IRT – Injury Recall Technique

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Does "Autogenic Facilitation" Strengthen Weak Muscle(s)?

1. **If** Autogenic Facilitation (Stretching of Muscle Spindle Cells) **Strengthens**: **No IRT** Needed
2. **If** Autogenic Facilitation **Does Not Strengthen**: **Rubbing** (or Patient TL) **Over Area(s) of Injury** (Past or Present) **Strengthens** Weak Muscle(s)
3. **Perform IRT** to Areas Identified (See Below)
4. **Retest for** Response to **Autogenic Facilitation** (1)
    a. **If** Autogenic Facilitation **Strengthens**: Go to **NSB / Set Point Technique** (If Needed)
    b. **If** Autogenic Facilitation **Does Not Strengthen**: **Repeat Steps 2 through 4**
5. **Continue Until Autogenic Facilitation Strengthens** Weak Muscle(s)

NOTE: ***MEASURE, MEASURE, MEASURE*** – **Perform RANGE OF MOTION** and/or **MEASURE PAIN (Pain Scale: 0 – 10) Before and After** Performing IRT

IRT DIAGNOSIS for HEAD & NECK PROBLEMS:

1. **TL to Area of Previous Trauma** on the Head or Neck is Negative.
2. **TL to Same Area** with **Head & Neck In Extension Weakens** Strong Muscle.

IRT TREATMENT for HEAD & NECK PROBLEMS:

Firmly, but Gently, **FLEX THE ATLANTO-OCCIPITAL AREA**, to the Limit of Motion, Three or Four Times:

A. **While Patient Touches** Area of Previous Injury (or)
B. **After Doctor Pinches** Area of Previous Injury (or)
C. **After Doctor Uses Origin-Insertion Technique** in Area of Previous Injury

IRT DIAGNOSIS for the REST OF THE BODY:

1. Gently **COMPRESS THE MORTIS JOINT** (Push Talus Headward)
    A. **While Patient Touches** Area of Previous Injury (or)
    B. **After Doctor Pinches** Area of Previous Injury
2. **Observe for Strong Muscle Weakness**

IRT TREATMENT for the REST OF THE BODY:

Perform a **DISTRACTION** (Micromanipulation) **OF THE TALUS** (Opening Mortis Joint)

A. **While Patient Touches** Area of Previous Injury (or)
B. **After Doctor Pinches** Area of Previous Injury (or)
C. **After Doctor Uses Origin-Insertion Technique** in Area of Previous Injury

IRT TREATMENT for the SPINE:

Cervical Spine and Coccyx – ATLANTO-OCCIPITAL FLEXION

A. **While Patient Touches** Cervical Segment or Coccyx (or)
B. **After Doctor Pinches** Skin over Cervical Segment or Coccyx

Sacrum, Sacroiliacs, and the Rest of the Spine – DISTRACTION OF THE TALUS

A. **While Patient Touches** Sacrum, Sacroiliac or Spinal Segment (or)
B. **After Doctor Pinches** Skin over Sacrum, Sacroiliac or Spinal Segment

DISTRACT TALUS Bilaterally (e.g. Vertebra) **or Ipsilaterally** (e.g. Sacroiliac) as Appropriate

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