Established in Vancouver, B.C., since 1997, the Clinic provides specialized medical neurophysiological and functional acupuncture assessment, monitoring and treatment protocols. These blend both Eastern and Western Medicines to achieve excellent measurable results for both acute and chronic conditions. This expertise is based on sensory-motor and cognitive controls dysfunction analysis within the central nervous system. These central dysfunctions may result from injury, trauma, shock, stress, overexertion or exposure to toxic substances or environmental constraints. Our background includes medical, cognitive and behavioral Neurosciences, Traumatology, Aerospace Medicine, Sports Medicine, and Traditional Chinese Medicine.

Specific Pre-Treatment Suitability & Monitoring Assessment Protocols

Brief Introduction

The NeuroKinetics Clinic is specifically set up to effectively address chronic complex trauma conditions shown to be plateaued and resistant to other treatments for at least six months. Multi-lens assessment and drugless treatment protocols are both provided to young, adults and elderly patients from all walks of life and professions. All health care professionals including medical doctors as well as law firms and insurance companies greatly benefit from the various sets of measurable data and the analytical precision and tools provided.

The preliminary pre-treatment general consultation and suitability assessment [NK-GC/SA-1] is designed to identify the cause(s), degree(s), and patterns of chronic symptoms and functional incapacitation and to evaluate the potential for treatment that could effectively address given conditions and allow patient to fully and safely resume professional and favorite activities as soon as possible.

In summary, the complete NeuroKinetics assessment protocol firstly consists in an initial “triage” evaluation including a general orientation/discovery consultation (the “NK-GC”, 1 to 2 hours) including review of previous medical data, and physical, mental and behavioral examinations performed along a thorough interview. This session is immediately followed by a distinct suitability assessment (the “NK-SA”, 45 to 60 minutes) specific to the neurophysiological condition identified during the “GC” phase and also specific to the array of treatment modalities we routinely use. This initial entire investigative evaluation process requires 2 to 3 hours depending complexity to collect, measure and analyze all the biomedical and neurophysiological cues and data necessary to perform a proper conclusive assessment leading to the decision to pursue or not further investigation towards using effective treatment capabilities.

The second and third steps of the whole assessment respectively include the “Level II Assessment” protocol (the “NK-AL2”), and “Level III Assessment” protocol (the “NK-AL3”). In order to ensure valid data comparison, the interval of time between these three sessions should be from one up to five days at most.

These three stages, of equal duration and format, differ only in being increasingly in-depth and complex, as they chronologically address, identify, evaluate and measure brain controls functional status variability underlying patient’s physical, mental and behavioral symptoms and incapacitation as follows:
1. NK-GC/SA-L1 – Address the core sensory-motor and cognitive controls and central neural mechanisms involved in the patient’s condition. Focus is on testing the involved neural pathways, connections, and physiological mechanisms that directly relate to the central neural sensory-motor and cognitive controls located in the brain. The primary objective of GC/SA is to identify if the patient’s condition appears to be adequately responsive to proven effective therapeutic stimulations, hence treatable, or not. This first step is considered as the “triage and suitability” time. Assessment duration: 2 to 3 hours.

2. NK-AL2 – Address the quality of relationship between these neural pathways, connections and the underlying central neural mechanisms and the patient’s alleged symptomatology and functional disability or incapacitation, i.e. how the reported symptoms and loss of function match the clinical tests findings. The primary objective of A2 is to identify the degree of involvement and responsibility of brain dysfunction or injury in patient’s alleged symptoms and disabilities. This second step is considered as the “causation analysis” time. Assessment duration: 3 to 5 hours.

3. NK-AL3 – Address the generic brain functional status’ consistency and discrepancies through time as well as study the variability of particular brain sensory-motor and cognitive controls’ response patterns. The primary objective of A3 is to identify the reliability, and stability of the brain controls’ synergy and compensation strategies, and how these may be affected by repetitive and sustained corrective stimulation, i.e. during the treatment strategy specifically determined after these data are all collected and compared. This third step is considered as the “treatment program design” time. Assessment duration: 3 to 4 hours.

In principle, the GC/SA “triage testing” protocol as well as the next two sequential AL2 and AL3 testing protocols are specifically used towards identifying the core layers and the degrees of brain controls’ hierarchy dysfunctionality and evaluating their respective functional status against identified brain related neural damage patterns. This comparative analysis process is conducted for each of the central neural systems and related peripheral pathways and tissues recognized for substantiating this patient’s current symptoms, disabilities and incapacitation.

All test parameters are measured before and under neurophysiological acupunctural stimulation and both sets of data are compared to evaluate their variations against recognized measurable norms. Even initial data collected during this first phase may allow predicting measurable gain and recovery regarding symptoms and functional disabilities and incapacitation that can be expected from adequate treatment under given treatment related requirements as well as the condition of satisfactory patient’s compliance.

Stimulations selected during the assessment to sensitize the brain controls mechanisms and related systems found to be relevant with the patient’s condition include subliminal non-invasive drug-free physical stimulation provided by a patented biophotonic device, categorized as a Class 1 medical device in the Health Canada classification of the medical technologies.

All components of this multi-system approach to assessing brain functional performance in incapacitated patients have been published upon in specialized international medical and scientific literature. Please refer to the attached literature bibliography.

Regarding a typically unstable plateaued post-trauma condition, such as post-concussion syndrome [PCS], the NeuroKinetics pre-treatment assessment protocol performed may include a comprehensive and precise evaluation of specific biomedical and neurophysiological (primarily sensory, motor, and cognitive) key markers regarding well identified brain controls’ calibration and tune status relevant with:

1. Static vertical postural stance controls
2. Space/body relationship and perceptual controls
3. Eye-hand-postural binocular/monocular synergistic transitional coordination controls
4. Eye movements and ocular-visual convergence and perceptual controls,
5. Computerized stabilometric measure of postural balance control [sensitized vertical stance]
Peer-reviewed Bibliographical References on the Assessment Methodology Used

[Excerpts]

Papers

16. 1984 “The Influence of Sustained High-level Gz+ Forces on Some Cardio-Vascular and Biological Parameters in Flight Test Operations”, Souvestre, P.A., Thesis, State Medical Degree, Faculty of Medicine, University of Aix-Marseille II, France
International Invited and Keynote Presentations and Lectures

1. May 30, 2010 “The Parkinson’s Patient: Disease, Syndrome, or Parkinsonism? Fundamentals, Classics and Updates” - Souvestre P.A., Keynote, NeuroKinetics Institute, Vancouver, BC, Canada, for the National Traditional Chinese Medicine Association of Canada


4. November 12, 2009 "From Injury to Assessment and Treatment – “Innovative Medical Approach to Sensory-Motor and related Cognitive Controls Dysfunction and “CardioPost” Integrative Model”. Souvestre, P.A., - Invited lecture, EUROMOV, Prof. Bardy’s Research Group, University of Montpellier, France


9. Dec 2007 “A Multidisciplinary Approach to Trauma Assessment and Treatment” – Souvestre, P.A., Keynote lecture, Inter departments seminars, China-Japan Hospital, Beijing, PRC

10. Sept 2007 “New Paradigms to Understanding Human Incapacitation and Performance” – Souvestre, P.A., Invited lecture, School of Aerospace, Tsinghua University, Beijing, PRC


Presentations at Provincial, National & International Conferences and Symposia


