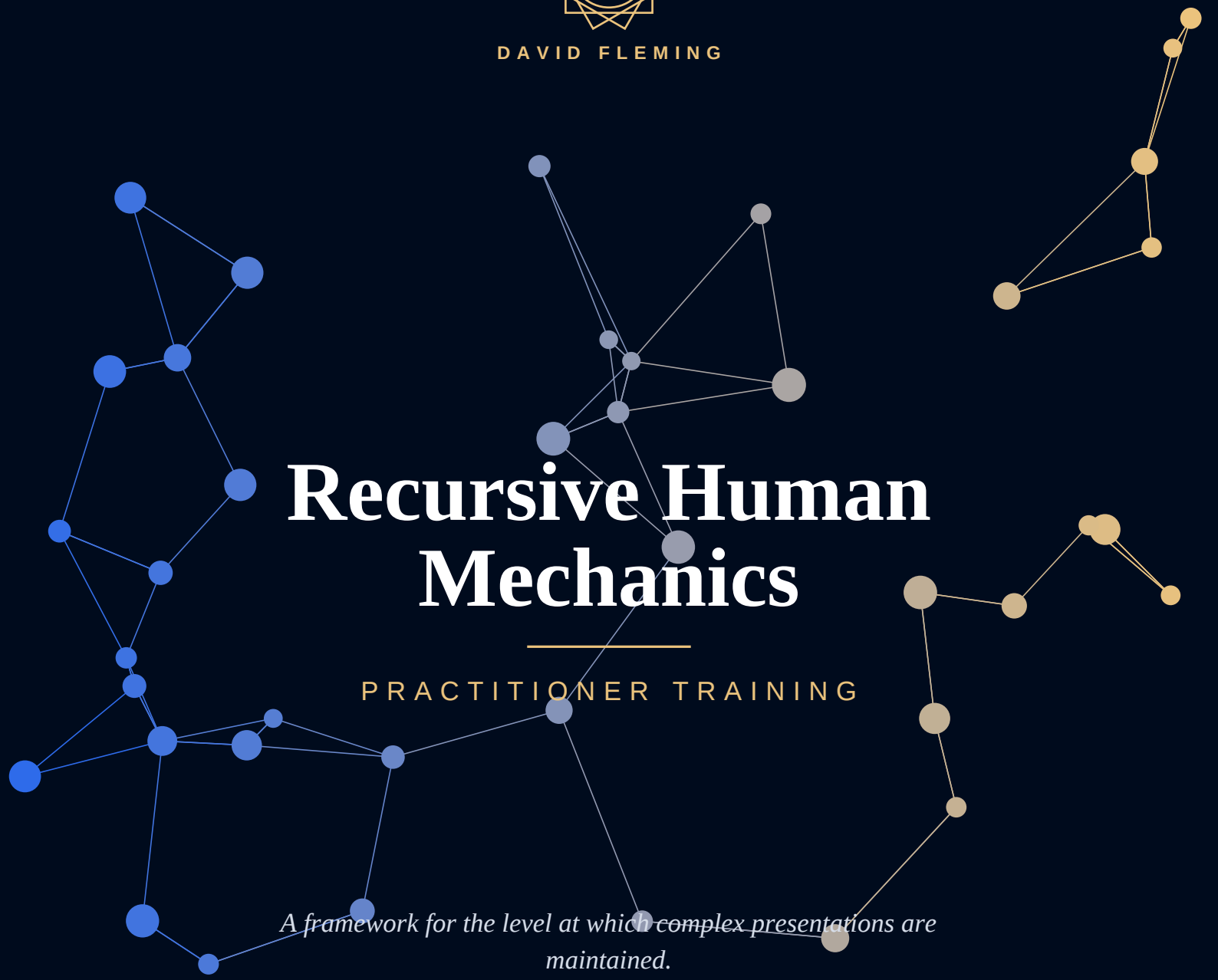
DAVID FLEMING



Recursive Human Mechanics

PRACTITIONER TRAINING

A framework for the level at which complex presentations are maintained.

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THE FRAMEWORK

What RHM is

Some presentations respond, then return. They partially resolve, hold for a while, and re-form. A case improves under good technique and comes back to the same place. Most practitioners meet this ceiling eventually. Few have a framework that explains it.

Recursive Human Mechanics (RHM) is an applied clinical framework derived from Recursive Field Theory (RFT). It investigates the predictive level at which complex presentations are maintained — below receptors, below tissue, below symptom. It rests on four propositions.

1 A person is a system, not tissue

A human being is a complex, self-referential predictive system — not a collection of tissues and receptors. Many chronic presentations are not damage or defect. They are stabilised adaptations: coherent responses to constraint.

2 The client's experience decides the case

In complex presentations, the differentiator is access to the unreconciled experience the system is still holding — not a better reading of the tissue. RHM reaches that level and reduces the constraint maintaining the pattern.

3 The practitioner is the same system

The practitioner's own unresolved predictions quietly bound what is possible in the room. This is not an accusation. It is a collegial observation about how these systems work — and it is what training addresses.

4 It can be worked with precisely

Once the level is understood, it can be controlled for, monitored, and applied with reliability. That is what the training is for.

> *"The pattern is not a malfunction. It is a solution. The solution has outlasted the problem."*
>
> — DAVID FLEMING

AUDIENCE & OUTCOMES

Who it is for

RHM training is for practitioners who are already skilled, already curious, and already honest with themselves about where their current toolkit ends. It speaks most directly to two kinds of clinician.

The evidence-first clinician

Works evidence-first and has met the ceiling of their current approach. Has seen outcomes their model does not fully explain, and wants a rigorous account of the mechanism — not an invitation to believe.

The multi-modality clinician

Already working across modalities, aware that mind and state are involved, well-read and effective — but without a single architecture that explains why it works. RHM gives that architecture, and makes precise what skilled practitioners do intuitively.

Entry requirements

Open to qualified practitioners in clinical and therapeutic disciplines — including but not limited to osteopathy, chiropractic, acupuncture, naturopathy, physiotherapy, and integrative medicine. If you are unsure whether your background qualifies, contact us before applying.

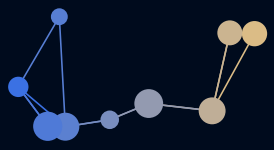
WHAT TRAINED PRACTITIONERS OBSERVE

Across independently practising trained practitioners, a consistent observation recurs: presentations that would typically take four to five sessions to shift resolve in ten to twenty minutes of a single session.

This is stated precisely. It is not a controlled trial claim. It is a consistent observation across practitioner outcomes. RHM invites testing rather than asking for faith — the framework makes specific, falsifiable predictions, and the appropriate response to them is investigation. Where outcomes differ between practitioners, the difference is not primarily a technique question. It is a question of the practitioner’s own unresolved predictions.

MECHANISM

The practitioner as instrument



In most clinical training, the practitioner's mind is treated as a source of error to be controlled. RHM takes the opposite position. The practitioner's mind is not a confound to be managed — it is a precision instrument to be trained. Practitioner intention is mechanism.

This is not energy work. RHM does not propose the transmission of subtle energy. It proposes something more specific: that the precise informational content of the practitioner's mind, directed toward a specific biological target with clinical accuracy, constitutes a stimulus the nervous system can process and respond to. Accuracy is the condition. The system does not respond to approximations.

The instrument, therefore, has to be calibrated. Much of the training is the calibration of the practitioner: neutrality of intention, stable and precise attention, and disciplined procedural constraint.

THEORETICAL FOUNDATION

Recursive Field Theory

RHM rests on Recursive Field Theory (RFT) — the ongoing theoretical work developed by David Fleming. RFT is a developing research programme, not a settled theory: a coherent set of propositions that make testable predictions, actively open to being validated or falsified. It provides the architecture for understanding why anticipatory patterns — rather than tissue states or receptor levels — maintain many complex presentations. The research spans two domains: the clinical and psychological, which is the basis of RHM, and a broader theoretical dimension extending into physics. The physics work is exploratory and hypothesis-generating.

> *"The human state is a dynamic attractor, not a fixed truth."*
>
> — DAVID FLEMING

THE MAP

The twelve PPCRP domains

RHM investigation operates across twelve Priority Primary Causal Reference Point (PPCRP) domains. A PPCRP is not a symptom and not a diagnosis. It identifies the point at which the pattern maintaining a presentation is held. The training covers all twelve; the full database is embedded in the Practitioner Assistant.

01 Foundational Rule Sets	02 Musculoskeletal	03 Autonomic Regulation
04 Brain Networks	05 Immune & Inflammatory	06 Metabolic, Energy & Fatigue
07 Hormone & Endocrine	08 Genetic & Epigenetic	09 Symbolic
10 Emotional Psyche	11 Relational & Attachment	12 Subtle Anatomy & Biofield

THE PROGRAMME

An eight-week training

PHASE 1

Pre-course materials

Pre-recorded modules distributed digitally before the live cohort — orientation to the model, active inference and perception, threat, safety and stress, MSK within RHM, trauma, protection patterns and identity, suppression versus reflection, attachment, and closing integration. They build a shared language so live time goes straight into application.

PHASE 2

Live cohort — four days in person (4 × 8 hours)

The core intensive: RFT, the psyche, trauma and attachment theory, identity, and systems-integrated MSK. Extensive practical work across three contexts — in-clinic client application, self-calibration, and remote application. All twelve domains are introduced and contextualised.

PHASE 3

Online modules — within the eight weeks

Two modules, each pre-recorded lectures plus a live two-hour group call. Module 1 (~2h video) covers Q&A and remaining domains. Module 2 (~6h video) continues these and includes the procedural and ethics assessment, to be completed within four weeks of course completion.

THE SOFTWARE

The RHM Practitioner Assistant

Training includes six months of access to the RHM Practitioner Assistant — professional software built for clinical RHM application. It lets practitioners operate the full system in live sessions from the point of qualification.

PPCRP database

The complete twelve-domain reference system, accessible in session.

In-session AI functions

Real-time Q&A support, PPCRP domain suggestions, differential hypothesis generation, and client-facing session reports.

Client management

Client intake and full session management within the RHM framework.

RHM Clinical Assessment Tool

Used every session for systematic information gathering: Pre-Assessment, Client Profile, and Clinical Map.

Ongoing access & fees

Access is included for six months. Beyond that, the RFT Institute professional practitioner subscription — continued Practitioner Assistant access plus additional tools — is in development and will be confirmed before the end of 2026. No ongoing fee applies until it is announced.

CPD status

A CPD accreditation application is in progress. This will be updated when the status is confirmed. RHM does not currently claim CPD accreditation.

> *"What your hands can do is the vehicle. What you hold in mind is the mechanism."*
>
> — DAVID FLEMING

IN THEIR WORDS

Practitioners on RHM

Selected feedback from practitioners trained in RHM.

“RHM has been a true game changer for me. It showed me that it’s possible to connect with another person’s nervous system on a level I never thought possible before. RHM has developed a unique way of understanding, at the deepest core, why someone experiences certain symptoms or struggles, and then creating coherence within the system in a way that can lead to truly remarkable transformations and relief of symptoms.”

— Johan B.

“Speechless. Simply magnificent and fascinating.”

— Miguel Montaneiro

“RHM gave me a completely different way of understanding complex presentations. Instead of chasing symptoms, I left with a framework that helped me investigate what was actually maintaining the problem. It’s changed the questions I ask and the confidence I have in difficult cases.”

— B.

“Ten years after beginning my education with Dave through AMN, many of the ideas stayed in the back of my mind. This past year I decided to take a deep dive into RHM, and the course has brought so many understandings to the surface. It has answered questions I’ve carried for years and given me clarity that will take my journey to the next level.”

— J.

“Going into RHM was absolutely incredible. It opened my eyes to so many more layers. After six years of practice, I realised there was a much deeper level of investigation available. RHM has completely changed the way I understand complex cases.”

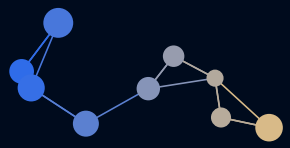
— Kate Y.

“I’ve attended many postgraduate trainings over the years, but RHM challenged how I think more than any other. The depth of investigation, combined with the practical application, has already influenced the way I work with clients.”

— J.

APPLY

Next steps



RHM training is for practitioners whose background and current practice are a fit for working at this level. If you have any doubt about your suitability, or any question about whether your discipline qualifies, get in touch before applying — we would rather have the conversation early.

To find out more and take the next step, visit thedavidfleming.com. Pricing is available on the website.

CONTACT

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thedavidfleming.com

QUESTIONS, ANSWERED

Where can I see more detail on the training content?

This brochure is that resource — the full eight-week programme, all twelve domains, and everything the Practitioner Assistant includes.

After six months, is there an ongoing fee for the assistant?

The RFT Institute subscription is in development and will be confirmed before the end of 2026. No ongoing fee applies until it is announced.

What does the AI assistant do?

Runs the twelve-domain PPCRP database in session, with real-time Q&A, domain suggestions, differential hypotheses, session reports, client intake, and the Clinical Assessment Tool.

Is the training accredited, or does it carry CPD hours?

A CPD accreditation application is in progress. Status will be updated when confirmed; RHM does not currently claim accreditation.

Do I need a specific professional background?

Open to qualified practitioners across clinical and therapeutic disciplines — including but not limited to osteopathy, chiropractic, acupuncture, naturopathy, physiotherapy, and integrative medicine. If unsure, contact us before applying.