

Key Terminology

Basic 3 Site Pairs:
F3/F4, F7/F8, Fpz/Bz

Variable 5 Site Pair Options:

Client-Specific: A damaged/dysfunctional area of the brain as indicated by imaging, physical trauma, CNC 10-20, etc.

Focus/Concentration: T3/P4

Depression: O1/O2

Extreme Emotion: FpO1/FpO2

Tinnitus/Hyperacusis: Pre-auricular (if using this area for insomnia, move electrodes to mastoids)

Vagus Nerve: Bilateral right and left side of neck at SCM, Sternocleidomastoid

Principals of Progression

1. Increase exposures to **add time**
 2. Increase **site pairs**
 3. Move through the **Principles of Progression**
- Our **starting point**:
- Genesis 3 on F3/F4, F7/F8, FPZ/Bz
 - Two sessions per week, ideally 3 or 4 days apart

- Increase exposures to add time:
- 3-5-7 : The standard progression begins with a new Protocol at 3 exposures, then an increase of exposures by 2
 - If a person is more vulnerable, increase exposures by one
- Increase **site pairs**
- Start with the **Basic 3 Site Pairs**: F3/F4, F7/F8, Fpz/Bz
 - Add Fz/Pz in the second position. This addition results in what we call the **Basic 4 Site Pairs**: F3/F4, Fz/Pz, F7/F8, Fpz/Bz
 - Consider adding a **Variable Site Pair** in the 3rd position. For example: F3/F4, Fz/Pz, **Variable Site Pair**, F7/F8, Fpz/Bz.

- **Reactivity**: If tolerable, repeat the last procedure. If not, reverse through the Principles of Progression
- **Regression**: Reverse through the Principles of Progression; skipping several steps can be helpful
- **Plateau**: Advance through Principles of Progression
- **Improvement**: Repeat the most recent procedure
- **Stability**: Repeat the most recent procedure as you titrate the frequency of sessions (enduring sustainability)

Titration

Results Sustained For:	Titrate To:	For This Duration:
4-5 days	1 session per week	2-3 sessions
7-8 days	1 session every other week	2-3 sessions
12-14 days	1 session three weeks later	1-2 sessions
18-21 days	1 session four weeks later	1-2 sessions

Microdose Progression

Start here with clients who are in one of three categories:

- Epilepsy patients
- Those with non-epileptic seizures
- Those in severe chronic disease recovery...**very** vulnerable, ill people

Microdose is **NOT** a recovery procedure!

Microdose Progression

P: Genesis

SP: F3/F4, F7/F8, Fpz/Bz

E: 5 seconds on, 2 seconds off

5 seconds on, 2 seconds off

5 seconds on, 2 seconds off

*You'll get through less than 1 exposure per site pair.

Microdose 3 x 5

P: Genesis

SP: F3/F4, F7/F8, Fpz/Bz

E: 1

P: Genesis

SP: F3/F4, F7/F8, Fpz/Bz

E: 2

P: Genesis

SP: F3/F4, F7/F8, Fpz/Bz

E: 3

***Proceed from this standard starting point!**

P: Genesis

SP: F3/F4, F7/F8, Fpz/Bz

E: 10 seconds on, a moment (1-2 seconds) off

10 seconds on, a moment (1-2 seconds) off

10 seconds on, a moment (1-2 seconds) off

*You'll get through 1 ½ exposures per site pair.

Microdose 3 x 10

If the first step of the Microdose Progression is too stimulating, consider reducing the time from 5 to 3 seconds.

If the modified Microdose Procedure is too stimulating, reducing the time from 3 to 1 seconds

Neuro Tap

This procedure is for **distressing reactivity or overstim.**

P: Genesis

SP: F3/F4

E: One

After a Neurotap, there are options for the next session:

- In more **resilient** individuals, reverse to the procedure before the overstimulating procedure and continue through the Guidelines of Care
- In **highly vulnerable/chronically ill** individuals, proceed through the **Microdose Progression** after a Neurotap