

Set Point (Touch & Tap) Technique for chronic Injury, inflammation, and pain relief

Walter Schmitt and Kerry McCord

Abstract: A pain relief technique is presented based on applied kinesiology (AK) manual muscle testing (MMT) procedures correlated with acupuncture meridian therapy principles. MMT procedures are used to identify a painful area and an associated acupuncture head point (AHP). Tapping this AHP (by the doctor or the patient) coincident with the patient touching the painful area often results in dramatic pain relief and increased range of motion.

Indexing Terms: chiropractic; AK; Applied Kinesiology; Set point touch and tap Technique; acupuncture head points.

Introduction

Set Point (Touch & Tap) Technique employs simple concepts of the neurology of pain in combination with principles of acupuncture meridian therapy. It was first introduced in 1988 as Set Point Technique by Drs Michael Lebowitz and Walter Schmitt. (1, 2) It plays an important role in the *Quintessential Applications Clinical Protocol* as developed and taught by these authors (3, 4, 5) but may be used effectively in any style of practice and is a part of the patient self-help program *Stop Your Pain Now!* (6)

Touch & Tap Technique is extremely simple to apply. It involves tapping an acupuncture head point (AHP) in combination with the patient touching the area of pain. We have published two previous papers in the *FCA Journal on Techniques* using these acupuncture head points (AHP) based on principles of the neurology of pain. (7, 8) Touch & Tap Technique is useful for pain arising from old injuries, scars (even surgical scars), and any recurrent pain including that arising from recurrent subluxations.

The pain control points

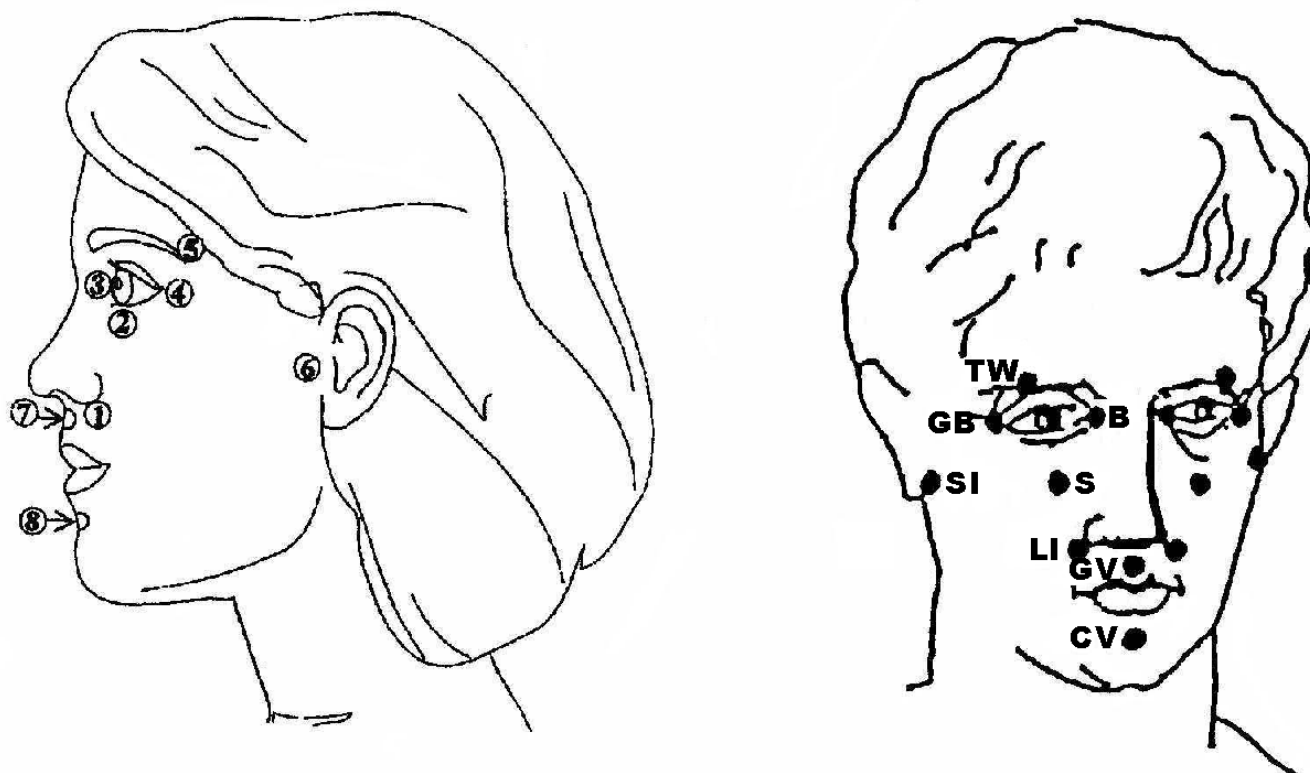
The AHP used are traditional acupuncture points. Tapping (mechanoreceptor activation) of these points in combination with the patient touching the area of pain is the total summary of *Touch & Tap Technique*. Gentle tapping of the mechanoreceptors at the AHP locations points on the face and head has shown to be the most effective treatment procedure.

... the stress response underlies many presentations' this simple, 'Quick Fix' brings value to your clinical procedures...



On the chart called *Acupuncture Head Points* (Figure 1) you will see that there are six AHP on each side of the head and two in the midline. Each represents the beginning point or the ending point of one of the acupuncture meridians.

Figure 1: Acupuncture Head Points. © 2009 Kerry M. McCord and Walter H. Schmitt. Used with permission



Acupuncture Meridian Head Point Translation

KEY: 1. LI - Large Intestine 20; 2. S - Stomach 1; 3. B - Bladder 1; 4. GB - Gall Bladder 1; 5. TW - Triple Warmer 23; 6. SI - Small Intestine 19; 7. GV - Governing Vessel 27; 8. CV - Conception Vessel 24

In traditional acupuncture therapy these face and head points have been given very little importance. But when you combine each of these points with something else, with some other stimulus, they become the most effective points for the relief of pain. In *Touch & Tap Technique* the ‘something else’ is simply having the patient touch the area of pain.

Touching an area of pain is an instinctive reaction to nociceptive stimulation. Think of what you do when you bang your elbow (you touch it) or when you accidentally hit your head (you touch it.). The body is aware of exactly where it has been injured and instinctively places the hand on the area. In *Touch & Tap Technique* we will simply place the hand over an area of injury and then combine this neurological awareness of the area with stimulation (tapping) of the associated AHP.

Using MMT to identify the need for ‘Touch and Tap’ technique

Touch & Tap Technique is most often useful days to years after the injury has occurred. The pain that responds to *Touch & Tap Technique* may be present constantly or it may come and go.

MMT and AK procedures are the most effective method for applying *Touch & Tap Technique*. Identify a strong muscle by standard MMT. (9) Have the patient place his or her hand on the skin over the area in question, and then the doctor taps 2-3 times over each AHP (ipsilateral to the

painful area, bilaterally for midline or bilateral problems) one at a time. When the appropriate treatment point is tapped, the strong muscle will weaken and stay weak for five to ten seconds.

This is an excellent moment to use oral nutrient testing for anti-inflammatory substances (such as essential fatty acids) and other nutrients that aid in the healing process. Appropriate nutrient(s) for each patient may be identified by observing which one(s) negate the muscle weakness induced when the proper AHP is tapped. Further, the most appropriate nutrient(s), when tasted, will be found to decrease the patient's pain (if present) and/or increase range of motion. This is an excellent procedure for demonstrating to both the patient and the doctor the importance of nutrient support for reducing inflammation and increasing healing.

Treatment is tapping the AHP (a minimum of 100 times is recommended) at a rate of about four or five times a second while the patient maintains hand contact with the area in question. 100 taps at this rate takes 20-25 seconds. (See Box for Full Procedure)

SUMMARY OF PROCEDURES FOR TOUCH & TAP TECHNIQUE FOR CHRONIC PAIN RELIEF (4)

© 2009 Dr. Kerry M. McCord and Dr. Walter H. Schmitt. Used with permission.

TOUCH & TAP (Set Point) Technique: (Persistent or Chronic Pain)

1. Identify Strong Indicator Muscle
2. Patient TLs Area of (Past or Present) Pain and Doctor Taps Ipsilateral Acupuncture Head Points Until One Point Weakens Strong Muscle
3. Patient TLs Area of Pain as Doctor Taps (4 Per Second) Acupuncture Head Point Identified (100 Taps)
4. Continue Until Patient TL (to Area of Pain) with Doctor Tapping (3 to 4 Times) No Longer Weakens Strong Muscle and Pain Reduction is Maximized

NOTE: Perform RANGE OF MOTION or MEASURE PAIN (Pain Scale: 0 – 10) Before and After Touch & Tap Technique

Case history

A 55 year old female school teacher had failed low back (surgery) syndrome with subsequent pain after standing and limited ability to flex her spine. Her job entailed standing most of the day and her pain was always worse at day's end. Conservative treatment (though time-consuming due to the complexity of her condition) would achieve a favourable result with the patient being able to touch her toes in the standing position with no pain.

Upon learning of *Touch & Tap*, the doctor applied this technique early on in her next office visit. The patient was asked to bend forward at the waist and was limited in motion (her fingers 8 inches off the ground). Some moderate pain was also present at this range of motion.

The doctor identified a normal muscle testing response using MMT procedures. The patient then was asked to touch the scar / area of pain (midline L-4 / L-5 area) and the doctor tapped AHP LI-20 on the right (3 taps). Immediately following the tapping of LI-20, the patient was unable to resist the MMT (weakened response). The same occurred when the doctor tapped the left LI-20 point while the patient touched the L-4/L-5 area.

Both LI-20 points were tapped simultaneously (100 times) while the patient touched the L-4/L-5 area. Immediately following this procedure, the previous muscle weakening response on MMT disappeared and the patient was able to bend at the waist and touch the floor with no pain.

This patient's chronic and recurrent problems associated with her unstable low back were, with the application of *Touch & Tap Technique* as a part of her ongoing therapy, more efficiently controlled saving much treatment time and patient suffering.

Conclusion

Patients visit doctors' offices with hopes of finding pain relief. This relief is the ultimate physical goal of the practicing physician and has a dramatic impact on improving the patient's quality of life. The applications of muscle testing as functional neurology are most suited to the concepts of pain and pain relief. Employing MMT as functional neurological evaluation affords the practitioner the ability to observe the application of basic sciences in clinical practice. *Touch & Tap Technique* is a powerful, yet simply applied chronic pain relief tool, based on neurological response to pain, that is, the patient's instinctive response to touch the area of injury or pain (or nociception). It is a useful pain relief tool that can be efficiently employed in the typical practice.

Walter H Schmitt
DC, DIBAK
Chiropractor (dec)

Kerry McCord
DC, DIBAK
Chiropractor
St. Petersburg, Florida
hlthwx@aol.com

Cite: Schmitt WH, McCord KM. Set Point (Touch & Tap) Technique for chronic Injury, inflammation, and pain relief. Asia-Pac Chiropr J. 2022;316 URL apcj.net/papers-issue-3-1/#SchmittTouchTap

References

1. Lebowitz, M, Schmitt, WH, Hypothalamic set point technique. I.C.A.K. collected papers, 1988-89, volume I.
2. Lebowitz M., Schmitt, WH, Set Point Technique. Digest of Chiropractic Economics 34:4, January-February, 1992. pp. 52-56.
3. 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.
4. McCord, K.M., and Schmitt, W.H., Quintessential Applications: A(K) Clinical Protocol (2nd Edition, 2009). St. Petersburg, Florida: Privately Published, 2009.
5. Schmitt, WH, McCord, KM, What To Do First, Next and Last - An Introduction to Quintessential Applications. Florida Chiropractic Association, Inc. Journal, October/November/December 2009, p.18-20
6. Schmitt, Walter H., Stop Your Pain Now! Chapel Hill, NC: privately published, 2002.
7. Schmitt, WH, McCord, KM, Hands-on Pain Relief From Stop Your Pain Now! - Part 1, Nociceptor Stimulation-Blocking (NSB) Technique for Acute Pain Relief. Florida Chiropractic Association, Inc. Journal, October/November/December 2009, p.22-27
8. Schmitt, WH, McCord, KM, Hands-on Pain Relief From Stop Your Pain Now! - Part 2, Location, Quality, Memory of the Pain (LQM) Technique for Chronic Pain Relief. Florida Chiropractic Association, Inc. Journal, January/February/March 2010, p.20-24
9. 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>

About Dr Schmitt

Dr. Wally Schmitt passed away unexpectedly on the afternoon of Saturday November 20, 2021 while enjoying his usual jog in the neighbourhood in which he had lived for almost 40 years. Those who knew him, were mentored by him or attended his seminars, his colleagues and patients, family & friends all mourn his loss.

Dr. Schmitt was an incredible healer, helper, physician & physician educator whose graciousness and humility shone like a bright light on all he encountered & served.

The *Journal* celebrates Dr. Schmitt with this, and more articles in the years ahead.

Also by Schmitt & McCord

Schmitt WH, McCord KM. Relieving spinal stress with 'Emotional Recall Quick Fix'. Asia-Pac Chiropr J. 2022;2.6 URL apcj.net/papers-issue-2-6/#SchmittStressRelease

Schmitt WH, McCord KM. Asia-Pac Chiropr J. 2022;2.5 URL apcj.net/papers-issue-2-5/#SchmittMcCordIndicatorTesting

McCord KM, Schmitt WH. Quintessential Applications: A(K) Clinical Protocol. The Evolution of a Neurological & Biochemical Hierarchy. Asia-Pac Chiropr J. 2021;1.4. URL www.apcj.net/papers-issue-2-2/#McCord&Schmitt