and re-aligned with each other. This completes Level 1.
NOTE: Recheck the Atlas Freedom Circuit after any major change during the BNT process. If atlas is difficult to re-align, even after re-aligning for switching, try muscle monitoring and re-aligning atlas “in relationship to” various issues.

**Axis Circuit**
Axis is the second cervical vertebra and may be involved in issues where the head and heart (cognitive brain and limbic system) are in conflict. After clearing basic survival issues in Level 1, the heart is more open and emotions may be felt in a new way. Because the abnormal functioning of the reptilian brain has been re-aligned, the emotional brain has more access to communicate with the cognitive brain.

Addressing the Axis Circuit is not part of Level 1. It will be addressed in higher levels of BNT training.
II. Procedures

c. LEVEL 1: BODY CIRCuits—BUILDING THE FOUNDATION

ii. Procedural Summary

NOTES:

- Always start EVERY treatment session at the beginning, Achilles Tendon Reflex Procedure (Level 1, Procedure 1).
- Always start EVERY treatment session by centering yourself (see Fundamental Procedures).
- Always protect your own body during treatment sessions—keep your back straight and knees bent.
- Complete a procedure to finish a session and follow with a Finishing or Integration Procedure (see Fundamental Procedures).

1. Center yourself before you enter the treatment room
2. Check in with the client—verbally and physically
3. Ensure client is aligned squarely on table by having them climb on from one end
4. Procedure 1. Achilles Tendon Reflex
   a. CHECK—Achilles tendon tension
   b. STRETCH—Achilles Tendon Stretch Method

5. Procedure 2. Lateral Atlas and Sacrum Circuit
   a. CHECK—Derifeild Leg Check
   b. RE-ALIGN
      i. Short leg (position 1) stays short (position 2)—Side Entry Atlas Method
      ii. Short leg (position 1) changes to long or even (position 2) OR Even legs (position 1) change to uneven (position 2)—Unstable Sacrum Method
   c. CHECK & RE-ALIGN in all eye codes
   d. CHECK for switching, RE-ALIGN as needed

6. Procedure 3. Respiratory Circuit
   a. CHECK—Muscle monitor each leg
   b. RE-ALIGN
      i. Both legs weak—Occipital Lift Method
      ii. One leg weak—7-step Method
   c. CHECK & RE-ALIGN in all eye codes

   a. CHECK—Muscle monitor one leg, while TL left, then right Back LCCR
   b. RE-ALIGN—Rub or Press Method
c. CHECK & RE-ALIGN in all eye codes

   a. CHECK—Muscle monitor one leg, while TL left then right Back UCCR
   b. RE-ALIGN—Rub or Press Method
   c. CHECK & RE-ALIGN in all eye codes

   a. CHECK—Muscle monitor one leg, while client TL Back UCCR, practitioner TL Back LCCR; in all combinations
   b. RE-ALIGN—Rub or Press Method
   c. CHECK & RE-ALIGN in all eye codes

    a. CHECK—Muscle monitor one arm, while client extends tongue out of mouth to the left then right
    b. RE-ALIGN
       i. Both sides weak—Atlas Vibration Method
       ii. One side weak—Occiput Shift Method
    c. CHECK & RE-ALIGN in all eye codes
    d. CHECK for switching, RE-ALIGN as needed

11. Procedure 8. Front LCCR Circuit
    a. CHECK—Muscle monitor one arm, while TL left then right Front LCCR
    b. RE-ALIGN—Rub or Press Method
    c. CHECK & RE-ALIGN in all eye codes

    a. CHECK—Muscle monitor one arm, while TL left then right Front UCCR
    b. RE-ALIGN—Rub or Press Method
    c. CHECK & RE-ALIGN in all eye codes

    a. CHECK—Muscle monitor one arm, while client TL Front UCCR, practitioner TL Front LCCR; in all combinations
    b. RE-ALIGN—Rub or Press Method
    c. CHECK & RE-ALIGN in all eye codes

    a. RE-ALIGN—Rub all possible combinations of Front and Back CCRs
    b. RE-ALIGN in all eye codes

| Table II.c.ii. Eye Codes. O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

iii. Procedure 1. Achilles Tendon Reflex Procedure

The Achilles (calcaneal) tendon is about 15 cm (6 in) long and attaches the plantaris, gastrocnemius (calf), and soleus muscles of the lower posterior leg to the calcaneus (heel) bone of the foot (Figure II.c.iii.1). Tension and stress can cause the muscle to tighten indicating a “flight or fight” response (Achilles tendon reflex) to the nervous system.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the Achilles Tendon Reflex in Books Neural Therapy™.

CHECK
Assess tension in the Achilles tendon
1. Client is prone
2. Feel the Achilles tendon
   ● Rate its tension on a scale from 0–5 (0 = no tension and 5 = excessive tension; normal = 2–3)
   ● Note if both tendons are the same on the scale or different

STRETCH
Achilles Tendon Stretch Method
1. Client is prone
2. Firmly hold the client’s ankle with one hand and pump (flex and extend) the foot; start gently, then progress to full flexion and extension
3. Use your thumb to stretch the Achilles tendon as you are moving the foot (Figures II.c.iii.2 and II.c.iii.3)
4. Re-evaluate the tension levels
5. Repeat steps #2–4 until the tendons are of even tension; ideally at 2–3 on the tension scale

FINISH
When tendons are of even tension, continue to Level 1. “Procedure 2. Lateral Atlas & Sacrum Circuit”.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

iv. Procedure 2. Lateral Atlas & Sacrum Circuit

The Derefield Leg Check is used in BNT to assess the alignment of the atlas and sacrum which are at opposite ends of the spine. Mis-alignment of the atlas can impede the flow of neurological signals, CSF, and blood to the brain. Mis-alignment of the sacrum can affect the pumping of the cerebral spinal fluid (CSF) through the spinal cord to the brain as well as impact balance and sense of self. Problems in one of these structures is frequently compensated for, or mirrored, in the other.

Atlas is located posterior (behind and below) the ear and just beneath the skull. The small bony spinous processes are often felt on the lateral neck. The sacrum is the lowest portion of the spine and part of the pelvic girdle.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the atlas and sacrum in Books Neural Therapy™.

CHECK
Assess leg length using the Derefield leg check

1. Position
   a. Client is prone
   b. Stand at the end of the table, back straight, and knees slightly bent

2. Assess the client’s feet and leg length (Figure II.c.iv.1)

3. Firmly grasp the feet; one with each hand
   ● Thumb below heel near arch of bottom of foot
   ● Index and middle fingers on either side of lateral malleolus

4. Staying neutral, bring the feet together so they barely touch

5. Compare leg lengths at the medial malleolus of each leg (position 1, Figure II.c.iv.2)
6. Apply moderate traction to legs and lift feet to 90˚ (position 2, Figure II.c.iv.3)

7. Compare leg lengths again

Four possible results (see Table II.c.iv.1).

Table II.c.iv.1. Four possible results

<table>
<thead>
<tr>
<th>Position 1 (legs straight)</th>
<th>Position 2 (legs at 90˚)</th>
<th>Re-alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. One leg short</td>
<td>Same leg short (Figure II.c.iv.4)</td>
<td>Side entry atlas on short leg side</td>
</tr>
<tr>
<td>2. One leg short</td>
<td>Same leg changed to long or even (Figure II.c.iv.4)</td>
<td>Unstable sacrum on changed side</td>
</tr>
<tr>
<td>3. Even</td>
<td>Uneven (change in either leg) (Figure II.c.iv.4)</td>
<td>Unstable sacrum on changed side</td>
</tr>
<tr>
<td>4. Even</td>
<td>Even (Figure II.c.iv.3)</td>
<td>No re-alignment</td>
</tr>
</tbody>
</table>

RE-ALIGN

A. Side Entry Atlas Method

Short leg (position 1) stays short (position 2)

1. Position
   a. Client is prone
   b. Stand near the client’s waist
   c. On the same side as the short leg
   d. Gently place one finger or thumb on the atlas bone (Figure II.c.iv.5)

2. Say “breathe with me”; audibly breathe long and deep so the client can follow along
3. Synchronize your breath with the client’s, take 3 - 4 breaths while visualizing slight movement of the atlas
4. Re-evaluate with leg check
5. Repeat until legs remain even
6. Repeat steps #1-5 for each eye code causing leg length differences until all are clear

B. Unstable Sacrum Method

Short leg (position 1) changes to long or even (position 2) OR
Even legs (position 1) change to uneven (position 2)

1. Position
   a. Client is prone
   b. Cross over—lift the foot of the leg that changed length (from position 1 to 2) and cross it over the ankle of the other foot (Figure II.c.iv.6)
   c. On the same side as the crossed over leg
   d. Gently place the thumb (or two fingers—middle finger on top of index) on the sacroiliac (SI) joint which joins the sacrum to the iliac bone of the pelvis
   e. Gently place the other thumb (or two fingers—middle finger on top of index) on the acetabulum (approximately level with the bottom of a back blue jeans pocket) (Figure II.c.iv.7)
2. Say “breathe with me”; audibly breathe long and deep so your client can follow along
3. Hold until the contacts feel still (30-60 sec)
4. Re-evaluate with leg check
5. Repeat until legs remain even
6. Repeat steps #1-5 for each eye code causing leg length differences until all are clear

NOTE: When rechecking these, you may find the need for re-alignment to toggle between atlas and sacrum. If this happens, be patient, eventually all will clear.
CHECK & RE-ALIGN in all eye codes

Table II.c.iv.1. Eye Codes. O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

NOTE: If atlas is difficult to re-align, even after re-aligning for switching, try muscle monitoring and re-aligning atlas “in relationship to” various issues.

Here are some typical issues around which atlas may need re-aligning:

- “your childhood”
- “your mother”
- “your father”
- “your past”
- “your future”

Say the issue silently to yourself during muscle monitoring and re-alignment.

FINISH

- If several corrections are made during this step, client should walk or practice Brainercises for 1–2 minutes to help integrate the re-alignments
- Check for switching
- When all clear, complete the session with an Integration Procedure or continue to Level 1. “Procedure 3. Respiratory Circuit”.

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

v. Procedure 3. Respiratory Circuit

Mis-alignments of the brain and the body can affect the respiratory system. Improper functioning of respiration can stimulate the “fight or flight” response of the nervous system.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the respiratory system in Books Neural Therapy™.

CHECK
Muscle monitor each leg
1. Position
   a. Client is prone
   b. Stand at client’s hip on one side of the table
   c. Bend client’s leg 45˚
2. Muscle monitor leg strength
   a. Place 2 fingers on ankle
   b. Gently push leg towards floor
   c. Repeat on other leg, note when weak

Three possible results:
1. Both legs weak
2. One leg strong, one leg weak
3. Both legs strong—no re-alignment

RE-ALIGN
A. Both legs weak—Occipital Lift Method
1. Position
   a. Client is prone
   b. Stand near the client's waist on their side
   c. Back is straight, knees are bent
   d. Place both hands horizontally at the occiput (base of skull) (Figure II.c.v.1)
   e. Base of thumbs should be at lower edges of occiput (thumbs tips are spaced 1–2 inches apart)
2. Say “breathe with me”; audibly breathe long and deep so the client can follow along
3. With each inhalation, gently lift the base of the skull towards the top of the head, take 3-4 breaths
4. Re-evaluate by muscle monitoring each leg
5. Repeat sequence until one leg is strong, then proceed to next re-alignment (B.); if both are strong, move to next eye code (step #6)
6. Repeat #1-3 for each eye code causing both legs to be weak

B. One leg weak—Multi-step Respiratory Method

1. Position II.c.v.2
   a. Client is prone
   b. Stand near client's side on the same side as the weak leg (corrections will be made on this side of body)
2. Gently massage the muscles to the side of C3 (mid-neck) on the weak side in a circular motion for 5–10 sec
3. Place one palm on S2 with the other hand on top, direct towards head with a shimmy motion
4. Tap L3 (midline) 20x (Figures II.c.v.2 and II.c.v.3)
5. Firmly stroke muscle from L3 lateral 10x (Figure II.c.v.4)
6. Release gluteus muscle by rubbing with elbow (or two hands) for 5–10 sec (Figure II.c.v.5)
7. Occiput and sacrum stretch (Figure II.c.v.6)
   a. Place hand horizontally at the occiput (base of skull) with thumb web (between thumb and index finger) just under occiput
   b. Place palm of other hand on sacrum
   c. Say “breathe with me”; audibly breathe long and deep so the client can follow along
   d. With each inhalation, gently spread each hand away from each other
   e. Repeat for 3-4 breaths
8. C3 and coccyx together (Figure II.c.v.7)
   a. Place one finger on C3

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
b. Place one finger (other hand) on coccyx

c. With each exhalation, gently push together
d. Repeat for 2–3 breaths

9. Re-evaluate by muscle monitoring each leg
10. Repeat sequence until both legs are strong
11. Repeat steps #1-9 for each eye code causing one leg to be weak until all are clear

CHECK & RE-ALIGN in all eye codes

<table>
<thead>
<tr>
<th>Table II.c.v.1. Eye Codes.</th>
<th>O=open, C=closed, ITD=&quot;in the dark&quot;, VC=visual center, BC=body center</th>
</tr>
</thead>
</table>

FINISH
When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 4. Back LCCR Circuit”
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION


The back lower core centering reflexes (LCCRs or cloacals) are involved in balance and centering of the lower back body. Mis-alignment may be associated with balance problems, disorientation, and emotions, including guilt and shame.

The back LCCRs are located just beneath the ischium or “sits” bones of the pelvis.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the LCCRs in Books Neural Therapy™.

CHECK

Muscle monitor leg, TL back LCCRs

1. Position
   a. Client is prone
   b. Stand at client’s hip on one side of the table
   c. Bend client’s leg 45˚

2. Therapy localize (TL) left back LCCR

3. Muscle monitor leg strength
   a. Place 2 fingers on ankle (can use either leg)
   b. Gently push leg towards floor, note when weak (Figure II.ci.vi.1)

4. Repeat check while touching right back LCCR

Three possible results:

1. Both back LCCRs showed weak
2. One back LCCR showed weak
3. No back LCCR showed weak—no re-alignment
RE-ALIGN
NOTE: There are 2 options for re-alignment—Rub Method OR Press Method: rub is the easiest option for beginners but press can increase rapport with the client.

1. **Rub Method:** for each LCCR that showed weak, rub the LCCR gently in a circular motion for about 30 sec (Figure II.ci.vi.2)

   OR

1. **Press Method:** place the palm on the weak LCCR, the other hand is placed on the shoulder opposite the weak LCCR, with each inhalation gently press the LCCR towards the shoulder (Figure II.ci.vi.3)

2. Re-evaluate by muscle monitoring

3. Repeat sequence until both LCCRs check strong

4. Repeat #1-3 for each eye code where one or both LCCRs check weak until all are clear

**NOTE:** If client is uncomfortable with touch at the LCCR, they can re-align themselves or another person (i.e. parent) can be used as a surrogate.

CHECK & RE-ALIGN in all eye codes

Table II.ci.vi.1. Eye Codes. O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

FINISH
When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 5. Back UCCR Circuit”.

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION


The back upper core centering reflexes (UCCRs) are involved in balance and centering of the upper back body. Mis-alignment may be associated with inner ear or balance problems.

The back UCCRs are between the mastoid process and the occiput; usually there is a “v” shape in the hairline at the back UCCR.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the UCCRs in Books Neural Therapy™.

CHECK
Muscle monitor leg, TL back UCCRs

1. Position
   a. Client is prone
   b. Stand at client’s hip on one side of the table
   c. Bend client’s leg 45˚

2. Therapy localize (TL) the left back UCCR (Figure II.c.vii.1)

3. Muscle monitor leg strength
   a. Place 2 fingers on ankle (can use either leg)
   b. Gently push leg towards floor, note when weak

4. Repeat check while touching right back UCCR

Three possible results:
   1. Both back UCCRs showed weak
   2. One back UCCR showed weak
   3. No back UCCR showed weak—no re-alignment

RE-ALIGN
NOTE: There are two options for re-alignment, Rub Method OR Press Method; rub is easier to learn and press is more effective at building rapport with the client.

1. Rub Method – for each UCCR that showed weak, rub the UCCR gently in a
circular motion for about 30 sec

OR

1. **Press Method** – for each UCCR that showed weak, place the medial base of the thumb at the UCCR and gently press with an outward and anterior (headward) motion during inhalation for 3–4 breaths (Figure II.c.vii.2)
2. Re-evaluate by muscle monitoring
3. Repeat sequence until both UCCRs check strong
4. Repeat #1-3 for each eye code where UCCRs check weak until all are clear

**CHECK & RE-ALIGN in all eye codes**

**UCCR**

| Table II.c.vii.1. Eye Codes. O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center |
|---|---|---|---|

**FINISH**

When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 6. Combining Back CCR Circuits”.

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

viii. Procedure 6. Combining Back CCR Circuits

Now that the back upper and lower centers have been re-aligned, they need to be re-aligned with each other.

CHECK

1. Position
   a. Client is prone
   b. Stand at client’s hip on one side of the table
   c. Bend client’s leg 45˚

2. Client therapy localizes (TL) the left back UCCR

3. Practitioner therapy localizes (TL) the left back LCCR

4. Muscle monitor leg strength
   a. Place 2 fingers on ankle (can use either leg)
   b. Gently push leg towards floor, note when weak

5. Repeat check to complete the following combinations (client is touching upper and practitioner is touching lower)
   a. Left upper + left lower
   b. Left upper + right lower
   c. Right upper + left lower
   d. Right upper + right lower

RE-ALIGN

1. For each combination that showed weak, simultaneously rub the CCRs gently in a circular motion for about 30 sec (Figure II.c.viii.1)

2. Re-evaluate by muscle monitoring

3. Repeat sequence until combinations check strong

4. Repeat #1-3 for each eye code where a combination check was weak until all are clear
CHECK & RE-ALIGN in all eye codes

Table II.c.viii.1. Eye Codes. O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center

|---|----------|-----------|-----------|----------------|

Note: Use pause lock as needed

FINISH
When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 7. Anterior Atlas Circuit”.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION


NOTE: Client turns over to a supine position. Client’s arm will be used for muscle monitoring. Thumb nails should be trimmed short.

Mis-alignment of the atlas can impede the flow of neurological signals, CSF, and blood to the brain.

Atlas is located posterior (behind and below) the ear and just beneath angle of the mandible. The small bony spinous processes are on the lateral neck.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the atlas and sacrum in Books Neural Therapy™.

CHECK
Muscle monitor arm, TL atlas

1. Position
   a. Client is supine
   b. Stand at client’s side
   c. Raise client’s arm to 90°, keep straight (Figure II.c.ix.1)

2. Muscle monitor arm strength
   a. Place 2 fingers on wrist
   b. Gently push arm down towards client’s feet
   c. Therapy localize (TL) the atlas by asking client to extend tongue outside of mouth to the left, then right; note when weak (Figure II.c.ix.2)

Three possible results:
1. Both sides (tongue left and right) weak
2. One side strong, one side weak
3. Both sides strong—no re-alignment
RE-ALIGN

A. Both sides weak—Atlas Vibration Method
   1. Position
      a. Client is supine
      b. Position body square to client; may need to sit on edge of table
      c. Locate the spinous processes of atlas; place one thumb on each process (Figure II.c.ix.3)
   2. As the client exhales, vibrate the atlas towards the floor; this can be uncomfortable for the client, so it may be helpful to distract them with a “ch, ch, ch” sound
   3. Repeat 2–3x
   4. Re-evaluate by muscle monitoring arm
   5. Repeat sequence until both sides check strong (if one side strong, go to re-alignment B.)
   6. Repeat steps #1-5 for each eye code where the atlas check weak until all are clear

Another option for bilateral atlas re-alignment is available for professionals only and will be demonstrated in class (Figure II.c.ix.4).

B. One side weak—Occiput Shift Method
   1. Position
      a. Client is supine
      b. Place one finger on the edge of the occiput on the weak side
   2. Say “breathe with me”; audibly breathe long and deep so the client can follow along
   3. Synchronize your breath with the client’s, take 3 - 4 breaths while visualizing slight movement of the atlas
   4. Re-evaluate by muscle monitoring arm
   5. Repeat sequence until both sides check strong
   6. Repeat #1-5 for each eye code where the atlas check weak until all are clear

CHECK & RE-ALIGN in all eye codes
Table II.c.ix.1. Eye Codes. O=open, C=closed, ITD=“in the dark”, VC=visual center, BC=body center

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>O</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>O + VC</td>
<td>O + BC</td>
<td>O + VC, BC</td>
</tr>
<tr>
<td>2</td>
<td>C</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>C + VC</td>
<td>C + BC</td>
<td>C + VC, BC</td>
</tr>
<tr>
<td>3</td>
<td>O ITD</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>O ITD + VC</td>
<td>O ITD + BC</td>
<td>O ITD</td>
</tr>
<tr>
<td>4</td>
<td>C ITD</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>C ITD + VC</td>
<td>C ITD + BC</td>
<td>C ITD + VC, BC</td>
</tr>
</tbody>
</table>

**NOTE:** If atlas is difficult to re-align, even after re-aligning for switching, try muscle monitoring and re-aligning atlas “in relationship to” various issues.

Here are some typical issues around which atlas may need re-aligning:

- “your childhood”
- “your mother”
- “your father”
- “your past”
- “your future”

Say the issue silently to yourself during muscle monitoring and re-alignment.

**FINISH**

- Check for switching
- When all clear, finish with an Integration Procedure or continue to Level 1. "Procedure 8. Front LCCR Circuit".
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

x. Procedure 8. Front Lower Core Centering Reflex (LCCR) Circuit

The front lower core centering reflexes (LCCRs) are involved in balance and centering of the lower front body. Mis-alignment may be associated with balance problems, disorientation, and emotions, including guilt and shame.

The front LCCRs are located in the inguinal groove (crease where legs meet the torso) approximately two inches above the pubic bone and 2-4 inches lateral to the midline of the body (very near the lateral border of pubic bone).

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the LCCRs in Books Neural Therapy™.

CHECK
Muscle monitor arm, TL front LCCR

1. Position
   a. Client is supine
   b. Stand at client’s side
   c. Raise client’s arm to 90°, keep straight (Figure II.c.x.1)
2. Therapy localize (TL) left front LCCR
3. Muscle monitor arm strength
   a. Place 2 fingers on wrist
   b. Gently push arm down towards client’s feet
4. Repeat monitor while touching right front LCCR

Three possible results:
1. Both front LCCRs showed weak
2. One front LCCR showed weak
3. No front LCCR showed weak—no re-alignment
RE-ALIGN

NOTE: There are 2 options for re-alignment—Rub Method OR Press Method: rub is the easiest option for beginners but press can increase rapport with the client.

1. **Rub Method**: for each LCCR that showed weak, rub the LCCR gently in a circular motion for about 30 sec (Figure II.c.x.2)

2. OR

1. **Press Method**: place the middle of the palm on the iliac crest(s) of the pelvic girdle for the weak LCCR(s), with each inhalation gently press the LCCR with a spreading and lifting motion (Figure II.c.x.3)

3. Re-evaluate by muscle monitoring

4. Repeat sequence until both LCCRs check strong

5. Repeat #1-3 for each eye code where one or both LCCRs check weak until all are clear

5. **NOTE**: If client is uncomfortable with touch at the LCCR, they can re-align themselves or another person (i.e. parent) can be used as a surrogate.

CHECK & RE-ALIGN in all eye codes

**Table II.c.x.1. Eye Codes.** O=open, C=closed, ITD=“in the dark”, VC=visual center, BC=body center

|------|-----------|----------|---------------|

FINISH

When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 9. Front UCCR Circuit”.

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION


The front upper core centering reflexes (UCCRs) are involved in balance and centering of the upper back body. Mis-alignment may be associated with inner ear or balance problems.

The front UCCRs are located on the supraorbital notch, a small boney notch which can be felt near the inner end of the eyebrow.

See “LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION, Circuit Overview” for more detailed information on the role of the UCCRs in Books Neural Therapy™.

CHECK

Muscle monitor arm, TL front UCCR

1. Position
   a. Client is supine
   b. Stand at client’s side
   c. Raise client’s arm to 90°, keep straight
   d. Therapy localize (TL) left front UCCR (Figure II.c.xi.1)

2. Muscle monitor arm strength
   a. Place 2 fingers on wrist
   b. Gently push arm down towards client’s feet

3. Repeat monitor while TL the right front UCCR

Three possible results:

1. Both front LCCRs showed weak
2. One front LCCR showed weak
3. No front LCCR showed weak—no re-alignment

RE-ALIGN

NOTE: There are two options for re-alignment, Rub Method OR Press Method; rub is easier to learn and press may increase rapport with the client.
1. **Rub Method** – for each UCCR that showed weak, rub the UCCR gently in a circular motion for about 30 sec

OR

1. **Press Method** – for each UCCR that showed weak, lightly touch the heel of the palm to the forehead just above the UCCR, gently rest the fingers on the lateral forehead (Figure II.c.xi.2), gently press the heel toward the fingers during inhalation for 3–4 breaths

2. Re-evaluate by muscle monitoring
3. Repeat sequence until both UCCRs check strong
4. Repeat #1-3 for each eye code where UCCRs checked weak until all are clear

**CHECK & RE-ALIGN in all eye codes**

**Table II.c.xi.1. Eye Codes.** O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center

|------|----------|----------|----------------|

**FINISH**

When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 10. Combining Front CCR Circuits”.

© 2011, Books Neural Therapy™ by Phyllis Books, D.C All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing from the author.
II. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

xii. Procedure 10. Combining Front CCR Circuits

Now that the back upper and lower centers have been re-aligned, they need to be re-aligned with each other.

CHECK

Muscle monitor arm, TL front UCCRs

1. Position
   a. Client is supine
   b. Stand at client’s side
   c. Raise client’s arm to 90°, keep straight
2. Client therapy localizes (TL) left front UCCR
3. Practitioner therapy localizes (TL) left front LCCR
4. Muscle monitor arm strength
5. Place 2 fingers on wrist
   a. Gently push arm down towards client’s feet (Figure II.c.xii.1)
6. Repeat check to complete the following combinations (client TLs upper; practitioner, lower)
   a. Left upper + left lower
   b. Left upper + right lower
   c. Right upper + left lower
   d. Right upper + right lower

RE-ALIGN

1. For each combination that showed weak, simulatanoeusly rub the CCRs gently in a circular motion for about 30 sec (Figure II.c.xii.2 & 3)
2. Re-evaluate by muscle monitoring
3. Repeat sequence until all combinations check strong
4. Repeat #1-3 for each eye code where a combination checks weak until all are clear

CHECK & RE-ALIGN in all eye codes
**Table II.c.xii.1. Eye Codes.** O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**FINISH**
When all clear, finish with an Integration Procedure or continue to Level 1. “Procedure 11. Combining Front and Back Core Centering Reflex Circuits”. 
Il. Procedures

c. LEVEL 1: BODY CIRCUITS—BUILDING THE FOUNDATION

xiii. Procedure 11. Combining Front and Back CCR Circuits

Now that the back and front centers have been re-aligned, they need to be re-aligned with each other diagonally. Rather than muscle monitor all possible combinations, it is more efficient to simply re-align all combinations without a check.

RE-ALIGN
1. With the client’s assistance, rub all of the CCR combinations (Figures II.c.xiii.1 and II.c.xiii.2) as described in the Table.

<table>
<thead>
<tr>
<th>Client rubs</th>
<th>Practitioner rubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front UCCR, both left and right</td>
<td>Back UCCR, left then right</td>
</tr>
<tr>
<td></td>
<td>Back LCCR, left then right</td>
</tr>
<tr>
<td>Back UCCR, both left and right</td>
<td>Front LCCR, left then right</td>
</tr>
<tr>
<td>Back UCCR, both left and right</td>
<td>Front UCCR, left then right</td>
</tr>
<tr>
<td></td>
<td>Front LCCR, left then right</td>
</tr>
<tr>
<td></td>
<td>Back LCCR, left then right</td>
</tr>
</tbody>
</table>
RE-ALIGN in all eye codes

Table II.c.xiii.2. Eye Codes. O=open, C=closed, ITD="in the dark", VC=visual center, BC=body center

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

FINISH

When all clear, finish with an Integration Procedure or continue to Level 2. “Procedure 1. Cranial Circuit”.