



Section 3: Assessment Techniques



Davis Advanced Health System Basic One Tutorial Part 1: Background

Section 3: Assessment Technique

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Davis Advanced Health System Basic One Tutorial Part 1: Background

Section 3: Assessment Technique

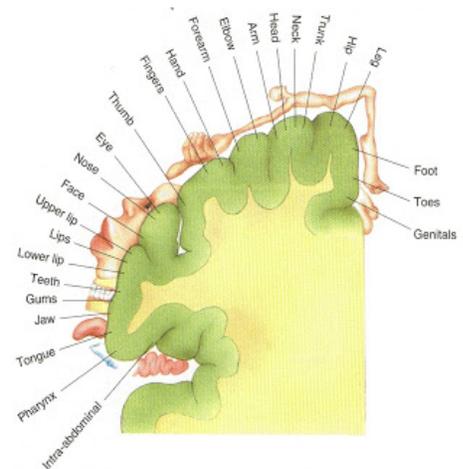
The Right Arm Muscle Test:

The evaluation of choice is the Right Arm Muscle Test. For purposes of this document, it will also be referred to as RAMTR. RAMTR is a specific advanced orthopedic test. Clinical tests administered over decades using thousands of patients have shown that, when performed properly, RAMTR testing is one of the most highly accurate adjunctive assessment tools, when used in conjunction with specific screening points it can be utilized to obtain information from the subconscious mind of the patient. Dr. Rees always said, “The Subconscious Mind is the greatest physician in the world, it records every scrap of information throughout one’s lifetime”. “Mind language testing (RAMT) gives the doctor a means to accept this information, from conception to the present moment.”

Other names that are also used to describe this method of testing are Surrogate Testing or Arm Mentor Testing. These methods of testing involve the utilization of a third party.

The Neurological Connections:

The reason for the accuracy of this orthopedic test is that the right arm is highly innervated with sensory/motor areas of the brain. The Homuncular Nucleus is the portion of the brain directly responsible for the exchange of sensory and motor information of the body. The right arm has the largest portion of sensory/motor activity in this area of the brain other than the lips. Through these sensory and motor connections, the right arm connects directly with the brain and nervous system. It also connects with the subconscious mind, which is connected to the “Universal Mind”.



The subconscious mind holds all the information of a person throughout one’s life time. This includes all conditions and traumas present in the angles of the Triune of Well Being.

The Testing Procedure:

The practitioner must not be distracted, but focused and mentally present. Prior to testing, it is critical that the practitioner put aside any judgment or prejudice as to supposed assessment or presumed treatment in order to clearly facilitate the available information.

This is not a strength test but a response test, so the practitioner must try not to overpower the client.

1. The practitioner needs to stand behind the individual to be tested, supporting with your left hand, the shoulder (right or left depending upon your comfort preference) of the individual to be tested.



Davis Advanced Health System Basic One Tutorial Part 1: Background

Section 3: Assessment Technique

2. Place your right hand on the client's right forearm (the wrist of the client should not be grasped).
3. As the client's right arm is held out straight, the practitioner tells the client the command "hold" or "resist" as the right arm is tested for strength or weakness.
4. Weakness to maintain the right arm horizontally indicates a 'yes' answer.
5. It is important that the practitioner establish a strong arm prior to the patient beginning to place their hand in any reflex or screening mode.



When beginning to utilize the right arm response, it is essential that the practitioner be patient in the learning process as it takes concentrated effort and practice in mastering this mode of testing. It is important for one to be focused and present and not to use one's own judgment or prejudices as to what one thinks is needed, but to simply be the facilitator of the information to be received.

Four Specific Arm Styles:

We have determined that there are four specific types of arms that clients present with when being right arm muscle tested.

The Definitive Arm:

This is the arm the client will hold strong without recruitment of other muscles to keep the right arm from becoming weak. The practitioner will have no problem with this arm distinguishing between strong and weak upon testing.

The "I Won't Let You Make Me Weak Arm":

This arm is when the patient being tested will do everything in their power to not allow the right arm to become weak. The client will put their whole body, recruiting other muscles to stay strong. Often their whole body will shake in the process of resisting to keep strong.

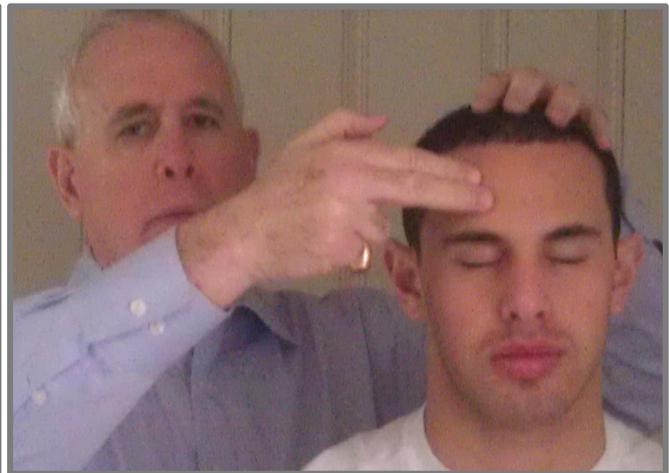
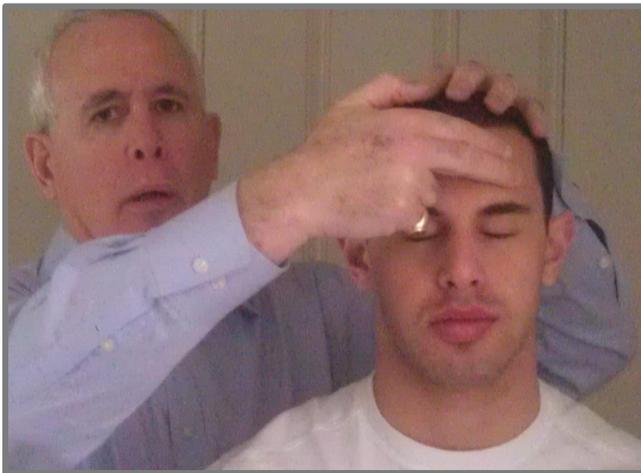
When encountering these individuals, the practitioner should:



Davis Advanced Health System Basic One Tutorial Part 1: Background

Section 3: Assessment Technique

- Remind the client that this test is a response from the subconscious mind and is not a strength test. That the response to this test will come automatically, not from physical effort.
- Additionally, the practitioner should utilize the right index and middle finger sweep across the frontal bone of the patient from left to right three (3) times to get an accurate response.



The "Wavy Arm":

In this arm style, the client holds out their right arm but has difficulty maintaining a distinct, strong arm. Their arm will waiver or not lock in and feel consistent in resistance given. It becomes wavy and the response is ambiguous.

To establish an accurate definitive arm several procedures can be performed:

- It is important when encountering the wavy arm for the practitioner to calmly repeat the instructions to the client, making the testing procedure very clear.
- Additionally, you can have the client push their arm ceiling ward (instead of simply holding strong).
- You may also find it helpful to start the client with their right arm higher than the horizontal position before testing.

The "I Have the Everything Wrong Arm" or the "I Give in to Your Arm":

This is the arm that upon testing will automatically weaken no matter what attempt is made to establish strength. This style is rare.



Davis Advanced Health System Basic One Tutorial Part 1: Background

Section 3: Assessment Technique

To establish an accurate definitive arm several procedures can be performed:

- The practitioner should instruct the client to push their right arm up to the ceiling each time the command of resist is made.
- The practitioner should be extremely specific in the command of hold/ resist.
- The practitioner should sweep the clients forehead left to right, with their index and middle finger, three times.

Surrogate Testing/ Arm Mentor Testing:

This mode of testing involves the use of a third party with a Definitive Arm Style who has been shown to be of clear mind and bears no judgment on the patient's conditions.

This method of testing can provide greater clarity in several instances;

- When a client's arm is ambiguous
- When working with children or the elderly
- When the client has a shoulder injury

Procedure:

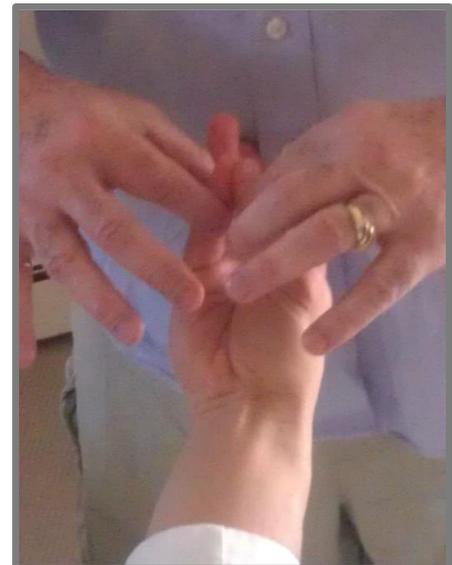
To utilizing a Surrogate, the right arm of the surrogate is tested instead of the right arm of the client. The left fingers of the surrogate should rest gently on the client. The practitioner can ask the question to the subconscious mind of the patient either silently or out loud. The right arm of the surrogate will become weak if the answer is 'yes' and remain strong if the answer is 'no'.

Programming the Surrogate:

Not everyone can be utilized as a surrogate/arm mentor. If the practitioner has an individual they think would make a good candidate, programming the surrogate will determine if they are clear enough to be a good choice.

Hold the surrogates right arm horizontally as in a Right Arm Muscle Test and ask silently, "Are you a man (woman)? If the surrogate is a Male and the right arm weakens (yes response) to the question, "are you a man? they are programmed and can be utilized as a surrogate.

If the right arm stays strong (no response) for the question, "are you a man?" then they are unable to be programmed and should not be utilized.





Davis Advanced Health System Basic One Tutorial Part 1: Background

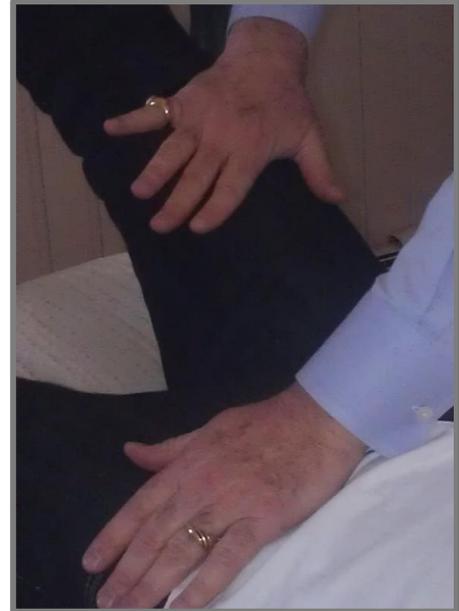
Section 3: Assessment Technique

Other modes of Testing:

The Right Hand/Opponens Muscle Group:

This test is the next most specific and accurate method of testing. The practitioner has the thumb and pinkie of the right hand of the patient are held together strong each time a screening question is being tested for information.

The ability to maintain the thumb/pinkie strength indicates a strong (No) Response. If unable to maintain strength, a “yes” response is indicated.



The Right Straight Leg Test Response

This testing procedure requires the client to be lying down in the supine position (on their back). The client continues to use their left hand as a screening hand as the practitioner tests the right leg of client above the knee.

The client's right leg is raised with the knee straight approximately 45 degrees in the air. The practitioner may stabilize either the left hip or the right shoulder of the client as the test is being performed.

The ability of the client to maintain the right leg, indicates a strong “no” response. Weakness of the right leg indicates a “yes” response.

The Left Arm Muscle Test Response

If unable to utilize the right-side testing procedures (right arm, opponens group, or right leg) the left arm of the patient can be utilized with their right hand used as the screening hand.

Recommended Reading

The Right Ann, Muscle Test Response (with and without the use of surrogate), has been clinically tested, researched and reviewed by several distinguished pioneers in the chiropractic profession. The Doctors and their books are as follows:

1. Dr. M.L. Rees: The Art and Practice of Chiropractic Sedan, Kansas, 1984, 1988, 1992.



Davis Advanced Health System Basic One Tutorial Part 1: Background

Section 3: Assessment Technique

2. Dr. M.B. De Jarnette: Sacro Occipital Technique Nebraska City, Nebraska. Pain control and body language, 1978.
3. Dr. M.B. De Jamette: Sacro Occipital Technique Nebraska City, Nebraska. Cranial technique, 1978.
4. Dr. M.B. De Jarnette: Sacro Occipital Technique Nebraska City, Nebraska. Pain Control, the R plus C factor, 1978.
5. Dr. M.B. De Jamette: Sacro Occipital Technique Nebraska City, Nebraska. The unusual in research; Mind language, 1979.
6. Dr. M.B. De Jamette: Sacro Occipital Technique: Nebraska City, Nebraska. Advanced Sacro Occipital Technique; Category 2 review and advice, 1984.



Section 4: Anatomical Relationships



Davis Advanced Health System Basic One Tutorial Part 1: Backgrounds

Section 4: Anatomical Relationships

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Spinal levels as they relate to corresponding vital organs



THORACIC

T1 Left	Coronary
T1 Right	Glandular Over function
T2 Left	Myocardial, Valvular
T2 Right	Glandular Under function
T3 Left	Left lung field, upper respiratory tract
T3 Right	Right lung field, upper respiratory tract
T4 Left	Bile Duct
T4 Right	Solar Plexus (vital essence ctr, temperament)
T5 Left	Greater Curvature of Stomach
T5 Right	Lesser Curvature of Stomach
T6 Left	Pancreas (Hyperglycemic)
T6 Right	Pancreas (Hypoglycemic)
T7 Left	Lymphatic, Spleen
T7 Right	Lymphatic, Spleen
T8 Left	Liver, Portal Circulation
T8 Right	Liver, Portal Circulation
T9 Left	Left Adrenal, Medulla & Cortex
T9 Right	Right Adrenal, Medulla & Cortex
T10 Left	Jejunum, Ileum
T10 Right	Brunner's gland of Duodenum
T11 Left	Duodenum (1/2 next to Pyloric Valve), Left Kidney, Pelvis
T11 Right	Duodenum (1/2 next to Jejunum), Right Kidney, Pelvis
T12 Left	Left Kidney (except pelvis)
T12 Right	Right Kidney (except pelvis)



Davis Advanced Health System Basic One Tutorial Part 1: Backgrounds

Section 4: Anatomical Relationships



LUMBAR

L1 Left	Ileocecal Valve
L1 Right	Ileocecal Valve
L2 Left	Cecum (1/2 next to Liver)
L2 Right	Distal Cecum (1/2 next to Ileocecal Valve)
L3 Left	Left Ovary/Testicle
L3 Right	Right Ovary/Testicle
L4Left	Descending Colon, Sigmoid Colon, Hemorrhoidal Plexus
L4Right	Transverse Colon, Splenic Colon, Hepatic Flexure, Crypts of Lieberkühn
L5Left	Left Uterus/Prostrate
L5 Right	Right Uterus/Prostrate



Davis Advanced Health System Basic Tutorial 1 Contact Information

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