



Applied Kinesiology

Appplied kinesiology (AK) is a diagnostic system that involves the use of manual muscle testing to detect structural, electromagnetic, and biochemical imbalances in the body. It is a whole-body approach which recognizes that, in order to be healthy, there has to be balance between all the body's different parts. According to Dr. Robert Porzio, DC, a Board Certified Diplomate of the International Board of Applied Kinesiology, "the thing that differentiates applied kinesiology from almost anything else in the natural healthcare arena is that we have the means of evaluating the treatment of a weak muscle immediately in terms of observing any changes relative to the normal strength of a muscle. The ongoing research shows that a muscle can be strengthened or weakened, and can, therefore, be stimulated to improve its functioning."

His colleague, Dr. Avery H. Ferentz, also a Board Certified Diplomate, said, "Applied kinesiology has proven to me that it is a very efficient, predictable set of techniques. One technique is 'therapy localization' which first pinpoints where the pain is, then directs where the therapy is to be applied for relief of the pain, not necessarily the same place. This reliable diagnostic method leads to a whole array of different, effective therapeutic measures that can correct the imbalance and relieve the pain or discomfort. And, by correcting that imbalance and restoring the muscles to their normal state, many times we find that the misalignments end up correcting themselves."

Although usually practiced by chiropractors in the United States, applied kinesiology uses muscles instead of joints to monitor a change in the nervous system. In comparing AK to traditional chiropractic care which uses an examination with the hands, or x-rays, and then manipulates joints in a short dynamic thrust, both doctors quoted here said that the AK methods of detecting imbalances are an addition to chiropractic and are, therefore, more accurate, more efficient, and more inclusive.

Once the AK muscle testing has isolated the problem, the therapeutic approach then overlaps with many other healthcare systems, allowing the corrections to take many forms: osteopathic and chiropractic manipulations, subtle craniosacral therapy, heavy-handed rolfing, acupressure, exercise, homeopathic remedies, nutritional therapy, and a few manipulative procedures that are currently unique to applied kinesiology. Chronic pain requiring longer care can also include lifestyle modifications. Whichever methods are used, however, all are intended to restore balance and maintain well-being throughout life.

Seventy-five percent of AK patients arrive seeking relief from some kind of joint pain, usually in the back or neck. On average, you need between four and fifteen visits to alleviate the problem, and probably more if the problem is chronic.

According to Dr. Ferentz, applied kinesiology is an excellent method for achieving *rapid pain reduction*. In fact, one recurring problem in his over twenty years in practice was with the many patients whose pain went away so fast they forgot how significant their injury was. "They may have been bedridden or disabled for two weeks," he said, "but when they come in for treatment and get eighty percent better in twenty minutes or half an hour, they say, 'Oh, it couldn't have been too bad in the first place, look how fast it feels better,' and then become active again much too soon, promptly reinjuring themselves, of course."

Applied kinesiology has been used since 1964 on many world class and professional athletes worldwide, including marathon winner Greta Weitz, baseball's star pitcher, Tom Seaver, top triathlete Mark Allen, and race-car driver, Michael Andretti.

THE HISTORY OF APPLIED KINESIOLOGY

Practicing as a chiropractor in the 1960s, Dr. George J. Goodheart made the discovery that specific muscle functions are related to certain body systems and can be used to diagnose a wide range of disorders. He observed that postural distortion is usually associated with muscles that test weak and found that applying the appropriate therapy would make the muscle test strong and would change the postural distortion.

In 1964, Dr. John Thie met Dr. Goodheart and learned from him that the body's muscle functioning and strength could change just by the simple act of rubbing reflex points on the body. Amazed by this technique, he promptly spread the word among his colleagues, and in 1976 he and a group of like-minded doctors founded the *International College of Applied Kinesiology* (ICAK), which now certifies health professionals to become licensed AK practitioners. Dr. Thie became its first chairman and Dr. Goodheart became the first research chairman, a position he still holds. Dr. Goodheart was also a member of the United States Olympic Sports Medicine Committee at the 1980 winter games in Lake Placid New York, the first non-medical practitioner to hold such a position.

Today, applied kinesiology is used by approximately 37 percent (18,600) of the chiropractic profession in the

United States. In many countries throughout the world, there are thousands of doctors practicing AK and they come from all professions—dentistry, medicine, osteopathy, and podiatry, just to name a few. In addition to its many chapters in the United States, ICAK has chapters in Australasia, Canada, and Europe, with hundreds of seminars being taught by certified teachers, and new chapters being added each year.

HOW APPLIED KINESIOLOGY WORKS

Dr. Goodheart developed a now universally accepted equilateral triangle as a logo for applied kinesiology: the base represents structure which consists of the body's physical parts and their various relationships; one of its sides represents chemistry which includes nutrition and the effects of drugs and other substances; and the other side is mental, including emotions, moods, and attitudes. For optimum health, you need to have a balance between all three of these equally important sides. Using the manual muscle test, it is found that, for some, an emotional issue is causing the muscle to be out of balance, and for others it's a biochemical or structural issue, but for most people it's a little bit of all three. So, by monitoring the body's response to different stimuli and using a muscle test to measure that response, the doctor is able to discern where the imbalance is and what the appropriate therapy may be.

Manual muscle testing is both a science and an art and the examiner must be trained in the anatomy, physiology, and neurology of muscle function in order to be an effective therapist. AK practitioners are constantly subjecting their patients to different stimuli—touch, pressure, rubbing, etc.—and then seeing how each affects the muscle test. The general rule is that the body should react to stimuli by being strong all the time. Everything should be efficient and the muscles should be strong, so if the doctor takes your joint and pushes it and that triggers a muscle weakness, then he or she knows something is wrong with the joint that was pushed. If the muscle that is touched does *not* get weak, then the doctor knows that's not the problem area, and doing this routinely is how the exact spot of weakness is ferreted out.

Similarly, if you touch the joint in your own body that is misaligned, that will cause the corresponding muscle to weaken. The key thing is that, if the pain is due to tissue irritation that is secondary to a muscular imbalance, AK provides a mechanism for detecting the muscle imbalance. And, once detected, there are a variety of therapeutic measures that could potentially be brought in to correct your muscular imbalance.

The unique contribution of AK is that it is a hands-on

diagnostic method that uses your own muscles and nerves to determine an over, under, or normally stimulated muscular function. Using manual muscle testing as a tool, the practitioner is able to evaluate a whole host of therapies to see which ones make the difference, and start the healing process for you.

PAINFUL CONDITIONS THAT RESPOND WELL TO APPLIED KINESIOLOGY

- Achilles tendonitis.
- Back pain, including herniated discs, neck pain.
- Bursitis.
- Carpal tunnel syndrome.
- Cluster headaches.
- Crohn's disease.
- Dental pain.
- Diverticulitis.
- Endometriosis
- Frozen shoulder.
- Irritable bowel syndrome.
- Migraine headaches.
- Osteoarthritis.
- Pelvic floor tension myalgia.
- Peripheral neuropathy.
- Post-polio syndrome.
- Premenstrual syndrome.
- Reflex sympathetic dystrophy syndrome (RSDS).
- Rheumatoid arthritis.
- Rotator cuff tendonitis.
- Sciatica.
- Tarsal tunnel syndrome.
- Temporomandibular joint (TMJ) syndrome.
- Tennis elbow.
- Tension headaches.
- Trigeminal neuralgia.
- Trigger finger.
- Ulcerative colitis.

In addition to these painful conditions, applied kinesiology is also effective with allergies, anxiety and stress, dyslexia and related learning disabilities, general malaise, postmenopausal hormonal imbalances in women, and tinnitus.

ADVANTAGES OF APPLIED KINESIOLOGY

- ❑ It is non-invasive and non-toxic.
- ❑ It is an umbrella diagnostic tool for detecting muscle imbalance that causes pain.
- ❑ It has proven to be a very efficient, reliable set of techniques for pain relief, chronic and acute.
- ❑ It is an excellent method for achieving *rapid pain reduction*.
- ❑ It is a full-body, full-psychology, full-biochemistry approach that helps restore balance between all the different parts of the body.
- ❑ It helps the body reach a threshold where it is healthier than it is sick; it allows the body to balance itself and proceed in its natural tendency toward optimum good health.
- ❑ It alone, among the other natural healing approaches, is able to deal effectively with vague, general malaise.
- ❑ It can detect a problem before it manifests obvious symptoms, thereby allowing preventive therapeutic measures to ward off the problem before it becomes acute.
- ❑ It can help to strengthen muscles weakened by aging or misaligned joints.
- ❑ It can reduce dependence on pain medication.

HOW APPLIED KINESIOLOGY IS USED

If you come in with pain, the doctor might first do a postural examination that involves looking at your body's symmetries. Is one shoulder higher than another? One arm rotated more, one hip higher? These are all clues as to what might be out of balance. After that, the doctor could feel for little nodules that develop along the temporosphenoidal line on the side of your head. These help to guide her or him in determining which acupuncture and muscle circuits are out of balance.

Muscle testing then helps to pinpoint the exact location of your problem. The doctor might ask you to raise your right arm above your head and tell you to resist while downward pressure is applied to it. The doctor may then bend your arms or legs at different angles, again asking you to resist as he/she applies counterpressure. Your ability to withstand, or not, these and similar tests is what provides the clues that help zero in on your body's trouble spots.

Testing the muscles is only part of the story, however, because the most important part of any pain treatment is to correctly diagnose the cause. Muscle testing is not intended to stand on its own for this, but rather to act as part of a full diagnostic workup which involves laborato-

ry testing, x-rays if needed, orthopedic tests, and neurologic tests, with everything corroborating. AK practitioners can do all your tests themselves, one-stop-shopping style, or they can gather your additional diagnostic information from other sources.

Along with several other pain-reducing modalities in this book, AK is not technically a self-help treatment, but if you have tried established medical procedures and treatments and have yet to find relief, it is perhaps time to consider applied kinesiology.

CAUTIONS

As with any doctor, it is important to check the credentials of the therapist using the applied kinesiology techniques to make sure that this person has valid training. Look for a board-certified practitioner with a broad diagnostic scope that enables her or him to apply any one of a number of different therapies to your problem and see what makes a difference.

(See also ACUPUNCTURE and ACUPRESSURE, CHIROPRACTIC, CRANIOSACRAL THERAPY, and ROLFING in PART 2 Treatment Section.)

CLINICAL STUDIES

Since the organization of ICAK, there have been over 2,000 clinical research papers published by, and for, its membership. In addition, clinicians in the fields of biochemistry, dentistry, neurology, nutrition, and psychology, among other component aspects of the AK approach, have also conducted electrophysiological research relating to applied kinesiology because AK practitioners integrate a variety of assessment and therapeutic methods into their comprehensive system of healing.

The following three studies are among the many that directly support applied kinesiology methods.

Leisman, G, Shambaugh, P, Ferentz, A. "Somatosensory evoked potential changes during muscle testing procedures." *The International Journal of Neuroscience*. 1989; 45:143-151.

This study shows that changes take place in the brain during muscle testing.

Leisman, G, et al. "Electromyographic effects of fatigue and task repetition on the validity of estimates of strong and weak muscles in applied kinesiology muscle testing procedures." *Perceptual and Motor Skills*. 1995; 80:963-977.

This paper describes the results of six studies which all demonstrated that weak and strong muscles are in fundamentally different states, that weak muscles differ from fatigued muscles, that AK muscle-testing procedures can be objectively evaluated, and that the cause and effect of AK treatment can be plotted over time.

Perot, C, Meldener, R, Gouble, F. "Objective measurement of proprioceptive technique consequences on muscular maximal voluntary contraction during manual muscle testing." *Aggressologie*. 1991; 32(10):471-474.

This French study established that there was a significant difference in electrical activity in the muscles that

corresponded with the perceived strong-versus-weak outcomes in tests performed by AK practitioners.

There are additional ongoing studies at universities, clinics, and the nonprofit *Foundation of Allied Conservative Therapies Research* founded by ICAK to promote quality research in applied kinesiology.