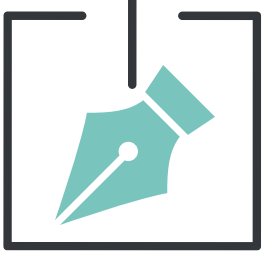


# SINEW CHANNELS

Protocol as taught by Ann Cecil-Sterman MS L.Ac based on teachings of Jeffrey C. Yuen of the Jade Purity Tradition

1

## Identify channels & deficiencies



### Which movement elicits most pain?

- Jue yin (P/Liv): Constant pain or paralysis
- Shao yin (H/K): Rotation with bent limb
- Tai yin (Lu/Sp): Retraction
- Yang Ming (LI/St): Bearing weight, gripping, bend at hip, standing still, stationary extension
- Shao Yang (SJ/GB): Rotation inc. lateral flexion of head
- Tai Yang (SI/B): Extension, walking

On which channel does patient feel most pain?

Use pulses to identify deficiencies

## Summon wei qi

2

Gua sha and / or moxa at Du14 and Du4, checking pulses



3

## Treat underlying deficiencies



### Take pulses before and after needling

- K Yang: K3
- St fluids: St42 / R12
- Liv qi stagnation: Liv 14
- Lu qi not dispersing: Lu7 (flying needle technique)

## Confluent points

4

Dispersing technique

Intention to prevent transmission across channels

Location is tightest point in region

- Yin arm: below axilla GB22
- Yin leg: above pubic bone R3
- Yang arm: temple St8 / GB13
- Yang leg: cheekbones SI18 / St3



5

## Jing-well points



According to selected channels.

'Pump' well to locate point

Proximal direction to tonify, distal direction to disperse

## Sinew technique needling

6

Palpate selected sinew channels, using tenting technique where tight or flaccid

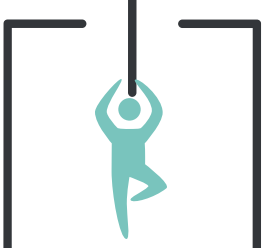
**Tonify:** Start from jing-well, working upwards. Rotate needles towards midline. Seal point after removal.

**Reduce:** Start from opposite end, working towards jing-well. Rotate needles away from midline.



7

## Assess result



Ask patient to perform movements that elicited pain

Perform sinew technique needling where any pain remains

Channel sequence is interior to exterior



P Liv H K Lu Sp LI SJ SI St GB B