

# Keys To the AK Castle:

## Building A Foundation

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**Narrative:** Why is the ICAK, after 60 years, struggling to gain physicians? How can the *International College of Applied Kinesiology* (ICAK) and *Applied Kinesiology* (AK) begin to thrive and not slowly fade away? Why does the 100-hour certification course remain unchanged in the past 35 years?

Where is the standardised foundation and protocol to draw in students and practitioners, giving their studies purpose and function? (Professional Applied Kinesiology (PAK) is the official term for AK. However, I will simply be using the term AK for much of this paper).

**Indexing terms:** Chiropractic; Applied Kinesiology; Professional Applied Kinesiology, Education, Certification, Protocol, Foundation.

### Introduction

Times have changed quite rapidly with the ‘discovery’ of AK in 1964 and advancement of science during the past 60 years. Dr. George Goodheart Jr.’s observations and knowledge jump-started the biggest healing revolution in human history. Goodheart discovered a way to connect with the body’s healing centres through functional physiology, muscle testing, and the nervous system.

So why is the ICAK not growing in numbers large enough to sell out football stadiums? Why is AK still a healing secret to humankind? How can AK maintain the integrity of a ‘private club’ yet grow and help to heal the world? In my experience and observations, PAK lacks a form of diagnosis and treatment protocol for beginning students.

‘... Using AK to access negative food reactions is an invaluable tool. Just simply testing a food for inhibition of an indicator muscle probably brings a false negative reaction over 50% of the time ...’



### Discussion

Goodheart said in his 1984 Metabolic seminar (tape 1 37:25):

*‘There is nothing better than to try to present something to your peers, and try and do as well as you can to advance your profession. When you try and do a good job, you are putting forth your best effort and be a credit to our profession ... When something is right it’s simple. The body is simply intricate and intricately simple!’*

This is a simple truth I have observed first-hand while trying to learn AK during chiropractic school and beyond; a truth which comes from unconditional love, and has weighed heavily on my mind for over 13 years. The unchanged number of active members in the ICAK speaks for itself. Why isn't AK growing as an organisation and cornerstone of knowledge for the healing arts? Because students lack a solid, consistent, unified foundation and protocol to lean on from the beginning. The student crop is scared away from AK due to lack of consistency and direction for use.

The common theme as a professional student while in chiropractic college was to see large numbers of students interested in AK, students having many questions about AK, and wanting to be treated by AK, then never commit to learning it. AK was '*neat information, but how do you use it?*' This is still the case with fellow practitioners years later. Instead, students gravitate towards simpler techniques, with simplified protocols, big promises, and little knowledge compared to the entirety of what AK encompasses. It was disappointing to see the sharpest minds in school end up chasing other techniques, doing their own thing, and in many instances, wasting time and energy chasing knowledge AK has had mastered for decades.

No student should ever have to find their own path when trying to acquire the basics of AK. It is the job of the institution to set groundwork for students to succeed, not just give information without direction or purpose. I have found an obvious need for a workable protocol as well as foundational consistency in the basic PAK courses for students to cohere to. Not only are students scared away from PAK due to the lack of any sort of standard protocol to follow, they are then hit with foundational course inconsistency between teachers. The confusion becomes overwhelmingly frustrating for students thirsting for answers and faced with hard decisions of where to spend their time, money, and efforts to guide the rest of their careers.

This confusion then carries over to all the active members of the ICAK down the road. Patients have no idea what to expect from any PAK practitioner as everyone's foundations are so diverse depending on who they studied under and what time period. How wonderful would it be to send a patient to a PAK certified physician and know there will be a basic care standard of which that PAK practitioner will uphold? How wonderful will it be for students from across the world to be able to expand from the same basic protocol and set of standardised classes which will, at last, set a new standard of care throughout all humankind?

### *My journey*

Below is my journey in trying to navigate PAK as a student.

During my training, which started after Goodheart's passing, I was very fortunate to meet Dr Evan Mladenoff (Dr M) as my introductory teacher into PAK. Dr M always refers to PAK as the greatest '*private club*' on the planet. From day one, he instilled in me the thirst for knowledge and loving philosophy, upon which AK was founded. If AK and Dr M hadn't found me while in college, I would have given up and would not have become a chiropractic physician. AK held the knowledge no other source in school took the time to address, from a group of the greatest healers and minds in the world.

While taking the 100-hour PAK course 5-6 times with 4 different teachers, it started to become clear that each class had its own take on AK and the healing art. After being exposed to all this wonderful knowledge, I still had no idea how to fit all the pieces together to actually use. I thirsted to find the source of this knowledge base which founded AK. My search through many books, classes, and stories left me to wonder how someone who was such a great healer could leave this healing art so elusive for others to replicate.

Every source of information had a little different version of what Goodheart meant to them and their interpretation of his work. Each teaching was full of wonderful information, from wonderful

educators; most of whom were able to grow alongside Dr. Goodheart, and the ICAK as it developed. Each AK source filled me with more knowledge, but at the same time, with more questions of how to actually use AK. After struggling to connect all the dots, I finally decided to go back to the source in order to meet and learn from Goodheart himself, via VHS-recorded seminars.

Each VHS tape would build my confidence in AK and its potential for healing. However, I still did not know how to put all this great information into practice. At last, I discovered Dr David Leaf's 'Mo-Jo Enterprise' seminar series, featuring Goodheart. This organised all the AK information in extensive detail and simply broke all the procedures down into a usable form. This series solidified the majority of AK procedures the *Applied Kinesiology Synopsis 2<sup>nd</sup> Edition*, only briefly addressed. I finally came away with confidence to treat a patient with purpose, direction, and applied kinesiology.

After studying Leaf's series I was ready to dig into what I saw at the time, as 'advanced' material from the Chiropractic Neurologist, Dr. Wally Schmitt and the *Quintessential Applications A(K) Clinical Protocol* (QA Protocol). I knew of the QA Protocol (hereinafter 'QA') series for quite some time. However, in my mind, I thought the information would be too advanced for me until I had a better background built up in AK. How could a student like me be ready to take a class from a chiropractic neurologist and get anything out of it? Little did I know, nothing could have been further from the truth. This class taught me a timeless, scientifically sound, up-to-date, basic neurological foundation from which to build all other AK skills upon.

As a student of AK, my biggest disappointment came when I least expected it. I started QA, and realised much of the AK information I had worked so hard to understand, had been superseded by updated science. Schmitt Jr put his entire life's work into organising with Dr. Kerry McCord, and scientifically proving Goodheart's observations along with everyone else's knowledge involved in creating AK across the globe. QA is more than a protocol, it was the foundation I had been looking for all along. After completing the 16-session course, suddenly all techniques made more sense and knowledge had a home to grow in. AK was no longer a barrage of fascinating, elusive, individual pieces, but a well understood, open-ended system to use on patients with reason and reproducibility.

### *Quintessential Applications*

QA is the basic foundation on which all PAK should be based: namely to heal humankind. Schmitt's life's work is ready for the ICAK to adopt as a foundation from which to grow. The PAK basic 100-hour certification course is not obsolete, but rather outdated. The information base is too impractical for students, has grown and changed too much, and the ICAK has grown almost 0% in the past 30 years.

If the ICAK wants to thrive instead of slowly fade away with time, QA gives everyone a scientifically sound, timeless, 16-course foundation, with a protocol, online presence, and book from which to work. Online learning is here to stay, and the roughly 160-hour course will not suffice all on its own. The course still needs lab time and personal touch from the 100-hour teachers to ensure the most fundamental aspects of AK. The teachers are the cornerstone for proper manual muscle testing technique and personal perspective on AK. The PAK basic course may need to be 260-hours or more. Watch the ICAK and all associated techniques and classes flourish and grow once the QA Protocol and updated basic foundation is put in place to draw students in to develop from.

As we all know, students in general will strive towards meeting the minimum standard required by any organisation. As a *Professional Applied Kinesiologist* this standard needs to be set higher than a 100-hour certification. Is 100 hours enough to represent PAK and what it stands for and encompasses? Not to run-down any other certifications, but isn't AK much bigger than a

single 100-hour meridian therapy certification, a specific muscle technique such as *ART* or *Graston*? Is AK not an open-ended diagnostic system meant to be interchangeable with all techniques and ever evolving information?

### *Creating our future*

100 hours is simply not enough in its current, outdated form. Students are not given a comprehensive set of AK tools to ensure their success. The ICAK standard needs to be set much higher to attract not only the most driven healers but the brightest minds in the profession. We need to maintain the integrity of the ICAK as a 'private club' while encouraging growth. This is accomplished by upping the basic foundation ante (260+ Class hours +Labs) required to enter the club, and giving students a foundational protocol to follow.

Let us pause while I explain the importance of my thoughts for the basic foundation course changes, and the very real adversity the ICAK will face in this new future. Long-term, we need to think about how to preserve the integrity of the ICAK as we start to set a new standard in all healthcare by implementing this foundation. This is much bigger than just a change to a 100-hour certification program. After implementing this updated basic foundation, PAK will quickly expand into the undeniable force within healthcare it was always meant to be. This kind of change is sure to shake the current trillion-dollar healthcare system and has the very real possibility of large corporations and powerful people trying to shut us down by any means necessary.

Ensuring all PAK certified members are held to a high standard from this point forward, and given all the information and direction to succeed will make it much more challenging to ever bury the truth that all PAK practitioners carry and hold from their basic PAK certification. A 260+ hour foundation full of Schmitt's truths is the most certain way to soften even the hardest of healthcare hearts. Who better to safely represent the basic foundation of ICAK than our very own, world renown, medically respected on every level, unchallengeable, and unshakable Walter H Schmitt Jr? I have considered every aspect imaginable over the past 13 years and these are my final conclusions and solutions to a big problem that needs to be addressed within our ICAK family. Last, but not least, I believe the '*the hiStories of A.K. "Film"*' should also be a requirement for the basic PAK certification to ensure the history of AK and Dr. Goodheart's wisdom are never lost.

The ICAK can be the unstoppable force it was meant to be once students are finally given a set of keys to the AK castle with the QA Protocol as the basic foundation from which to build. ICAK will grow and all subset classes associated with AK will expand as a result.

### **Conclusion**

It is time to overhaul the basic PAK certification requirements and class standards to set a new foundation for the ICAK. The basic PAK certification coursework needs to be updated and unified. There must be a standard protocol for beginning students and practitioners to lean on and utilise. Students are too confused with every 100-hour certification course being different from the next as well as driven away without a protocol to guide the information into fruition.

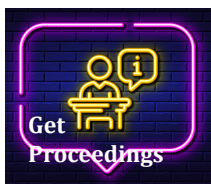
There are AK protocols throughout this community, however, they seem to be based around advanced AK concepts. I know many teachers within the ICAK that have their own protocols and systems, and there is no way to know or say who has the best program or can put the best class together. Dr Michael and Dr Noah Lebowitz have an entire protocol system, David Leaf and Dr Tom Roselle have the *Leadership to Legacy-Basic Fundamentals of AK* system in place, Dr Sheldon Deal has more protocols and ways to prioritise healing the body than any 10 practitioners put together, Dr Evan Mladenoff has his meridian therapy and concussion protocols, Dr Richard Belli and Dr Michael Allen have chiropractic neurology protocols in place, Dr George Gonzalez has many rehab protocols Dr. John Bandy has trauma clearing protocols, Dr J Dunn has genetic variant

methylation protocols, Dr Hank Tolhurst, Dr Katharine Conable, and Dr James Hogg have taught the AK courses for decades and have their own systems in place along with so many others that go unmentioned here, as the list would never end. We have many wonderful members and teachers from which to build a new foundation. Why reinvent the wheel and put another class together to do what has already been done? The QA protocol is complete and ready to put into place today.

Together the ICAK will stand the test of time, divided the ICAK will fall. The basic PAK certification course and foundation is currently divided and without direction to draw members in. What better honour than to put Walter H. Schmitt Jr's lifetime of work, aka QA as the new basic foundation for *Professional Applied Kinesiology (PAK)* and the ICAK?

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