

Name \_\_\_\_\_ Date \_\_\_\_\_

# NEURAL ORGANIZATION Technique

**Instructional  
Manual**



**Survival  
Systems  
& Beyond**

**Originally developed by Carl Ferreri, D.C. PH.C**

**Expanded by**

**Neural Organization Technique International Professional**

**Non-profit Organization**

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Definition of Chiropractic from Dorland's Illustrated Medical Dictionary  
28th Edition (W.B. Sanders)

"...a science of applied physiologic diagnosis based on the theory that health and disease are life processes related to the function of the nervous system by mechanical, chemical, or psychic factors is the cause of disease; restoration of and maintenance of health depend on normal function of the nervous system. Diagnosis is the identification of these noxious irritants and treatment is their removal by the most conservative method."

## **Advanced Section**

# Foreword

This teaching manual represents an updated version of past Neural Organization Technique (N.O.T.) manuals. It incorporates all the basic concepts of N.O.T. originally developed by Carl A Ferreri, D.C., and Ph.C. with emphasis on understanding the theory, new diagnostic applications, updated neurology, physiology and methodology. Although you may notice differences in sequence, description, and emphasis, the basic philosophy remains the same. For those that have taken prior instruction from certified instructors or Dr. Ferreri in the past, differences in opinion will always exist. Neural Organization Technique represents an eclectic approach, which shares the wisdom and expertise of many practitioners past and present.

The methods described in these N.O.T. manuals should not be taken as a cookbook protocol. The practitioner is expected to have performed the usual and customary physical examination and in particular pay careful attention to the diagnostic screening steps outlined in the following pages. When used correctly, Neural Organization Technique can play a vital role in healthcare services provided to your clientele.

These manuals are written in a format that assumes one is familiar with basic applied kinesiology (PAK) concepts and knowledgeable of the diagnostic role of manual muscle testing and the functional neurological concepts related to conditionally inhibited and conditionally facilitated muscles. Additional concepts covered are: organ muscle relationships, reactive muscle patterns, location of many of the common neurolymphatic and neurovascular reflexes as well as a comprehensive understanding of neuroanatomy, neurophysiology and pathophysiology. While this manual can serve as a reference and study aid there is no substitution for a live lecture.

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## Acknowledgements

This advanced instructional manual represents a culmination of work from the original members of N.O.T. –IP, present board members and contributions of many N.O.T. practitioners around the world.

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## History of Neural Organization Technique

Neural Organization Technique is a holistic physical medicine therapeutic protocol, based in Applied Kinesiology, which deals with our basic primal survival systems of fight/flight, feeding/digestion, reproduction and immune. Our health depends on how well these systems are maintained and their ability to receive process and respond to sensory information in a constantly changing environment of both internal and external stressors. Treatment utilizes a sensory receptor-based therapy involving primarily skin surface reflexes designed to normalize nervous system function.

In 1978 Dr. Carl Ferreri, a chiropractic physician from New York, further developed the basic concepts of Applied Kinesiology, several other chiropractic and energy medicine techniques into an eclectic protocol he named Neural Organization Technique (*N.O.T.*). His theme was nothing is impossible; as it relates to the central nervous system and body's ability to heal itself. His passion was helping the developmentally delayed, especially Down Syndrome and many other debilitating conditions of both children and adults. His knowledge of the human body, neural function and energy medicine was that of a genius in both knowledge and clinical practice.

Neural Organization Technique focuses on development in neonatal and early natal neurological development, i.e. our primitive reflex systems. These primitive survival systems are described here as Fight/Flight, Feeding, Reproduction, and the Immune system. These survival systems are universal and represented in all forms of life. These survival systems function primarily on a subconscious level, (autonomic nervous system) allowing survival in a hostile or potentially hostile environment by fleeing from or fighting our predators/enemies, by gathering and assimilating food and by reproduction for the procreation of the species. The challenge in Neural Organization Technique and many other healing arts is working with these systems to obtain diagnostic information and a therapeutic application that offers predictable results in an efficient and cost effective manner.

The purpose of Neural Organization Technique is to re-establish optimal neural function by resetting neural pathways and undoing compensatory states. By restoring neural function to its optimal original state, the concept of rehabilitation and or retraining is no longer the highest priority. A fully functioning nervous system allows the body to heal from acute or chronic illness and traumas past and present with maximum efficiency and at the same time raises our vitality and improves longevity. This is what makes *N.O.T.* unique within the healing arts community.



Dr. Carl Ferreri  
Father and Developer of  
Neural Organization  
Technique.

## Introduction and Theory

The fundamental premise of Neural Organization Technique is to re-establish optimal neural function by resetting neural pathways and undoing compensatory states. By restoring neural function back to its optimal original state, the concept of rehabilitation and or retraining is no longer the highest priority. To reach this *organized* neurological state, we look at how sensory information (afferent stimuli) about our environment is gathered, processed, and interpreted knowing that the (efferent) response must be consistent with the concept of survival and the preservation of the species.

From the beginning of life, in utero through childhood and adult, N.O.T. recognizes that our nervous system is continually processing information thru the pre-programmed neural pathways of the primitive neonatal reflexes described here as survival systems of fight/flight, feeding, reproduction and immune. These systems are present in all living things allowing the continuation of life while adapting to any and all challenges in our environment.

Neural Organization Technique focuses on functional neurology of the Fight/Flight system by initially recalibrating sensory input devices (mechano-receptors) in our skin, muscles, tendons, ligament, joints and bones with a comprehensive understanding the role of the vestibular reflex systems. An example of aberration within the vestibular systems and associated cohort pathways is believed to be the key to understanding and successfully treating the condition of scoliosis.

The second survival system of Feeding is interpreted primarily through the coordinated jaw movements which direct digestive function.

The third survival system of Reproduction is interpreted through the endocrine system, recognizing that hormones represent the body's non-electrical communication system.

The Immune system, an internal survival system, can be thought of as the glue that holds life together and is the most complex due to its dynamic homeostatic nature.

A final variable that all the healing arts must address is the mental ~ emotional factor. Neural Organization Technique offers some insightful protocols to understand and treat this complex and ever challenging state of emotional health.

Advanced N.O.T. protocols *not discussed in this manual* have shed new light and therapeutic options on many complex disorders ranging from learning disabilities to Down syndrome, immune system challenges from microbial infections to debilitating illnesses, toxicity issues form heavy metal toxicity to organ dysfunction, and complex emotional states.

Treatment protocols follow a specific sequential unfolding format divided into neurological units similar in concept to many advanced Applied Kinesiology protocols. Understanding how to identify and correct the aberrant code of our biological computer represents the challenge and excitement of using Neural Organization Technique.

...Continued

# Concepts

Neural Organization Technique utilizes many basic and advanced applied kinesiology neurophysiology concepts, several eclectic kinesiological methods as well as energy medicine techniques in the basic and especially in advanced protocols. Energetic steps will be identified as such are an option for the practitioner to use or not.

**Neural Organization Technique allows the practitioner to work on THREE LEVELS. It remains the prerogative of the individual practitioner to incorporate this or not.**

- I. The first level can be considered **Present-Time**, i.e. where present symptomatology is active and the most common level to work on. To progress to deeper levels, this level must be stabilized.
- II. The next level is commonly called **I.R.T.** which stands for **In Relationship To** and similarly referenced in Applied Kinesiology as **Injury Recall Technique**. On this level one is able to address and clear aberrant/retained neural memory patterns of *significant* past injury(s), and or chronic stress pattern(s) to bones, joints, soft tissues, organs, glands and specific brain areas as the pituitary, hypothalamus, thalamus, Pineal, etc., and limbic system. In working with I.R.T. patterns, the key factor is the emotional memory anchor which needs to be neutralized relative to the offending trauma or chronic state and represents a significant departure from the classical AK approach.
- III. This level is best named by describing it: **Cumulative Old Stress Patterns C.O.S.P.**, is believed to represent the summary memory of minor traumas that accumulate in the years of primarily early childhood, teenage development and throughout adult life that do not have specific emotional memory as an anchor. Possibly Applied Kinesiology's I.R.T. method may also be defined here. It is the author's belief that this can also be treated cumulatively by calling up C.O.S.P. "*previously referenced as...in the dark*" and repeating the treatment outlined in the survival system protocols. It is the prerogative of the individual practitioner in determining to incorporate this or not. C.O.S.P. is believed to play a minor role as it is essential inactive stored body memory. Its initial role is believed to be the physical body's best effort to diffuse the physiological stress from an acute *surface* injury and disperse it deeper in body tissues where its affect will be diluted. The role of cumulative old stress patterns in present-time pain syndromes is not well understood and appears to be unique to each individual. The physiology of C.O.S.P. could explain the not uncommon reaction one often sees in soft tissue work and message therapy that elicits old injury pain patterns. It is interesting to note in the author's experience that this level is not present at birth, developing in early toddler years and absent in only *moderate ~ severe* developmental delayed children (autism, Down syndrome, congenital birth defects, C.P. etc.).

## DEFINITIONS AND TERMS

Neural Organization Technique was developed in the late 1970's by Dr. Carl Ferreri, D.C. Ph.C.

N.O.T.	Neural Organization Technique is a systematic protocol based primarily in applied kinesiology that organizes the nervous system through the primitive neonatal survival reflex systems of fight/flight, feeding, reproduction and Immune system.
N.O.T. Instructors	Instructors of Neural Organization Technique that have been certified by N.O.T.-IP Certification Board post 2014 are well qualified to teach.
A.K.	Applied Kinesiology: Professional Applied Kinesiology P.A.K. is a functional neurological assessment and therapeutic technique originally developed by Dr. George Goodheart in the early 1960's and later evolved into the International college of Applied Kinesiology (I.C.A.K.).
Manual Muscle Testing	MMT Is a methodology within A.K. utilizing an isolated muscle challenge to access neurological function and memory of the central integrative state of the ventral horn of the spinal cord and the sum total of synaptic activity of both excitatory and inhibitory fibers. It functions as a neurological assessment tool allowing a practitioner access to biological processes.
NL / CR	Neurolymphatic reflexes also known as Chapman Reflexes CR are skin surface reflexes that facilitate lymphatic drainage of both muscle and corresponding organ(s), originally developed in the 1930's by Dr. Frank Chapman, Osteopath.
NV	Neurovascular reflexes are skin surface reflexes that facilitate vascular drainage of both muscle and corresponding organ(s), originally developed in the 1930's by Dr. Terence Bennett, chiropractor.
TL	Therapy Localization is unique phenomena of A.K., which allows a practitioner the ability scan reflexes in real time for physiological and energetic imbalances.
IM	Indicator muscle is often used to facilitate a specific procedure or scan.
ESR	Emotional Stress Reflex also known as the stomach NV points.
Gait	The walking or running posture and its associated neuro-muscular activity.
TNRR	Tonic Neck Righting Reflexes.
Cloacals	Cloacal reflexes are the primitive centering reflexes of the pelvis.
Ocular	Ocular reflexes are the head righting reflexes responsible for orientating to the horizon.
V.C.	Visual Centers are bilateral points located on skull directly posterior to the eyes. V.C. is primarily used as a diagnostic enhancement tool.
Labyrinthine	Labyrinthine reflexes are the head righting reflexes responsible for orientating to gravity.
TS Line	Temperal-Sphenoidal Line is a diagnostic area outlining the sphenoid bone where it intersects with the Temporal bone as developed by Dr. M L Rees, Chiropractor.
Chiropractic	An alternative health care profession that has as its core philosophy, the facilitation of the body's own resources to restore health. It incorporates an eclectic methodology.



## SCREENING PROTOCOL

**Screening:** One of the true challenges of any technique is to quickly evaluate your patient and determine the best course of therapy that can be performed in a session as well as their immediate needs and a strategy of on-going care. Neural Organization Technique offers a unique methodology to add to one's diagnostic and therapeutic tool box. For this reason, following the usual and customary physical exam procedures, one should start in the supine posture to begin the N.O.T. examination.

## EVALUATION

**Screening:** Determine the manual muscle testing compatibility of the patient. Next, determine if the individual is or is not in a state of psychological or physiological reversal (overload). If present or suspicious of this phenomenon, one must neutralize it before continuing.

**I. T.M.J. /masseter muscle screening** enables the practitioner a quick and effective assessment tool to evaluate the most appropriate treatment starting point. The purpose is to access if there is an emotional over-load or a physiological over-load that needs to be diffused first. Because both of these states involve recruitment of their respective jaws(s) muscles (masseter, temporalis, and pterygoid muscles) it has the potential to cancel out other T.M.J. work and with their reactive muscle patterns confuse the practitioner if working with the lower extremity muscles.

**Evaluation:** Screen for status of the right and left jaw (masseter muscle) individually to determine if there are indicators of stress overload. Using an indicator muscle therapy localize right and left jaw individually. If a conditionally inhibited indicator muscle is seen on therapy localization, one should confirm this/these finding(s) by identifying the reactive inhibited (weak) gluteus medius.

**Note:** If one sees the inhibited gluteus medius on the homolateral side of TMJ involvement, this is confirming evidence that the individual is switched. The practitioner has the choice to either do a quick reset by rubbing K-27 bilaterally for 60 seconds or ignore the finding knowing that the condition will self-resolve during treatment outlined in the emotional clearing section of the advanced manual.

- a) Right jaw *masseter* facilitation is indicative of active emotional stressors. At this point, one should assess if:
  1. Cardiac Back stress syndrome is present
  2. Sphenoid distortion is present
  3. Psychological or physiological reversal is present
- b) Left jaw *masseter* facilitation is indicative of extreme physical pain (uncommon) or more commonly overwhelming organ stress. With organ(s) stress, a positive therapy location over the organ(s) or a conditional inhibition of the organ-muscle relationship is readily seen. One should attempt to identify the cause(s) of this physiological overload or elicit a history of the health challenge.

**Correction:** Spindle down →← the masseter and spindle down →← the temporalis on the side of involved jaw. Then cross over to the opposite side and release the lateral pterygoid. Continue homolaterally with the masseter and temporalis (spindle down →←) and again cross over to the opposite side and release the lateral pterygoid. Note one finishes on the same side one started.

**Note:** It is strongly recommended that this jaw correction be repeated twice and verified that it has been cleared successfully.

If sphenoid involvement was identified, the patient is in moderate emotional stress but possibly well compensated. If switching was identified, (psychological / physiological reversal) this represents the uncompensated state. This level requires immediate attention in that any further treatment runs the risk of exacerbating symptomatology or more importantly, the presentation of confusing findings throughout an attempted treatment session for the practitioner.

Additionally, when identifying the above emotional states, note the occurrence /reoccurrence pattern of these findings is an indicator of the level of emotional reactivity of the patient. Advanced protocols will address this topic in greater detail.

**II.** On the initial office visit /evaluation, (following completion of section I above), one should evaluate if an active vestibulo-ocular-reflex system (VOR) deficit is present or not. If a VOR deficit is identified (60-70% of general population) then the practitioner knows additional protocols will be needed (i.e. scoliosis) and optionally-language processing. If VOR is absent, then one will not need to include scoliosis and language processing protocols in one's treatment plan. Additionally clinical analysis will not show an obvious gait disturbance, i.e. leg turn-in will be symmetrical before gait treatment is initiated.

**III.** On follow up visits one should always complete the TMJ evaluation of section I above and verify symmetrical gait as described in section II, if not yet successfully treated.

**IV.** One can also use pre-screening steps to determine key components of the N.O.T. protocol that need to be addressed especially when evaluating on subsequent visits:

- a) Status of Gait and Centering reflexes (Leg turn-in or *TL* any centering reflex)
- b) Status of the Superficial Immune System (Sp-21 or C-7 & T-1 fixation pattern).
- c) Status of Endocrine system.
- d) Status of Universal Jaw indicating systemic organ problems.
- e) If more than one visit is utilized to correct gait reflexes and especially if scoliosis is present, one must make some minor gait centering corrections before proceeding on subsequent treatment visits.

**Comments:** \_\_\_\_\_

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