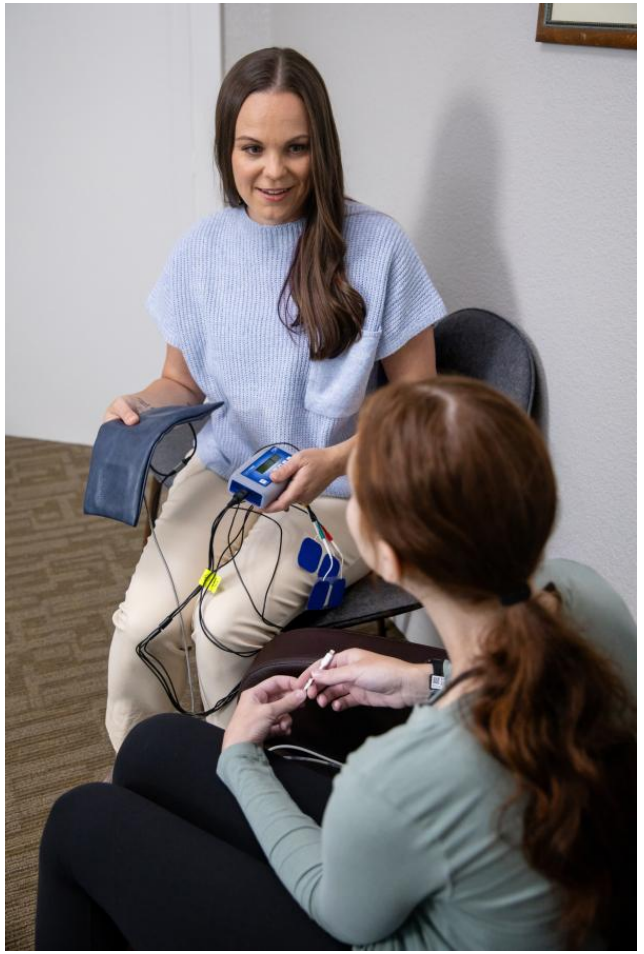
FSM with TCS/OTCS

CLINICAL NOTES

Considering FSM for TCS/OTCS

- Who is this for?
- Do they have TCS/OTCS or a combination?
- Do they have any other coexisting health factors to be aware of?
- What is the current state of their nervous system?
- Can they tolerate adhesives for extended periods of time?
- What is their financial situation?



Patty's TCS Base Protocol

- 9, 40, 41, 94, 50, 51, 91, 3, 13/10, 443, 396, 78, 110, 142, 355
- 29/142

- Channel A – histamine, inflammation, tension, nerve trauma/tension, congestion, scar/fibrosis, hardening inflammation, sclerosis, adhesion/scarring
- Channel B – spinal cord, dura, peripheral nerves, sacral plexus, cauda equina/lower spine, fascia, skin
- 29/142 (spasm/fascia)

Personal Clinical Use

- Protocol is first tested in a shortened version to judge response
  - Adjustments are made if needed (remove 40 or others?)
- Protocol is used nightly (about six hours in length) for two consistent weeks, and then slowly weaned off over time
- I have individuals work on other personalized treatment
  - Nervous system support (autonomics, vagus nerve, etc.)
  - Immune system support
  - Localized structures (back pain, instability, disc issues, etc.)
  - Other general health issues

FSM is a Tool, One Part of a Whole Treatment

- Nutrition
- Inflammation control/immune system support
- Autonomic retraining, tools, supportive strategies
- Mental health support
- Education on neurodiversity and nervous system support
- Neural mobility/glides
- Manual therapies for neural mobility, fascial health around the local tissue

Not The Response We Are Looing For?

- Omit the 40’s
- **More nervous system support**
- Cranial or vagus nerve stim