

Checklist of EV Palpatory techniques:

Do not plan on using the palpation techniques to make a diagnosis or choose points at this time for most of your patients. Just do the techniques daily, at least one easier technique, and one technique that is difficult. If you find something that is clear, integrate it with your other findings. Regardless of whether what you find makes sense to you or not, re-check after each treatment.

- **MTE: Manual Thermal Exam Layer as general sense of Yang Qi in the underlying region.**

How far from the body is the Thermal Layer in the underlying region? Can be done over any area: Upper, Middle, Lower Jiao on Anterior or Posterior of the body, extremities, etc. Note any area where the Thermal Layer is close to the body as this area is a possible Problem Place. If the layer projects far from the body, the area has less of a problem.

- **YR: Yang Rhythm = Cranial Rhythmic Impulse (CRI).**

Practice palpating the YR at 7 listening posts, to give the best overall impression of this aspect of the patient. If you do not have time to feel all 7, just pick 1 or 2. If there was a listening post that was relatively easy for you to feel, do that one first. Practice the appropriate touch by making sure that the patients do not feel that you are pushing on them. (Hint: If you are not sure you are feeling the YR, default to feeling the respiratory breathing motion first.)

- **LL (Abd): Local Listening on the abdomen.** (patient supine)

LL hand placement at 1) above umbilicus about Ren 12, and 2) above pubic symphysis Ren 5.

Use relaxed whole hand contact, and see where base of palm of hand is pulled. What does your hand do? Where is the Problem Place?

Then, replace your hand placement towards your finding (while keeping hand parallel to midline/ Ren Mai) and repeat LL.

Use MTE to find points to open (TO = Transient Opening). Test the points as we practiced to see if there is any change in pull. Chart an acupuncture point that changes the pull. Consider This is the Problem Place (PP).

Or if you do not get a clear finding, you may chart the general area where you are pulled. Chart whatever you find. Again, compare this approach with your normal method.

- **LL (Sac): Local Listening on the sacrum.** (patient prone)

Hand placement on the sacrum specifically. Same instructions as LL (Abd). Focus on sacrum as specific contact. (Another option: to listen to YR at the sacrum.)

- **Point location methodologies [MTE: Manual Thermal Exam & local stickiness, needle direction]**

Practice these as much as possible. It will be most interesting to you to see if there is a difference in point location when using these techniques versus your normal approach. Test the approaches by sometimes using these and sometimes just going with what you normally use and see how the pulse, YR, LL, etc. changes with each one.

EV Clinical Charting Model: (feel free to add your own clinical exams)

Pre-Treatment Palpation Exam:

YR:

LL Abd:

LL Sac:

MTE layer:

MTE points:

LL Problem Place:

Tongue:

Pulse:

Other:

Diagnosis:

Points/ Treatment:

Post-Treatment Re-check:

YR:

LL Abd:

LL Sac:

MTE layer:

MTE points:

LL Problem Place:

Tongue:

Pulse:

Other changes: