

WHAT TO DO FIRST, NEXT & LAST

An Introduction to **QUINTESSENTIAL APPLICATIONS**



*"It is the common clinical approach in all healing professions to look at the patient's local complaint(s) as the primary focus of the initial clinical assessment. The **QA** Clinical Protocol revises this focus by insightfully approaching the patient's presenting complaint(s) as an integral part of their overall physiology. It assesses and treats 'physiology gone wrong' in a systemically oriented, logical, efficient, and clinically rewarding manner."*



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Physicians and clinicians the world over are confronted daily with recurring and provocative questions precipitated by perplexing patient presentations: What does this mean? What approach shall I take? What tests shall I run? Where do I go from here?

These very questions were the catalyst for the development of **QUINTESSENTIAL APPLICATIONS (QA)**, a physiologically based, basic science driven approach to evaluation and treatment of the human system.

When first introduced to **QUINTESSENTIAL APPLICATIONS**, Dr. Scott Walker, the founder of N.E.T., remarked: *"Finally, someone has done the near impossible! Imagine the 40+ years of **AK** organized into a workable...hierarchy of what needs to be done first, second, and next. Follow the **QA** protocol and know what to do for any patient on any visit...."*

WHAT TO DO FIRST, NEXT & LAST soon became the by-line for concepts and strategies embodied in a clinical thought process that is rapidly being embraced by healthcare practitioners worldwide.

What is the **QA** Clinical Protocol?

**"a physiologically based,
basic science driven,
neurological hierarchy
for the ordered application
of clinical procedures
and techniques."**

The evolution of **QA** began in June 2004, when Dr. Walter Schmitt presented a seminar he called *Critical Concepts for Effective Care*. In that seminar, he organized fundamental neurological, biochemical and structural principles into a "Clinical Protocol" firmly founded in extensive research and solidly grounded in practical clinical experience.

In an effort to help others understand the thought processes that underpin what was soon to be called **QUINTESSENTIAL APPLICATIONS (QA)**, Dr. Schmitt authored and recorded (**QA** Audio) a 35 page paper (ICAK USA 2005, Paper of the Year) entitled *"The Neurological Rationale for a Comprehensive Clinical Protocol Using Applied Kinesiology Techniques."* This paper represents more than thirty years of clinical observation and thought that gave rise to the **QA** Clinical Protocol: **a physiologically based, basic science driven, neurological hierarchy for the ordered application of clinical procedures and techniques.**(1)

Simply put, what he had observed is this: **the order in which you perform the varied techniques and procedures at your disposal directly affects the efficiency with which you achieve the desired clinical response.**

What is QA?

QA organizes clinical thought in the context of basic science

QA assesses and treats systemic influences prior to addressing local problems

QA uses the manual muscle testing (MMT) response as a window on neurological function

QA is an open system – open to all techniques past, present and future

QA is applicable to any style of practice (high volume or low)

“To follow a physiologically haphazard approach to patient care is like playing random notes on the piano hoping that they come together and make beautiful music.” And, on the contrary, “to follow a physiological approach, one based on the basic sciences of neurology and biochemistry, is **like playing the marvelous masterpiece of physiology following the sheet music of life itself.**” Hence, there is a logical “path to follow so that the outcome of treatment is most harmonious with the patient’s physiology.” (2)

QUINTESSENTIAL APPLICATIONS, the name chosen to describe this critical observation, by definition suggests an ideal order in the clinical process.

QUINTESSENTIAL means the ideal or the standard. **QUINTESSENTIAL APPLICATIONS** is the ideal or the standard for the ordered application of clinical procedures according to a neurological and biochemical hierarchy.

SOMATIC & AUTONOMIC WINDOWS

Manual muscle testing (MMT) has been used in many ways. The **QA** Clinical Protocol asserts that **the most “elegant” use of the MMT response is as a somatic window on neurological function**; a measurement of the collective influences (inhibition and excitation) on the anterior horn motor neuron (AHMN) pool of the muscle being tested.

Physicians of every variety have been trained to palpate a pulse, monitor respiration, take a blood pressure, and/or observe pupillary light reflexes. These standard tests are muscle tests. They are autonomic windows on neurological function, but muscle tests none-the-less.

It is clear, from objective, clinical and scientific evidence, that if one wishes to evaluate influences on neurological function, the MMT response provides a window on the nervous system from which much valuable information can be derived. In this light, MMT becomes **“an important tool in the decision making process of what to do for a patient when confronted with a number of different alternatives”**

WHAT TO DO FIRST?

When a weak (inhibited) muscle is identified by MMT, the question that begs to be answered is this: **WHAT MUST BE DONE FIRST** to encourage the most efficacious and favorable outcome? In other words: At this moment in time, **what is the most powerful influence on the AHMN pool for the muscle(s) being tested?** Most often this is a systemic pattern. Knowing this, and having the tools for efficient and effective evaluation, the practitioner can proceed with confidence, remove barriers to healing, and facilitate a favorable outcome.

The fundamental premise of a neurologically driven, top-down, inside-out thought process, illuminates the fact that one must first address systemic influences prior to addressing local problems – this pivotal principle provides powerful possibilities for predictable, consistent and lasting outcomes.

Contrasting the orientation of the **QA** Clinical Protocol with the approach that is typical in most physicians' offices, Dr. Schmitt observes: "It is the common clinical approach in all healing professions to look at the patient's local complaint(s) as the primary focus of the initial clinical assessment. The **QA** Clinical Protocol revises this focus by insightfully approaching the patient's presenting complaint(s) as an integral part of their overall physiology. It assesses and treats 'physiology gone wrong' in a systemically oriented, logical, efficient, and clinically rewarding manner."

Systemic influences on local symptom manifestation are potent inhibitors to symptom resolution and encourage recidivism. Therefore, physicians using the practices and principles embodied in the **QA** Clinical Protocol, make a focused effort to relieve the body of system driven, aberrant descending pathways prior to addressing local problems.

NEUROLOGICAL & BIOCHEMICAL HIERARCHY

The neurological hierarchy suggested by the **QA** Clinical Protocol first addresses and relieves sources of nociception, from injury sites recent and ancient. This approach reduces cortical and/or cerebellar asymmetry and the associated muscle withdrawal response (Flexor Reflex Afferent response), restoring normal muscle spindle cell control mechanisms necessary for muscular and postural control. (3)

Once the adaptive effects of persistent and unresolved nociception are relieved (i.e. cord driven FRA response, local and systemic autonomic response, and communication with higher centers), assessment of systemic nutritional factors is engaged. These factors are vital for proper healing and have a direct impact on nerve, brain and immune function, inflammation, energy production, tissue oxygen supply, cartilage and connective tissue repair. In concert with this assessment, the adverse influence of offenders (e.g. bad fats, allergens, etc.) is relieved and appropriate nutritional and lifestyle interventions suggested.

Subsequently, dysfunctions in systemic structural factors (TMJ, Cranium, etc) are considered. These result in aberrant postural patterns, often secondary to immune system dysfunction, that appear to impact the mesencephalic reticular formation and affect, among other things, pattern generation neuron pools (i.e. flexion, extension, lateral bending, rotation), TMJ muscle function and autonomic expression.

ENDOCRINE, GI TRACT & EMOTIONAL STRESS

Following these systemically oriented therapeutic efforts, persistent endocrine effects, GI tract dysfunction, and emotional stress can be more clearly evaluated and addressed. In fact, many adverse neurological and biochemical influences on endocrine, GI tract function and emotions will have been relieved by therapies previously engaged.

Presenting symptomatology is also often greatly reduced or entirely absent leading to the assessment of "local problems." However, at this juncture, our focally directed therapeutic efforts are more impactful as they are relieved of interference from previously aberrant descending neural pathways.

THE LOGIC BEHIND THE **QA** PHYSIOLOGICALLY BASED THOUGHT PROCESS

- Since all systems: immune, endocrine, gut, muscular, etc. are adversely impacted by nociception ...shouldn't we address nociceptive activity prior to addressing any other system or local problem?
- Since the immune system is impacted by cytokines arising from the GI tract...shouldn't we address GI tract irritants (allergens, bad fats) prior to addressing systemic immune function?
- Since cortisol inhibits the immune system ...shouldn't we address low immune system function prior to improving adrenal activity?
- Since the citric acid cycle (CAC) is inhibited by immune system activity...shouldn't we address immune system function prior to adding B vitamins & manganese to improve activity in the CAC?
- Since the adrenal glands mobilize glucose for ATP production...shouldn't we address the CAC prior to treating the adrenals?
- Since all visceral & biochemical imbalances are reflected in & create muscle imbalances...shouldn't we address these systemic issues prior to making musculoskeletal and spinal adjustments?

The answer to all of these questions is **YES!** **QA** considers hundreds of similar physiological principles and focuses the physicians' attention on efficiently achieving the desired clinical outcome.

WHAT **QA** CAN DO FOR YOU AND YOUR PATIENTS

IF IT WALKS INTO YOUR OFFICE, QA ADDRESSES IT in an orderly, physiologically based manner. Listed below are some of the essential health issues addressed by the **QA** Clinical Protocol using natural therapies and hands-on techniques.

- Pain and Injuries (Acute & Chronic)
- Inflammatory Processes
- Fatigue
- Joint Health
- TMJ and Cranial Faults
- Energy Production
- Endocrine Function (Hypo and/or Hyper)
- Liver Detoxification
- Blood Sugar Handling
- Gastrointestinal Tract Dysfunction
- Emotional Stress
- Persistent Muscle Imbalances
- Pelvis, Spinal and Extremity Subluxations
- Persistent Pain

Once the organizing principles of the **QA** Clinical Protocol are clearly understood, its application is **like entering the forest of the patient's symptoms with a map**. More often than not, this map leads the practitioner, and patient, toward a rewarding outcome.

FREED BY PHYSIOLOGY & GUIDED BY OUTCOME

This context for clinical thinking, rather than being a constraint, **frees the practitioner to take diverse routes toward accomplishing a particular physiological task and achieve a specific clinical outcome.** However, if the route chosen does not yield the desired result, this science driven thought process provides definitive guidance and certainty about where to go to begin again in your search for resolution.

Every doctor of any discipline, and whatever the style of practice (high volume or low), will benefit from the study of QA.

Doctors who have adopted the QA Clinical Protocol have reported increased zest for practice, dramatically improved efficiency and effectiveness, and enhanced understanding of many seemingly complex processes.

QA is a combination of compelling clinical procedures and a powerfully profound thought process that encourages a favorable and often remarkable outcome. QA provides context in which all techniques, past, present and future, find a place."

Kerry M. McCord, DC, DIBAK

Laura Chaffiotte, a Diplomate of the American Board of Clinical Nutrition and graduate of the inaugural QA Course reported: *"QA is giving me the truly holistic tools to become the doctor I aspire to be. It is a wonderful blend of science and practical information."*

Following the completion of the QA Course in Milan, Italy, a German medical physician, Anita Ginter, observed: *"QA has put AK into an order that makes sense. It enabled me to get results I previously never dreamed of. It is very comprehensive and worth learning for every person interested in AK."*

In similar, yet diverse statements, many have given testimony to this basic science driven, ordered application of clinical procedures, recognizing that **"QA has the seed within it to change the way the healing arts are practiced the world over."**

The human body is composed of a limited number of organs and systems, just as music is composed of a limited number of notes and chords. The musician uses those notes and chords in a harmonious and ordered fashion to create beautiful music. Does it not seem appropriate that the physician approach the human system in much the same way?

For further information about QA please visit www.quintessentialapplications.com.

1. Schmitt, Walter H., *The Neurological Rationale for a Comprehensive Clinical Protocol Using Applied Kinesiology Techniques*. Proceedings of the I.C.A.K. - U.S.A. Annual Meeting, Volume 1, 2005-2006. p. 157-191.

2. McCord, K.M., and Schmitt, W.H., *Quintessential Applications: A(K) Clinical Protocol (2nd Edition, 2009)*. St. Petersburg, Florida: Privately Published, 2009.

3. Schmitt WH, Cuthbert SC: *Common Errors and Clinical Guidelines for Manual Muscle Testing: "The Arm Test" and Other Inaccurate Procedures*. *Chiropr Osteopat*. 2008 Dec 19;16(1):16.
<http://www.chiroandosteo.com/content/16/1/16>