



# Tomorrow is not promised: One man's contribution to ease human suffering

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Kerry M McCord and Walter H Schmitt

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**Narrative:** This paper is the script of a video presentation created by the authors to introduce the use of manual muscle testing and indicator testing as fundamental principles underlying Applied Kinesiology (AK) assessment procedures.

At its core, it is a testament to one man's journey as a student, teacher and practicing physician.

Under the expert direction of a professional 'story engine' creator, the authors spent countless hours writing and rewriting in a conscientious effort to introduce concepts inherent in Applied Kinesiology and advance Quintessential Applications (QA) as an entry point for the study of AK.

**Indexing terms:** Chiropractic; Applied Kinesiology; manual muscle testing; indicator testing.

## Introduction

As a matter of context, this script writing project began in late 2020 and was not yet completed upon the unexpected passing of our (my) teacher, mentor, colleague, and friend, Dr Walter H Schmitt on November 20, 2021.

Dr Schmitt believed that all of humanity, whoever you are and wherever you may live, deserve the very best in natural, holistic, low-cost, low-tech health and wellness care; and that all people and communities *'benefit from improving the quality of even one persons' life... thus, instilling hope in the future.*

He wrote: *'When we restore normal afferent activity, supply the appropriate nutrients, and administer to the mental and emotional environment, we pave the way for efficient cellular function and allow for optimal expression of our genetic potential.'*

In 2022, faced with life without Wally, I rededicated myself to the project's completion, rewriting the copy in the third person, as I would now be its sole narrator. The script was completed in the summer of 2022, recorded, and subsequently enhanced by PowerPoint slides, videos and visuals.

*... Unless you're demonstrating clearly the progress made and the value received, the patient may not be able to connect the dots...'*



I was deeply honoured to air the world premiere of *'Tomorrow is not promised: One man's contribution to ease human suffering'* on October 5, 2022. The following is the unedited version of the script used in the video presentation now available for viewing at <https://qahomestudy.com>.

### Script

"I'm Dr Kerry McCord and I am delighted to spend time with you today. I know that your time is valuable. You work hard, you went to school for a long time, invested a great deal, and learned a lot along the way.

Perhaps you sometimes feel like you are not getting the full value for all the blood, sweat, and tears that you sacrificed to get where you are today. Maybe that's true financially, or in your professional fulfilment, or maybe in a lack of appreciation. Or, possibly you feel that you should be able to give more: to your family, to your friends, to your patients.

I've been around for a while and can relate to all these thoughts and feelings. That's why I am here to tell you about the life's work of the late Dr Wally Schmitt who passed suddenly and unexpectedly on November 20, 2021.

I realise that you have listened to many other presentations, and you might be asking if you even have time for this. However, I assure you, if you listen and open your mind, what you hear will reveal new vistas, provide new perspectives, and allow you to see healing in an entirely new, exciting, and compelling way.

So... Let me take you on a journey toward a vision of healing and clinical practice that took years to comprehend.

Early in Dr Schmitt's career, he had the opportunity to practice and teach with the renowned clinical investigator and healer, Dr George Goodheart. During these early days, a close family member was quite ill and presented with a puzzling array of symptoms including a blood sugar of 30 while fully conscious and able to move. The constellation of symptoms was so baffling that the patient had to be admitted to the hospital.

Wally (Dr Schmitt) asked Dr. Goodheart, *'How can we figure out the possible causes for the patient's problems?'* Dr. Goodheart responded with a litany of differential diagnoses. He had an amazing understanding of how to diagnose and treat every patient that came for care. Wally said to him, *'You have to know as much as any other doctor who might treat this patient'*.

He replied, *'No Wally, we have to know more. We have to know what we know, and know what others know, and then be able to put it all together better than anyone else'*.

That statement reached Wally to his core, as his eyes opened in awe at Goodheart's insight. Every day in practice Wally was learning new things while watching and listening to him. Not just techniques and procedures, but a way of truly seeing what was taking place in the patient's body, a unique insight into each individual patient's physiology.

It was clear that what Goodheart had mastered, Wally needed to master. Goodheart's vision of health and healing was what he needed to see. Goodheart helped Wally understand how to integrate *'what we know and what others know'*. And... in process, he gained confidence and a peace of mind. Regardless of how patients presented in Wally's office, the *'What do I do now?'* feeling was gone!

And ... though he continued to practice, learn and teach, there was a distinct gap between what he was teaching and how seminar participants were able to use the information in clinical practice.

After traveling and teaching with Wally for more than two years, I had a sudden and unanticipated epiphany followed by a conversation that would unalterably change his life and mine. Following a seminar in Dallas, Texas, where Wally demonstrated the comprehensive application of the clinical thought process that he had developed, visibly excited, I approached him and asked: *'Have you been trying to tell us that the order in which we perform the techniques and procedures that we have been learning has a direct impact on the outcomes that we see?'* The simple answer was: *'Yes!'*

I said: *'I don't think anyone understands that, and it has taken me more than two years of traveling and teaching with you to get a glimpse of what you have created. So... either I'm slow or nobody gets it'. Wally responded, 'I don't think you're slow'. With a profound sense of purpose, I replied: 'I will need all your notes. I'm going to write a clinical reference manual, designed to be used in daily practice, and everyone, if they are anything like me, is going to want it'*

I then asked another career altering question: *'Where is the thought process written down? I need to summarise it for the Book's introduction'. He replied 'It's in my head'. I responded 'You're going to have to put it on paper! Tomorrow is not promised, and, God forbid, if you should die unexpectedly, your life's work will go with you. You can't let that happen'. And... providentially, so it began.*

During that year and beyond, we spent thousands of hours editing, revising, re-imagining, and recording a comprehensive curriculum. It took a ton of work to lay the groundwork for *QA Home Study online*, thus making this work more accessible and easier to learn than ever.

About 10 years ago, we were teaching pain relief techniques at a professional conference. In the back of the room, there was a doctor in an electric wheelchair. I later found out that he had fallen off a ladder 3 years earlier and fractured his acetabulum. Unable to walk, he had gained significant weight, postponing plans for the required surgery. During the hands-on workshop that followed, this doctor's longtime friend and colleague used these pain relief techniques on his hip. His response was nothing shy of remarkable.

At the end of the lecture, he motioned to me to come over to where he and his friend and colleague were sitting. Without hesitation, he said *'Watch this'* and he stood up and walked across the room and said, *'this is the first time since the accident that I've been able to walk more than one step... and without pain.'* His colleague who had treated him during the workshop said *'I have been in practice for 30 years and have seen many remarkable responses, but this is by far the most astounding result I have ever witnessed'*.

I asked him to go to the front of the room and share his experience with Dr Schmitt. As you might imagine, Wally was delighted to hear of and see his marvellous response. Both Wally and I were reminded that this was much bigger than the patients we are privileged to serve. We spoke with eagerness and anticipation about how this work had the potential to empower many with the understanding and skills to regularly achieve outstanding, and often remarkable... and even unimaginable results.

I realised that Wally had synthesised the clinical skills that fulfilled what Goodheart had taught him decades earlier: *'We have to know what we know, and know what others know'*. We had finally gotten this out of his head and into the hands of thousands of doctors who are helping hundreds of thousands of patients.

We each have our own story. His gave birth to an extraordinarily effective clinical thought process and a variety of useful procedures and techniques ... and hopefully a path

for you to follow to achieve the peace of mind that comes from applying all your hard-earned clinical expertise in the most efficient manner.

On the other hand, I had been blessed to have had the foresight to recognise that by recording it and leveraging technology, together we could ensure that this life-changing work was made readily available to healthcare practitioners the world over.

His sudden passing caused me to reflect on that moment years past when I said, *'Tomorrow is not promised, and, God forbid, if you should die unexpectedly, your life's work will go with you. You can't let that happen'*.

That fateful Sunday morning, November 21, 2021, following a phone call from Wally's wife telling me that he had passed while jogging in his neighbourhood, I was in shock. Such news was so unexpected. I wept off and on that entire day and didn't sleep much that night. Wakeful, I arose from bed, sat down at my computer, and began to reimagine my role as I rededicated myself to ensuring that his work, published and yet unpublished, was made even more readily accessible *'to lessen the suffering of patients around the world'*.

This desire to help others is the passion and purpose that unites us as healthcare practitioners. I believe that the greatest gap in health and wellness these days is not in understanding technology or research, but in achieving a universally applicable, personalised, patient centred, application of this technology and research in a manner that generates exceptional outcomes and lasting results.

For more than 45 years Wally was privileged to help thousands of clinicians of all professions, to improve the lives of millions of patients with this remarkably reliable and precise process. Together, we stood side by side for almost two decades and pursued our mission to educate physicians and provide for patients the very best in natural, low tech, low cost, health & wellness care.

As we proceed on this journey without him, we will explore insights into the principles that optimise human function that made my practice and his... and the practice of so many others ... so fulfilling.

Think back to when you first decided that you wanted to enter healthcare as your life's profession. Think back to the ideals and values that motivated you at that time. Think back to the anticipation of exploring the wonders of the human body and its healing power and your vision of relieving pain and suffering and helping your patients live a better life.

Over time and out of necessity, the real world often redirects our course. But... if you get in touch with these early images of what treating patients might be like, you might ask, how does it compare with what I do every day?

So many practitioners have been jaded through the years. After all the study and work that you have put in to get to where you are today – does it seem like you are getting all that you imagined for all that effort? Could there be more to treating patients than you are now experiencing?

Wally suggested that this is quite likely, and perhaps I can show you how to become more closely aligned with your original perspectives about healing. What is the first thing most people do after getting a haircut? They find a mirror and take a look. What do you think your patients do after they leave your office? They assess their status to see if anything has changed.

The patient knows if they are better. Shouldn't you?

One of the biggest challenges encountered by most healers in any profession is the lag time between introducing or performing treatment procedures and waiting to see if the therapy prescribed has the hoped-for result. This is a source of anxiety for both doctors and patients. Many doctors try a therapy and weeks may pass before it is known if the therapy is compatible with the patient's specific needs. If the therapy does not achieve the desired outcome, then a new course of therapy must be charted and the result, once again, delayed. This cycle is often repeated several times before the patient responds ... or moves on.

The success rate for many therapies, especially in chronic disease, is far less than 50%. Wouldn't it be nice to know if the therapy you recommend is compatible with your patient's needs before they leave your office? Wouldn't it be useful to have a real-time tool for personalised, precision care that eliminates the lag time between instituting a therapy and witnessing the outcome to see if it was appropriate for the patient?

The good news is, there is such a tool. That tool is indicator testing and is based on patient response while the patient is in the office. It is used to determine whether the response to a potential therapy is helpful or not. With *Indicator Testing* the patient's problem is assessed: pain, range of motion, a neurological test, an activity of daily living, and so on. Then, you observe if the measured indicator is helped by a particular therapy. Consequently, both you and your patient know immediately whether a specific therapy is compatible with your patient's needs.

Of course, you can explain your proposed treatment so that the patient understands, but with *Indicator Testing*, the patient feels the change immediately as you simultaneously observe the response. *Indicator Testing* provides immediate feedback and you and your patient share in the experience. It does not always yield significant improvement, but even when there is no change, you are guided in the right direction.

Believe me, patients will stick with you when you are intimately engaged in the process of their healing. They will know that you are pursuing their health with an awareness of what works for them and what doesn't.

As valuable as *Indicator Testing* is, using it for each individual procedure can be time consuming. Fortunately... there is a way to dramatically streamline the process.

In the 1960s Goodheart's innovative observations expanded the use of standardised muscle testing evaluation for analytical and diagnostic use in any practice. But wait a minute, I can feel that some of you may be tuning out because of preconceived notions about muscle testing. Many doctors have had a negative or outdated impression of what muscle testing is in the modern clinical setting.

Consider this, there is no comparison between a master chef, who daily hones their craft, and a hot dog vendor, who heats up a hot dog and puts it in a bun, except they both prepare food.

And if you spent your whole life only aware of hot dog vendors and not master chefs you might not have a very high opinion of food either. Unfortunately, many people, especially those in academia, who have had no direct exposure to muscle testing as originally taught by Goodheart, have made similar erroneous comparisons.

While some muscle testing concepts may have been dismissed in the past, I am here to tell you that this simple neurological tool is on the cutting edge of precision medicine and personalised patient care.



In *Quintessential Applications* (QA), we employ a physiological and basic science driven system of analysis that looks specifically at neurological function using muscle testing as an extension of the neurologic-orthopedic exam.

QA focuses initially on those factors that have an impact on every system in the body. Neurologically speaking, the primary goal is to remove interruptions between the brain and the neuromuscular and autonomic pathways. Biochemically, the goal is to promote optimal chemistry for efficient cellular function. Not surprisingly, achieving each of these goals depends on the effective treatment of the other. This neurologic-orthopedic approach smoothly guides you through this process.

In *Quintessential Applications* you will learn muscle testing based on principles published in a peer reviewed paper. We are sticklers for accuracy. As we have acknowledged, muscle testing has been used in many ways, some more sophisticated than others. However, when used properly, it is a real-time diagnostic tool that keeps you current as your patient changes.

Manual muscle testing is a science and an art. You need to practice testing muscles. It takes time to get a proper feel for this hands-on tool. For example, it's clear that anyone can listen to a heart. But, cardiologists, who spend years listening to heart sounds, can hear many things that others of us cannot. It takes a long time to develop such expertise.

The same is true for muscle testing. It takes practice and must be done precisely to obtain precise outcomes for your patients. We teach this in *Quintessential Applications*. And, although mastery takes time, our students report obtaining remarkable results with their patients right away. The QA Program is designed for immediate clinical use by teaching some of the most commonly encountered and profoundly impactful techniques first.

It is often said, '*A picture is worth a thousand words*'. Indicator testing is the picture that brings physiology to life, as you bear witness to the marvel of improved function, while expanding your clinical abilities session by session.

For instance, suppose you're trying to decide what nutrient a patient requires, and you have several choices. After measuring a range of motion or the level of pain, have the patient chew each of the various choices one at a time and observe which among them makes the patient better or worse.

This process is the application of the scientific method at the most basic level:

- ▶ Make a hypothesis, test the hypothesis, and with the results either confirming or rejecting the hypothesis
- ▶ prescribe a therapy (if the hypothesis is confirmed) or
- ▶ if the hypothesis is rejected, move on to a new hypothesis.

For example, let's say your patient demonstrates a need for vitamin B-12 based on history, labs, and exam findings. However, there are 4 types of vitamin B-12. Which form of B-12 is most compatible with your patient's needs? Which company's product is best suited to your patient's needs? Which supplement do you choose?

To answer these questions, you must first make a simple hypothesis. For example: '*hydroxocobalamin will help this patient's shoulder pain*'. Then, have the patient move their shoulder to the point of pain and measure it on a scale of 1-10. Now that you have a measurement, instruct the patient to chew and taste one or more sources of hydroxocobalamin.

Then, observe if tasting the nutrient from one source or another decreases the pain. If it does, then you have supported your hypothesis. If it doesn't, then you have rejected the hypothesis.

If the hypothesis is rejected, you make a new one: '*methylcobalamin will help this patient's shoulder pain*' and proceed to evaluate the new hypothesis with real-time results. You continue this scientific process for all four types of B-12 to determine which type most effectively meets your patient's needs.

You can measure any dysfunction indicated by the patient's presentation. For instance, have your patient try to get up from a seated position or perform a knee bend or flex the spine to touch their toes. If diminished function is observed, evaluate various therapies to identify a course of action that produces a favourable response.

Or, in asymptomatic patients, measure a generic range of motion and observe if a therapy improves general flexibility. This is easy to do. It is common sense. And I'll tell you this, if you're not actively using muscle testing and/or indicator testing in your practice, you're leaving a wealth of useful clinical information on the table.

Some years ago, Dr. Schmitt taught a seminar on nutrition at of the *University of Miami Miller School of Medicine*. Early in the seminar he discussed the value of using *Indicator Testing* to determine precise nutrient supplementation for each patient. He demonstrated these concepts on a subject with low back pain that was aggravated by bending forward and attempting to touch their toes. As he explained to those in attendance, oftentimes low back pain is related to a need for some form of vitamin E.

As you know, there are many different types and preparations of vitamin E available. He had the subject chew 4 different Vitamin E sources, one at a time, and measured range of motion and pain on bending forward after chewing each pill. Three of the four sources resulted in an improvement in forward flexion and pain, but one of them made a dramatic improvement in flexion and decreased the pain by 85%.

Later that night, at a social event, a man approached him, raised his hands over his head, bent forward at the waist and touched the floor. He repeated this several times as he introduced himself and said '*Dr Schmitt, I am so glad to meet you. I have had persistent back pain for 3 weeks and have been unable to bend over during that entire time. Look at me now*'. As he vigorously shook his hand he said '*My wife tested me with vitamin E and look, no pain at all*'.

His wife, an administrator at the University, had attended Dr Schmitt's lecture and upon returning home prior to the social event, tested various sources of Vitamin E on her husband achieving this phenomenal result upon chewing one of those sources. The patient's improved function from his wife's application of *Indicator Testing* principles made both of their lives better.

The results achieved were real-time. Patients see the difference and that encourages compliance. It will do the same for you and your patients.

QA is effective, high quality, low tech real-time healthcare. It facilitates your efforts to change your patients' lives... and in so doing, it will remind you of why you chose the healing arts as your chosen profession.

Most doctors have been trained to focus on local problems or single systems and decide on a treatment plan suggested by their locally focused examination. Not infrequently, there is much more to the underlying cause than might be considered during such a narrowly focused exam. Therefore, most practitioners are getting suboptimal

results because the classical patterns of evaluation have limited flexibility to dive deeper into the potential underlying cause of the patient's presenting symptomatology.

For instance, a tendency toward injury, or, chronicity following injury, could be due to a habituated neural pathway, or underlying inflammation associated with an offender in the patient's diet, or the need for a particular nutrient, or some other disturbance of normal physiology that needs to be addressed. Schmitt summarised this principle in these words '*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. Sometimes results from your therapeutic efforts take time, but, if the appropriate approach is applied, the body can often change in an instant.

The fact is, the changes that we who practice using QA routinely see in patients are often considered outliers or miracles. This is because, with the clinical tools that we have at our disposal, we are able to look at the whole person and adapt over time as the patient goes through the healing process.

What made an impact for the patient a few weeks or months ago may not have the same effect today if they're progressing or, if they are not. When you go to a doctor, he or she recommends a course of therapy that may last for months, but the adaptive immune system has a 5-7 day cycle. Thus, if you have an immune related problem, the therapy that works today may not work weeks from now. Even so, many, if not most doctors, continue with the therapy originally prescribed instead of re-evaluating and changing course.

It has been said '*Although you cannot control the direction of the wind, you can control the set of your sail*'. The application of manual muscle testing and indicator testing principles allows you to change '*the set of your sail*'.

Conventional wisdom suggests that the optimal clinical approach is primarily informed by the data presented in large clinical studies. However, though such studies are important, if you approach every patient as an '*n of 1*', that is, as an individual, the possibility of achieving a favourable outcome dramatically improves.

In QA we initiate treatment by addressing the spinal cord driven neurological adaptations from injury (recent and ancient) that become habituated and impact all areas of the human system. By relieving these adaptations, you help resolve the underlying cause of a host of seemingly unrelated signs and symptoms. This approach restores normal muscle spindle cell control mechanisms necessary for muscular and postural control and relieves local and systemic autonomic responses associated with disturbed digestive and other organ dysfunction.

Let me give you an example:

It is common knowledge that if you're in pain, the digestive tract tends to slow down. It's as if your body is focusing on the injury, the source of the pain or the stressor, and is in a state of 'survival first' and digestive activity later. Every system of the body is directly or indirectly influenced by pain or nociception, neurologically speaking. Therefore, since all systems: immune, endocrine, gut, muscular, etc are adversely impacted by pain or nociception, shouldn't we address nociceptive activity prior to addressing any other system or local problem?

The answer is 'Yes'.



With this fundamental principle at the forefront of our therapeutic efforts, the QA Protocol initiates treatment by first addressing sources of nociception and pain. So, in this example, if the patient has chronic pain and difficulties with digestion, treating sources of nociception and pain first makes it easier to address the disturbed digestion. This also points to why it is so important to consistently assess the needs of the patient, because when you clear up one problem, it can affect aspects of the patient's physiology that potentially influence another.

Let me tell you about one of our QA practitioners, Dr Melissa XXXX. Dr XXXX graduated with honours from *Life University* in March 2014. That summer, while awaiting her license to start practice, she was involved in a life changing, career altering automobile accident. At impact, the left side airbag deployed and struck her in the side of the head and left shoulder. She said *'it felt like my arm had been amputated'*. Immediately following the accident, she began to experience severe neck pain, middle & lower back pain, left hip and leg pain and weakness.

She consulted a personal injury attorney and was referred to a clinic specialising in personal injury care. For 3 months she was treated multiple times weekly with manipulation and physical therapy, but much to her chagrin, without improvement. She also received non-steroidal intramuscular anti-inflammatory injections that not only did not help but, unfortunately, made her sick.

Her husband, discouraged with her persistent pain and lack of progress told her *'This isn't working. Your symptoms are getting progressively worse. You are dying and need help'*. He insisted that she find someone who would take a different approach and find a solution no matter what the cost. The following day, she called a *Life University* instructor who had introduced her to *Quintessential Applications* and made an appointment with him for evaluation and treatment.

On that initial visit, her blood pressure was through the roof and her balance was so bad she could hardly stand upon closing her eyes, even for a second. Following an extensive muscle testing examination where most muscles tested were found weak, she was treated using the QA Protocol as her husband watched.

When that first visit was finished, her blood pressure had returned to normal, she was able to stand steady with eyes closed, and 80% of her persistent pain was gone. She was astonished. After she and her husband left the office and got in their car he said *'You need to do this work. I literally watched you heal on the treatment table'*.

She returned for follow-up once weekly and after the 3<sup>rd</sup> visit, all her symptoms had resolved with the minor exception of residual weakness in her left leg and hip, though that too had greatly improved. Just a few visits later, heavy metal toxicity was identified, and after some investigation as to the source, 9 amalgams that she had had for quite some time were hypothesised to be the underlying reason for the persistent lower extremity weakness. Subsequently, she consulted a holistic dentist and over the next 18 months, the fillings were slowly and carefully removed, one amalgam at a time.

As she gradually recovered from the heavy metal toxicity, she immersed herself in the study of QA, treated herself at home (with her husband's help) and received supportive care from her QA Doctor as her lower extremity weakness gradually resolved. Daily, she was studying and learning new concepts and techniques. Not yet in practice, she tried out her newly acquired knowledge by treating her husband and a few close friends and relatives.

Interestingly, and as it turned out fortuitously, while treating her husband, she found a *subscapularis* weakness that would not resolve no matter what treatment approach was used. In applied kinesiology circles the *subscapularis* is found to be associated reflexively with the heart. This persistent weakness prompted her to refer him to a cardiologist for evaluation. In fact three times a referral was made and three times nothing significant was found, but, on the third visit a CT scan was ordered. The scan was performed a few days later and revealed a significant blockage of his right coronary artery and endarterectomy (roto roter) surgery was scheduled.

However, during surgery the blockage was found to be so severe that a stent had to be inserted to open the artery. After surgery, the cardiologist, intrigued with how her patient could possibly have known that he had a significant heart problem, asked him to enlighten her. Although he explained that his wife was able to discern that a difficulty with his heart was present through the use of assessment procedures she had studied in her post-graduate training as a chiropractor specialising in applied kinesiology, the cardiologist didn't really give it much attention. However, before she went on to her next surgery, she said '*whatever it was, it saved your life*'.

Many of you have brilliant clinical training, though, if you are anything like Dr. XXXX and the other practitioners enrolled in QA Home Study, what you've learned does not always sync up with what you experience in clinical practice. You may have a ton of tools but when used as indicated by literature or common standards of practice, they may not always yield the desired result.

It might be like pulling a hammer out of your toolbox, based solely on what you have learned from published research, pounding on that which seems like a nail, and then waiting to see if your patient responds favourably to the treatment provided. However, when you know you're using the most relevant tools and clinical concepts to determine what is appropriate for each and every patient, regardless of what the patient's problem might be, you proceed with confidence and a peace of mind.

Many of you are treating patients, and making progress with some, if not many. However, when they feel normal once again, will they remember that you were responsible for their recovery, or will they attribute it to something or someone else?

Unless you're demonstrating clearly the progress made and the value received, the patient may not be able to connect the dots.

One of the most impressive attributes of the QA Protocol is that the positive changes are obvious to both patient and practitioner. And usually before the patient leaves the office or ends a virtual call.

Remember this salient principle: measure, measure, measure. Visit by visit, the measurements used may vary depending on patient presentation. You may measure:

- ▶ Flexibility (limited movement in the neck, back or limb)
- ▶ Pain and/or tenderness (structural or visceral)
- ▶ Blood Pressure (sitting, lying and standing)
- ▶ An orthopedic or neurological test
- ▶ Fatigue (generalised or following certain activities)
- ▶ Brain fog, weakness or a feeling of unease that is hard to describe

Each visit, find something that you can measure and use it to demonstrate progress to you and your patient. We all want to function better and experience less discomfort. Show your patient that which is possible.

It is my expectation that many of you have questions and I promise I will show you how you can reach out to get those questions answered soon. For now, if you have a question, you might want to write it down. That being said one of the most common questions asked goes something like this *'My practice is different from yours. Can you help me create the confidence, clarity and results that you achieve without having to change my practice style?'*

The simple answer is 'YES'.

Clinicians of all stripes, backgrounds and practice styles are achieving remarkable, consistent, and lasting outcomes using the concepts and procedures taught in the QA Course. And they report that their patients are so happy with the results that they become fans and look to them to address all their healthcare needs, as well as those of their family and friends, creating a steady flow of patients and a wait-listed practice.

The QA Home Study Program is the means by which this is accomplished. If you are a healthcare provider (chiropractic, medical, acupuncture, naturopathic, etc.) that examines and treats patients daily using the principles, techniques and procedures taught in the QA Course will help you remove the obstacles that impede your patient's progress, and, in process, you will achieve more efficient and effective results.

Look, I know that you must be intrigued, or you wouldn't still be listening, so... I invite you to go to [www.qahomestudy.com](http://www.qahomestudy.com), enter your email address and get instant access to a no obligation one-week free pass to review QA Home Study. That's right, a no obligation one-week free pass... our gift to you. Just go to [www.qahomestudy.com](http://www.qahomestudy.com) and enter your email address.

You'll get instant access to:

- ▶ All 16 Sessions of the QA Course with live demonstrations providing a model of what you will do in your office every day!
- ▶ Over 200 hours of clinical education videos with course notes!
- ▶ All the QA clinical forms, handouts and peer-reviewed papers for use in practice management, patient education and as a ready reference!
- ▶ All QA Enhancement Webinars (over 100 hours of content), including topical series on the Immune System, Adrenal Dysfunction, Synchronising the Central Nervous System, Sleep, the Small Intestine, Glutathione and more... as well as common questions asked, comprehensively answered and categorised for easy access!

And that's not all. Whether you are new in practice or have been practicing for years and think you've seen it all, I assure you, QA Home Study will provide insights that will immediately improve your clinical outcomes and enhance patient satisfaction.

In addition, you will have access to an audio recording of the 35-page award winning paper written and read by Dr Schmitt himself discussing the thought process that underlies the neurological and biochemical principles driving this context for clinical thinking, helping you apply QA principles and procedures even more effectively.

Some of you may have a concern that studying online might not provide the depth of instruction you've come to expect at live seminars. However, one of the many ways that we have addressed this concern is by amplifying the online experience with session related enhancement webinars (49 one-hour webinars in total) that expand on the concepts taught in each session and allow you to apply those concepts even more efficiently.

Finally, I know if you're like me, you want something you can use as a reference when treating patients. The good news: A comprehensive clinical reference manual has been produced, is available for purchase, and fully represents all the techniques and procedures taught in the QA Course.

The QA Book is fully tabbed, allowing you, while treating patients, to access in seconds any of the clinical procedures taught in the QA Course, helping you rapidly integrate what you have learned while dramatically improving patient outcomes.

And, as is human nature, I know that some of you are thinking that although you are intrigued, you will put this off for the *'right time'* when you have more money in your bank account, more time in your schedule, more energy to study and expand your clinical expertise, however every day you wait for that 'green light' is just another day that you're stifling the additional impact that you could have and leaving *'money on the table'*.

However, enhancing your expertise, creating lasting outcomes and happier patients is not all you're putting off. I'm here to tell you there will come a time when you need this work in a way that is priceless to you and/or those close to you. So, let me ask: Is there ever a *'right time'*? Or could the *'right time'* be RIGHT NOW?

Picture a day when you wake up energised and excited to start your day with such a deepened sense of confidence that you are absolutely certain that you are going to be able to help anyone that walks through your door, no matter what their clinical presentation might be.

Picture a day when your loved one says *'I am so grateful for you. The problem that I have struggled with for years is now gone. You were able to fix the problem when no one else could'*.

Picture a day when you look back on the thousands of patients you've been privileged to see with the knowledge that they have lived healthier and more vibrant lives thanks to you, taking satisfaction in knowing that the work you are doing is so much bigger than you could have ever imagined.

Our overarching mission has always been to educate and inspire healthcare providers like you to improve their clinical expertise and thereby, the lives of their patients.

Tomorrow is not promised, yesterday has passed, there is nothing like the present, it is a gift so why not make today the day that you take that next step in pursuit of clinical excellence and enhance your ability to help your loved ones and the patients you are privileged to serve.

As we began this journey together, I mentioned that in late November 2021, I lost my colleague, business partner, personal physician, mentor and dear friend, Dr Wally Schmitt. His absence is felt every day as I and others continue to be inspired by his work and are committed to carrying on his legacy.

Frequently, I reflect on the conversation Wally and I had had not so long ago when I realised that what he had developed was a physiologically based, basic science driven context for clinical thinking that gave birth to a neurological (and biochemical) hierarchy for the ordered application of clinical procedures and techniques, and I asked *'Where is this written down?'*

As you may recall, he replied *'It's in my head'*. I boldly responded *'You're going to have to put it on paper! Tomorrow is not promised, and God forbid, if you should die unexpectedly, your life's work will go with you. You can't let that happen'*.

I am so grateful that I spoke up and encouraged him to take action on that day, because now, even though he has passed, his legacy lives on, changing the lives of patients and practitioners alike with what has been created. I can't tell you how often I've put things off, both big and small, thinking that I would have time for them later but later never came.

Dr Schmitt's final lesson to me was how much of a gift each day truly is.

As experts and leaders in healthcare, you and I have the awesome responsibility and privilege of enhancing the quality of life of those we serve.

We don't know how long we have to live or love or serve, that's why it's so important to take action NOW on the things that matter.

I encourage you to make the concepts and principles taught in *Quintessential Applications* an integral part of your therapeutic arsenal. I assure you... You won't regret it.

It is said '*Your destiny is created in the moment of decision*'. Take advantage NOW of the 1 week free trial by registering at [www.qahomestudy.com](http://www.qahomestudy.com). Make our gift to you, a gift to all those you are privileged to serve for years to come.

### Conclusion

An 'In Memoriam' webinar to honour the life and legacy of Dr Walter H Schmitt was held on December 1, 2020. It was attended by a vast gathering of friends and family, colleagues and patients, from the four corners of the globe.

The recording of the 'In Memoriam' webinar is available at <https://qahomestudy.com/dr-wally-schmitt-memorial/>.

Dr Wally, as many called him, served with a dignity of bearing, authenticity, and humility that seemed almost other worldly, yet he was very down to earth and approachable, and all this without expectation.

Dr George Goodheart Jr, Wally's neighbour as a boy and mentor as a young physician remarked '*There is an approach in healthcare that helps the doctor understand functional health disorders (the early stages of disease processes) and provide direction toward optimal treatment of these dysfunctions still in the repairable stage*'.

Wally dedicated his life to the principle of restoring function and gave birth to a clinical approach and thought process that guides the physician through the forest of the patients' symptoms toward a favourable and often remarkable outcome.

People from every walk of life, diverse in country of origin, culture and ethnicity have been influenced by Wally's vision for AK and its role in easing unnecessary suffering the world over. Among his many students was a medical physician that, after attending the QA Course in Orlando, Florida remarked '*Quintessential Applications has the seed within it to change the way medicine is practiced the world over*'.

Thankfully, *Quintessential Applications*, often referred to as '*the ideal way to organise AK*', will be taught by Wally for years to come, as his seminal work has been recorded and is available online at [www.qahomestudy.com](http://www.qahomestudy.com) Reverend Dr Katie Crowe, who presided at his funeral service on the Wednesday prior to Thanksgiving 2020, opened with these words:

'An esteemed colleague of Wally's, reflecting on meeting him more than 20 years ago, said, "*I then realised that it was possible to be a genius, kind and humble at the same time*"'



Suffice it to say, when any of us, that have been privileged to study, learn and practice Applied Kinesiology, use the wisdom, insights, techniques and procedures imparted by Wally in private conversations, in seminars or webinars, during countless presentations at ICAK USA and International Conferences, or the hundreds of hours of recordings that, for years to come, can be viewed online, his everlasting light ‘shines in you.’”

Walter H Schmitt

DC, DIBAK

Chiropractor (dec)

Kerry M McCord

DC, DIBAK

Chiropractor

St. Petersburg, Florida

[hthwx@aol.com](mailto:hthwx@aol.com)

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### Also by these authors

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