

Kinesiology Principles in Practice

**by
Toni Lilley**



Acknowledgments

This work is the result of over twenty-five years of kinesiology experience with support and guidance freely given from many people. Prominent among them was Dr John Thie, the inspirational founder of Touch for Health, who introduced kinesiology in an easily learned format for non professionals. Dr Thie's generous contribution allowed many people to realise they had a talent for helping other people to improve and maintain their health and wellbeing. From the early 1970s to present day, kinesiology has become a respected method of healing that is a stand alone method of healing, or a valuable resource for the established health professional. My thanks also go to Gregory Galton N.D. for his invaluable contribution, and to students of The Kinesiology Academy for their feedback and suggestions.

Disclaimer

This manual was written for students of kinesiology and is not designed to teach them how to medically diagnose or prescribe, but rather to work with the energy circuitry of the body to assist the innate healing potential of the whole person. As part of this approach, flexibility concerning choice of treatment, either mainstream or in the natural healing field, must be exercised by the reader.

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Chapter I

What is Kinesiology?

There are many definitions of kinesiology. The word kinesiology comes from two Greek words "kinen" meaning movement and "logia" meaning science, doctrine or theory. Hence one definition is "the scientific study of human movement". In this context, many tertiary education institutions offer kinesiology as part of their curriculum, that is, Human Movement / Physical Education / Fitness Training. This type of kinesiology deals with the biomechanics of movement.

Applied Kinesiology uses knowledge of the science of biomechanics of the human frame to identify problem areas from the perspective of the health professional, and to correct such deficits.

So, Applied Kinesiology is not directly concerned with the understanding of human athletic performance, but is more to do with the understanding of, and correction of pathological imbalances within the system that are discernible through the application of muscle testing. So too, of course, are all other forms of kinesiology such as Touch for Health, used by health professionals and non professionals.

Some definitions

The term kinesiology used in the context of this course has had several definitions assigned to it.

The International Kinesiology College has the following definition:

Kinesiology is a method of personal evolution, using precision manual muscle testing only for biofeedback.

Dorland's Medical Dictionary :

ki-ne-si-ol-o-gy (k-nese-ol'-je) [kinesio- + -logy]

1. the sum of what is known regarding human motion; the study of motion of the human body. Cf. biomechanics. 2. a system of diagnosis based on the theory that muscle dysfunction is secondary to sub clinical structural, chemical, or mental dysfunction in other parts of the body; manual muscle testing to help identify the primary dysfunction is an important part of assessment, and treatment aims at correcting the underlying state. Called also applied kinesiology.

The Vision 2000 meeting of international kinesiologists formulated two definitions:

For non professionals:

Kinesiology is a non-invasive method, using muscle feedback and body awareness, that can help you to reduce stress and pain, improve performance at school, work and home, in sports, in relationships, and promote health and well-being.

For professionals:

Kinesiology is an educational bioenergetic model using muscle testing / monitoring as a primary tool to obtain feedback from the whole being's innate wisdom to allow self-regulation for its highest good.

The British parliament has the following:

"Kinesiology encompasses holistic health disciplines which use the gentle art of muscle monitoring to access information about a person's well-being.

Originating in the 1970's it combines Western techniques and Eastern wisdom to promote physical, emotional, mental and spiritual health. Kinesiology identifies the elements which inhibit the body's natural healing processes.

Kinesiology assists with stimulating a person's natural internal energies and accessing the life enhancing potential within the individual".

Australian Kinesiology Association Inc.

Kinesiology is a dynamic holistic natural health therapy that uses:

- Muscle Monitoring
- Acupressure
- Emotional Stress Relief
- Goal Setting
- Visualisation
- Muscle Tension Release
- Movement Integration
- Meridian Balancing
- Massage
- Body Brain Integration
- Specialised Body Work
- Energy Balancing
- Nutritional Advice
- Lifestyle Counselling

From New Zealand ...

NZKPAB definition. Kinesiology is defined primarily as the use of muscle testing to identify imbalances in the body's structural, chemical, emotional or other energy, to establish the body's priority healing needs, and to evaluate energy changes brought about by a broad spectrum of both manual and non-manual therapeutic procedures.

Some have called kinesiology the art and science of muscle testing. Others insist that rather than muscle testing, a better description is muscle monitoring. Whichever definition or description you relate to, kinesiology is now a respected and integral part of natural healing.

What kinesiology can and can't do

In the hands of an experienced and impartial facilitator, kinesiology can:

- identify physical, mental, emotional, biochemical, electromagnetic and spiritual stress
- confirm priority methods to balance physical, mental, emotional, biochemical, electromagnetic and spiritual stress

Kinesiology should not be used to:

- identify pathological conditions and ways to treat them
- identify other conditions such as pregnancy
- replace the decision making process of an individual

Kinesiology has proven to be a wonderful resource to enhance the services of an existing health professional, or as a "stand alone" modality for non professionals who want to begin a new practice or help themselves, friends and family.

What is a kinesiologist?

In Australia in the early 1980s, there were few kinesiology classes available. Since the benefits of kinesiology were immediate and the techniques easily learned and applied, many kinesiologists felt confident enough to set up a clinic, sometimes after just one weekend of training.

More than twenty years later, we have industry associations that are concerned with the regulation and registration of kinesiology practitioners and instructors.

Through its course accreditation and practitioner registration boards, the peak industry body, the Australian Kinesiology Association Inc. has defined the levels of kinesiology practitioner registration. A Registered Kinesiology Practitioner is required to show evidence of a minimum 250 hours of assessed kinesiology training, as well as proficiency in anatomy and physiology, and first aid. They should work under supervised conditions.

Registered Specialised Kinesiology Practitioners and Registered Advanced Kinesiology Practitioners have completed additional hours of assessed kinesiology training, plus business management, nutrition and communication skills. More information is available from the AKA website.

In 2007, kinesiology was added to the national health training framework, recognising Certificate IV in Kinesiology (HLT42807) and Diploma of Kinesiology (HLT51507) delivered through Registered Training Organisations. Each qualification requires one year full time study and incorporates common and specialised units of competency plus kinesiology training assessed by industry endorsed proficiency assessors. Graduates are very well informed about their industry, practice

management, communication with clients and others, appropriate referral of clients to other health carers, legal and ethical requirements, professional development, and other essential knowledge.

A kinesiologist will take a client history, make an assessment of their client, including subjective evaluation and current ability, will refer to other professionals when necessary, will negotiate future kinesiology sessions based on need, and will probably recommend exercises to manage at home.

A kinesiologist will also take every opportunity to educate their clients so that they understand the strategies that will feature in their wellness plan, and take an active part in their implementation. The kinesiology practitioner may also be certified to teach kinesiology classes and will recommend them to clients so that they are able to maintain their own health and wellness.

Background of kinesiology

Approximately forty years ago, George Goodheart D.C. (1919 - 2008), a chiropractic researcher recognised the relationship between the tone of various muscles and the Chinese acupuncture meridian system of energy pathways. During this early research, he and co-workers identified other associations, namely the reflexes of Chapman and Owens, and Bennet, and the effects of such reflexes on muscle tone. Until this time, professionals testing for muscle integrity (strength) followed the protocols established by physiotherapists Kendall, Kendall and Wadsworth.

The work of the newly founded International College of Applied Kinesiologists (ICAK) with Goodheart at the helm, further investigated the "energy model" using muscle testing to identify imbalances at the structural, biochemical and mental-emotional levels. They labelled this "the Triad of Health". The ICAK continues its developmental research work to the present day with its focus on such professionals as chiropractors, medical doctors, psychologists and dentists.

The ICAK also gave rise to other systems of kinesiology in that one of its founding members, John F. Thie D.C.(1933 - 2005) established a synthesis specifically designed for non-professionals. In the early 1970s, Dr Thie and Mrs Carrie Thie introduced this programme, Touch for Health, to the world. From this embryonic work, all other non professional, or "specialised" kinesiology were

developed. The Touch for Health Tree (see later pages) shows some of the "offshoots".

Research and continuing development

The early years of Specialised Kinesiology relied largely on empirical reports gathered mostly by practitioners. Kinesiology events such as national and international conferences are now the forum for kinesiologists who share their work with others.

Worldwide, many authors have developed new kinesiology "modalities", or kinesiology classes with a particular approach to balancing. In Australia, after satisfying specific criteria, these classes or courses are endorsed by industry course accreditation boards, together with the assessors who facilitate the competency requirements of the authors.

Evidence for independent peer review is being gathered by Earl and Gail Cook (USA) who developed eTouch for Health, a digital version of Touch for Health and other kinesiology practices in a form that allows the user to record client information and electronically submit information for peer review.

In Australia, Anna Rolfes MBBS, PhD completed her thesis on *The Phenomenon of Indicator Muscle Change. A Revolutionary Way of Thinking* by Charles Krebs PhD. is now well known by kinesiologists for its explanations of kinesiology principles. Melbourne kinesiologist Sue Dawson MA completed her thesis on Three In One kinesiology practice. Doctor of Philosophy Dominique Burke based his thesis on the Behavioural Barometer from Three in One Concepts.

In Germany, Ingeborg Weber presented her findings on health management featuring kinesiology amongst other strategies, and showed that in almost all cases, kinesiological intervention proved to be the most effective. In Ireland, Ger Hunter has completed her thesis on emotional stress release.

Through their Professional Kinesiology Practice (ICPKP) programmes, Bruce Dewe M.D. and Joan Dewe M.A. accepted evidence from different kinesiologists worldwide that showed that finger mode positions were consistently similar for the same energy imbalances.

History of specialised kinesiology

The following information gives a short overview of the development of Specialised Kinesiology. Though kinesiology was originally from the USA, many of the entries are relevant to Australia. Historical information for specific areas or countries may be found on the internet where local associations have posted information.

An abbreviated history of kinesiology

1960s	Dr George Goodheart and delegates of International College of Applied Kinesiology work with Applied Kinesiology principles	1984	First annual Australian Kinesiology Conference held Broadbeach Qld.
1965	Dr. John Thie introduced to Goodheart	1985	Jimmy Scott PhD proposes new organization to Brian Butler who then founded Association of Specialised Kinesiologists (ASK) Applied Physiology developed by Richard Utt
1971	Dr Thie begins to teach Applied Kinesiology for laymen (early TFH)	1986	TFH & EK Foundation of Australasia formed (including NZ) - Toni Lilley (Gralton) inaugural chairperson Professional Health Providers (PHP) courses by Dr. Bruce & Joan Dewe launched in Bali Indonesia
1973	Touch for Health written / encouraged by Virginia Satir	1987	First edition of Australian kinesiology magazine <i>In Touch</i> published (editor Toni Lilley) Australia has own Touch for Health faculty - Toni Lilley (Gralton) EK forms own organisation
1973	First Touch for Health Instructor Training Workshop in USA	1988	EK becomes "Edu K."
1973	John Thie and Mary Marx write Touch for Health manual	1986	Colombian Government approves drug program to include Touch for Health I-ASK formed with charter members in many countries including Australia
1974	First translation of Touch for Health manual into Japanese for Osteopathic Convention.		Touch for Health Foundation of A/Asia formed (incorporating Edu K Foundation and New Zealand Association)
1975	John Thie, George Goodheart, Sheldon Deal and Fred Stoner form the non profit educational school - the Touch for Health Foundation 1st annual Touch for Health Foundation meeting Asilomar, California	1987	Educational Kinesiology becomes an independent Foundation
1976	1st European Faculty created - UK	1989	Touch for Health Foundation U.S. closes as membership organization Touch for Health Assoc. of Nth America formed
1977	1st European Language translation - Dutch	1990	Kinesiology Federation (England) formed
1978	Touch for Health introduced to China	1990	Australian Kinesiology Association Inc. formed in Australia from TFH Foundation of A/Asia New Zealand forms independent Kinesiology Association
1979	Touch for Health revised to emphasize meridian relationships Paul Dennison PhD develops Educational Kinesiology Touch for Health introduced to Australia by Dr Don McDowall D.C.		International Kinesiology College Foundation (Switzerland) becomes the custodian for the Touch for Health Synthesis worldwide with faculties from many countries
1980's	During 1980's Touch for Health spreads to more than 50 countries Manual translated into 15 languages, including Braille		Many kinesiology and Touch for Health Associations become affiliated with the IKC
1982	Dr. Paul Dennison expands into education	1991	Touch for Health Association of Canada becomes independent Touch for Health book published in Spanish
1983	Three in One developed by Gordon Stokes, Daniel Whiteside, Candace Calloway First TFH Association formed by Anna McRobert (Qld)		Assoc. of US and North America - formed as a membership organization 1st Touch for Health instructors course in Russia, 90 instructors, 50% are MDs

- Transformational Kinesiology developed by Grethe Freming and Rolf Hausbol of Denmark
- 1993 Committee for US chapter of IASK
- 1994 ASK-US formed and incorporated
- 1994 ASK-US held its first annual conference, and selected its first board, headed by Dee Oldam
A more liberal law for supplements passed USA
Inaugural Dean of Touch for Health School of International Kinesiology College, Toni (Lilley) Galton, appointed
International Kinesiology Conference held in Melbourne
Touch for Health Instructors Association formed (an IKC affiliated association)
- 1995 - Australia -
More "kinesiologies" created and accredited with the AKA Inc.
Course accreditation and practitioner registration boards created to form basis for practitioner registration
Insurance for practitioner members and health rebates for clients negotiated
Government accreditation for Kinesiology College of Energetic Sciences (KCES) Vic.
Australian Institute Kinesiology (AIK) formed
- 2003 International Kinesiology College head office moved to Australia from Switzerland
- 2005 Dr John Thie dies; Gordon Stokes dies
- 2007 Kinesiology becomes part of the Australian National Health Training package

A philosophical approach

Used globally by millions of people, both professional and non professional, to promote health and well being, kinesiology has developed into a multi faceted form. At its simplest level, it is easily learned, and available to anyone to use at home for themselves, their family and friends. This was and is still the original focus of Touch for Health. At more advanced professional levels, it is used widely by an ever increasing number of health professionals.

As mentioned earlier, kinesiology works with the energy model, that is, the conception that the physical body and the mental - emotional component of the being have an energy blueprint, or life principle orchestrating the life of the individual. Without such an energy field life does not exist. The energy model also proposes that all forms of suffering, dis-ease and disease are directly

attributable to corresponding energy blockages / deficits / aberrations / imbalances somewhere within the energy field.

The energy model described here also acknowledges that the three levels of being of the Triad or Triangle of Health are subsumed within and interpenetrated by the spiritual being of the individual or personality.

In this light, the lower person is composed of the physical, the biochemical and the mental - emotional levels, and the higher being relates to soul / spirit.

As in the Nature Cure approach, kinesiology focuses on the facilitation of the body-mind's ability to heal itself if certain obstructions are removed and its own vital principle or life force is promoted.

Hence kinesiology involves an intellectual framework upon which to base a kinesiology enquiry into energy imbalances, and to correct such imbalances. It employs the science and art of muscle testing or muscle monitoring to access higher level information relating to such energy obstructions and to utilise such information in a corrective and life enhancing manner.

This approach is in total contrast with the orthodox medical approach or allopathic model. The allopathic model diagnoses disease states and develops methods of counteracting the symptoms that are present with such disease states. In so doing it chiefly utilises powerful pharmacological drugs or agents and surgical procedures. It is less concerned with nutritional and other lifestyle factors. This ensures that mainstream medicine is often an effective approach to acute, critical or life threatening disorders. However, the great majority of individuals presenting for health care do not fall into this category. All people have some form of health challenge but most do not have a diagnosable disease. Because allopathic medicine is concerned with the treatment of disease and the suppression of symptoms rather than addressing underlying causes, it fails to promote health in patients. Further, this approach to most chronic health challenges or disorders brings about deeper pathology. "Iatrogenic" or physician induced disease is prolific within the population.

The energy model upon which kinesiology is based is capable or working with all identifiable forms of energy imbalance including those present in people with medically diagnosable diseases, or in the bulk of those without medically diagnosable diseases. No model is complete, however, including the energy

model and the medical model. They both need each other - the medical for critical, acute, life threatening situations, and the energy model, more with the "walking wounded", which constitutes everybody else presenting with health challenges.

The great power of kinesiology lies in the precept that from the intellectual platform, the kinesiologist is able to access the intuitive mind that contains higher level information. This information then creates very specific understanding and focus concerning imbalances according to the intellectual framework. Hence we have a collusion of the intellectual and the intuitive minds providing powerful healing strategies and resulting effective outcomes. Kinesiology proposes that the mind / spirit are at the core of one's being. Although kinesiology is widely used for correcting nutritional and structural problems, it also has great application in harmonising the mind's mental - emotional component.

In the past the focus of the natural approaches to healing have been essentially to detoxify and nourish the physical body and to structurally align it. These procedures are those of chiropractors, osteopaths and naturopaths. Kinesiology however, identifies that at the level of the mental - emotional, we also need to detoxify, nourish and align our being.

With the energy model as its basis, kinesiology does not prescribe, diagnose or treat medically diagnosed conditions or diseases, but promotes the innate healing potential of the individual.

The Triangle of Health

The concept of the "Triangle of Health" sums up the philosophy of kinesiology. This paradigm presents humans as existing, in addition to Spirit, in structural, chemical and mental/emotional dimensions.

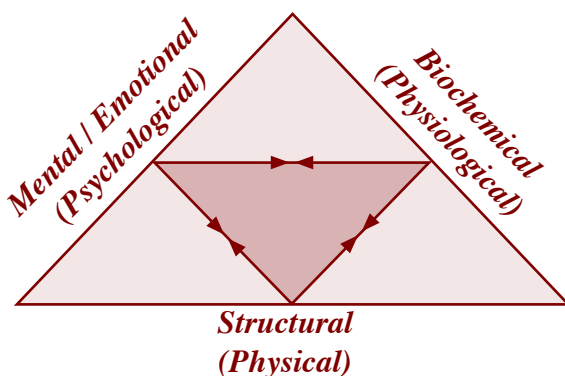


Fig. 1

When the triangle is equilateral (see fig. 1), the sides are obviously in balance and the client represented exists in a state of optimal life-force and health. The truth is, no-one ever quite achieves this perfection as the body in its wonderfully adaptive way compensates and compromises in order to survive in this world of challenge.

Within the dictates of our genetic inheritance (nature), and the conditions existing within our environment (nurture), we emerge as unique creatures. This uniqueness, our humanness, complete with its obvious imperfections maintains a balance or homeostasis that reflects distortions in the triangle.

The concept of this trichotomous approach is not new to natural healing and, as such, over the decades has demonstrated its versatility and true value in addressing health problems from this integrated model. Briefly, obvious examples of the interdependence of each side of the triangle with the other sides, are as follows:

Structural trauma

Hypothetically, consider a situation in which an individual has suffered from a severe whiplash injury in a motor vehicle accident and has partially recovered.

Even after years, however, some problems remain that periodically give rise to acute symptomatology in the form of muscle spasm, nerve impingement, restricted range of movement causing negative thinking and emotions and considerable disruption to normal lifestyle.

Structural psychic adaptation

From the perspective of the triangle, the individual initially experienced a physical or structural trauma. However, due to the fact that severe emotional stress accompanied the accident, the mental-emotional component was also involved as a primary aetiology of the subsequent ongoing symptoms (fig 2).

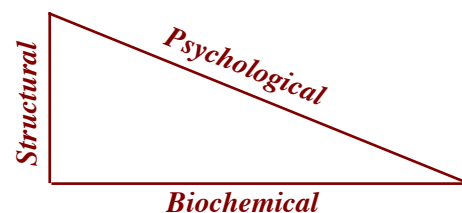


Fig. 2

Since the time of the accident, although various health care providers have been consulted, a full recovery from debilitating symptoms has not occurred due largely to the fact that the psychological aspect has not been adequately addressed. Further complications are also present. Due to specific nervous system traumas from the accident, improper digestion has ensued together with loss of appetite arising from depression induced by the deleterious impact on the neuroendocrine system and consequent hormonal imbalances and neural deficit.

The debilitating effects and pain of the regular acute symptoms further add to and compound the mental-emotional negativity. This in turn is instrumental in continuing to maintain the body-mind in a state of “alarm / reaction” or a defensive survival mode of functioning, according to the General Adaptation Syndrome (GAS) model of Dr Hans Selye.

Structural metabolic adaptation

Inadequate digestion may also be present due to the sympathetic nervous system over stimulation as part of the defensive survival body-mind reactions. Adrenal insufficiency is also an outcome from suppressed psychological trauma and inadequate nutritional support. This, among other things, impacts adversely upon immune function, blood sugar levels and structure as various support muscles associated with the energy of the adrenal glands are compromised. Inflammatory states occur also as a consequence of induced oxidative stress.

Therefore, it soon becomes evident when we examine a hypothetical case such as this that a complex “holding pattern” in the form of a vicious cycle of pain and suffering is at work. If the complex is approached from only one aspect or side of the triangle, i.e. physical massage / manipulation, clearly no permanent resolution of the problem is likely to occur.

Chemical trauma

Selecting another hypothetical case study, we observe an individual whose primary stressors arise from the nutritional or chemical side of the triangle. This client's nutritional status has been poor over a number of years in that over consumption of highly processed, denatured foods have been the order of the day.

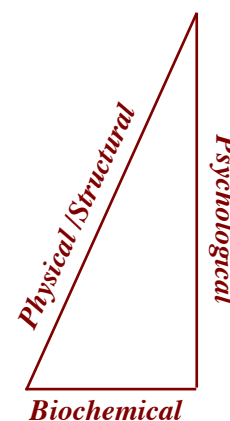


Fig. 3

Chemical structural adaptation

Poor nutrition has caused the body to adapt but at a price. The price has occurred in terms of structural weakness i.e. poor connective tissue strength and muscle tone leading to postural deviations causing stress on various major organs. This has given rise to malfunctions of these organs and resulting symptoms. (See fig. 3)

Other outcomes impacting the nutritional or chemical component have been a reduction in immunocompetence predisposing the individual to ongoing sub clinical infection, in addition to regular bouts of virulent infection requiring medical intervention. The effects of cellular membrane damage sustained as a consequence of excessive free radical damage is evidenced by signs of premature ageing and persistent chronic inflammatory states.

Chemical psychic adaptation

Lack of proper nutrition has also impacted negatively on the mental-emotional balance of the client principally because of inadequate support of the neuroendocrine system. This in turn, has created a state of permanent susceptibility to the negative effects of psychological stress which includes lack of concentration and short term memory, states of depression and frequent mood swings.

Due to this state, moderate life challenges that are faced by everyone have taken on the dimension of major traumas for this client. This in turn further downgrades nutritional status by adversely affecting digestion and assimilation of nutrients. More structural challenges are created by inducing a defensive survival pattern overlaying an already

weakened structure, giving rise to structural complaints. The adaptive holding pattern of ill health involving intensive interplay between the sides of the triangle is once again at work here.

Addressing the nutritional component alone, even if carried out according to sound nutritional procedures in this case are not enough to gain a true healing outcome. Deep seated emotional imbalances and structural problems, a direct consequence of the long term nutritional deficit have produced malfunction of specific key digestive organs due to the compounding interaction of the unbalancing energies of all three sides of the triangle. Although the primary stressor has been nutritional, the resulting complex homeodynamic interaction of all three sides, has, over time, set up complex patterns of ill health and suffering that requires an integrative healing approach, incorporating the three aspects of the triangle for its resolution.

Psychological stress

Our third example is that of someone whose primary challenge in life arises from negative mind states. This clients deeply sensitive nature affords little protection from stressors arising from the commonplace occurrences of everyday life, let alone from the major emotional challenges that all of us face from time to time. The outcome is a young adult in a state of profound exhaustion.

Psycho metabolic adaptation

Over the years, a combination of being born into a family of emotionally more rugged siblings and toxic parenting has left the client with a deeply “wounded inner child”. Reactive emotional energies have impacted negatively on the biochemistry particularly digestion, setting the scene for overall weakness, particularly of the immune and neuroendocrine systems, leaving the individual open to extreme allergic and sensitivity reactions, commonly occurring infections and depleted adrenal glands, and a hypersensitive and frail nervous system. (See fig.4)

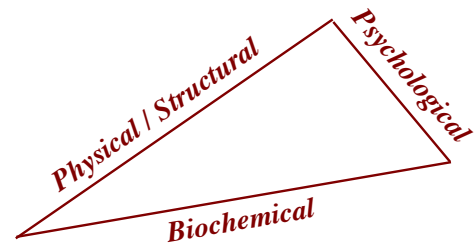


Fig. 4

Psycho structural adaptation

The resulting poor nutritional status has not only resulted in a failure to thrive as a child but also connective tissue weakness due also to inadequate nutrition and, together with psychological and physical trauma, has resulted in the development of a disfiguring and debilitating scoliosis of the spine during early adolescence.

From this description, clearly great care must be taken using the trichotomous approach if a more healthful existence is to be achieved for this individual.

Stress responses

Mention has been made of the terms “alarm” and “adaptation” in the above examples. These are terms relating to concepts first proposed by Dr Hans Selye in his book “The Stress of Life”. He describes three stages of the body-mind’s mechanisms for coping with stress - Alarm reaction, Resistance, and Exhaustion Stage. Regardless of the nature of the stressors - psychological, chemical, physical or electromagnetic - the physiology of the responses to stressors is identical. Hence, in the above-mentioned two examples pertaining to the interplay of the sides of the Triangle of Health, the concepts of the Selye model may further qualify the described processes.

Alarm response metabolic changes

A brief description of some considerations that relate directly to this discussion will be helpful here. The alarm reaction or fight or flight response is the body’s initial reaction to a stressor. It involves a complex of endocrine gland reactions orchestrated at the physiological level by nervous impulses from the hypothalamus under sympathetic nervous system dominance.

The body is mobilized in many ways to meet direct physical challenge. Tremendous amounts of glucose and oxygen are provided to the organs and structures that are most active in warding off danger. These are the brain, which becomes highly alert, the skeletal muscles which are primed to fight or flee from an attacker, and the heart which must pump as much blood to the muscles and brain as possible.

The body also gears itself at this time of perceived imminent danger to “batten down the hatches” in preparing itself to withstand physical trauma, and remain functional. The surge of adrenal medullary epinephrine, and endorphins at this time has multiple survival effects on the physiology in that optimal physical energy output and freedom from debilitating pain from wounding are promoted.

Alarm response structural changes

At the same time, the structure’s fascial networks tighten in order to keep the structure integrated and functional; the dura mater enveloping and protecting the spinal cord and brain tenses to maintain integrity of the all important central nervous system; the digestion closes down as the cardiac, pyloric, ileocecal and Houston valves shut off the flow of digestion; the thoracic and pelvic diaphragms take on hypertonic states; and characteristic and predictable reactive muscle patterns throughout the body’s major prime movers are brought to bear.

Obviously, it is very expensive on the body’s energy reserves to maintain the alarm response. Nature’s intention is for this stage to be brief and for it to be resolved through either running or fighting and hence for recovery of normal operation to occur rapidly provided, of course, wounding or death do not occur.

Incomplete resolution of alarm responses

This scenario is the exception rather than the norm in our society in that the alarm response is usually not diffused in the manner of our forebears. Intense negative emotional stress relating to perceived threat has the same impact on our physiology as is present when we are actually being directly traumatized. Excessive worry about that interview or presentation induces similar physiological responses in the alarm reaction stage to those that would occur were we to be actually threatened by a pack of vicious dogs. Much of our stress occurs as worry and anxiety, triggering other emotions of anger, guilt, resentment,

hostility, due largely to circumstances seemingly beyond our control. This state of disempowerment prevents a resolution of the alarm response brought on by the intense emotional agitation.

Indiscriminant physiological responses

Since recovery to normal physiological functioning is not possible, after a short period of time, the organism in its wisdom moves into the stage of resistance in which it adapts to the unresolved stressor by altering neuro-endocrinologically.

Raised corticoids in stage 2

Under the influence of the adrenal cortex and its output of glucocorticoids and mineralocorticoids, the body is able to continue to resist a stressor long after the effects of the alarm reaction have dissipated. Blood chemistry almost returns to normal, there is increased retention of sodium, gluconeogenesis, the synthesizing of glucose from fats and proteins, proceeds rapidly, sensitised blood vessels and raised blood pressure also occur.

Recovery

Removal of the stressor - in this instance a satisfactory interview or presentation, but other situations may involve a change of circumstances such as vocation, relationship or location, or a resolution of a conflict - may bring about a recovery to normal physiological function.

Exhaustion stage = overwhelm and helplessness

However, our society and our conditioning are not particularly conducive to the resolution of stressors, and frequently the stage of exhaustion occurs when an unremitting stressor has exhausted the powers of resistance. In this final stage of overwhelm and helplessness, depletion of adrenal glucocorticoids occurs.

Sudden falls of blood glucose levels i.e. severe hypoglycemic swings and weakening of organs result. This is a dangerous stage of adaptation in which the body has lost much of its ability to respond to stress. Recovery to normal physiological functioning is more difficult than in the previous two stages.

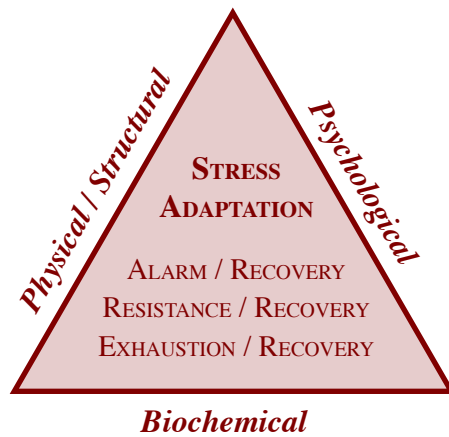


Fig. 5

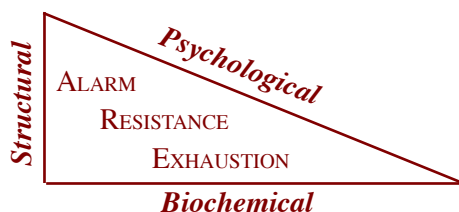
The Selye model thus briefly described in some of its physiological manifestations may be applied to any side of the Triangle of Health (fig. 5). The physiological responses are identical in each stage, regardless of the nature of the stressor inducing the responses.

Consequences of stress on the triangle a la Selye

Reflect now on the previous examples depicting the integrative operation of the Triangle of Health. The network of interactions described in these examples depict the three sides of the triangle interacting under the influence of an ongoing unresolved stressor, giving rise to an adaptive response comprising the resistance stage.

In the resistance state, chronic symptoms occur but they become more severe or acute under the influence of a triggering of or an escalation of the level of the primary stressor. The client's physiology may briefly return to the alarm response in order to meet the increased challenge.

For instance, the whiplash sufferer may aggravate his/her condition by inappropriate physical exercise (fig. 6),



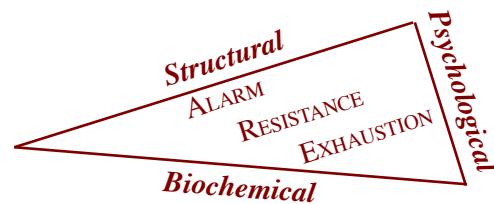
Primary Structural Stressor
Fig. 6

the nutritionally challenged client may further deplete his or her diet (fig. 7),



Primary Biochemical Stressor
Fig. 7

and the client whose primary stressor is in the mental-emotional area may receive more bad news (fig. 8).



Primary Psychological Stressor
Fig. 8

Exhaustion to recovery challenge

The burden of other life stressors of all types compound the primary stressor and if the stress load becomes excessive, adaptation may involve the overwhelmed exhaustion stage. Reserves of energy and potential for recovery are severely diminished. There exists a deeply entrenched interplay which requires more skill on the part of the practitioner in his or her trichotomous approach, and compliance and discipline from the client in order for recovery to be achieved.

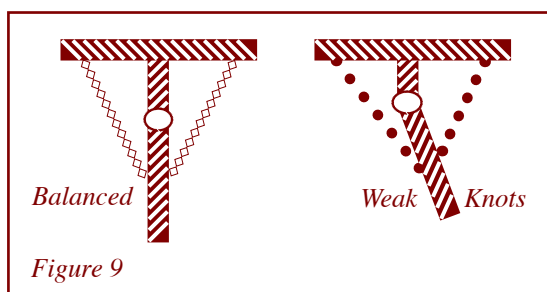
To many clients, scenarios such as these are normal in that they have no medically diagnosed disease, yet they suffer at the “subclinical” level. Whether or not a client has a diagnosed condition is irrelevant, as kinesiology works toward balancing the non-physical energy - the blueprint - and not in treating the categorised symptoms of medically diagnosed disease which is the realm of the physician. Touch for Health in its simple non-invasive manner enables kinesiologists to influence directly in some way, all

three sides of the triangle, enabling them to help clients achieve a homeostasis reflected by a triangle significantly closer to the equilateral.

During the development of Applied Kinesiology Dr. Goodheart and associates adapted concepts of both Western and Eastern healing philosophies. They demonstrated that the body's energies may be addressed by harmonising the acupuncture meridians of Traditional Chinese Medicine through tactile stimulation of the reflex points of Chapman (neuro-lymphatics) and Bennett (neuro-vasculars) and by the acupuncture points themselves.

As a development based on this paradigm, Touch for Health enables kinesiologists to "balance" the acupuncture meridians with a variety of simple and effective methods, thereby directly addressing the non physical blueprint in a subtle, non invasive way.

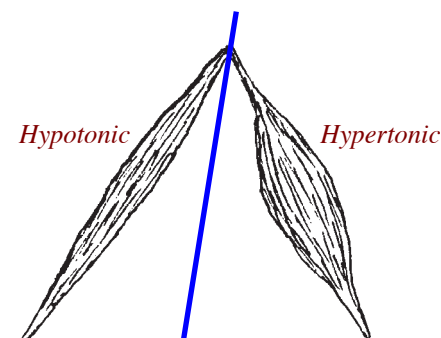
It is this that has differentiated Touch for Health from other forms of physical therapy. Physiotherapy and various forms of massage focus directly on the hypertonic muscles that are in "spasm". At the energetic level, TFH addresses the imbalance that is within the hypotonic or "weak" muscles, thereby allowing the excessively shortened muscles to relax into an appropriate state of tonus.



This is clearly illustrated in the simple representation of two opposing muscles acting on a body part (fig. 9). The shortened muscle pulls and holds the body part in its direction. If the energy of the opposing weak muscle is balanced, so too will that of the over energised muscle, allowing the structure to normalise. In the Touch for Health model, muscles are "balanced" so that they pull equally on the structure, thus promoting better posture, and with other positive flow on effects. More information about this state follows.

Homeodynamics

At the physical or mechanical level, many structural problems and symptoms arise directly from hypertonic and hypotonic muscles. Hypertonic muscles are those muscles that have excessive tension or tone and hypotonic muscles are those with insufficient tone.



In the resting state, all structural muscles maintain a moderate level of tone or contraction in order to maintain the form and posture of the structure. Structural muscles have synergists or helpers, antagonists or opponents, and stabilisers that maintain joint integrity about which the larger muscles operate. In both the resting state and during movement, it is imperative that there be proper communication between muscles, otherwise many problems arise.

In its many functions the body seeks to maintain optimal balance between its diverse processes, or in other words, it strives for homeostasis. This is an accepted medical term, but it does not appear to do justice to the fact that nothing is static or stationary as the term implies. Even when we are sedentary or asleep, a constant dynamic interplay occurs at all levels including of course, between our structural muscles. We are dynamic in all our functions, including at the biomechanical level. Homeodynamic balance may best describe this.

The mechanics of hypertonic and hypotonic muscles

The human body at the level of simple Newtonian physics, is a machine with forces generated by the skeletal muscles, pulling levers in the obvious form of the limbs and appendages. The levers operate about fulcrums, i.e., the limbs move about joints or articulations. This process occurs throughout the body in that wherever there are joints, muscles

provide force for there to be movement about the joints, and the various classes of lever operate.

Adopting a two dimensional view, if there is a lever acting about a fulcrum or a bone about a joint, these are muscles that move the bone in either direction and they directly oppose each other i.e., they are antagonists.

Take, for example, the head moving left or right. The neck provides several articulations in the form of the cervical vertebral joints. The upper trapezius muscles operating bilaterally are the antagonistic prime movers.

If, hypothetically, the right upper trapezius is hypertonic or excessively shortened and its antagonist, the left upper trapezius is hypotonic and excessively slack, it is obvious that the head would tilt to the right. The head forming a lever acting about the fulcrum or neck joints, adopts a position to the right of the centre line. If this imbalance is maintained, the person's posture adopts this characteristic due to the ongoing differences in tone that exist between the left and right upper trapezius muscles.

This example is true for any part of the body. Wherever there exist disparities between the state of tone of opposing or antagonistic muscles, posture is affected in that the limb moves away from the balanced position in the direction of the shortest or hypertonic muscle. These are relative states. For instance, both muscles may be somewhat hypertonic and movement will be in the direction of the muscle with more tone. Usually, however, one of the muscles involved is distinctively hypotonic and the antagonist is distinctively hypertonic.

Skeletal muscles

Skeletal muscles produce movements by exerting force on tendons, which in turn pull on bones. Most muscles cross at least one joint and are attached to the moving bone that forms the joint. When such a muscle contracts, it draws one articulating bone toward the other. The two articulating bones usually do not move equally in response to the contraction. One is held in its original position because other muscles contract to pull it in the opposite direction, or because its structure makes it less moveable. The attachment of the muscle tendon to the stationary bone is called the origin. The attachment of the

other muscle tendon to the moving bone is called the insertion. The origin is usually proximal and the insertion distal, most particularly in the extremities. Muscles that move a body part generally do not cover the moving part. This is shown more clearly when we think of muscles working as levers.

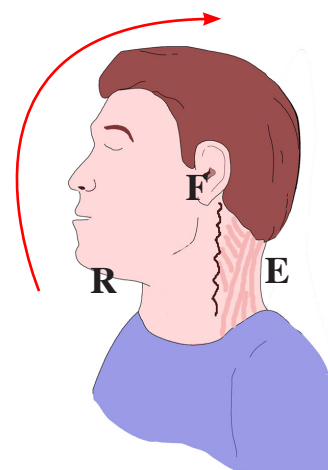
Levers

In body movements, bones act as levers, and joints function as fulcrums of these levers. A lever is defined as a rigid rod that moves on a fixed point, or fulcrum (F). A lever is acted on at two different points by two different forces, that is, the resistance (R) or force to be overcome, and the effort (E) or force exerted to overcome the resistance.

Levers are categorised into three types according to the position of the fulcrum, resistance and effort.

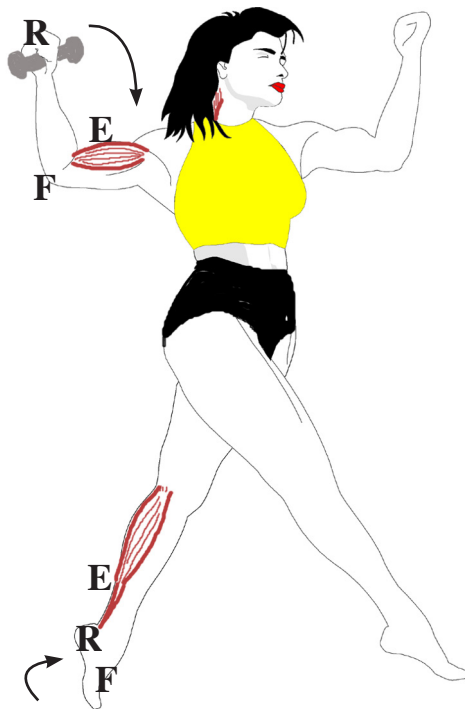
First class lever

The fulcrum is between the effort and resistance. An example of a first class lever is a seesaw. An example in the body is the head resting on the vertebral column. The the head is raised, the front of the skull is the resistance and the joint between the atlas and occipital bone is the fulcrum. The contraction of the muscles at the back is the effort.



Second class lever

The fulcrum is at one end, the effort at the opposite end, and the resistance between them. An example of a second class lever is a wheelbarrow. An example in the body is raising the body on the toes. The body is the resistance, the ball of the foot is the fulcrum and the contraction of the calf muscles to pull the heel upward is the effort.



Third class lever

The fulcrum is at one end, the resistance at the opposite end, and the effort between them. An example is the arm flexing the forearm at the elbow. The weight of the arm is the resistance, the contraction of the biceps is the effort, and the elbow is the fulcrum.

The advantage gained by a lever is largely responsible for a muscle's strength and range of movement. If we have two muscles of the same strength crossing and acting on a joint, and one is attached further from the joint, the muscle attached further will produce the more powerful movement than the one attached closer.

In the same way, and using the above example, the muscle inserting closer to the joint will produce the greater range of movement. Since strength increases with distance from the joint, and range of movement decreases, maximal strength and maximal range of movement are incompatible.

Identifying imbalances

The specialised kinesiologist is trained to identify imbalances and appropriately balance energy, whether it be physical / structural, mental / emotional or biochemical / environmental. He or she does not work with named diseases or where there are signs or symptoms of pathology or other contra indications. Kinesiologist work within the scope of their training and will refer the client to the appropriate health provider.

Muscle monitoring may confirm other imbalances such as

- nutritional / biochemical sensitivities
- muscular and physical pain
- structural deviations
- learning difficulties
- performance below desired levels
- miscellaneous health issues
- energetic / vibrational imbalances
- pollution reactivity

The kinesiologist may use muscle monitoring to scan the client's body to isolate or prioritise the area of imbalance. The kinesiologist will not use muscle monitoring to take the place of the decision making process of the client e.g. "should I leave my partner?", or other questions such as "Am I pregnant?".

Other situations involve the kinesiologist self testing to identify and balance their own energy imbalances. Some have said this is akin to having a broken machine try to fix itself. Of course we are not machines and any effort to balance energy is a positive step to maintaining health and well being. In the same way that a kinesiologist will refer the client to another health provider, he or she should also be mindful that if in doubt, they themselves should seek another professional opinion.

Chapter 2

The principles and practices of kinesiology

Self Responsibility Model

For members of the public who choose mainstream medicine, there is often little responsibility on their part other than to take their prescriptive medicine as directed. Unless he or she asks for more information, there is often no knowledge of side effects or how to prevent a recurrence of symptoms. The “authority” is the medical practitioner who treats with drugs the symptoms of the named disease.

The self responsibility model formulated and espoused by the Touch for Health School of the International Kinesiology College requires participants, as much as possible, to take an active part in their healing process. From the outset of their kinesiology sessions, it should be impressed on them that they are in charge of the session and are encouraged to take as active a part as possible.

Before any muscle monitoring, permission to muscle test must be given by the participant. This means that he or she knows that they will need to be touched by the tester during muscle monitoring, and that the touch may extend to the surface of other parts of their body, such as the torso.

If the participant is being muscle monitored for the first time, it is important that you as the facilitator, spend time explaining the principles - where the muscle is positioned in the body, where its origin and insertion are, demonstrate the range of motion, how much pressure will be used, how long the pressure and the test will last, being relaxed, avoiding eye contact, bracing, and most importantly, that the participant is an active part of the process.

When participants understand these aspects of the balance, and that they are the “authority” in the muscle monitoring process, they are able to give helpful feedback to the person facilitating the session.

Ideal conditions and situations create the best muscle monitoring results.

1. Explain simply, the concept of energy balancing
2. Ask permission to work with the person and make sure they are aware that this involves a physical touch to their arms, legs, and torso.
3. Explain that if there is any pain or discomfort, or any other reason, they should say “stop” immediately.
4. Explain what outcomes you expect from each muscle test – a lock or an unlock. Demonstrate this during the preparation for accurate indicator muscle testing.
5. If the participant does not agree with or understand the results, he or she should be encouraged to say so.
6. Avoid direct eye contact while testing.
7. Explain and demonstrate the concept of bracing while muscle monitoring - avoid bracing over the muscle being tested or its bilateral partner. See following pages for more information on bracing.
8. When stimulating balancing reflexes, encourage the participant to take an active part in this activity.

Context

Kinesiology is, in essence, contextual. The tester must have both focus and intent based on a framework or intellectual construct. As part of the self responsibility model, the client being tested must be the central player and all monitoring carried out by the tester is, of course, with the permission of the person being tested, and with their full awareness of the principle of the process. The tester is said to be the facilitator of the balancing process of the person being tested.

Therefore, when the tester monitors an indicator muscle, it is contextual to a specific aspect of life, issue or symptom within the participant's frame of reference. With this in mind and with the above-mentioned intellectual framework, as an

example, the kinesiologist is able to pose relevant and meaningful questions, both symbolically and verbally, and monitor muscle responses. Such responses, as mentioned earlier, are believed to be initiated in the super conscience or intuitive mind. A relevant, well structured enquiry elicits a high calibre response.

Hence, muscle monitoring provides instant feedback to the tester, giving information relating to imbalances anywhere within the energy fields of the participant, i.e. the physical or structural, chemical or nutritional, and mental / emotional sides of the triangle.

Consider the use of an indicator muscle such as anterior deltoid to evaluate the energy of the gall bladder meridian. Provided the neurological pathways affecting motor function of the anterior deltoid are operating appropriately, the monitoring or indicator muscle will lock when tested.

When we utilise the same previously locking muscle to evaluate gall bladder meridian energy, that is, it is the intent of the tester and testee to do so, it may suddenly unlock, demonstrating energy imbalance within the gall bladder meridian. It was intent and redefined context that determined the change in the indicator muscle.

This example may be used as a core theme that applies to all kinesiological enquiry, monitoring any indicator muscle of choice. In the case of the gall bladder meridian enquiry, our intent accessed the intuitive mind to provide a response reflected through the subtle energies of the client being assessed, into the physical form, effecting the neurology of the muscle being monitored. An intellectual grasp of the concept of the meridian, i.e. gall bladder was required, at least on the part of the tester, for an accurate response to be provided. No matter what the format, some intellectual understanding is required of the subject being accessed in order for the appropriate question to be posed through the indicator muscle, and thence for a meaningful response from the higher mind to be elicited.

From the mainstream perspective, kinesiology as defined as the study of human movement, is concerned with biomechanics and the physics of motion applied to the human frame. Kinesiology when utilised from the perspective of the monitoring of indicator muscles to identify energy imbalances, brings into play both the Western scientific understanding of physical structure, biomechanics,

neurology and so forth, together with esoteric understanding of the energy systems according to the Ancient Wisdom. Herein lies the great versatility and potential of kinesiology used with the energy model in empowering people throughout the world to take greater responsibility for their own health at all levels of being.

Your muscle monitoring results will be more accurate if you give a context to your testing. Most kinesiologists recognise this as a "goal" and is discussed, clarified and stated prior to the energy balancing session.

Another way to give context to the muscle monitoring is to measure pain / discomfort / energy on an analogue scale, say from 1 - 10 then reassess after the session. The client may also use a pie chart or any other measure. Assuming an improvement is made, this also reinforces the fact that the energy balance works to reduce pain or discomfort, and raise energy.

Muscle monitoring

Muscle monitoring (also referred to as muscle testing) is an art - and like all art needs practice for one to become competent and confident. That means working with many people because every individual responds somewhat differently. In order to use kinesiology effectively, we must have accurate muscle monitoring. It is through the accurate feedback the body gives that we find energy and muscular imbalances.

Rationale

What is actually occurring when we practice muscle monitoring? In order to provide a viable response to this frequently asked question, we need to consider physical structure, endocrinology, neurology, and esoteric perceptions relating to bio-energy, the subtle anatomy and consciousness.

All is energy. We are composed of physical energy in the form of the gases, liquids and solids that comprise our physical make up. We are composed of etheric energy that contains the bio-energetic blue print - pranic energy, Qi - that determines directly the form and function of the physical.

We are composed of the astral body, the vehicle that harbours the core of our emotional life; we are composed of the mental body, the lower level of

which forms the concrete or intellectual mind, we are composed of the higher mental plane within which higher perception is realised, interfacing with the causal, interpersonal or soul body; the soul being a vehicle of the super conscience, spirit or higher self.

Each level of our being is composed of planes of existence characterised by increasingly finer energy frequencies from the grosser personality levels to the spiritual.

Bearing in mind that the lower self or personality is made up of the physical / etheric, the astral, and the mental bodies or planes of existence, when we are using kinesiology on a client, we are seeking responses to enquiries relating to this level of existence i.e. the mental / emotional, the structural and the biochemical.

From this intellectual construct, framework or platform, kinesiology enquiry through muscle monitoring, accesses the intuitive component of mind, existing within the spiritual planes, according to esoteric belief.

The kinesiologist thus gleans higher information, through muscle monitoring, of energy disturbances, blockages, or imbalances within the lower self or personality.

Esoteric teaching describes nadis, meridians, lesser centres, minor centres and chakras as being lines and centres of bio-energy prana, or Qi and also as being receptors of consciousness or spiritual mind energy.

When a locked indicator muscle unlocks in response to some form of enquiry on the part of the muscle tester, it demonstrates the presence of imbalances or disturbances within the energy framework of the lower self, i.e. the mental, astral, and physical / etheric or, in other words, the mental - emotional, structural and bio-chemical components.

Such imbalances in the non-physical sense, impact upon the chakras, minor and lesser centres and meridians, and are composed of mental and astral disturbances or degenerative patterns or thought forms.

As above, so below. Energy imbalances within the non-physical are reflected into the physical by way of neuroendocrine responses to mental / emotional stress or trauma.

Because mental - emotional stress emanates from the lower astral plane, the emotional centres within the limbic system of the brain are predominantly

involved through the energy lines and centres of the subtle anatomy. This in turn directly involves the hypothalamus and pituitary glands producing the longer term hormonal response to stress via the endocrine system.

Simultaneously, due to limbic connections to other parts of the central nervous system, the sympathetic response of the autonomic division of the nervous system provides instantaneous stress reactions within the physical body. This also operates in the reverse direction. Therefore, when an indicator muscle is monitored, the neurology innervating the fibres of the indicator muscle, its synergists and stabilisers, is utilised to access the above-mentioned physical and non - physical pathways in order to locate sources of energy imbalance. For more information refer to 1996 Australian Kinesiology Conference Journal page 83.

The indicator muscle (IM)

The primary tool of the kinesiologist is the indicator muscle which directs the kinesiologist to areas requiring balancing. The ideal indicator muscle (I.M.) is one that is comfortable for the participant and which can be influenced manually, emotionally, and biochemically. That is, when challenged in these areas, it will change its state from lock to unlock, or unlock to lock. If this does not happen, particularly when a locked indicator muscle will not unlock when challenged, several factors must be considered.

1. The participant does not understand what you are saying or what is supposed to happen
2. The participant is tense and nervous
3. The participant is not open to kinesiology
4. The participant is dehydrated
5. The participant is neurologically disorganised (switched)
6. The participant is sceptical
7. The participant has unresolved emotional issues

You will need to resolve these issues before proceeding. In many cases, putting the participant at ease, and explaining clearly their involvement in the process is all that is required.

Testing the indicator muscle

Ask the participant to relax and think of the muscle and its position in the body. Light pressure is better than using excess pressure. Generally speaking, use no more than 2lbs of pressure for about 2 seconds. Good communication and feedback is important so taking the time to educate the participant is worth it. What you want is cooperation, not competition.



Bracing

Bracing while muscle monitoring involves putting the uninvolved hand of the tester on the participant's body. The right hand on the tester (above) is not involved in the muscle test but is bracing the body during the test. The position is mostly determined by the direction of the muscle test as shown by the arrow. Generally speaking the brace position gives resistance to the "force" of the muscle test and is usually on the opposite aspect of the body. For example, if the test is on the front on the left, going towards the back, the brace position will be on the opposite position on the back with the brace force directed to the front. This is particularly important with standing tests as it gives necessary support to the participant. The participant may also feel "connected" to the tester by being braced and supported.

It's true you can overpower almost any muscle in almost anyone, but this risks doing actual damage to muscles and tendons. With this in mind, use pressure designed for the participant you're working with. You can also produce a falsely unlocking muscle by testing too quickly. Allow a second or so after you have warned them that you are about to apply the test pressure. This allows their brain to recognise what is about to happen so that your testing results are valid.

If a participant is not robust, monitor the pressure you apply by using only two fingers for the test. If

the participant is very strong and you doubt the accuracy of the read-out you are getting, "feather" the neurolymphatic points for that muscle by moving your hand rapidly back and forth over the points. This usually results in 'shakiness' or a 'slight weakness' when retesting and will denote an unlocked state for the muscle test. This will be your criterion for the rest of the test procedure.

Some other points to consider are:

- Avoid looking directly into the participant's eyes during the muscle test. This will avoid possible discomfort or embarrassment, and any non verbal messages that the person may perceive.
- Avoid putting pressure on joints such as wrists and ankles while you are muscle monitoring. It is highly probable that any weaknesses in these areas will affect the results of the muscle test, and may even cause unnecessary pain or discomfort to the participant.
- If the person is wearing a battery watch, or has a mobile telephone on their body, it is better to remove these items as the batteries may inadvertently become involved in the context of your muscle monitoring. If the person has problems resulting from wearing these items (e.g. back pain), suggest that they have a separate balance for being able to wear these items without compromising their energy,
- If you are unsure about similar factors such as jewelry, high heeled shoes etc, muscle test to see if it is all right (or not) to proceed while the participant wears the items. On the other hand, it may be relevant to include these items in the balance if the participant habitually wears them.
- Ensure the person keeps his or her hands off their body while you are testing. Though the context of the kinesiology testing should be clear, it is better not to inadvertently set up additional factors in the context by having hand(s) on the body.

When you apply pressure, remember - your only pressure should be no more than 2 lbs. Hold for not more than two seconds and release. THEN decide together whether the muscle is locked or unlocked. If you continue to add pressure to the muscle while deciding, you may fatigue it, and consequently your result may be invalid. Another very good reason not to use unnecessary force and duration when testing.

Pretests

Before proceeding, follow pretest protocols to ensure the participant is ready for optimal muscle monitoring. These pretests will include clearing any neurological disorganisation, balancing central meridian energy, and ensuring the participant is adequately hydrated. Other pretests such as checking ionisation may also be applied.

Range of motion

Though other models exist, muscle monitoring is usually done using an indicator muscle in its contracted position, that is, having the ends of the muscle, the origin and insertion, as close together as comfortably possible. In this position, the fibres of the muscle running from the origin to the insertion indicate the direction of the muscle test. In other words, moving the limb away from the body in the direction of the fibres determines the range of motion of the muscle test. This movement is the "opposite" movement to the muscle's normal function.

For example - the action of the quadriceps group of muscles is to bring the leg up towards the body as shown by the black arrows.



The range of motion we use for the quadriceps muscle test pushes the leg down.



Our muscle testing follows the direction of the range of motion as shown by the white arrows. In this context, the range of motion is opposite in direction to the action of the contracted muscle acting on that particular limb or lever.

Once the range of movement has been demonstrated, bring the muscle being tested back into the contracted position and apply the test pressure. Generally speaking, up to two pounds of pressure for no more than two seconds, through a range of two inches is enough to determine the result. You do not have to follow the full range of motion to get a result.

Recruiting

If it is difficult to muscle test your client, or the muscle fails to unlock when challenged, explain that sometimes we unconsciously "try harder" by calling on other muscles to help keep us strong. After all, we have a very strong, built in survival programme that does not like to show vulnerability. We will use other muscles to prevent the indicator muscle unlocking, limb positions can be subtly changed during the test, torsos twist, hands clench, the breath is held, and even mental overriding can influence the process.

Communication and trust are important in helping the participant feel relaxed and ready for muscle testing, and the kinesiologist should be observant and gentle in repositioning the limb so there is no need for further recruitment.

The language of kinesiology

With any new experience, a new language is often involved, and so it is with kinesiology. Even the word "test" as in muscle testing may not be suitable without clear understanding by the participant of its definition. The word "test" is not meant to evoke memories of school or examinations, but rather to describe the gathering of information through the response of the indicator muscle. Many kinesiologists choose to describe the experience as muscle monitoring, but with clear understanding between the participants, the term "muscle testing" should not offend. Similarly, words such as "strong" and "weak" instead of "lock" and "unlock", and "resist" instead of "hold", may give the wrong impression and set up situations where the client recruits other muscles, or mentally overrides the test.

Remember, clients may not understand some of the kinesiology terms that the kinesiologist takes for granted.

Outcomes

With a goal or context firmly in the mind of each participant, muscle monitoring can give indications that point the way to determining the priority methods of balancing.

These are some of the positive outcomes that many people have experienced:

- improved posture by balancing the muscles of the body
- simple exercises to improve vision and advance sensory input
- muscle monitoring to identify foods to which there is a sensitivity
- simple movements to enhance learning abilities
- easily learned methods for simple pain management
- stress management using the Emotional Stress Release (ESR) technique
- reactive muscles and energy pattern resets
- neural organisation and co-ordination

Subjective evaluation

Assessing the participant's condition refines the context and after balancing, allows the participant to reassess and notice changes in their condition. Pain is a very subjective condition with some people coping better than others. One person could colourfully and dramatically describe the pain or discomfort they are experiencing, while another could mention in passing that it is not a problem to have a garden stake sticking out of their foot! Therefore, if pain is a factor, it should be measured in a way that both the participant and the tester can relate to. Using an analogue scale, pie chart or graph is a good way of doing this.

0 1 2 **3** 4 5 6 7 8 **9** 10



The participant is asked to measure their pain on the scale above, making sure both clear about the direction change is expected to take. For instance "0" may be considered to be no pain, and "10" to be an excruciating limit.

Energy assessment

Energy levels may take a different direction. Initially, a person's energy may be measured at 3, with 10 or near 10 being the expected top after using the balancing strategies.

0 1 2 **3** 4 5 6 7 8 **9** 10



Attractor value

In the context of the session goal, a kinesiologist may also measure the amount of energy the client has or believes they have to attract positive people and circumstances to them. This is usually measured from a numerical starting point that will increase after the balance, thus showing the improvement in their "attractability".

Current ability

Other methods of assessment may include the person's current ability relative to the context or goal. For example, if the participant wishes to increase their flexibility, assessment may show they can only bend forward from the waist to have their hands reach somewhere near their shins. After balancing, they would find it easy to reach lower than this point.

In the same way, you can also evaluate sporting postures and movements. A tennis player may have a limited range of movement for his backhand, or a golfer may experience pain when making her golf swing.

Evaluate reaction to stress by having the person think of the stressful situation while testing a locked IM. Change in IM indicates stress, and the self evaluation method can "measure" the stress level. You can be creative about evaluating other current ability contexts.

The kinesiologist will also observe the participant's structural and emotional posture, and use listening skills to discern their stated or unstated problems.

After balancing, reassess and record changes, and celebrate positive changes no matter how small.

Home reinforcement

The kinesiologist may recommend that the client participate in home reinforcement strategies in order to keep an ongoing connection to the session strategies. These will be simple exercises designed to enhance and consolidate positive changes that have occurred during the kinesiology session. More on this topic will be covered in a later chapter.

Kinesiology energy balancing enquiries and techniques

Circuit locating

This technique allows the kinesiologist to gather specific information. Basically, circuit locating (CLing) represents a kinesiology enquiry - a non verbal question, so it is important that you and your client know exactly what you are asking. Circuit locating primarily involves the kinesiologist testing the indicator muscle while using two fingers to touch certain reflexes on the client's body. The non verbal question is usually "is this the method / point / circuit involved in the balance / imbalance?" A change in the IM shows involvement.

Finger Modes (Digital Determinators)

Many forms of kinesiology use finger modes, or symbols that help identify priority imbalances and the methods to balance them. Finger modes are based on ancient mudras and the work of the late Alan Beardall D.C. who modified and modernised these symbols. In effect, they are another way of asking non verbal questions, and quickly accessing priority information relative to the context of the balancing.



Most kinesiologists recognise the following finger modes:

<i>Thumb to little finger</i>	<i>electrical energy</i>
<i>Thumb to ring finger</i>	<i>mental / emotional energy</i>
<i>Thumb to middle finger</i>	<i>biochemical / environmental energy</i>
<i>Thumb to index finger</i>	<i>structural energy</i>
<i>Pronated palm superior to head</i>	<i>reactivity</i>

There are hundreds of other finger modes and hand modes that are featured in many kinesiology programmes.

Scanning

This usually involves moving the hand over the body while monitoring the indicator muscle. IM change denotes area of disharmony or energy blockage. Depending on the context, it may involve the area above, on, or in the body. Scanning may also be used to identify contextual information from a list or chart.

Verbal questioning

This involves setting up the IM to reflect a response to questions asked. For example, a locked IM would denote a "yes" response, and an unlocked IM would indicate a "no" response. Ideally, the question is actually formulated as a statement to avoid the possibility of double negative situations, or bias on the part of the tester.

Challenging

This is another non verbal question to check if the applied balancing method is satisfactory. Challenging involves (ideally) the participant using two fingers to touch the point on the body that represents the balancing technique used. Success is assumed if the IM does not change. If it does change, more of the balancing method may be applied, or another reflex used.

Other challenges involve reapplying the finger mode or even stating the balancing technique after the balancing strategy has been applied. Success can be assumed if the IM does not change when the finger mode /statement is challenged.

Other techniques

These could include techniques involving

- muscles
- emotions
- structure
- vibrations
- nutrition
- neurology
- physiology
- over / under facilitated muscles
- unlocked muscle monitoring outcomes

Simple healing methods and approaches

Simple approaches and traditionally used methods of healing are the tools of the kinesiology practitioner.

These include:

- fresh air; ideally non polluted, perhaps in a forest or at a beach, where the client can take deep cleansing breaths
- pure water; filtered if possible
- fresh whole foods; the less processed and fresh the better - fruit, vegetables and whole grains that can be muscle monitored for individual appropriateness
- healthy eating plans; dietary modification and improved eating strategies can be tailor made for the client
- detoxification; various cleansing programmes including dietary modification, colon hydrotherapy, urine therapy, and specific organ cleansing
- herbs; where the kinesiologist has the training, these are very beneficial
- sunlight; gentle exposure for short periods in times of the day when ultra violet rays are not as prevalent
- rest and relaxation; time away from stress

- exercise; a gradual plan for those not used to exercise can involve walking on level walkways, and increased gradually
- hydrotherapy; colon hydrotherapy requires a skilled operator and safe, hygienic equipment. The benefits are great when combined with a detoxification programme and changed lifestyle. Other forms of hydrotherapy include spas, float tanks and sitz baths
- massage; there are many forms of massage from relaxation to deep tissue and lymphatic drainage
- meditation; there are many books on meditation
- stress management; one of the simplest kinesiology techniques is Emotional Stress Release (ESR) and involves placing the fingertips of each hand on the frontal eminences, above the eyes on the bulge of the forehead between the eyebrows and the hairline.
- aromatherapy; a relaxing and therapeutic method of applying essential oils
- reflexology; when indicated, a trained practitioner can stimulate organs, glands and circulation through specific stimulation of the feet and hands, and sometimes other parts of the body
- acupressure and acupuncture; pressure on specific meridian points can be beneficial for pain and stress management. More benefits can be obtained from trained acupuncturists

Other complimentary therapies may include

- naturopathy
- osteopathy
- Bowen Technique
- homoeopathy
- herbalism
- aromatherapy
- massage
- acupressure / acupuncture
- Traditional Chinese Medicine
- reflexology
- iridology

- hypnotherapy
- Neuro Linguistic Programme methods
- other energy balancing therapies

Attitude to wellness and healing

Another important approach to healing is for the client to choose to be willing and determined to make positive changes in their lives. It is not enough to appear on time for an appointment.

Willingness to participate at all levels is critical. Intellectually, your clients may agree with all the strategies and protocols you set up for a positive and healthy change. They will agree with the the concept of change and enthusiastically indicate they are willing to make changes.

However, if the determination to implement the changes is missing, the outlook for success is greatly diminished. it takes active participation and vigilance to get things moving. One could say that willingness is passive and determination is active.

Addressing these issues can be done by setting the appropriate context and muscle testing for blockages and sabotage programmes, then clearing them.

Perceiving the body as a multidimensional, wholistic creation rather than as a complex machine makes Touch for Health an effective instrument in allowing people to explore and harmonise these dimensions.

Chapter 3

Kinesiology concepts and applications

Touch for Health had its origin in 1970 when Dr. John Thie decided to make practical and effective methods of balancing the body's energy available to the non professional public.

At this time, the International College of Applied Kinesiology under Dr. George Goodheart's leadership, had already developed, over some years, a system of healing called Applied Kinesiology (AK), specifically for professional health care practitioner.

Dr. Thie realised the merit in taking from AK some of the more basic techniques without the deep theoretical component, and teaching them to people from all walks of life. His aim was to empower people to promote and maintain health in themselves and their families. John aptly named this simple yet powerful preventative system of health care Touch for Health.

Since that time, literally millions of people on a global basis have benefited from Touch for Health and from the many professionally focused forms of Specialised Kinesiology that it has spawned.

People of today's world are better informed, compared with a generation ago when Touch for Health had its inception. We truly exist in the information age. For the average client, it is no longer a secret that the body exists as both a physical and non-physical entity; that we have an energetic "blue print" that directs the grosser manifestations of the body in its incredibly intricate workings.

Although so called primitive cultures around the world have been aware of this concept for thousands of years, our Western society has, in some ways, been a victim of its own mechanistic scientific dogma influencing modern medicine to view the body in an almost totally anatomical and physiological way. Fortunately, this is now rapidly changing.

Other kinesiology practices

As mentioned previously, Applied Kinesiology is the method used by chiropractors to assess energy imbalances, particularly relating to the spine. A simple indicator muscle is set up to monitor energy outages, and hard pressure is generally used during the muscle test. It is accepted that the term "Applied Kinesiology" belongs to the world of chiropractic and will not be included in this discussion unless specifically required.

Touch for Health

As mentioned previously, Touch for Health evolved from Applied Kinesiology. In 2001, author and founder of the Touch for Health Synthesis, John F. Thie D.C. wrote:

"Touch for Health when originally written was my modification of Applied Kinesiology written in a simplified manner for beginners whether they be lay people, paraprofessionals or professionals. I did this with the full permission and recommendation of George Goodheart and before the ICAK was formed. Then in 1979 I modified Touch for Health to make it a meridian driven system rather than an organ/ 5 factors of the IVF driven system.

"The system of TFH is what I developed out of all my previous knowledge and experience. I used a modification of the muscle tests, techniques and protocols which made them specific to Touch for Health and unique from Applied Kinesiology. This included differing in several ways, including challenging and meridian muscle relationships.

"Touch for Health is a copyrighted book and a Registered Trademark. In that sense I own Touch for Health. The rights to use the information belong to the public as with other books that give information.

"The rights to certify Touch for Health Instructors as a vocation, were originally granted to the Touch for Health Foundation by the State of California, Board of Education.

The board of trustees of the Touch for Health Foundation granted and transferred these rights to the faculty of the then still existing Touch for Health Foundation, and these faculty members formed the International Kinesiology College and granted to the Touch for Health School of the IKC the rights to certify Touch for Health Instructors as a vocation. Along with the rights to certify instructors, the Foundation through me, granted the TFH School of the IKC the rights to determine what curriculum would constitute the course materials requirements for becoming a Certified Touch for Health Instructor. When the Board of Trustees granted these rights, they withheld the copyright and trademark ownership and granted that back to me and I have given permission to use these to the IKC and TFH Associations worldwide. The IKC also recognized with the acceptance of these rights, my right to continue to use and develop Touch for Health as the originator of the concepts and not be bound by any of the regulations of the IKC or TFH School.

"So in Summary Touch for Health is what the TFH School of the IKC says it is for Certified Touch for Health Instructors and Touch for Health is what I develop and continue to call Touch for Health as I see it.

"My idea of a Touch for Health Practitioner is that they would be educators that would teach their clients and empower them to be healthy through touch whether it be physical mental spiritual, emotional and touch others in the same way - to have an inner connection to the universe. They would be great communicators. They could understand and have their client know that they were understood. Whether or not they could be helped or not, they would know that they were understood. The practitioner would view the client as a whole person and to ask what they wanted better in their life, rather than what was wrong with them. There are already plenty of people and plenty of methods to find out what is wrong with people.

"Touch for Health (Kinesiology) Practitioners would be committed to personal growth, not because they were required to but because they wanted to; that they knew they were perfect but incomplete and would never be complete as long as they were alive and there was room for them to be better.

"Touch for Health (Kinesiology) Practitioners are highly committed to ethical conduct and always have a consciousness of how they are working with clients to educate them to help themselves, and to give \$13 worth of service for \$12 worth of charges."

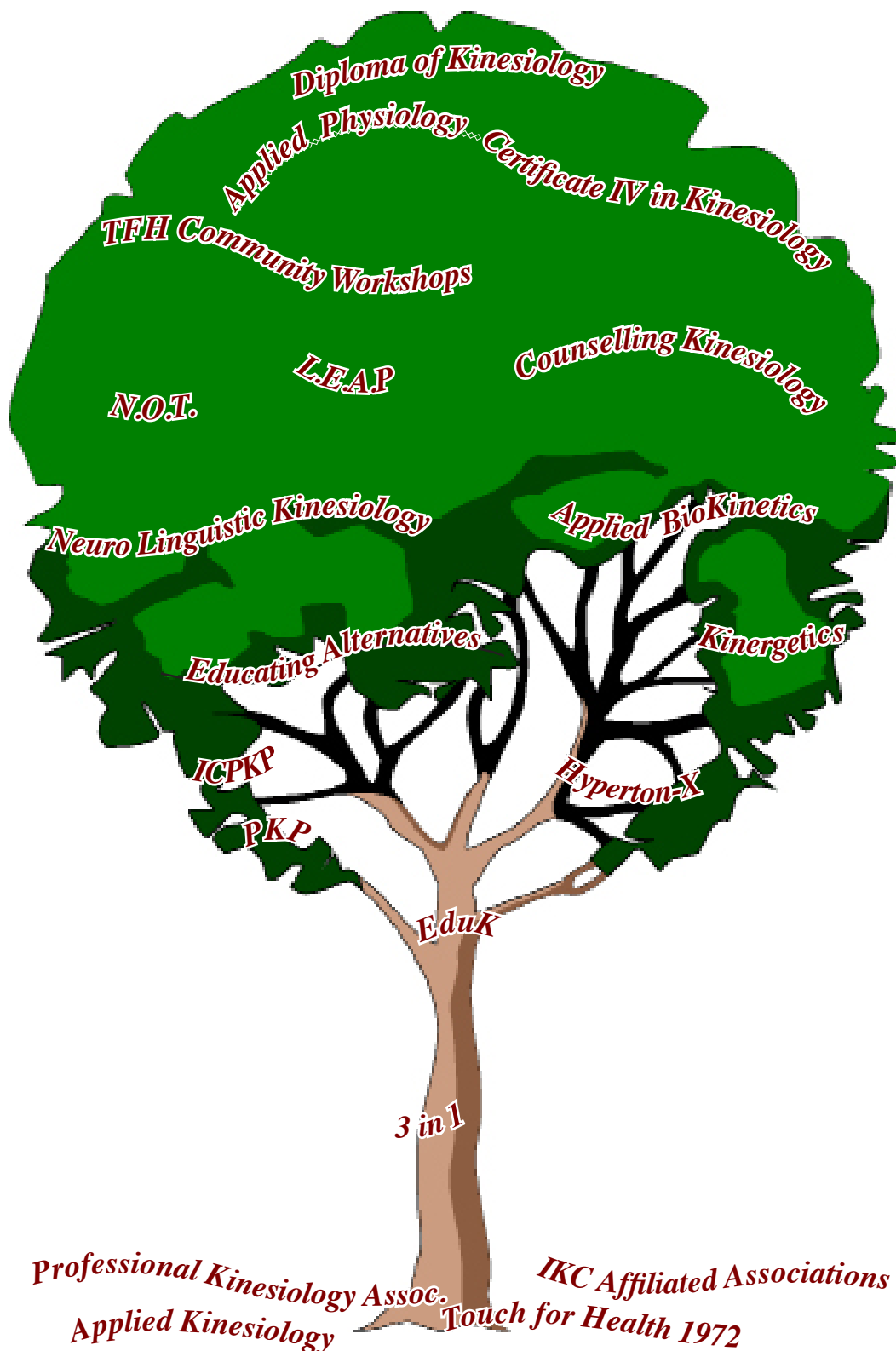
From Touch for Health, many other types of kinesiology evolved, including kinesiology practitioner training. The Australian Kinesiology Association Inc. was established in 1990 and with its boards of Course Accreditation and Practitioner Registration, kinesiology practitioner training has become well regulated and supported.

Since the development of Touch for Health, probably millions of people have experienced its benefits. For several years, it was "the only game in town" until Three in One Concepts, developed by Gordon Stokes, Daniel Whiteside and Candace Callaway appeared. Their workshop series, popularly called "One Brain", focused on clearing dyslexia and learning difficulties, and spread rapidly throughout the Western world.

An innovative feature of the Three in One Concepts workshops was the introduction of finger modes, based on ancient mudras, and the modern research of Dr Alan Beardall. Finger modes are symbols that allow the kinesiologist to work quickly and accurately to identify imbalances and the balancing techniques to deal with them. More information can be obtained at www.threeinone.com.au.

In 1986 Dr Bruce Dewe and his wife Joan Dewe introduced their Professional Kinesiology Practitioner (PKP) series of workshops. The series features some 500 finger modes and allows the kinesiologist to offer a broad menu of balancing strategies. This workshop series also became very successful and in 1999, was developed into a professional training programme through the International College of Professional Kinesiology Practice (ICPKP). In 2003, the ICPKP was successful in gaining Australian government accreditation for its Basic Kinesiology Practitioner (BKP) courses. More information can be obtained by visiting www.icpkp.com.

Brain Gym®, also known as Edu-K (Educational Kinesiology), is the art and science of using movement to accelerate learning and enhance performance to help people achieve their personal, professional and academic goals. Developed by Paul E. Dennison PhD in the early 1980s, Brain Gym has a world following. Visit www.braingym.org for extra information.



The Touch for Health Tree

Applied Physiology is a system developed by Richard Utt in the early 1980s and applies a very logical, simple holographic framework on which to base muscle monitoring skills.

Other early kinesiology authors included Frank Mahony who introduced his Hyperton-X workshop series featuring proprioceptor neuromuscular facilitation (PNF), Philip Rafferty with Kinergetics, and Andrew Verity with Educating Alternatives. More recently, other developments include Counselling Kinesiology by Gordon and Debra Dickson and the Applied BioKinetics workshop series by Gregory Gralton and Toni Lilley.

The Touch for Health Tree shows others, all stemming from the original Touch for Health Synthesis. The Australian quarterly publication *In Touch* annually lists all Australian Kinesiology Association Inc. Kinesiology "modalities" a description that has evolved to describe the different types of kinesiologies and their authors.

In order to distinguish these evolutionary extensions of Touch for Health from Applied Kinesiology, or from the science of biomechanics as studied by Human Movement students, terms such as Specialised Kinesiology and Energy Kinesiology have been adopted. Starting with AK, there is a veritable alphabet of kinesiologies that have been developed over the last twenty years or so.

As mentioned, the Applied Kinesiology approach to muscle testing was to use hard pressure. It has been said that this approach did indeed test the individuals ability to withstand this "test of strength". With the development of Touch for Health and other specialised kinesiology modalities, a more gentle approach was made to muscle testing, and this soft muscle testing has been adopted by most developing kinesiologies as it reduces the natural inclination to resist and recruit during muscle testing. Indeed, with practice and experience, it is possible for the person being tested to "know" beforehand if the monitoring will show an unlocked response.

Whatever the inclination of the tester, it is the person being tested who is encouraged to speak out about the way in which they wish to experience muscle testing and to gain the best results from it.

Similarities and differences between kinesiologies

In the context of this unit, all definitions of kinesiology will have muscle testing or muscle monitoring at its core. Some schools use hard testing as in the original chiropractic model, others use very subtle, light testing as in Touch for Health and many of its offshoots; others are adamant that to receive reliable information, the indicator muscle must be tested in contraction and extension, and even further, in several positions between contraction and extension. Other advanced methods of muscle monitoring include Gamma I and Gamma II testing. In almost all cases, however, basic muscle monitoring will be carried out with the muscle in its contracted position, that is, the ends of the muscle, (its origin and insertion) will be comfortably positioned so that the fibres of the muscle run the shortest distance between the two. Extension testing is carried out in the extended position, that is, the origin and insertion of the muscle are comfortably positioned so that the fibres are longest between the two ends.

All kinesiologies recognise the need to establish the ideal environment through a series of pretests to ensure neurological organisation and other ideals are established. These may include checks for hydration / dehydration, ionisation, central meridian flow, and neurological disorganisation, or "switching".

For the beginner who has mastered the basic lock / unlock / lock principle, the most important concept to remember is that both parties to the muscle monitoring must be clear about the context of the testing.

The energy model

However, there are some varying schools of thought relating to the concept of the energy model. For example, some kinesiologists have proposed that the Triangle of Health is better represented by mental on one side, emotion on another, and physical (incorporating biochemical and structural) on the third side. In the final instance, the differences between the two interpretations are superficial and are totally synonymous. Permeating all is of course, spirit.

It is the ideal scenario in which kinesiologists work or facilitate the individual's process rather than "fixing" or "healing". Most seem to abide by this principle.

The practitioner is the facilitator

The facilitator in this sense means that the practitioner has the knowledge and skills to lead and educate the client in his or her own process. Ideally, there should be as little ego investment as possible on the part of the practitioner /kinesiologist in their work as facilitator. The reason for this statement lies in the fact that the kinesiologist is working with very subtle energies and his or her mind state or focus is all important. Otherwise the practitioner may compromise accurate testing because of ego agendas i.e. projections that influence outcomes. An impartial or clear kinesiologist is the ideal facilitator and it behoves the kinesiologist to do all in his or her ability to maintain their own balance so that their work is not affected because of this.

The orthodox medical model which does not have a conception of energy, has its focus on directly reducing or managing symptoms, and the doctor is the practitioner who employs invasive intervention in order to combat the body's pathological processes. The kinesiologist on the other hand, is concerned with augmenting, promoting and facilitating energy balance throughout the individuals energy make up.

Some differences

Apart from those mentioned above, the various camps of kinesiologies have different emphases.

For example, Three in One Concepts has strong focus on the emotional side of the Triangle of Health; Neural Organisation Technique (N.O.T.) and Applied Kinesiology focus largely on the structural and neurological; Brain Gym, Learning Enhancement Advanced Programme (L.E.A.P.), One Brain (part of Three in One Concepts) are well known for their approach to learning difficulties. Counselling Kinesiology is directed at improving interpersonal relationships; Nutritional BioKinetics has its emphasis on functional nutritional.

Some such as Touch for Health were written initially for non professionals. Anna Rolfes M.D., Ph.D. teaches specialised kinesiology techniques, based largely on Touch for Health, to medical doctors.

Some other forms involve the study of metaphysics, such as Transformational Kinesiology (TK), and Psycho BioKinetics (PBK).

Allopathic and kinesiological approaches to treatment

Allopathy works on the suppression of symptoms. It is the western medical model in which a disease or an abnormal condition is treated by creating an environment that is antagonistic to it, i.e., a system that emphasises treatment of disease.

Kinesiology is a system of health care that emphasises health maintenance, disease prevention, patient education and patient responsibility.

Kinesiology works with identification and balancing disharmony within the energy field of the individual.

Kinesiologists do not work with named medical conditions or their symptoms, but work to restore and raise energy so the client can reach their wellness potential.

The kinesiologist knows that while drugs can offer immediate relief of pain, there may be side effects that are obvious, and the lesser observed effects of energy depletion and disrupted biochemical balance due to the effect of assimilating and processing said drugs.

In relation to the self responsibility model as previously described the table on the next page shows a comparison between the kinesiology and allopathy models.

Relationship between therapies

Because it was the first to be developed from chiropractic Applied Kinesiology, all forms of specialised kinesiology originated from the Touch for Health Synthesis and the International College of Applied Kinesiology (ICAK). As already mentioned, there exist many forms or models each with specific focus on some aspect of the Triangle of Health. Although some disparity does exist between the approach of the various kinesiologies, they all have as their central theme, harmonisation of the energy systems of the body - mind.

In truth, as in all fields of discovery, among kinesiologists there exist conflicting view points relating to many aspects of the kinesiology paradigm. This is in keeping with typical outcomes that are present as particular humans seek to co-create coherency within a particular paradigm or system.

In short, more factors unite kinesiologists and their chosen models than divide them. Hence, this amazing field of exploration can only go from strength to strength.

The oft quoted truism that no system is complete of course applies to kinesiology in its many and diverse forms. However, since kinesiology may incorporate all other healing systems or therapies (there is even a finger mode for pharmaceuticals necessary in certain acute circumstances), this great versatility would appear to indicate that this paradigm is, relative to other systems, the most complete.

KINESIOLOGY PHILOSOPHY THERAPY

Health coach / practitioner	Doctor
Holistic	Reductionistic
Self responsibility	Acceptance of authority
Inform / educate	Comply / accept
Balance	Correct, treat
Co-operation	Compliance
Advocate	Prescribe
Evaluate / assess	Diagnose
Subjective	Objective
Owner of problem / client	Patient
Choice	No choice
Active	Passive
Practise with	Practise on
Home reinforcement	Return visit
Imbalances	Symptoms, signs
Einstein / Quantum physics	Newton / classical physics
Health	Sickness
Empowerment	Management
Promote energy balance	Fight disease

Chapter 4

Regulations and guidelines

Whether it is a room in your home, in a medical centre, or an independently established venue, your kinesiology clinic should include elements that welcome, educate and reassure your clients. Being a talented and well trained practitioner is not always enough to ensure return visits from your existing clients, and referrals from them to potential clients. The environment, your manner, operations and policies of your clinic are equally important to your business.

Mission statement

Your clinic mission statement will say a great deal about you as the practitioner, your goals and attitude to your clients. It should reflect your dedication to the care of your clients, your intention to participate in ongoing training and education, to provide a safe and hygienic environment for clients and to provide a service that has equity, fairness and justice without discrimination. Your mission statement should be prominently displayed in your clinic, and on web sites and brochures so that clients can have a sense of your business, even before they meet you.

Policies

Your clinic will also have an operations manual that describes the policies and procedures of the clinic and the roles of the staff. Your policies should include Infection Control, Occupational Health and Safety, Privacy and Anti Discrimination. These policies should be made available to any clients that wish to see them. Ideally, a Code of Ethics and Code of Practice will also be available.

Practitioner qualifications

Display evidence of your qualifications, association memberships and continuing education, in prominent positions in your consulting room or reception area so that clients can see your training and dedication to your industry. Your Code of Ethics and mission statement could also be displayed here. Prior to their consultation, clients have a right to know the level of your training and your qualifications, and thereby develop some prior understanding of the type and scope of the treatment they will receive.

Partnership agreements

The practitioners in your clinic should have regular meetings to establish and monitor the clinic guidelines, goals and direction. These group discussions should reflect the latest developments, research and trends in the industry. Decisions made by the group will decide policy about the degree of supervision over client programmes and staff training, and the level of competency of each staff member.

Clinic ethics

Where there are several practitioners in the same centre or clinic, or other kinesiologists with more training in the nearby community, there are opportunities to refer one practitioner's client to another. For example, a masseur may decide that his or her client will benefit from kinesiology techniques for whiplash and refer accordingly.

In this situation, the kinesiologist must deal with the referred condition only and provide a report (if required) to the masseur. He should not assume that the client will continue under his care unless the client specifically requests it. In this case, as a courtesy, the kinesiologist should contact the original practitioner to advise him or her of the client's wishes.

It is important to have clear boundaries and guidelines about the extent of care that the client has from each practitioner. In other words, the referred client will receive only the service that is required and will return to the original practitioner under whose care he or she was. Put in colloquial terms, do not poach other practitioner's clients.

Legal and regulatory guidelines

If you choose to work from your home, you must check with your local council about guidelines for doing so. There may be limitations about the number of visitors you can have in a day, parking guidelines, hours of operation, noise, advertising etc.

Kinesiology is a new science that has been described as the fastest growing natural healing modality in the world. Yet in some areas, it is largely unknown. The Australian Kinesiology Association Inc. (AKA), the largest kinesiology association in Australia, with some one thousand members, has the task of regulating kinesiology practitioners in Australia. This "self regulation" is a necessity if kinesiologists want a high level of acceptance and respect in their community.

The AKA was formed in 1990 with a National Committee made up of presidents from each branch or local association. Two boards were subsequently formed to create the basis of kinesiology practitioner registration. Today, the AKA Course Accreditation Board and the AKA Practitioner Registration Board perform a major role in the registration process.

The Australian Traditional Medicine Society (ATMS), is another association that recognises kinesiology, largely based on the AKA Practitioner Registration guidelines. Graduates of this qualification are encouraged to join these or other kinesiology associations so that they have access to the benefits that professional associations bring to their members. These benefits may include specific insurance cover and insurance premiums that the association has negotiated on behalf of the members; legal support in some circumstances; advertising, marketing and public education for the industry; and dialogue with health insurance funds for rebates for clients.

Your primary concern as a practitioner is to assist competently your client to optimum health within the circumstances of their condition, acting with honesty, integrity and responsibility. Under no circumstance will you knowingly undertake any action or treatment that would adversely affect the health of your client. You will not presume a specialist knowledge outside your own training. You do have a right to refuse treatment if you think your treatment is inappropriate or if in your own opinion, you deem the prospective client unsuitable.

During sessions, the comfort of your client should be of primary concern. Questions of a sexual or intimate nature are not appropriate unless they are relevant to

the type of treatment that you are trained to give and contextual to the issues covered during the course of the consultation.

Non discrimination

In Australia, federal, state and territories legislation stipulates that in provision of goods and services, a person should not be discriminated against on the basis of:

- race
- sex
- impairment or disability
- age
- association

In most instances, the necessity to avoid discrimination is self-evident, such as where a practitioner refuses employment or the provision of treatment to a person on the basis of their race or religion. It is a more difficult issue when a practitioner chooses to limit the provision of service for personal or security reasons, and may be seen to discriminate against a section of the community, for example when a female massage therapist decides to limit her service to female clients only because she is uncomfortable about providing the same services to male clients due to security issues.

Professional indemnity insurance

The purpose of this insurance is to gain compensation for a client who has suffered damage as a result of a negligent act by a practitioner. Without such insurance, a client may seek recourse to the possibly insufficient assets of a practitioner to satisfy any judgment or settlement amount. The policy also protects the practitioner for liability for negligence, and the insurance company will satisfy claims made against the practitioner if the requirements of the policy have been satisfied. For this reason, it is highly recommended that practitioners maintain a current professional indemnity insurance policy. Belonging to a professional association can benefit as such associations provide group policy coverage at specially negotiated rates.

Practising outside your discipline may void your professional indemnity insurance policy so you should find out what your policy covers. If you

are practising under a commercial lease, you may also breach the lease if you practice outside your discipline.

Fitness for practice

You should not practice if you are not physically and mentally capable, free from the influence of alcohol or drugs. A client under your care may be placed at risk if your physical and mental abilities are not intact.

You will increase the likelihood of liability for negligence, may void insurance cover, and may create grounds for suspension or de-registration by your professional association.

Sexual issues

In virtually all Codes of Ethics or Practice, sexual relationships with clients is a breach of professional ethics for the following reasons:

- it brings the profession into disrepute
- it is a breach of trust
- it violates the role of the therapist
- it may involve exploitation of a vulnerable client
- it may impair their healing process
- it could constitute misuse of power

Using "consenting adults" as the rationale for having inappropriate sexual relations with a client is unethical and immoral.

When a client needs to disrobe during the course of a session, appropriate disrobing procedures should be followed:

- limit the disrobing of clients to the minimum necessary for treatment
- justification for touching must be based on professional requirements; warn clients of this need beforehand, and if necessary, get their permission first
- make sure that the logistics of your clinic allow respect for clients' privacy

Allow your client to decide on the extent to which they feel comfortable with disrobing during a session. If you decide that it is not possible to provide the service without disrobing beyond the

point with which the client is comfortable, you have the option to vary the treatment or not offer it at all.

In kinesiology balancing, it is often required that you touch a client, and in certain circumstances such as stimulating neurolymphatic reflexes on the pubic bone and behind the nipples you should demonstrate on yourself where you want your client to stimulate the reflexes on themselves.

Serious breaches of professional ethics of this type may result in de-registration and litigation.

Breach of duty of confidence

This arises when there has been an unauthorised use of confidential information to the detriment of the person who gave the confidential information. Sometimes this can occur inadvertently as others may overhear information because of poor acoustics or clinic design. A client speaking with you in the waiting room with others present may be embarrassed to reveal that he or she has missed an appointment, or their method of payment has not been satisfactory. When a new client rings to make an appointment, avoid asking the reason for their visit as there may be others in the room with the client, and divulging this information may be difficult or embarrassing.

These situations may not incur legal action but will damage your reputation when all in earshot realise you make these inadvertent breaches of confidence.

People who are entitled to receive confidential information are the client, a parent of a minor client, or another person such as a member of the family or other practitioner, once written permission has been given by the client. A practitioner may be liable for an employee's breach of confidence, so your staff should be trained in this area.

There are some situations where disclosure may be justified such as:

- expressed or implied consent by the client such as when the client is being referred to another professional, employer sickness certificate, or insurance claim for injury
- subject to order of court tribunal where the practitioner is required to disclose confidential information under an order of the court or tribunal. Complementary medicine practitioners do not enjoy the client

/ practitioner privilege of confidentiality that solicitors and medical doctors do.

- serious, identifiable risk to a third party i.e. a client reveals their intent to physically harm or kill another person. To date there is no clear authority suggesting that this would be a reason for disclosure of the confidential information as no court in Australia has applied it.
- public interest e.g. where a psychiatrist is concerned about the violent tendencies of a client. To date there is no clear way of knowing if this would apply in Australia as no court has applied it.

Infectious diseases

Except in very limited circumstances, any disclosure of a person's HIV/AIDS status by a NSW service provider to another person is a criminal offence according to section 17 of the Public Health Act 1991. No statute in Australia requires a complementary medicine practitioner to identify and / or report to health authorities infectious diseases such as HIV, VD or tuberculosis, and in some states it is an offence for them to treat these types of diseases.

Relevant documentation

Your clinic policy should also decide how and what constitutes relevant documentation for staff and clients. Risk and hazard assessment must be carried out according to the OHS guidelines for the clinic, and incidents, accidents and adverse events should be recorded and dealt with appropriately.

Clinic documentation should include a comprehensive overview of each client and their history of health and illness. Other documentation should include

- a clinic diary that shows the type of service given to the client and who provided it, appointment dates and times for each visit, together with the details of payment, and any products taken.
- client file containing history and session reports
- consent for session form
- receipt book

- clinic forms and policies statements
- marketing material such as brochures and referrals to other community services
- business cards (include date of next visit on back)
- referral template to other health provider
- home reinforcement forms giving details of supplements to be taken, and other home strategies to reinforce the session
- risk / incident report forms
- record of financial transactions

Client's legal rights

If you are seeing children in your practice, by law, your background may be checked before being certified to do so. Kinesiology is very much a “hands on” science that many clients initially may find confronting.

Generally speaking, today's society tends to be somewhat paranoid about touching. Some clients may be very wary concerning having their children touched by you in the context of the kinesiology session, as their focus may be on the negative aspects of touching i.e. sexual and physical abuse. They may not be familiar with the loving, caring aspect of touching that is the central theme of kinesiology. Therefore, it is very important to explain to your new clients that you will be touching them during the session.

Access to records

A client may wish to access his or her records for the following reasons:

- to assist in treatment by another practitioner
- to correct errors
- to provide the basis for an action or complaint against you or another practitioner
- to check information provided by third parties such as another practitioner or by family members

You may be amenable to provide access to the client's records, and / or to provide copies. You may also choose to deny access because

- the records may contain potentially defamatory comments

- the client will not understand them or find the information confusing
- the records are private to you and your practice

An Australian high court ruling (*Breen v Williams*) upheld a doctor's right to provide a summary of the records only, in a case where the patient was suing a third party and needed her records to support her case. From this case, the following principles can be summarised thus:

- the client has no rights to the physical records themselves, which remain the property of the practitioner
- the client does not have the entitlement to view or to copy records
- it may be implied that a practitioner may satisfy any obligation they may have by giving a summary of the file dealing with issues such as history, physical examination findings, investigation findings, diagnosis, proposed management plan, treatment and advice provided
- documents created to allow diagnosis or assessment may be the property of the client, such as pathology reports, X-rays or reports by specialists

These principles apply in the period until litigation is commenced against a practitioner.

Should liability or ethical issues arise, an established habit of maintaining thorough and correct records will add strength to the evidence of a practitioner who states that a specific answer, question, warning or advice was or was not given. As client records may be read by persons other than the practitioner, such as a client or other party in the context of litigation, adhere to the following principles when compiling client records:

- write legibly in English
- be brief, accurate and complete
- avoid value judgments and conclusions
- avoid entries that could be embarrassing for the practitioner or client

Health insurance rebates

In the past, many health funds were influenced by member's demands for cover that may or may not have been widely accepted. In other words, people power often secured rebates for kinesiology sessions

even though many people were not familiar with it. Nowadays with the advent of nationally recognised training packages, and public demand for well trained practitioners, health funds are looking more to recognising minimum training such as diploma level for natural therapy remedies.

Clinic safety

You are required by law to offer a safe place for your clients, staff and visitors. This means that your place of work is free of factors that could cause physically and environmental damage. Maintenance checks should be carried out regularly and potential risks assessed and remedied as quickly as possible. Even if you are a sole operator, carrying out regular risk assessment could avoid unnecessary disasters.

Infection control and hygiene

For the health safety of you and your clients, your clinic should have an infection control policy that is available for clients and visitors to view at any time. At the very least, your client deserves to see that basic hygiene principles such as regular hand washing before and after seeing clients is observed. Linen coverings on massage tables should be kept clean and tidy, changed after each use, and soiled linen stored appropriately. Prominent signs that serve as a reminder to "wash your hands" not only jogs the memory, but allows clients to see that your clinic policy supports this basic hygiene principle.

Desks, stock, and other furniture should be kept clean and clear of clutter so that an overall effect of tidiness and order is given to your clients. A health clinic is the last place they want to find dirt and unhygienic practices.

Duty of care for self clients and others

As a practitioner, you have a duty to care for yourself and your clients. You must ensure that you provide a safe workplace for your staff, and a safe environment for your clients and visitors. Safety checks should be carried out regularly and your staff must be aware of any policies your clinic has regarding occupational health and safety.

Particular areas of potential danger must be assessed and steps taken to prevent accidents and injury. The

following suggestions are appropriate for clients who are required to mount a massage table.

Getting on the table

- Place step in an appropriate position to allow client to step up
- Stabilise table with one hand while helping client onto table with the other
- Ensure client is comfortable and positioned safely in the centre of the table
- If your client is wearing a dress, ensure this is adequately covering her knees and /or legs; cover with a sheet or towel if your client wishes this
- Push step under the table so that you are not in danger of tripping on it

Turning over

- If your client is required to turn over during the session, use your hands to stabilise the table; watch that your client remains in the centre of the table and maintains their balance while turning
- If being used, ensure the sheet or towel does not hamper the client while turning over
- If necessary ensure dresses cover your female client's knees once they have turned over

While on the table

- When your client is lying supine for a period of time, support their back by placing a small pillow under their knees
- When your client is lying prone, place a pillow under their feet
- Ensure they are firmly braced on the opposite hip when using a leg for muscle testing e.g. TFH psoas test

Getting off the table

- Pull step out from under the table
- Remove sheet or towel if being used
- Stabilise the table with your hands
- Help client to turn onto their side with knees bent
- Have them use their hand to push themselves into a sitting position with their legs hanging over the side of the table

- With one hand, assist them to step down to the floor, while stabilising the table with your other hand
- Stow step safely under the table

What about you?

The kinesiologist working with clients with emotional problems in particular, needs to be clear and focused to be of proper benefit to his or her clients. Kinesiologists need to ensure they are prepared mentally and emotionally for each client, in order to provide the service the client is paying for. Get regular balances yourself. If you are not in a clear focused state of mind, the resonance of the interaction with your client is diminished and there is a greater likelihood of you projecting your negativity onto the client, thus doing them a grave disservice.

During the course of sessions with your clients, substantial amounts of confidential information will be gathered and stored in your clinic. Your client records must be stored in a secure and confidential way. Clients have a right to access their records, although by law, such records are your property. In discussing your confidentiality and privacy policies, assure clients that their files are confidential, even from family members unless you receive written permission from them to release them to others.

You also have a duty to care for yourself to ensure you have adequate rest, recreation and stimulation in your life. Making contact with another kinesiologist is recommended so that frequent balancing sessions can be shared.

Privacy and confidentiality

You may wish to advise your client that your clinic policy is in line with the Privacy Act of 1988. All files should be stored in a lockable filing cabinet in a part of the clinic away from other clients and visitors. Requests from other people to see client files are only complied with if written permission is obtained from the client involved.

Once you are sure that your client understands their part in the session, and has a clear expectation of the process, clarify that it is all right to proceed. You may wish to include a check box on the history sheet to this effect.

Chapter 5

Kinesiology in practice

Even though kinesiology has been a developing science for over thirty years, there are still many people who are unsure of its application and benefits. For the kinesiologist, explaining these principles is an important factor in the success of his or her practice. Though many concepts can be adequately explained, demonstrating kinesiology to the enquirer is the best explanation of all. In other words, if the person is willing, demonstrate a basic muscle test using a stress challenge such as asking them to state their name, which usually elicits a lock, then to state another name, which usually causes the indicator muscle to unlock. Additionally, unlocking and locking of an indicator in response to mechanically altering proprioception; in response to negative and positive feelings i.e. emotions; and in response to running Central meridian in both directions may further demonstrate the concept of muscle monitoring.

The first visit

One of the first things to establish with a new client is whether they have ever been muscle tested before. This will give you an idea about how much information you may have to give them so that they understand the philosophies and concepts of kinesiology. Their first session may be largely spent on explanations and demonstrations, particularly if they have never experienced kinesiology before.

Be ready with the following information in case they inquire:

- your professional status as a practitioner
- evidence of your qualifications, including continuing education
- definition of kinesiology
- code of ethics / code of practice: your professional association will have a copy of these
- clinic policies, regulations and guidelines, including infection control, occupational, health and safety, privacy and confidentiality
- the services your clinic provides
- duration and cost of a session
- need for ongoing sessions
- after hours service (telephone etc)
- availability of home / hospital visits
- availability of health fund rebates
- contra indications to kinesiology
- possible outcomes of a session

Other helpful information may include:

- clinic location a directions
- length of session
- cost of initial and subsequent sessions
- payment options
- referral options if appropriate

You will need to be mindful of any religious and / or cultural needs of your client, which may extend to an understanding of their diet and lifestyles, together with any social, ethical and / or medical factors . Your client may appreciate being shown the security of your client records filing system, and to be assured of privacy issues around the information they share with you during their sessions.

Contra indications

Kinesiology uses muscle monitoring to assess energy imbalances in an individual. Some of the muscle tests that require the client to position their limbs should only be done once you are satisfied that there

are no physical reasons for doing so. See chapter 6 for more information on contra indications.

Other information

Your clinic's guidelines will establish logistics such as opening times, length of sessions, and cost of sessions. Your qualifications should be on display so that clients can see these without asking. You should decide on a policy regarding after hours service, and home and hospital visits, remembering that you have a duty of care to give to clients who may be on specialised cleansing and detoxification programmes, or in circumstances in which a client may be experiencing an acute reaction that requires your aid.

Client's relevant data

The client history

In order for you, the kinesiologist, to have the best information on which to base your kinesiological enquiries, it is necessary for you to have as many relevant details about your client as possible. Before gathering information about your client - their history - establish the reason for their visit. It may save a lot of time if, when doing this, you discover that it is not appropriate for you to see them, and that they should be referred to another professional.

Apart from establishing a context for your client's visit, you will need to record information that is necessary and relevant to achieving a successful outcome for their sessions with you.

Your client may be sensitive about divulging some of the information so it is important that you adopt a professional attitude to your client. Never show reaction, either with body language, facial expression or verbal comment if you hear information from your client that surprises you, as this may destroy their trust in you as their practitioner.

If you already know the client because he or she is a friend or family member, it is still important that after a friendly greeting, you show clearly by your manner that you are ready to be their practitioner. Prepare yourself to be calm and non-judgmental with whatever information you may be told, and record the information on a file that is dedicated for that client only.

History taking is necessary so that current information is available about your client. This is a comprehensive history that will cover most situations and circumstances that may be relevant during sessions with your client. You may add other information that you think is necessary. You should record this information in a clear, systematic way that can be interpreted by others who have access to the information. At subsequent visits, remember to ask if any of the information has changed.

The following information is necessary for your clients file. Write clearly and in a manner that can be interpreted by others who have permission to view the information.

- Full name of client: depending on your filing system, you may record their surname first in block letters, with first and second names following
- Gender of client
- Address of client: you may include a mail address, but a street address is necessary in case you are called to their house for any reason
- Contact details: telephone and mobile numbers, fax and email if your clinic has given you permission to send promotional material to them
- Date of birth: these days, this is optional information in many circumstances. Your clinic policy may not require this information, rather, you may ask your client to indicate the age group to which they belong.
- Occupational history and environment: this information may be an indication of the type of stress levels your client has. It may also indicate their income, important if your client has financial difficulties and increased stress if several sessions are required
- Date of session: you must record this so that you can keep track of your client's visits; you may be asked to make a report to another professional or insurance company; you can keep track of the number of clients you see each week.
- Source of referral: this will allow you to see if your advertising and marketing strategies are productive; you may wish to thank other client's professionals or friends who refer new people to you; you have a record if

you are required to make a report to another professional.

- Family relationships: it may be helpful to build a family tree, and to get a "sense" of how your client fits with other family members
 - Next of kin: needed in case of emergency
 - Marital status: single / married / divorced / widow(er) / de facto
 - Genetic information / family tree:
 - siblings / adoptees
 - number of children (including any who have died)
 - parents alive and together? If they have remarried, there may be step/half siblings that are a strong factor in your client's life
 - maternal / paternal grandparents
 - genetic predispositions and family traits
 - Family history and relationships: will your client be supported with any home reinforcement or protocols needed for their health improvement?
 - General state of health:
 - physical symptoms and location
 - emotional
 - diet
 - sensitivities / allergies
 - sleep patterns
 - bowel habits - description of stool may be useful if you know how to interpret the information
 - exercise - type, duration, intensity
 - exposure to pollution (work and home environments)
 - lifestyle - vegetarian, coffee drinker, tobacco or other substances
 - Childhood and adult illnesses: include approximate age and any consequences of these illnesses.
 - Accidents, injuries, operations and other hospitalisation: include approximate age and any consequences of these occurrences.
 - Vaccinations: record dates of any illnesses or consequences that occurred afterwards
 - Mercury amalgams - some people's health is negatively influenced through mercury toxicity
 - Root canals: these may be mercury implants that are sometimes a source of chronic subclinical infection
 - Subjective evaluation of present condition: you may assess this information through an analogue scale for pain / discomfort / energy, or through current ability to perform physical function.
 - Other current medical / alternative health care treatment: you may be required to give a report to another professional; you may need to contact another professional about your client.
 - Vibrational remedies / medication / supplements - current and previous / perceived side affects: drug / drug, drug / supplement interactions may account for some of your client's symptoms. However, you are not licenced to change any of these and must refer your client back to the prescribing practitioner; you must also ensure that any supplements you suggest for your client do not conflict with their existing medication / supplements.
 - Known stressors occurring at the time of visit
 - Known allergies to medication / supplements: check for drug / drug, drug / supplement interactions.
 - Social lifestyle including social drug usage: smoking; alcohol; recreational drugs.
 - Primary health care provider: usually medical? usually alternative?
 - Reason for visit: record named medical conditions if this information is volunteered.
 - Previous occurrence of current complaint: health trends; chronic conditions; previous approach to treatment.
- Other information may include:
- Illnesses: past and present
 - Hospitalisation: including accidents, birthing and operations
 - Medication: many medications have side effects about which the client may be unaware
 - Supplements
 - Dietary habits
 - Known food allergies and sensitivities
 - Alcohol, coffee, tobacco, and / or other substances

- Lifestyle
- Blood type

Don't ask questions if you don't know how to interpret or explain the information received. If this is a gap in your training, gain more information about areas that you think are worth investigating, and that would be relevant to the kinesiology balance.

Client consent

The fact that your clients present themselves for a consultation does not mean they give you consent to work on them. They may be new to kinesiology sessions and may not have an expectation of the process. If they have been to other health professionals before, it is possible that they were not touched during the consultation, or else “safe” areas such as their feet during a reflexology session were touched.

During the initial consultation process, you need to explain that you will be stimulating reflexes, sometimes on the torso, pushing on their elevated limbs, sometimes while they are lying down. Your kinesiological enquiries may also uncover sensitive emotional areas that may surprise an uneducated client.

The self-responsibility model encourages clients to express their concerns and feelings through questions and feedback, and they are also assured that they can stop the session, or part of the session at any time.

If you wish to use a written consent form that seeks to absolve you against any potential legal action for malpractice or similar events, you have the option of having legal advice as to the appropriate wording. Otherwise, your consent form should be worded so that your client clearly understands the nature of the session i.e., you will be touching them, suggestions and advice may be given that the client may choose to accept or disregard, and that you don't diagnose, prescribe or treat pathology.

In any case, as part of the kinesiological protocols prior to commencing muscle testing procedures, you should gain your client's consent by asking aloud “is there any reason I should not muscle test you?” This will allow them the opportunity to report any injuries to limbs / shoulders / hips that may not have been mentioned before.

Whether or not you use formal consent forms, you must ensure your client is clear about the session strategies you are about to begin. At the least, use a tick box on their record card to show that this consent is given.

Time management

When setting up your practice, you will have to decide the length of time you will devote to each client session. This is usually one hour but may vary. One hour is usually a comfortable length of time for you to structure your sessions so that you maintain your energy and focus. Young children may have difficulty with a one hour session, and you may find half hour sessions suit them better. In reality, your clients will be with you for 50 - 55 minutes only, as you will have to allow time for administration, hand washing, straightening your room, personal breaks, etc.

If you know you are not a “time” person, you will need to find a way to keep track of your session times. A large wall clock in your consulting room is helpful for this purpose. Failure to keep to time has a domino effect that can undo your plans and upset your clients. It is probably inevitable that you go overtime in situations where your client is in the middle of an emotional defusion, and most clients waiting for their appointment are understanding in this situation as it may happen to them also. However, clients lead busy lives too, and continually spending time in waiting rooms is something that will probably have them looking for another practitioner.

Maintain your time frame, even if you know you don't have another client following the one you are working with. When you give your client extra time one day, then not another, it can be confusing to your client who may expect this is the norm.

Notifying clients

On the day before, you may wish to remind your clients of the time of their appointment. The cost of the telephone call is easily offset by the fact that you are able to confirm your appointment list, and avoid having the situation where clients forget their appointment.

Catch up time

Once in the morning, and once in the afternoon, you may find it helpful to schedule 15 minutes for returning telephone calls, catching up on administration, and having a tea break and “head space”.

Organising your clinic time is one of the most important things you can do to ensure your clients are well served, your clinic runs efficiently, and you reduce stress that builds up because of unprocessed administration.

Communicating with clients

The best communicators are usually the best listeners. Your clients are not interested in your “stuff”. They are there to have your expertise in helping them find solutions to their problems. It is tempting to add your own experiences if you relate to your clients story but avoid doing this. Focus your total attention on what your client is saying to you. Maintain eye contact and acknowledge their comments.

Communication feedback

When a client asks a complicated question, or one that you don’t immediately comprehend, repeat your version of the question to your client. This clarification will avoid confusion and wasted time, and assures your client that they have your total attention. Comments that they make that don’t require a specific answer should be acknowledged with some kind of comment that shows that you heard and understood.

Other communication

You may like to maintain contact with your clients when it is their birthday, or when a client has been referring others to you. This form of communication is simple and shows that you care about your clients and want to retain a connection with them.

Your clinic may have a newsletter that you use to keep in touch with clients. Electronic newsletters are popular these days, and adding email addresses should be added to the client records for this purpose.

How do you think I can help you?
What would you like better in your life?
How do you think kinesiology can improve your life?
Have you experienced kinesiology before?

From their response, you can set up the context for the kinesiology balancing you will do together. This may take the form of a goal statement which when stated by your client will unlock a locked IM, thus showing a stress response.

A goal statement can achieve the following:

- you and your client are clear about the reason for the session
- you can measure change at the end of the session
- you can monitor progress at any time during the session
- home reinforcement such as affirmations can be built around the goal statement

Your client may respond to one of the questions above by saying “I want to be free of my psoriasis”. Since (presumably) you do not have the licence to treat a named medical condition, your aim is to balance your client’s energy so that their immune system can deal with the effects of psoriasis. Your balancing will help him or her achieve their best health potential so that they are better able to deal with this condition and its symptoms.

Remember too that in nearly every case, there is an emotion that predisposes the client to the condition that compromises their health. They may have a secondary gain in keeping the symptoms of their imbalance, for example, getting more attention from the family, being excused from chores, social and sexual activity etc. Collectively, such deeply entrenched mind sets may be labelled “subconscious sabotage programmes”. This is a sensitive area and should be handled with care. Many kinesiology courses give strategies for identifying and dealing with these situations.

Chapter 6

Assessment of the client's needs

From the moment your client enters your consulting room, you should begin to observe their outward demeanour. For example:

- Physical posture: do they hold themselves erect or are they slumped over as if the weight of the world were on their shoulders.
- Facial expressions: look for the give way clues presented by the expressions on the face of your client. We are all innately equipped to read emotion expressed by the face. For example, does the face show tension, nervousness, anger, apathy, grief and so on.
- Emotional stance: frequent sighing, apparent reluctance to volunteer information and other signs of distress may be observed
- Body language: are they “open” to you, or do they have their legs / arms crossed
- General language: do they show a lack of self esteem or self awareness; do they apologise frequently e.g. “I’m sorry ...”

What is your client's objective in having a session with you?

For each consultation, the clients purpose for seeing you, or their desired outcome for the session must be established. In kinesiological terms, this can be described as goal setting, or establishing the context of the session. Initially, you might ask questions such as:

What is the purpose of your visit?
What would you like to achieve from this session?

Constructing goal statements

Following the above theme of having your client wishing to be free of psoriasis, your next question may be “what would you be doing if you did not have psoriasis?” The answer is your strongest clue

to getting the appropriate goal statement for the session. If the answer is something like “I would feel confident when out in society” you can begin to define the goal.

However, “being confident in society” still may not define the best goal for the session. Active listening and gentle questioning can get more information. For example, ask “what type of society?”, “what would you be doing in this society?”

The answers may reveal an underlying fear of being hurt that prohibits an active social life. The goal statement may be “I am alive to the joys of living and deserve and accept the very best in life”.

When a goal statement is constructed based on the information your client has given you, it should be expressed in present tense. This allows the indicator muscle to monitor the stress response to your client’s belief system. In other words, the statement is not yet a fact of their life. The kinesiology session can clear blocks so that the potential is there to make it so.

A guideline for constructing a **SMART** goal is to consider the following factors:

Specific

Measurable

Attainable

Realistic

Time oriented

For more information on this subject, visit <http://www.goal-setting-guide.com/smart-goals.html>

If the indicator muscles do not unlock when the goal statement is expressed by the client, check the following:

- neurological disorganisation (switching): use the balancing exercises, making sure you and your client are not switched
- the goal is not challenging enough: change the wording of the statement
- the goal is not appropriate at this time: revise the goal
- balancing this goal is not for the client’s highest good: change the goal

What are your client’s expectations for the session?

It is important to establish this as their expectations may exceed the scope of your training or abilities. You must be prepared to let your client go. Referring to the appropriate professional will enhance your professionalism, and will open communication with other professionals who may refer clients back to you. It is also important not to give your clients false expectations regarding the outcomes of the session, for example, not to give them the expectation that any physical symptoms they present with will disappear after a kinesiology session. Conversely, don’t suggest that they won’t. The placebo effect is very powerful!

It may also be that with more information, you and your client are able to clarify each other’s expectations for the outcome of the session. This may be achieved when taking their history, or setting up the goal for the session.

Explain the self-responsibility model and the role they will play in the session. Reinforce that you are the facilitator in their process and that they are in charge of the session that will help them to achieve their health potential. They may be asked to participate in home reinforcement exercises, and you may need to explain the benefits of these activities. Non compliance may hinder their progress towards optimal health and vitality.

Potential sensitivities

Your initial approach to your client is to have them feel relaxed and comfortable in your clinic, and with you as their practitioner. Be aware of sensitivities that may offend your client or create problems in communication. These include:

- Gender: avoid references to previously accepted gender roles such as domestic duties for women and mechanical chores for men.
- Sexuality: “sexist” jokes, no matter how innocent you think they are can be offensive to some people. Don’t take that chance. Be professional at all times. If it is obvious, or you suspect that a client is confused about their sexuality, maintain a neutral demeanour and non judgmental attitude. Be also aware that some clients may become romantically inclined toward you, their practitioner. This is an ever present factor in all professions where there is deep, personal interaction between practitioner and client or patient. It behaves

you to be very much aware of this factor, and if you suspect it is present, in no way encourage it.

- **Ethnicity:** if you have a problem with certain ethnic groups, get balanced for this. Your role is that of non judgmental facilitator, in service for your clients. Once again, be aware of possible sensitivities concerning words or phrases that may be misconstrued as racist.
- **Religious beliefs:** religion is a personal choice that is usually important to a person's *raison d'être*. If your beliefs conflict with your client's, get balanced for this. Your role is that of non judgmental facilitator, in service for your clients, regardless of the individual's spiritual beliefs.
- **Cultural heritage:** use tact if you are unaware of aspects of your clients cultural background. Try to become aware of certain cultural based customs and manners and take steps to comply with these when necessary. Regardless, an open friendly attitude on your part goes a long way toward offsetting any mistakes you may make here through ignorance.
- **Ability:** lack of or poor education, lost opportunities, physical handicap, emotional instability, age, state of health, belief system, etc, may limit your clients abilities in many areas of their life. This may be a sensitive issue for your client. Always be aware of the client's level in all of these areas and make allowances for them in a non-judgemental manner.
- **Presenting disease state and personal history:** in history taking many personal details will be revealed, including any symptoms, pathological states, and medically diagnosed diseases from which they are suffering. Many people do not enjoy revealing themselves in this manner including to a health care professional. Be aware of this and use sensitivity and tact as you elicit information of this nature from your clients. This is in keeping with your role during the consultation as a facilitator honouring the client's process and, as mentioned earlier, employing active listening skills throughout.

As you develop a closer relationship with your repeat clients, it is fine to relax and be lighthearted with them. In fact, it is a desirable part of your interrelationship with clients, building rapport and trust. Nevertheless, be aware that the fields of

sex, religion and politics are, as in many areas of human interaction, unpredictable and risky topics of discussion or humour. You may quickly offend and lose clients if you do not observe the basic rule of abstaining from discussing these areas.

Suspected pathology

Kinesiologists do not "treat" medical conditions. Kinesiologists do not treat anything. If, in the history taking it is revealed that your client has a medically diagnosed condition, this merely provides you with some additional information that may be useful in the kinesiology balance. If you are unsure, refer your client to a medical doctor or other appropriate professional. If during the history taking you learn that your client is dealing with a chronic medical condition, is on medication, or is prone to certain medical conditions, use your discretion before suggesting herbs and supplements as they may aggravate an existing condition or trigger a potential one. You need to become familiar with information that is available to practitioners pertaining to drug - nutrient and drug - herb interactions.

The assessment

Once you know the reason for your clients visit, you will begin to make your assessment prior to any balancing you may find appropriate.

Observation

In the model of Traditional Chinese Medicine, the Law of Five Elements allows an initial observation that gives the practitioner many clues about the state of the clients health through the meridian system of the body. This would include:

- **Colour:** the hue that is observed on a client's face gives clues to the energy state of their meridians, e.g. a ruddy complexion would show an imbalance in the meridians of the Fire element; a yellow hue would concern the meridians of the Earth element; no colour or pallor would involve the white of the Metal element meridians; blue smudges under the eyes would announce imbalances in the meridians of the Water element; and a green hue, the meridians of the Wood element

- **Sound:** the way your client speaks gives clues about the meridians - speech punctuated with laughter for the Fire element; a sing-song quality to speech for Earth; Metal for a client who sighs a lot, or is prone to weeping, or eyes filling easily with tears; groaning for Water; and a belligerent manner of speaking for Wood
- **Emotional stance:** joy for Fire; empathy and sympathy for Earth; grief, guilt, regret for Metal; fear and anxiety for Water; anger and resentment for Wood
- **Seasons:** a client who has difficulty with the heat and humidity of summer may have a problem with Fire and Earth element energy; autumn concerns Metal; winter the Water element; and spring the Wood element
- **Parts of the body** that are fortified by the Five Elements: Fire - arteries; Earth - muscles; Metal - skin and hair; Water - bones; Wood - ligaments
- **Odour:** the practitioner may also observe that an odour emanates from the client - Fire - scorched; Earth - fragrant; Metal - rotten; Water - putrid; Wood - rancid
- **Taste:** Fire - bitter; Earth - sweet; Metal - pungent; Water - salty; Wood - sour
- **Climate:** Fire - heat; Earth - humidity; Metal - dryness; Water - cold; Wood - wind

When any of these conditions seem out of balance, so too are the meridians of the involved elements. In the example of the ruddy faced client, you cannot assume the problem lies solely with the Fire element meridians. It may be that they are not being nurtured by the mother element (Wood), or they are giving away too much energy to the daughter element (Metal). A kinesiology assessment will determine the situation and the appropriate balancing protocol.

Discussion

Listen carefully to your client during discussion. Clichés give valuable information about your client. “I can’t bear it” may mean your client has problems conceiving or maintaining a pregnancy.

Other common examples from which you may draw deep insight about the clients imbalances are:

- “I can’t stand it”

- “I can’t get a grip on things”
- “I’m sick of ...”
- “I’m tired of ...”
- “So and so is a pain in the neck”
- “Silly me”
- “I can’t wait”
- “I’ll just die if ...”
- “I’m dying to ...”

It is a generally accepted concept that the huge bulk of communication is non - verbal. Body language - expressions on the face, type and rate of movement, posture and body shape subliminally reveal much to others. As a trained practitioner it behoves you to be able to “read” a client in this manner, bringing body language cues to your conscious awareness. This assists you in being more insightful and focused in your balances. Your results as a kinesiologist reflect how well you have contextualised your goal setting. The above details help to provide a meaningful context for goal balancing.

Range of motion tests and current ability

You may have included some of these in the “current ability” evaluation stage of the consultation. As you discuss more with your client, it may be relevant to add some of these tests, particularly as they relate to posture and specific activities. A comprehensive assessment may be gathered via the basic 42 muscles on the meridians (as per the Touch for Health Synthesis). Do not balance these muscles at this time. Re-assess after the session. For vision improvement sessions, you may devise an eye chart reading in the assessment, or for sports people, an assessment of a golf back swing, a serve in tennis, a bowling action for cricket, and so on.

Pretests

Evaluating neurological organisation (switching) may be done as any time an issue is identified. The initial pretest evaluation and balance should be done prior to any kinesiology testing you do. However, once cleared, you may key in stressful issues, or identify a stress area (see below), and recheck

switching. which will frequently indicate again, showing the effects of stress on your client. Do not balance at this stage. Your kinesiology balancing will have a positive effect so that when you re-assess at the end of the session, repeating the test will show switching is no longer a factor.

Priority stress areas

Obviously there are many elements to our lives that might be a contributing factor to our state of imbalance. It may be helpful to identify the priority area or list the relevant areas so that they are included in the context of the session. These include:

- personal
- relationships
- family
- vocation
- friends
- social
- sexual
- business
- financial
- spiritual
- recreation
- leisure
- hobbies and interests
- other

It may be relevant to learn more information once the priority issue is identified. Discuss this with your client.

Signs of stress

According to original findings based on the Hans Selye model of stress and subsequent developments, the appearance of the eyes are clear markers of the client's stage of stress.

Immediate or recent stress - first stage of stress involves dull staring eyes, with eyelids drooping to protect the surface of the eyes.

The second stage of stress: where unresolved stress has continued, stress chemicals effect the delicate muscles of the eyes. This has an effect of rotating the weaker eyeball upward so that the sclera,

the white of the eyeball shows under the iris, the coloured part of the eye. This vertical strabismus also affects depth perception so your client may report that they have been prone to accidents.

The third stage of stress has the same effect as the second stage, except it effects both eyes. Stress has continued unresolved for a prolonged period of time and the second eye rolls upward to match its partner and to adjust depth perception. The stress effect on the eyes has been described by Dr John Diamond et al as Sanpaku eyes.

Fourth stage stress involves a lifestyle that causes adrenal overwhelm; supplies of adrenalin are exhausted. This affects the ligaments throughout the body and can be readily seen in the eyes because the muscles controlling the pupils are not able to regulate them. This creates fluctuating pupils, and conditions where the pupils may be dilated or contracted at any time.

Be aware also, that some medical and recreational drugs can affect the eyes to produce fourth stage stress symptoms.

Assessing current physical ability

As a practitioner, your aim is to provide a service that leaves your client feeling the benefit of positive change, usually physical as this is the condition your client will appreciate and notice most. This approach is likely to create a good professional relationship where your client has trust in you as their practitioner, and will persevere with continuing sessions that will allow you to identify causal stressors at other than conscious levels.

Where pain / physical discomfort is a factor, get your client to make a subjective assessment so that you both have a measure from which to notice change.

Many physical challenges involve movement such as climbing stairs, bending and twisting, reaching, etc. These can usually be set up in your clinic environment. Have your client make the appropriate movements and ask him or her to rate any resulting pain, notice limited range of movement, difficulty performing the movements, and any other reactions such as anxiety, stress etc.

Other assessments may involve vision, and auditory and sensory input, so it is up to you to be creative in this type of assessment. Where activities such as swimming, horse riding, sporting activities etc are involved, you may need to choreograph the

movements and note pain and limited range of movement.

Do not allow your client to overdo these physical assessments. Encourage them to go to the point of pain or discomfort so that further damage is avoided. Allow them to decide whether they wish to simulate postures that may be embarrassing or stressful.

Once you have made the physical assessment, you may decide that weight bearing balancing techniques may be more relevant than having your client lie on a testing table. For example, when balancing reactive muscles that relate to sports or other physical activities, work with the client in the posture of the activity.

Assessing emotions and stress

People handle stress differently. What is very disturbing to one person may be a mild inconvenience to another. Stress manifests in many ways including:

- mental confusion
- concentration and attention span decrease
- easily distracted
- short and long term memory deteriorates
- errors increase
- unpredictable response speed
- powers of organization and long-term planning deteriorate
- anxiety
- delusions and thought disorders increase
- physical and psychological tensions increase
- hypochondria increases
- existing personality problems increase
- moral and emotional constraints weaken
- depression and feelings of helplessness appear
- self-esteem falls
- speech problems increase
- interests and enthusiasm diminish
- absenteeism increases
- drug abuse increases
- energy levels are low
- sleep patterns are disrupted
- heart beat increases
- body temperature rises
- cynicism about clients and colleagues increases
- new information is ignored
- responsibilities are shifted onto others
- problems are 'solved' at an increasingly superficial level
- bizarre behaviour patterns appear
- suicide threats may be made

An initial approach

Have your client think of the reason for their visit and ask them for any feedback regarding symptoms of stress. You can also test a locked indicator muscle while they are thinking of this stress. Subsequent unlocking can be noted as part of the emotional assessment prior to the balancing session.

You can also ask your client if they have been in a similar stressful situation.

- What were the consequences of this situation?
- What methods or resources did they use to manage the stress?
- How did they know when the stress was under control?
- How did they feel afterwards?
- Would they recognise these symptoms again in relation to their current emotion and stress?

Awareness of these things will help your client recognise when changes are made.

You can also help your client define the areas of stress in their lives using the following suggestions:

At work

- organizational problems
- poor leadership and management
- poor communication
- unclear or unrealistic job description
- role conflicts
- conflicts with colleagues
- insufficient back-up

- long or unsociable hours
- poor status, pay and promotion prospects
- unnecessary rituals and procedures
- uncertainty and insecurity
- insufficient time to finish projects
- lack of stimulation
- inability to contribute to decision making
- dealing with difficult clients or subordinates
- emotional involvement with clients or subordinates
- insufficient training
- too much responsibility

At home

- domestic arrangements
- relationship with partner
- relationship with children or other family members
- environmental pressures
- changes take place in personality traits

Another way of assessing stress is to use the method formulated by Holmes and Rahe. The Holmes-Rahe Scale assigns values based upon the sample that marriage represents 50 points (attributed by a sample of 394 individuals to the life events concerned), with other stress factors rated under that value.

Scoring over three hundred points in one year greatly increases the risk of illness. A score of 150-299 reduces the risk by 30 percent, while a score of less than 150 involves a slight chance of illness. Illness is not an inevitable result. Your personality and your ability to manage stress largely determine how well you react. The list is not conclusive and other values could be added. In the context of the kinesiology stress assessment, the total can represent a degree of stress as per the interpretation above, and / or can pinpoint priority areas for balancing, and clarify contexts for the session.

Holmes and Rahe Scale

1	Death of spouse	100
2	Divorce	75
3	Marital separation	65
4	Prison sentence	65
5	Death of close family member	65
6	Serious personal injury or illness	55
7	Getting married	50
8	Redundancy	48
9	Marital reconciliation	45
10	Retirement	44
11	Serious illness affecting a close family member	44
12	Pregnancy	40
13	Sexual difficulties	40
14	New baby	39
15	Change of business	38
16	Change in financial affairs	38
17	Death of a close friend	38
18	Change in work	37
19	Change in relationship with partner	36
20	Mortgage rise	31
21	Loss of mortgage	30
22	New boss	28
23	Children leaving home	27
24	Problems with in-laws	26
25	Winning award / personal achievement	26
26	Partner changing type of work	25
27	Beginning or stopping study	23
28	Change in living conditions	23
29	Change in personal habits	22
30	Falling out with the boss	21
31	Change in working conditions	20
32	Moving house	20
33	Children changing schools	19
34	Change in social activities	18
35	Change in religious activities	18
36	Obtaining a loan	17
37	Altered sleep patterns	17
38	Change in family location	16
39	Dieting	15
40	Holidays	13
41	Christmas	12
42	Minor law breaking	11

Biochemical assessment

Prior to the consultation, it would be helpful if your client were to bring in foods and supplements to which there is suspected sensitivity. Challenging these substances with a locked indicator muscle will identify those that are not compatible with your client's energy and digestive system. After the balancing session, the substances can be reassessed.

Respect your client's boundaries

Remember, your client decides the extent to which these assessments are made, particularly if they are of a personal or intimate nature. If you sense that your client is embarrassed or uncomfortable, have them think of the issue while you test a locked indicator muscle. The resulting unlock will be a measure of stress around the issue, and can be compared with the same challenge after the session.

Working with children

Your clinic might consider having a policy around the age at which minors should be given a choice about whether their parent or carer is present or not at their session. This age may be around 10 + years. The minor child may be reluctant to open up to you if they feel inhibited by others in the session room. At the time of booking, it may be beneficial to discuss this situation with the parent making the appointment.

In some states, you will require a special clearance in order to work with children in the absence of a parent or guardian. Check with your local council about this requirement.

Contra indications to kinesiology balancing

Many mainstream health practitioners list non compliance as the biggest factor when clients complain of lack of progress or results, with failure to take medication also high on the list.

Kinesiology sessions mostly deal with energy work, and a different set of factors can be said to be contra-indications. These include:

- unwillingness to accept kinesiology: some people do not understand the principles of kinesiology and are not open to its benefits. If they are set in their opinion, it is rare that you will change their minds. It is better to accept that some people are not ready for kinesiology
- unwillingness to accept the self responsibility model: some clients who are familiar with the medical model are not used to taking such an active role in the session. They may be reluctant or forgetful about home reinforcement exercises that are a necessary contribution to the session

- client expects you to work with their medical condition: if you have explained the role of energy balancing and a client does not understand or accept this approach, it may not be appropriate for you to continue working with this client.
- client expects you to use muscle testing to diagnose state of their health or the presence of disease: it is not legal or ethical for you to use kinesiology in the way.
- client wants you to replace medically based laboratory or instrument tests, e.g. blood tests, pregnancy, blood sugar levels, blood count, blood pressure etc, with kinesiology testing.
- client presents with known or possible infectious disease shown by symptoms of fever, nausea, lethargy. You must refer these people to a medical practitioner (see list below)
- underage client who does not have consent of parent or guardian, or who is not accompanied by a parent or guardian
- client who has an appointment made for them by another: many married people would like to have their spouses see a professional “for their own good”. However, if the partner is not ready for this change, the session may be a waste of everybody’s time. If it is apparent that this is the situation when the appointment is made, suggest that the would-be client rings on their own accord to set up the appointment
- referral required to another practitioner: the following observations may indicate pathology, or situations where you must refer clients to the appropriate professional:
 - skin rashes
 - elevated temperature
 - languid appearance
 - pallor
 - lack of appetite
 - chronic pain
 - excessive thirst
 - major mood swings
 - major energy depletion
 - pain in abdominal region
 - chronic unremitting headache

- blood in urine or stools
- recent sudden unexplained weight loss
- lumps and skin lesions
- lumps or tissue changes - moles, lesions etc
- polyurea
- incontinence
- any irregularities in menstruation
- unexplained abdominal distention
- failure to thrive in children
- self destructive tendencies (e.g. cutting and mutilation)
- pain from known or unknown source.
- inflammation - usually a sign of infection
- oedema - may be a sign of a medical condition
- infection
- easy to bleed and bruise
- nausea, vomiting, diarrhoea, particularly in babies and small children
- suicidal tendencies
- mood alterations, depression, anxiety as a result of medication, social drugs and family history
- unexplained, extended fatigue and exhaustion
- chronic, poor sleep patterns that effect chemical homoeostasis of the body
- pregnant and breast feeding female clients
- the elderly
- specific illnesses and conditions (i.e. proscribed diseases, ref: Weir)

You must also be informed about:

- drug - nutrient and nutrient - nutrient interactions
- known allergies (most importantly, anaphylactic reactions)
- other treatments of a medical or natural health nature being performed concurrently with your treatment and how to approach such cases.

Some of these situations, such as poor sleep patterns, anxiety and fatigue may be helped with a kinesiology session if the situations are recent and without secondary symptoms. If you suspect that your client shows tendencies towards chronic or serious symptoms, refer immediately to the appropriate professional.

Chapter 7

Determining the session strategy

Context

Determining the reason for your client's visit is the most important factor in deciding how to approach their session. It can be safely predicted that the client's problem motivating their choice to seek your help will fall into the context of the Triangle of Health - physical, biochemical, mental / emotional.

Frequently, clients will volunteer a reason for the visit, otherwise you need to carefully and sensitively elicit this from them.

For example, a relationship problem may be the reason for their seeking your help, but certain important aspects of the problem may be withheld due to their fear of your judgment. It behoves you to gain their confidence and spend some time in seeking the "real" reason, as herein lies the root of the problem. In the time prior to the balance, you and your client will clarify issues and discuss possible solutions, always keeping in mind that it is their process offering them various choices.

Because of its specific focus, the outcome of the balance must be more productive than a more generic non-specific approach.

Once the context or goal has been established, most kinesiologists identify the priority area for balancing, e.g. electrical, emotional, ecological, structural, reactive, etc. and within these realms, use the balancing strategies they have learned in their kinesiology classes.

For whatever ails them, stress, and frequently emotional stress is what predisposes your clients to their condition. A clear understanding of the mechanism of stress may help your client understand why they are experiencing their symptoms, even though they may seem unrelated to emotions.

Understanding emotional stress

One of the most powerful techniques in kinesiology is emotional stress release (ESR), an easily learned method of stress management. It involves a light touch with the fingertips to the frontal eminences of the forehead, the area above each eye, halfway between the eyebrows and the hairline.



This touch is known to stimulate blood flow to the frontal lobes of the brain, the Conscious Associated Thinking area (CAT) where new ideas, new options and choices take place. The CAT has a short term memory, and acts in present time without the influence of emotions from past experiences.

The Common Integrative Area (CIA) situated between the three major sensory processing areas in the back part of the brain is concerned with reactions that ensure our survival. For about 95% of the time, we are using the CIA, and reacting to known circumstances and situations. The CAT area records new experience in the short term only, and unless we consciously think to stimulate this area to defuse stress, we operate on survival mode to some degree or other.

Other influences of the brain come from the left and right hemispheres where each has its own predominant characteristics. The left brain is concerned largely with linear thinking, is judgmental and time oriented, processes maths and numbers. The right brain is more "gestalt", seeing the bigger

picture, is stimulated by colour and rhythm and music, and does not have the concept of time the way the left brain does.

When we daydream, the right hemisphere is mostly dominant. When we do exams or process mathematical problems, the left brain is mostly dominant. When we are learning the piano, or listening to music as part of an exam, the left brain is largely dominant. However, when we listen to music for enjoyment, the right brain is more active. Some kinesiology techniques activate the brain hemispheres by singing (right brain) and counting (left brain).

Fight / flight response

From the Selye model of stress, we have become familiar with the term “fight or flight”. This basic physical response is our body’s primitive, instinctive reaction that prepares it to “fight” or “flee” from perceived attack, harm or threat to our survival. This response protects us from bodily harm and is triggered when we are confronted with excessive stress, either from internal anxiety or rage, or external circumstances. The fight / flight response is governed by the hypothalamus which initiates the firing of nerve cells and chemical release that prepares our body for fighting (fight), or running (flight).

Chemicals such as adrenaline, noradrenaline and cortisol from the adrenal glands are released into the bloodstream, and together with nerve cell firing as part of the sympathetic nervous system response, causes our body to undergo dramatic change. Our respiratory rate increases, and blood is diverted from our digestive tract and directed to muscles and limbs so that we have extra fuel for running and fighting. Our pupils dilate, our sight sharpens, our awareness intensifies, impulses quicken, and pain diminishes. We are physically and psychologically prepared to fight or run. If “the enemy” is too much for us to handle, the urge is to run, but if there is an instinctive feeling that we can overcome the enemy, we stay, geared for combat.

We can often announce this reactive decision by our appearance. If we flee, the blood diverted to our limbs will cause our face to appear pale; if we stay to fight, blood will be diverted to the upper body causing a florid facial appearance.

In this mode, we expect our environment to be unfriendly and therefore we will not think with

a rational mind. The “reaction oriented” CIA is dominant, and based on our known experiences, we react in a way that is appropriate to the perceived conditions, i.e., our body instinctively sets itself up to survive a threat to its existence. As we know however, acting out these instinctive survival impulses may have dire consequences in the everyday world.

The CIA has in built programmes geared toward survival. We observe instinctive survival behaviours in other animals under threat or perceived threat. We inhabit an animal form too, of course and, at an instinctual level, we are also “hard wired” for survival in much the same way.

Apart from fight / flight responses, we may also freeze. It is though we are glued to the spot and can't think or move. Confusion and rational thought desert us. In this instance we need to recognise the situation, take a deep breath and use stress management strategies such as ESR to change the situation.

The difference between humans and other animals lies in our ability to rationalise and to project our minds into the past and future. Animals live in the present moment. Hence in some ways, your cat is a Zen master. However, most people spend much of their time with their minds focused in the past or the future. This, in itself, is merely a characteristic of the more advanced human mind. However, when the past and future hold negative feelings, i.e. shame, rage, embarrassment or grief due to constantly revisited painful memories of past events, and anxiety and pessimism over the future as we perceive it, we are engaging in what appears to be a uniquely human phenomenon.

The General Adaptation Syndrome (GAS)

Our body always attempts to counteract the everyday stresses of living and when successful, our internal environment remains within acceptable limits. If stressors are extreme, unusual, or long lasting, as mentioned, problems arise.

In 1936, stress researcher Hans Selye demonstrated that varied stressful conditions produced similar bodily changes. This is now called the stress response or General Adaptation Syndrome. The GAS does not maintain the usual internal environment but resets the controlled conditions to prepare the body to meet and cope with the stressors it is encountering.

It is impossible to live a completely stress free life. At some level, stressors are needed to provide challenge and to stimulate us. Such levels fall under the heading of “eustress”. Although it involves some stress response, eustress does not create imbalance as it operates at the level of stimulation rather than damage.

An example of eustress and distress occurring in everyday life may be that of a person required to speak in public. With eustress, the person may experience a few “butterflies in the stomach” but at the same time, be motivated, excited and focused on delivering a good presentation. There exist optimal levels of tension to stimulate a first class performance.

On the other hand, a person in distress will demonstrate obvious nervousness and the presentation may deteriorate perhaps to the extent that the person is unable to continue due to the mental-emotional trauma they are experiencing.

Any stimulus that produces a stress response is called a stressor and may be almost anything from heat or cold, environmental pollution, body shock etc. If the stressor is prolonged, the response may cover three stages - alarm reaction, resistance reaction and exhaustion as discussed before. At this stage, a short summary may be helpful.

Alarm reaction

Alarm reaction, also called fight or flight response is initiated by the hypothalamus which stimulates the sympathetic nervous system and the adrenal medulla. This brings glucose and oxygen to the organs that are most active for dealing with the threat. Non essential body functions such as digestive, urinary, and reproductive activities are inhibited. If the stress is great enough, and were to remain in alarm reaction, the buildup of stress hormones would, due to their toxicity, ultimately threaten one's life, even resulting in death as we see in some cases of shock.

Resistance reaction

The second stage is unlike the short-lived alarm reaction, and is set up to deal with stress in terms of the “long haul”. It is orchestrated by the hypothalamic release of hormones over a longer term. This allows the body to continue fighting the stressor long after the alarm reaction dissipates. During this stage, blood chemistry returns to nearly

normal. Generally, the resistance stage allows us to get through stressful episodes. Most people have multiple stressors operating at any given time, arising from a variety of areas, affecting all sides of the Triangle of Health. The GAS moves into the next stage of exhaustion.

Exhaustion

If the stressors triggering resistance reaction continue over an extended period of time the body loses its ability to resist and in order to survive, the next stage, exhaustion, is entered. Exposure to high levels of cortisol and other resistance reaction hormones causes wasting of muscle, suppression of the immune system, ulceration of the gastrointestinal tract, and failure of the pancreatic beta cells. Pathological changes may occur because resistance reactions persist after the stressor has been removed.

Pathology is an outcome of the body-mind attempting to maintain homeostasis or biochemical / physiological balance. Dis-ease and disease states are largely associated with these two stages.

Stress - the double edged sword

People who do not resolve and manage stress in their lives will have most of their energy focused on short term fear based survival that prohibits openness, love and creative thinking. It is difficult to have a positive attitude, and life becomes dramatic and traumatic. The victim mentality with the accompanying denial of responsibility is a hall mark.

Individuals who perceive life in this manner, i.e. usually as helpless victims, inexorably set themselves up for the genetic expression of disease as a consequence of accumulating unresolved mental-emotional stress, in particular, taking them through adaptation into exhaustion.

Add to this, chemical or biochemical stress in the form of sub-optimal through to poor nutritional status, accumulated environmental toxins, electromagnetic pollution and so on, and the scene is set for a lifetime of attempting to meet the basic needs, rather than self-actualising the potential of one's birthright.

This train of thought leads us to the other end of the spectrum - the self-actualising individuals who optimise their life potential and view the challenges

and stressors of life as opportunities for further self-awareness and self-development.

So for some people, the stress of life is a major affliction or imposition; for certain other people, stress is considered to be a gift. Of course, most people fall somewhere in between these extremes.

Practical stress management

Wherever we fall on this on this continuum in the context of our attitudes towards life's many challenges, common sense dictates that we do not deliberately seek out stressful situations or environments.

Obviously, if we wish to promote health and well-being, we need to reduce environmental distress and increase internal resistance.

In truth, it is not a practical proposition to alter one's genetic make-up. The potential for health that we are born with is the raw material of our genetic patterning and cannot be altered. However, gene expression may be profoundly influenced for the better by using both strategies. That is, increasing internal resistance and decreasing environment distress.

To address the nutritional / chemical vector, an example of this methodology would be detoxification and avoidance of toxic input to the body (reducing environmental distress), and promotion of nutritional balance (increasing internal resistance).

Environmental stress categories

Environmental stress may be categorised into two groups

- a) those external influences, events and circumstances that are beyond our direct or indirect control i.e. choice is not involved. This may include accidental injury to oneself or to a loved one; physical separation from, or death of a loved one; the hardship of economic and financial circumstances; betrayal by a trusted friend; and so on.
- b) external influences, events and circumstances which are within our direct or indirect control i.e. choice is involved. Included in this category are those factors that comprise our lifestyle and general attitudes about life. Diet, exercise, rest habits, hygiene

(internal and external), recreational pursuits are obviously a large part of this, but perhaps more importantly is how we choose to "talk to ourselves" when beset by those challenges listed in the first category. "Internal dialogue" as this self-talk is labelled, is always a choice no matter the circumstances. It determines whether we react as per past conditioning (often irrationally), or whether we act in a rational and responsible fashion. This concept brings us back to the earlier discussion as to whether we view the stress of life from the victim perspective of no choice, or from the self-actualising self-responsibility perspective that abounds with the freedom of choice.

It is mostly those environmental factors i.e. category (b) where choice is involved, that determines one's state of health.

The four vectors of stress

Stressors are classified into four categories or alternatively, stressors occur along four vectors:

- Nutritional / chemical
- Mental / emotional
- Structural
- Electromagnetic

Mental / emotional stress is a major cause of health problems in our society. It is of little wonder that a leading-edge branch of modern medicine "psychoneuro immunology", as its name suggests, researches the effects of stressors on the human body, particularly on the immune system.

On the subjective level we notice in our everyday lives, the effects of high levels of stress on people - public figures in positions involving constant conflict for example. Under excessive levels of mental / emotional stress (distress) such people appear to age rapidly. This outward appearance is a reflection of disordered energy and chemistry within, a consequence of ongoing unrelenting high stress levels.

We all encounter mental / emotional stressors - they are part of living - but it is how we deal with them that determines their effects, either degenerative or regenerative, on our health. Once again, because of our bioindividuality, a stressor that is stimulating and beneficial to one person may be overwhelming and destructive to another.

Hence, on the mental / emotional level, stress is very subjective. However, a few generic factors should be considered in relation to this form of stress. We are either empowered or disempowered by the quality of the questions we ask ourselves in our internal dialogue.

How we evaluate a stressor determines our reaction to it. Given that much of our behaviour is based on attitudes and conditioning originating from emotions either positive or negative, we nevertheless have the choice mentally to break reactive patterns through appropriate self dialogue. The quality of the questions we ask ourselves in our everyday thoughts is vital in this process of stress management. Cultivating the ability to intuitively and silently witness our innermost feelings is central to this process. Through an act of will using mental focus, we are therefore able to modify our emotional and behavioural reactions to specific triggers or stressors and hence modify our physiological responses to them.

Toxic stress

Chemical stressors appear in many forms. Toxins are chemicals that are “biocidal”, life destroying or poisonous, which in relatively minute quantities, may create disturbance of function due to their promotion of adverse chemical reactions in the body. These toxins or chemical stressors are in the food we eat; the beverages we drink, the air we breathe, and are absorbed through the skin. Internally, toxins are produced by imbalances in our digestive tract and malfunctioning liver; by both normal and abnormal cellular metabolism and through the excessive accumulation of stress-induced hormonal substances.

Never before has the human organism been afflicted with the concentration and variety of both synthetic and self-originating toxins. Never before have so many people still in their youth fallen victim to one or more of the life threatening chronic diseases once reserved for old age. There exists a direct link between these two modern-day realities.

Systemic detoxification of one’s body must be the necessary first step in rehabilitation. No real progress may be made without it.

Poor nutrition equals toxic overload

Biochemical stress is also very much a result of inadequate nutrient intake, digestion, absorption, circulation, assimilation and / or elimination.

These are labelled the “Six Stages of Nutrition”. Insufficiencies of nutrients and malfunctioning of the biochemistry of nutrition add to our toxic burden setting the scene for health challenges. “Autotoxication” is the term used to describe the buildup of chemical toxins in our bodies from our own imbalanced nutritional biochemistry and the organs involved in these processes. Nutritional deficiency within the population, particularly mineral deficiency and toxicity, ranks as a primary vector of stress.

Posture

Physical / Structural stressors appear in many forms. Accidents in which serious injury is sustained account for a large proportion of suffering in this category. Long-term health problems very often result from damage to the nervous system due to cranial and spinal injuries.

The most significant and constant of physical stressors is gravity. Despite our amazing adaptation to this relentless force, its inevitable toll is evidenced in the posture and bone structures of most people, particularly the elderly.

Imbalances in posture create nervous system stressors and consequent poor functioning of those tissues, organs and glands influenced by the stressed nerves. In addition, poor posture places excessive mechanical pressure on various vital organs interfering with their function, setting the scene for dis-ease and disease.

A good thing overdone

Adequate physical exercise is a very important requirement of our bodies and minds. However, it may be that excessive exercise is at least as harmful to us as is lack of exercise. In our society many forms of addiction, due to mental / emotional and biochemical imbalances are prevalent. Physical over-training is an example, quite apart from that which occurs as a result of poor strategies in the coaching of athletes, of an addictive individual’s pursuit of the “perfection” of his or her physical body.

We’re run by electricity

Electromagnetic stress is another unavoidable reality of our existence. Perhaps due to medical science’s

preoccupation with biochemistry and the treatment of the many disorders and diseases - altered biochemistry - with potent pharmacological agents, scientific enquiry into the subtle forces that direct the biochemistry has been sorely lacking.

In short, scientific research into the production of chemical agents that suppress symptoms only, rather than addressing cause, has predominated.

The subtle forces are in part composed of electromagnetic energy that dictates and orchestrates the incredible numbers of different chemical reactions occurring in our bodies at any given moment.

The balance of relative ionic charges in the many compartments, cells, tissues and fluids is vital to our well-being. This is known as our “biological terrain”. The balance of our electromagnetic energies - the networks of the acupuncture meridians of Traditional Chinese Medicine, which form a portion of these extremely intricate bio-energy circuits, for example - is of course bottom line in the determination of health status of an individual.

Unfortunately, these energies are very much negatively influenced by external influences that are increasing in intensity and scope daily.

Short circuits

Electromagnetic stress emanates from a variety of natural sources - excessive direct exposure to strong sunlight; geopathic stress from subterranean structures; the convergence of ley lines, the earth's electromagnetic meridians; and excessive positive ion production due to the formation of storms.

It is the man-made sources of electromagnetic radiation stressors that are by far more insidious and therefore more risky to our health. For instance, a person who lives in a city and works in an office may suffer more from this hidden form of stress, than the country dweller.

City life has its price

City life often means that one's body is seldom “earthed”. The feet are constantly in contact with synthetic materials and aberrant electrical charges form in the body. Air-conditioning at the place of work creates further electrical imbalance. Exposure

to artificial fluorescent lighting and emissions from computer equipment further add to the problem. At home, emissions from micro-wave, refrigerator, T.V. and other electrical appliances add to the electromagnetic stress. The ubiquitous cellular phone, of course, increases this problem and are now known to be major sources of damaging electromagnetic radiation or “e-smog”. In addition, cities are bombarded more intensely than elsewhere with transmissions from the many radio and television broadcasting stations concentrated in urban areas.

The outcome may be ongoing ill-health and the setting up of major diseases from this form of stress adding to those inevitable other stressors mentioned previously.

Your choice

Many people choose to do nothing about either reducing the four vectors of stress to which they are exposed and building up internal resistance to such stressors, and therefore suffer the inevitable consequences.

People who choose to take responsibility for their existence, however, are increasing at an exponential rate, as the public becomes more sophisticated in its awareness of the choices for either health or disease that exist in our challenging internal and external environments.

Managing stress

Changing our reality - external environment will also change our reaction to stress. This may mean changing jobs or environments and creating balanced relationships and emotional attitudes. Supportive friends and family, good communication, time management skills and spiritual awareness will promote a happy and healthy lifestyle.

Changing our perceptions of reality may mean changing our mental perspectives and attitudes, our beliefs and emotional reactions, and can actually be more powerful than changing the toxicity of our physical environment.

Neurovasculars and ESR reflexes

In the 1930s Terrence J. Bennett D.C., researched the neurological influence of blood circulation

on the skin, and its related effect on organs and glands. Bennett's observation of the early months of the developing foetus showed that a vestigial neurovascular circuitry remained after the development of the heart, and to some extent was available for circulation control in later life. Neurovascular circuits are located under the skin, largely on the head, and are activated with a slight tissue tug. If the reflex responds, a light pulse may be felt that is not actually synchronous with the heart beat. When the tug is maintained for 20 - 30 seconds, a previously unlocking muscle will lock if neurovascular stimulation was indicated to energise the circuit.

Neurovascular receptors have been compared to the action of a thermostat. If the thermostat is set too low, a muscle does not get adequate blood circulation, and the lactic acid and other products of muscle contraction are not flushed out. The muscle loses its integrity and unlocks when tested.

Neurovasculars work on the theory that the circulation of the brain has to be balanced through the left and right hemispheres. When we think, different areas of the brain are affected. Functional MRI machines show how much activity would be brought about by difficulties of thinking. In one recent experiment, a peg board was put on the chest of participants while in a functional MRI machine. One side of the peg board had blue pegs and the other side had red pegs. Participants were asked to move the red pegs to where the blue pegs were and the blue pegs to where the red pegs were. The MRI showed more activity in the brain while this was happening. To add a degree of difficulty to the experiment, the participants were asked to move the red and blue pegs again, but this time, to follow complicated instructions in direction and sequence. Whether the participant was able to successfully complete the directions or not, the MRI showed 4 - 7 times more areas of the brain were activated with blood supply during the experiment. Other experiments with functional MRI have shown that the brain is activated in different sections by different activities.

So on the one hand, we have Bennett's research, i.e. the proven capability through neurovascular holding to purposely influence blood circulation to certain parts of the brain. On the other hand, there is the experimental validation through MRI technology that various parts of the brain are influenced by different activities.

It follows then, that extra blood circulation is directed to specific areas of the brain that are being utilised at that time, including the limbic mid brain centres, as well as the neocortex or reasoning areas of the brain. More to the point, however, is our capability to orchestrate this through NV reflex holding. In this way, as described earlier in this unit, we are moving focus from the reactive CIA, to the rational sequential processing CAT regions.

The neocortex comprises left and right hemispheres. Simply directing blood flow to the neocortex or the CAT region, however, does not necessarily mean that the left (sequential, rational or logic processing) and the right (creative, non logic processing or gestalt) hemispheres are integrated around the specific issue being addressed.

Hence, initially blood is simply directed to the neocortex through the basic ESR technique of NV holding.

To refine this approach, after that of Dr John Thie, different questions are then posed to the individual to stimulate various senses that have both left and right hemisphere involvement; using frontal eminence NV holding.

We have the choice of synchronising the faint capillary bed pulse or monitoring indicator change i.e. an unlocking to a locking indicator muscle in this instance. Each time a different sense in the context of the issue is accessed through questioning and having the person think about the issue in this particularly way.

An overview of the implementation of this method would be as follows:

Balance general response

1. Use a cleared locked indicator muscle (IM) to test the client's response when they think about a particular stress (this should unlock the IM)
2. Have the person hold their frontal eminences while they think of this stress in a general way.
3. Using the synchronising of the pulses, or by retesting the IM, establish that the stress is no longer an issue.

Balance specific response

4. Relative to the original stress, stimulate each of the five senses in turn and monitor each reaction with the IM
 - a) “*what do you see about this situation that you don’t like?*”
 - b) “*what do you hear that you don’t like?*”
 - c) “*what do you not like doing / feeling?*”
 - d) “*if you could taste it, what would it be like?*”
 - e) “*what would / does it smell like if it had a smell?*”

Each time the IM unlocks, hold FE until pulses synchronise and / or IM locks. When this occurs, the process may be considered to be complete.

The person is working with the challenge through the mental component, rather than being overcome by or being absorbed in negative feelings, and doing so in an integrated, focused way.

During this visualisation, we could theorise that the right brain believes the event is real, as it has no time and judgment orientation. The left brain knows the event is only in the imagination and could rationalise that there is no danger. However, the CIA has a stored memory of stress and survival response and your client could experience reactions similar to the original moment of stress - anxiety, raised blood pressure, palpitations etc.

While still holding the frontal eminences, have your client continue to think of the stressful incident, running it over in their minds several times until the event becomes “boring”. Then ask them to imagine the same scenario with a different, more pleasant outcome. Ask the same questions as before, making sure that the answers are acceptable, and that there is no stress reaction. When you think there is no more to do, recheck the indicator muscle which should now lock.

E.S.R. has many applications in kinesiology including pain management (hold the ESR points and the pain site), Postural Stress Release (for releasing the memory of pain in the body following accident or trauma), ESR for past trauma, ESR for future performance, ESR for simple overwhelm (as described above), and as a home reinforcement procedure that your client can use at any time.

Emotional overwhelm and the “safe place” method

When a session predominantly deals with emotional issues, it may quickly become apparent that your client is so stressed that continuing may be contra indicated. However, trust your kinesiology tools, particularly E.S.R. techniques. Prior to beginning such sessions, it is highly recommended that you discuss the “safe place” method to assist your client during the process. This “safe place” may be real or imagined, and is somewhere where your client knows they cannot be threatened in any way. If there is no such physical place in their lives, help them construct a place in their imagination.

Once this is done, anchor this in with a strong muscle test, showing the client that there is no stress reaction or negativity associated with it. At any time, your client can choose to stop the emotional processing and take “time out” in their safe place. You must make it clear however, that using the safe place method does not allow them to avoid emotional balancing, and that after a reasonable amount of time, they must continue their process.

Discussing session strategies with the client**Client compliance**

You can be the most brilliant kinesiologist in the land, and it will all be for naught if your client does not comply with the session strategies. Non compliance is probably the biggest factor in failure to achieve results. If your client does not understand the importance of this part of the self-responsibility model, inability to inculcate this into them will probably be the reason for their lack of success, and you may not only lose them as a client, but they are likely to tell their friends that you are not a good practitioner.

Decide early how you will deal with this issue. Perhaps you will ask new clients “How well do you follow protocols regarding your health?”; “Do you take medication as prescribed?” If you feel that this will be a factor in the success (or not) of their wellness plans, dealing with this should be one of the first goals you and your client work with.

You may need to help them with home reinforcement strategies, such as

- writing affirmations on cards for them

- suggesting that they make a tape recording of their affirmations
- suggesting they keep a journal of their activities
- suggesting they ask their family or friends to help
- linking the activities with a daily routine

Other reasons for non compliance may be because your client does not understand you, particularly if there are age, cultural, literacy or comprehension factors involved. Can your client understand your suggestions? Do you have the sense that they are willing to follow them? Are they motivated to follow them? Do they choose to change?

Stated willingness by your client is usually not a problem, but determination to follow through often is. Consider also that the conscious mind will answer positively to the above questions but the subconscious mind may think otherwise. Subconscious sabotage programmes may need to be balanced before compliance issues can be cleared. Ensure also that your client is willing and determined to make changes where appropriate, and to enjoy them when they are implemented.

Your kinesiology training may give you techniques for addressing willingness / compliance issues. Setting up an appropriate goal and balancing is a simple and usually effective way of addressing this situation.

Client's responsibilities

Explain to your clients that their responsibility is to follow advice and suggestions after the session, and to report back to you any challenges, complications, compliance issues, and problems of commitment to the healing strategies.

Your responsibilities

Your commitment to your client is to offer the best and most ethical service you can provide, demonstrating hygiene principles, and professional conduct, discussing relevant contra indications or potential complications to treatment, and reviewing the treatment either with the client, or after the session, and making notes where necessary.

If one of your clients is participating in a cleansing programme that involves special procedures, you do

have a duty of care to be available to them if they need your urgent advice. Offer your after hours number with clear guidelines about how it will be used by your client. It is inconvenient when a client rings on a Sunday morning requesting advice about their sick dog!

If you know that you are the type of person that “takes home” their client’s problems, get balanced for this. It is one thing to offer a duty of care to your clients by giving your best kinesiology practise to them, but another to worry about them at cost to your rest and relaxation time.

This aspect of your relationships with your clients is of primary importance. Your investment in assisting your clients’ healing needs to be such that you give them your best in terms of focus, effort, empathy, intellect, wisdom and intuition during the consultation, but then you need to be able to let go of them after you have given your best. The responsibility is handed over to them. An inability to detach in this manner will drain your energy and over time, may cause ill health. If you operate in this over caring mode, you will also attract clients who consciously or subconsciously seek a free ride and who do not really wish to do the work necessary for healing.

Possible session strategies

You should discuss possible strategies with your client. You may decide that initially, TFH 14 meridian balancing is best so that your client can raise their life energy prior to taking other approaches. This is especially helpful when a very sick person has so little energy that even taking multi vitamins takes more energy for assimilation than can be afforded by the body.

Home reinforcement is also helpful between sessions, and many simple Touch for Health techniques can be used by your client at home.

If you are dealing with a nutritional evaluation, have your client bring a diet diary with them to the next session. Over a one or two week period, this would involve listing all substances ingested, and any reactions to them.

If your client requires emotional balancing and stress management strategies, ensure that they are aware of ESR methods between sessions. Lifestyle plays a huge part in managing stress and you can play an important role in helping your client find ways to

make positive changes to their stressful lifestyle. This may involve the following considerations:

- planned rest and recreation
- exercise
- sunshine
- “time out”
- grounding oneself
- stress management techniques
- improved communication skills
- kinesiology self help methods
- raising self esteem
- learning to say “no” more often, and without guilt
- learning to have fun
- learning to express emotions
- having hobbies and interests
- having an active social life that is pleasant and rewarding
- having goals that enhance a better lifestyle
- having harmonious relationships
- alcohol and tobacco consumption
- social / recreational drug use
- environmental pollution
- economic factors
- food aversions
- food cravings
- hygiene
- age
- others

This list may form the basis of your kinesiological enquiries when determining an appropriate strategy with your client. Other strategies may be available to you if you have other training.

Contra indications to kinesiology balancing

As discussed previously, kinesiologists do not diagnose, prescribe or treat and must refer to medical practitioners and other appropriate professionals,

those clients who present with infectious diseases, suspected pathological conditions, and other symptoms that should be diagnosed by the appropriate professional.

In some situations, kinesiologists may continue to work with clients who fit the above situations, but must modify their balancing strategies so that they do not compromise other protocols and treatments prescribed by other practitioners. For instance, under no circumstances should kinesiologists suggest that their client should change prescribed medical prescriptions and other medication.

Many side effects are listed in MIMS pertaining to the wide range of possible medications that a presenting client may be taking. This provides you with valuable information concerning some of the signs and symptoms that you observe in the person.

With this in mind it becomes your task to assist the client as much as possible through balancing their energies effected by the medications.

As kinesiologists, if we are to become more accepted by the mainstream and the medical profession in particular, we need to be willing to “stand up and be counted” in the knowledge that our work does no harm and can only benefit the client. So communication with the client’s medical doctor is advisable, concerning monitoring medication levels, if only via the client.

For instance, if your client is an insulin dependent diabetic, in no way are you in the position to advise them on appropriate levels of insulin to take. However, your balancing methods, incorporating dietary and possible supplement advice, emotional stress defusion, and balancing the muscles relating to organs and glands dealing with blood sugar metabolism, in all probability will positively influence the client’s condition in the context of reducing levels of insulin required.

Hence, in such a situation, it is necessary for the client to consult with his or her medical doctor concerning this matter. The doctor needs to be informed that the client is using kinesiology as an adjunct to enhance overall health and that the kinesiologist has advised them to have the medical reappraisal.

Chapter 8

The session

Now that you have a history, an assessment, a session strategy and consent from your client, you can begin your kinesiology session. Record all activities, comments, reactions, feedback and recommendations and suggestions on their record card in a way that can be read by others if necessary. You may find it helpful to circle or underline any home reinforcement activities or supplements suggested as part of the session strategy. This will enable you to have a quick reference for getting feedback from your client at the next session.

Managing the session

Explain to your client the techniques you will use

In most cases, your client will know what kinesiology is, its benefits and how it is applied. Occasionally, they are referred by a friend or one of your clients who may have difficulty explaining what kinesiology is and does. It is therefore important that new clients clearly understand their role in a kinesiology session and the way kinesiology is applied. Explain that for the most part, they may choose the posture for the kinesiology session, that is, they can choose to sit, stand or lie on the massage table, and that it may be necessary to muscle test their legs, and to touch their torso during the session.

If it becomes clear during the session that their condition or symptoms are beyond the scope of your training, you are required to refer them to the appropriate professional. You should also advise them if your services do not cover other natural therapies such as massage, aromatherapy etc.

Other professionals include:

- naturopaths
- homoeopaths
- herbalists
- chiropractors
- osteopaths
- physiotherapists
- medical practitioners
- dentists
- podiatrists
- acupuncturists
- counsellors
- social workers
- massage therapists
- aromatherapists
- Bowen practitioners
- reflexologists
- iridologists
- others

Invite feedback throughout the assessment and evaluation stage

Using the self-responsibility model, you will invite your client to ask questions and give feedback throughout their consultation. It is particularly important to ensure that they understand each stage of the session, particularly for the evaluations and assessments. This is especially important when your client has language difficulties, or is anxious because they have not been to a practitioner before, or do not know what to expect.

The first session is usually spent educating, assuring, demonstrating, explaining and generally putting the new client at ease. Kinesiology assessments and pretests are unique and your client needs to understand from the outset what is involved, what the evaluation represents and what the outcome means. Encourage questions, ask for feedback, observe body language and work slowly and carefully until you are sure your client is relaxed and comfortable with the kinesiology assessment process.

Factors which may interfere with the session

The history of your client will identify any medication that your client may be taking. However, unless you upgrade the history with each visit, you may be unaware of a new course of prescriptions that your client has begun. Asking the question “has anything changed since I saw you last?” is not sufficient, as it is highly likely that your client does not remember all the information in their history record.

Therefore, as a matter of course, it is recommended that you check the following at each visit:

- any new medication / supplements?
- any significant changes to your lifestyle?
- any new information that may impact on the session?
- any changes as a consequence of your home reinforcement activities?

Any of the above factors may impact on your client’s physical and / or emotional flexibility, and this should be addressed before continuing the session.

As previously discussed, other consideration should be given to

- cultural factors
- contra indications
- compliance, particularly where there have been post session activities suggested from a previous session; check that these have been done, and any changes or adjustments that should be made

You should discuss any of these factors with your client so they are aware of how they may impact upon the session. If you become aware of any blocks to your client’s health improvement, they must be negotiated with your client and resolved through further discussion to ensure comprehension and understanding, and balancing in the appropriate way.

Factors likely to have a negative impact on the session

While interviewing your client and taking their history, you will need to be mindful of identifying factors which may minimise the effects of a successful consultation. These may include the following:

- Language difficulties. If you or your receptionist made the initial appointment, it may have been obvious at the time that there could be potential language difficulties with this client. You may need to arrange for a member of the client's family to act as interpreter during the session, or you may know someone in the community who can fulfil this role. In the latter case, it is important that your client gives permission for a third party to be present during their consultation. If you are unable to organise a translator, it may be appropriate for you to refer this client to someone who can communicate easily with them.
- Inability to understand kinesiology principles. Not everyone accepts kinesiology. If your new client is sceptical, it is unlikely you will have a successful outcome for the session. If it is obvious that your client is not comfortable with the principles of kinesiology, suggest that they go to another type of practitioner.
- Negative programming: family or friends typically have an interest in keeping their relationship with your client on the same footing and may perceive kinesiology balancing as a threat
- Disabilities: These days most clinics are equipped to handle wheel chair access. You may also be required to supply audio tapes, or large print information to clients who need them. Others may need family members or carers to accompany them to the session.
- Emotional trauma. This is a common outcome when emotions are uncovered and discussed. Remain calm and use your kinesiology training to reassure your client.
- Lack of privacy or focus due to additional people being present. These situations include:
 - older children and teenagers being accompanied by a parent or carer
 - a family member translating for the client
 - a student observing for work experience
 - poor sound insulation in the consultation room
 - the practitioner answering telephone calls during the session
 - interruptions by another member of the clinic staff

Some of these situations can be easily remedied. An answering machine should be used during session times. Your clinic staff should understand that they may interrupt only in the event of emergency. Your clients should be given a choice about student observation prior to the consultation, and assured that they can indicate at any time if they wish the student to leave the room. Curtains or acoustic tiles can help if you are unable to change the location of your consultation room.

In the situation where an older child or teenager is accompanied by a parent or carer, you will have to be guided by each circumstance and use sensitivity in finding a resolution. Depending on the age of the child, they should be able to say if they want privacy. It is unlikely you will achieve optimal results if the child is inhibited by the presence of their parent. You may sense that it is difficult for them to say this to their parent and it will be up to you to find an outcome that is beneficial to both child and parent.

Where a family member is acting as translator for your client, and you sense that there are issues of privacy, you may have to arrange for an independent translator to attend future sessions. These people are listed in the telephone book under “Services offered by other Government Agencies - Languages other than English”, and “Services for People from Culturally and Linguistically Diverse Backgrounds”.

Explain mode of administration of the session

Your client has already experienced a history taking session; you will have explained the philosophy of kinesiology and given a practical demonstration of kinesiology so that your client understands its application and their part in the process. Now you are ready to explain the way that you will apply your kinesiology training during the session.

In most kinesiology session rooms, there is a massage table and a client chair that is on the same level as the practitioner’s chair. There will be times that you will need to use the massage table in order to perform your kinesiology techniques. At other times, your client can make the choice between lying down, sitting in a chair, standing, or a combination of all three while you are carrying out the session techniques. These postural choices should be clearly explained to your client prior to commencement of the session, particularly in the following situations:

- your client is wearing a dress; you will need to explain that you may need to muscle test

using her legs (e.g. psoas, fascia lata) In this case, you will take extra care to ensure that her dignity is preserved at all times, particularly when she is lying on the table

- if you are a male practitioner and your client is female; a recumbent posture may be psychologically challenging until you establish confidence and trust with your client.

Surrogate testing

There are several reasons why it may be difficult or impossible to use kinesiology methods directly on your client. These include:

- the client is too young or is a baby
- the client is too old or frail
- the client is incapacitated in some way
- the client is absent
- you are working on an animal

These are occasions when surrogate testing can be used. You will need to explain this concept to your client.

Other techniques and therapies

These will be methods in which you have appropriate training and may include the following:

- flower essences
- gem essences
- shell essences
- colour therapy
- sound therapy
- homoeopathics
- herbs
- naturopathy
- creative imagery
- massage
- Bowen therapy
- reflexology
- iridology
- counselling
- nutritional counselling
- others

Reactions

As a practitioner, you must be satisfied that your client understands the importance of reporting any reactions to treatments, either during the session or after the session. You have a duty of care to offer your support to clients in situations where they are concerned about their health.

Reactions include:

- physical pain or discomfort; this may be a new symptom following the session, or different from the pain or discomfort they first presented with. Muscular spasms and cramps can be dealt with by your client using simple methods that you have shown them.
- emotional release; balancing frequently brings up old issues that can be alarming to a client who has not been told of the possibility, and ways to deal with them. Show your client how to use ESR so that any emotional releases can be controlled by him or her at home.
- sensitivity to essences or other topical treatments; reactions to vibrational remedies are rare but not unknown. Suggest your client stops using the substance and reassess at the next session time.
- temperature discomfort; some balances and supplements may stimulate the metabolism. Suggest your client stops using the supplements and reassess at the next session time. ESR can also be used at home.
- other physical / emotional / mental changes

For physical pain and discomfort, you will need to schedule a new appointment to suit you and your client. You may also need to adjust your session strategies to avoid continuing discomfort. If the situation is beyond your training, you must refer your client to the appropriate practitioner. Discuss the situation with your client and decide on an appropriate strategy to deal with each situation.

Your clinic policy should include emergency procedures in the event that a client has a major reaction to treatment during the session. You or another practitioner in your clinic should be a holder of a current first aid certificate. Ensure that you can quickly assess local emergency services.

Timing the session

Once you have decided how you will be structuring your clinic practice, you will need to ensure your sessions fit the time frame you have chosen. Many kinesiologists work to one hour sessions, with some return visits requiring a half an hour and fifteen minutes only.

Keeping to time can sometimes be difficult when working with emotional clients. It is not appropriate to end a session in the middle of a process, just because the time is up. It is also not appropriate to rush your client and short cut methods when you know that your next client is waiting for you. With experience, you will get a sense of timing when using your skills.

It would not be a good idea to begin an ESR session ten minutes before the end of the session if your client is dealing with a challenging goal. The time is better spent explaining and demonstrating self help skills for home reinforcement. Explain that it is best to allow as much time as possible to defuse the stress, and make another appointment to do this.

Have a clock or watch in a place that is easily seen by you, and pace your sessions so that you and your client are relaxed and comfortable. Don't forget to allow time to collect payment for your services, to make another appointment, and to wash your hands and ready your room for your next client.

Session records

Each visit, you must keep clear records of the session. These should include:

- initial permission to work with the client, ideally written and signed by your client
- the date of each session
- your assessment details
- client evaluation / current ability / context / goal
- details of the kinesiological interventions - the methods and techniques you use during the session
- relevant comments made by the client
- client re-evaluation / current ability / context / goal
- home reinforcement given to the client

Keeping session records are important for the following reasons:

- you have a record of the previous session for review purposes -
to check their home reinforcement progress
to re-evaluate their pain / discomfort / energy relative to the last visit
to record the client's progress and note any chronic patterns of imbalance
- you have a record in the unfortunate event that you are legally challenged
- you have a record that allows you to give details to other professionals
- you can contribute to research in your field of knowledge

Your client's file must be kept confidential, even from other members of the family, unless written permission is given by your client. Files should be kept in a lockable filing cabinet that is not stored in areas where other clients and visitors have easy access. If you or your receptionist gather files for each day's clients and leave them in an IN tray, this should be kept in a position that is secure and confidential. The same applies to the OUT tray files. All files should be filed at the end of each day and the filing cabinet locked and the keys stored in a secure and safe place.

Recording your client's progress

Your client's written history is the beginning of a file that you will compile while they are under your care. It should be reviewed from time to time so that relevant information such as contact details can be kept up to date. From their first session, you should keep a record of their progress. This should include at least, the following information:

- date of visit
- reason for visit
- context of session (goal)
- self evaluation of pain / energy / discomfort
- current ability such as range of movement, performance etc
- kinesiological interventions
- re evaluations including current ability etc

- home reinforcement exercises (if any)
- supplements taken (if any)
- comments made by the client
- date of next visit

It is important to keep records of each visit for several reasons. They serve as a memory jogger for you when your client returns for their next session; they provide information for research; they provide a record in the event that you need to supply information to another practitioner, or, hopefully not, for legal reasons; they are available if your client wishes to view them. These records must be kept confidential, even from other members of the family, and stored in a secure place, such as a lockable filing cabinet.

Some of this information may be highly confidential to your client and care and sensitivity should be exercised while gathering the history. It may be necessary to mention your privacy policy and assure them that their history will remain confidential, even to other members of the family. You may also choose to have printed forms available to clients prior to their session so that they have time to relax and complete the form.

Next session

After the session, if appropriate make a time for the next appointment, and outline the strategies you intend to follow. Use a clinic business card that shows the time and date of the appointment, and includes your address and telephone number in case they need to ring you before the appointment.

If you do not have time to place the file in your filing cabinet, remember to keep it in a secure and confidential place until filed. Develop the habit of placing files and folders face down in trays or on your desk to ensure some measure of privacy.

Among the more obvious influences detracting from the effectiveness of their treatment in this context are the following.

Chapter 9

Analysis and interpretation of information

Correlate health assessment with case history

The information you gather from your clients gives you insight into their health, family relationships, cultural, financial and social background. Much of this information will be used to guide you to the best ways of working with them to improve their health and wellbeing.

Other information may also be important in terms of the success or not of your strategies. For instance, will their family support them? Can they afford ongoing sessions and supplements if needed? Will they cope with changes to lifestyle and diet? After the kinesiology method of balancing have been applied you may need to expand on the information you have gained, and educate your client on wellness strategies.

Lifestyle and nutritional assessment

There are many factors that may interfere with the effectiveness of treatment provided in the context of lifestyle changes, dietary advice and nutritional supplementation. These factors may be categorised into those that are relatively obvious and those that are more hidden.

Affordability

It must be kept in mind that you as a practitioner are not responsible in any way for a client's financial affairs. Unfortunately, whilst certainly being able to afford the kinesiology balancing you offer, a certain percentage of clients may not perceive the true value in exchange for their monetary outlay, and consequently drop out of further sessions before any worthwhile outcomes are realised.

In many cases, affordability is not the cause of failure but really an inability on the part of the practitioner to educate, motivate and convince the client of the true value in their investment. It must be realised also that in some cases, regardless of the marketing skills and educational tools of the practitioner, they may not retain a client because of very entrenched attitudes to do with 'poverty consciousness'. In this case, the person may actually feel guilty about spending money on upgrading their own health, without putting the family before themselves.

In short, it may be said that almost everyone is in a financial position to benefit from your services to a greater or lesser degree. It is up to you however, to realise this potential as much as possible by educating and motivating your clients in the true worth of your services, and the extraordinary value for money that they are receiving. After all, if their car breaks down, they will find the money to have it fixed. Imagine how the family would be affected if mother or father broke down!

Compliance

As previously discussed, compliance, or more correctly lack of compliance, is definitely a major factor in hampering the effectiveness of treatment.

Often lack of compliance is due to some subconscious desire on the part of the client to resist change. In kinesiological terms, this is often referred to as a 'sabotage programme'. As part of your balancing strategy using kinesiological methods, this should be addressed as a priority. Such deep seated subconscious programmes may also be present all throughout your treatment regime, limiting its effectiveness.

Lack of compliance may also be due to the fact that you have not properly explained the protocols to the client adequately.

Availability

Availability of the foods you recommend as part of a nutritional programme may be a problem in some small communities. You need to take this into account in your planning with the client and modify your strategy to accommodate such situations.

Availability of product will not be a problem once you have a provider number. Practitioners without a provider number do not have access to the more specialised practitioner ranges of products. Some clients may visit you from outlying areas. Stock may be mailed to these clients. It is up to your office to maintain contact with such clients ensuring their supplemental needs are met.

Quality

Quality of food and food supplements is very important. As a practitioner, you need to establish accounts with supplement suppliers that have high standards in the research, development and manufacture of their products. You also need to have knowledge of suppliers of good quality organically grown produce, if it is available in your region, for those of your clients who are discerning in their choice of fruits and vegetables.

Medical treatment

Medical treatment in the form of pharmacological medications may impact upon the effectiveness of your balancing. For example, consumption of antibiotics, the contraceptive pill and cortisone based drugs promote dysbiosis in the digestive tract, thereby compromising digestion and absorption of nutrients, in addition to promoting a wide array of symptoms.

The contraceptive pill is known to lower the nutritional status through its negative influences on assimilation of various vitamins and minerals.

Conversely, you must be aware of possible effects of supplementary vitamins, mineral or other nutritional cofactors and herbs effecting the metabolism of clients taking medical prescription drugs. For

example, if an insulin dependent diabetic attended your clinic and you advised the supplementation of nutrients or dietary procedures to enhance blood sugar, you may inadvertently reduce the quantity of insulin required and thereby upset the biochemical balance that has been established. Dialogue with their doctor in such a case is essential.

Take caution with Bilberry, Bitter melon, *Coccoloba indica*, Garlic, *Gymnosma sylvestre*, vitamin E. Chromium and vanadium is also indicated with insulin dependent clients.

As another example, a client's medication may include Digoxin which has a narrow therapeutic window requiring close monitoring with blood assays. Your advice therefore, concerning the client's consumption of certain herbs and supplements concomitant with their intake of Digoxin or other related cardiac glycosides needs to be given with the awareness of possible dangerous outcomes if ill informed information is given. Such hazards include cardiac glycosides taken with herbs such as Adonis, Dogbone, False hellebore, Lily of the valley, Milkweed, Motherwort, Oleander, Pheasant's eye, Pleurisy root, *Straphanthus*, Uxara root, White squill, Wildipecac, the ginsengs, Kyushin (dried venom of Chinese toad *Bufo gargarizans*), Licorice, St John's wort and magnesium.

Dialogue with the client's GP is desirable in these and many other circumstances.

An informative text on this subject is Mosby's "Handbook of Drug - Herbs and Drug - Supplement Interactions" compiled by Harkness and Bratman.

The rule of thumb is if you are unsure of the safety of a client taking a supplement whilst on certain medications, refrain from advising them to do so. Awareness of drug / nutrient interactions is a very important part of your practice as ignorance in this area may have potentially drastic outcomes for practitioners and for your profession.

Bio individuality

Biochemical individuality takes into account age, gender, body or metabolic type, genetic and other innate factors or variables in determining specific and uniquely individual balancing protocols, including nutritional requirements. The effectiveness or otherwise of your session strategies is largely determined by your ability as a practitioner to appraise individuality.

Cultural factors

Cultural factors also may adversely affect your treatment. For instance, if you restrict your dietary advice to fit in with the general eating patterns of your community, not adequately taking into account the sometimes extreme variations in diet that exist between cultural groups, your clinical effectiveness may be compromised.

As part of your training you need to become familiar with nutritional value and composition, not only of culturally based foods, but also with cultural attitudes toward food, as from time to time this will become a pertinent factor in determining your effectiveness or otherwise in your capacity as a practitioner.

Contra indications

Sometimes dietary modifications and nutritional supplementation may in fact be contra indicated for a client in the initial sessions. Some people are hypersensitive and hyper-reactive to manipulation of their normal eating patterns and to nutritional supplementation.

Such people generally have many allergies and sensitivities and hence caution must be taken when suggesting deletions from and / or supplementation to their diet.

Such physical sensitivities have reflections non-physically i.e. in terms of psychospiritual imbalances, that often take priority over the immediate dietary and/or supplementary approach. This is the realm of the skilled kinesiology practitioner.

As mentioned earlier, the so called subconscious programmes impact profoundly on nutritional status. Frequently, dietary and nutritional protocols based on a generic approach to specific conditions may in fact create more problems in that such actions will often precipitate the occurrence of additional or exacerbated symptomatology.

Good communication with sensitive clients, and closely monitoring and balancing energy through kinesiology usually permits the safe introduction of appropriate dietary modifications and supplementation.

Stages of nutrition of the client

Lack of certain nutritional factors in the client's diet is only the beginning of a challenged nutritional status. Proper digestion, absorption, circulation, utilisation and elimination are the other processes of nutrition that must be considered. Collectively, these are known as the 'six stages of nutrition'.

Simply ingesting nutrients that have been found to be lacking in the diet will often achieve little if any beneficial outcomes if the other five stages are not properly addressed.

Once again, investigating the six stages of nutrition is effectively undertaken through appropriate kinesiology procedures.

Clash of paradigms

Some clients that attend your clinic will be making a visit to a kinesiologist for the first time. They may not understand the essential differences between the two paradigms from the philosophical perspective, i.e. kinesiologists do not directly treat medically diagnosed diseases, rather they facilitate and promote the healing potential wholistically in order for the organism to regain health through its innate healing powers; and medical doctors diagnose disease states and follow specific protocols to fight such diseases usually by directly addressing symptomatology.

Hence, the majority of people have the mind set that the health practitioner's job is to 'fix them', i.e. alleviate their symptoms as their symptoms "are" their disease or dis-ease. They may not be well versed with the self responsibility model that is at the heart of natural healing i.e. vitalism.

It is up to you as their natural health care professional to educate such individuals, where possible, toward a true grasp of the essential theme upon which you base their treatment.

Relationship, trust and communication

Beyond the evident requirement for you to deliver appropriate, well substantiated nutritional advice to your clients, it is essential to your success for you to develop good relationships based on clear communication, openness and trust.

If you foster and maintain a client's trust through your effectiveness as a practitioner, your willingness and dedication in helping them resolve their health

problems, and demonstrating a caring and supportive attitude, you will most likely retain that client. These clients are more likely to become invaluable as they are often your greatest source of new clientele as 'word of mouth' is the most effective form of enhancing your business.

It behoves you as a practitioner to provide effective treatment to your clients, to develop and improve your interpersonal and communication skills. This is a very important consideration. Your knowledge and ability may be exceptional, your intention and will to assist the client may be of a high order, but without good interpersonal skills, i.e. your ability to communicate effectively and to gain trust, you may fall far short of your true potential.

Hidden factors

As mentioned earlier, there are hidden factors that may interfere with the effectiveness of your nutritional treatment. Nutritional status is not only about following physical protocols, i.e. the implementation of various eating strategies and the taking of specific supplements to meet specific nutritional deficiencies or excesses. In keeping with kinesiological philosophy, as a practitioner, you are working with the total being.

As described earlier, deep seated mental-emotional imbalances or 'subconscious saboteurs' are capable of exerting very retrograde influences on your client's progress. Practitioners skilled in kinesiology have at their disposal a tool for clearing such psychospiritual challenges, thereby facilitating better nutritional balance in their clients.

Dietary modification

Dietary modification is necessary for a large proportion of those clients who seek your advice. Inappropriate diet forms a large part of clients' nutritional imbalances. Dietary modification should precede nutritional supplementation; the latter being employed to meet specific nutritional needs that the upgraded diet is unable to provide.

At this level of training, you will acquire skills, mainly of a kinesiological nature, to assess nutritional needs of the client based on a background of sound basic nutritional understanding. You will also develop the ability to design and implement dietary modifications in keeping with your assessment in a manner appropriate to the

enhancement of the health of the client, but a regime also, acceptable to the client.

Various dietary approaches exist - eating according to the Ayurvedic energy principles or Traditional Chinese Medicine; the ketogenic weight loss approach; insulin zone eating; diets based on blood type e.g. "The Fit for Life Diet"; the anti candida programme; low reactive liver detoxification eating; food combining; food rotation observing food families, and so on.

It is very important to determine food sensitivities or intolerances. Kinesiology is very accurate, expedient and cost effective in this role. Avoid the inclusion of such foods or food groups as much as possible until desensitisation has been achieved.

Consumption of certain foods or food groups needs to be included or increased and others excluded or restricted in keeping with the various eating strategies that you have advised. These modifications need to be described in full along with protocols for the management of such treatment.

Management protocols may involve carefully laid out written instruction and regular communication with the client until the protocols are properly augmented.

Although your treatment strategy will have at its core the principle of the energy model, i.e. the balancing of energy in keeping with the promotion of the innate healing principle, there must also be an interface with the paradigm of modern orthodox medicine and the role of nutrition therein.

Monitoring reactions

As mentioned earlier, it is essential that you gain feedback from your clients regarding the outcomes of their treatment.

It is a necessary part of your professional relationship with your client for there to be good communication. As part of the self responsibility model, clients need to monitor their reactions, if any, to the modification of their diet and / or the supplementation you have advised.

Improving wellness in a client is a process that is distinctly bioindividual. You need to closely monitor this process in order to make the necessary adjustments when and where necessary. This helps to ensure your effectiveness in treatment and to gain the loyalty and respect of the client.

Reactions and response

In the above description under Monitoring Reactions, it is emphasized that you maintain good communication with clients. From time to time you will encounter quite extreme reactions from clients in response to their treatment.

This may be due to the fact that with the modifications and improvements in nutrition, the client's bioenergy has been raised to a level where underlying imbalances may be symptomatically expressed. It may be due to certain subconscious agendas or sabotage programmes manifesting, or it may be brought about by the client developing a sensitivity to some component or components of the regime. It may also come about as a part of detoxification in which the up take of endogenous toxins by the liver has temporarily outstripped its ability to process such toxins.

If the reaction is acute and you feel it is outside your area of expertise, you need to have at your disposal appropriate health professionals who may assist.

It is vital for you to have clinic guidelines in response to emergencies and accidents. These may need to be utilised in extreme circumstances.

Part of these procedures will involve the administration of First Aid according to St Johns', Australian Red Cross or other appropriate First Aid training, and to have ready access to local emergency services.

As part of your practice, clear and complete documentation of all your recommendations and client / patient responses is necessary. This is to ensure continuity and efficacy in your treatment. Often clients require some form of official validation from you as their practitioner. It also protects you from a legal perspective in the possible circumstance in which some form of litigation may be directed at you.

You must also be informed about:

- drug - nutrient, drug - herb, and nutrient - nutrient interactions (see earlier information under Medical Treatment)
- known allergies (most importantly, anaphylactic reactions)
- other treatments of a medical or natural health nature being performed concurrently with your treatment and how to approach such cases.

Client education

As well as nutritional adviser you also have a role as an educator or 'wellness coach'. In this capacity you need to instil in your clients the need for and purpose of future sessions. Ongoing treatment is required as you work with and facilitate the process of attaining higher nutritional status in your clients, and the health outcomes that are brought about. Their understanding of the key principles involved in their healing process is vital as part of the self responsibility model. Hence, time, location and purpose of future sessions are made clear to your clients, recommendations are thoroughly documented so there is no guesswork on the part of the client, and you are as certain as you can be that treatment will be provided to your clients according to the treatment plan.

A 'lifestyle record' incorporating a 'diet diary' is a useful tool for mapping your client's current lifestyle. Ask them to keep a record for one week of the foods they eat, the things they do, and the food and activities or circumstances that cause them stress. At their next appointment, discuss this record, noting food repetitions and cravings, stressful situations etc. Collaborate with your client to map out a new lifestyle and eating plan, based on their needs and history.

Signs and symptoms

Often there are obvious signs, usually physical, that your client is unwell. Many symptoms are unnoticed by clients or they are "too busy" to seek medical advice. Some medical conditions that may fall into this category include diabetes, characterised by some or all of the following symptoms:

- Excessive thirst
- Frequent urination
- Extreme hunger
- Unexplained weight loss
- Fatigue, feeling of being "run down" and tired
- Rapid breathing
- Blurred vision
- Dry, itchy skin
- Headache
- Tingling or burning pain in the feet, legs, hands, or other parts of the body

- High blood pressure
- Mood swings. Irritability, depression
- Frequent or recurring infections, such as urinary tract infections, yeast infections, and skin infections
- Slow healing of cuts and bruises

Heart disease / angina

- Chest discomfort, tightness, or fullness
- Retrosternal pain
- Indigestion that isn't alleviated by antacids
- Breathlessness
- Fatigue
- Jaw pain
- Arm pain
- Chest pain felt during exercise that disappears afterward

Skin cancer

- Multiple typical, atypical, changing moles
- Freckling
- History of sunburn
- Family history of melanoma, inability to tan, and light-colored hair and eyes

Chances of getting high blood pressure increase if

- you are overweight
- you are a man over the age of 45
- you are a woman over the age of 55
- have a family history of high blood pressure
- have a "prehypertension (120-139/80-89)"

Other things that can raise blood pressure include:

- Eating too much salt
- Drinking too much alcohol
- Not eating enough potassium
- Not exercising
- Taking certain medicines
- Stress that is long-lasting

Other symptoms that your client reports, possibly indicating serious health challenges may include:

- Dark orange urine
- Pale grey faeces
- Jaundice
- Blood in the urine
- Excessive urination at night
- Sudden unexplained weight loss or gain

Other risks include:

- High blood cholesterol - The risk of coronary heart disease rises as blood cholesterol levels increase. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet.
- High blood pressure - High blood pressure increases the heart's workload, causing the heart to enlarge and weaken over time. It also increases the risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.
- Physical inactivity - An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous exercise is important in preventing heart and vascular disease. Even moderate-intensity physical activities are beneficial if done regularly and long-term. More vigorous activities are associated with more benefits. Exercise can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

Symptoms of mental illness and depression include:

- Change in sleeping patterns
- Change in appetite
- Restlessness or slowed body movement
- Depressed or irritable mood
- Lack of interest in previously enjoyed activities

- Diminished ability to concentrate or make decisions
- Fatigue
- Thoughts of death or suicide
- Feelings of guilt, hopelessness, and helplessness
- Mild feelings of tension
- Inability to sleep or concentrate
- Loss of interest in school, work and friends
- Delusions or false ideas
- Hallucinations or imaginary voices which give commands or comments to the individual
- Disordered speech and thoughts or moving from one topic to another, but making no sense. Individuals may make up their own words or sounds.

If your client shows a number of the above symptoms, and others that you are worried about, you should refer him or her to a medical authority. Do not attempt to use kinesiology balancing methods in these cases. It is advisable to keep a comprehensive medical dictionary on hand. Even if you do not have training in pathology or pathophysiology, you are nevertheless in a position to make an informed decision about referrals to a medical authority. Be sure to record this on your client's file. Also note clearly in your client's file any symptoms that your client reports, or signs that you observe.

If your client chooses to work with energy balancing while they are under the care of a medical doctor, you must be aware of drug - supplement, drug - nutrient interactions as noted above, that could affect your client's health and wellbeing.

Client care

Clients may be categorised into three groups

- Symptomatic care: this is an opportunity for you to relieve symptoms such as pain and discomfort so your client has relief as soon as possible. The first session may deal only with this type of care and it is important that your client understands the need for ongoing sessions

- Corrective care: at this stage, you have the opportunity to find causes for your client's discomfort. Your training will dictate methods of doing this and may include age recession and past balancing. You should also assess and review the work you did during the initial sessions of symptomatic care
- Wellness care: this involves maintenance and ongoing sessions to ensure there are no relapses, and to help your client recognise situations that will not promote optimal health and wellness. They will also recognise the need for further balancing in order to maintain their health

The main presenting symptom/s that a client describes represents his / her complaint that they have come for you to reduce or relieve. This represents the substance of the initial consultation, i.e., symptomatic care. Your role is to meet their needs to the best of your ability and training.

Keep a record

Keep your client's history sheet separate from the session records so that it can be positioned on the front of the file for regular updating and referencing. Each session's information and outcome should be clearly recorded and kept in a chronological order within the file.

Each session report should show the following:

- date of session
- reason for visit
- feedback from client (if this is a follow up session) re home reinforcement exercises, alleviation of symptoms, other comments
- context / goal for the session
- self assessment and current ability
- kinesiological interventions
- any reactions by the client during the session
- reassessment
- any specific advice given for client
- any suggestions for supplements / dietary modification, home activities etc
- suggested time frame for next session

This information must be written in such a way that it can be interpreted by others, including the client. If you use a personal "shorthand" method,

you should do it in such a way that it can still be interpreted by others. It is recommended that you do not record information that may be embarrassing to you or your client. A habit of keeping well kept records will be evidence of your professionalism and thoroughness.

Assign priorities

Clients who present with pain are most concerned with gaining relief. If you can help them achieve this, you will have happy clients who will believe in you and refer their friends to you. Pain may not be the priority, rather the by product of something more urgent, so you need to discuss your balancing approach with your client. Your kinesiology training will let you determine the method to prioritise your approach to the session.

Your client's body patterns and body language will also give clues to your balancing approach. Check the following:

- posture for obvious asymmetry, and check for priority area to begin your balancing work
- range of movement should be bilaterally compared and priority area established
- comparison of muscle strength within bilateral relationships
- comparison of contralateral muscles or muscle groups for range of movement, strength and muscle balance and establish priority
- areas of greatest pain and discomfort
- signs of emotional stress and tension
- general body language in both static and dynamic situations - note facial expression and manner as part of body language appraisal

Most natural therapists believe that emotions predispose a person to imbalance and pain, so your ultimate aim is to balance emotions and clear negative thought patterns so that pain can be managed appropriately.

Chapter 10

Inform your client

Discuss the treatment assessment

As stated previously, education of the client is of primary importance as this assists clients to take greater self responsibility for their own healing.

Clients are educated in relevant and practical techniques for promotion and maintenance of optimum health. As their nutritional / emotional counsellor or wellness coach this education includes not only dietary advice but also other supporting or synergistic lifestyle modifications. Involving your client in their healing strategies not only allows them to be active in the process, but gives you confirmation that they understand what is expected of them, and that they have opportunities to ask questions and get clarification.

Adequate and suitable exercise, sufficient good quality sleep, fresh air and sunshine, creative interests, humour, fun and relaxation, harmony within relationships and other lifestyle factors have impact on enhancing nutritional status and promote the maintenance of optimal health.

Providing relevant literature and information material is important. If you do not possess a well stocked reference library you need to know where and how to refer clients to other information sources.

Other lifestyle modifications toward assisting the progress of your treatment plan will sometimes include the elimination of substance abuse, i.e. recreational or social drugs, alcohol and tobacco consumption.

To address this appropriately, you may need to work closely with support groups within the community. In order to overcome these addictive habits, living arrangements and associations may have to be changed as the client often needs to be taken out of their present environment to be successful in overcoming such habits.

Working conditions may have to be changed also in some cases as the dictates, circumstances or environment of their work will hamper or prevent the achievement of higher levels of health. Such factors may include a job that requires constant sitting, i.e. totally sedentary, a job where there is little or no time for breaks and meals are skipped, or a job in which the environment is polluted.

Client queries

Client queries should always be answered as clearly as possible. You need to know how to simplify your explanations using everyday language. Drawing analogies is an effective way of imparting basic principles and concepts. As a kinesiologist, you learned a new “language” during your training, and it is easy to forget that others new to kinesiology are not familiar with the terms. Even simple statements such as “let’s see if you are switched” can give a client the wrong impression. Keep your language simple, being aware of kinesiological terms that need to be translated so your client is appropriately informed at all times. Anatomical terms are fine to use when talking to colleagues but can be confusing for clients. Keep to simple terms such as shoulder blade, rather than scapula when making such references.

In the same way, avoid using medical terms such as “diagnose” and “prescribe” that might give new clients the impression that you have medical training. Kinesiologists can only recommend, suggest, and advise when working with clients.

If a client asks a question that clearly represents an underlying concern or fear, be sure to answer in a calm and reassuring manner. If you are concerned about a condition that you think should be referred

to a medical professional, discuss this in a caring but unemotional way so that your client is not unnecessarily concerned.

Interpersonal Skills

Interpersonal skills are a major part of your professional relationship with your clients. If you have weaknesses in this area, it is important for you to work on developing appropriate interpersonal skills because it is of paramount importance for you to communicate effectively with your clients. Effective communication is largely dependent on your manner or demeanour. You need to present yourself as warm, supportive, caring, open and light in your manner; and, when appropriate, demonstrating a sense of humour. This facilitates trust and loyalty on the part of your clients so that your explanation of treatment plans and recommendations will be understood and followed, due to this rapport.

Education of clients is of paramount importance so that self-responsibility is fostered. The more both you and your clients understand about their specific needs for achieving optimal health, according to their bioindividuality, the more you are able to work as a team in this direction.

As part of the fostering of independence and self-responsibility you may need to provide clients with information on suggested resources and other information sources outside the specific educational advice and material you provide. This broadens and deepens their understanding of their health challenges and provides deeper understanding of the model of natural healing and self-responsibility.

If in doubt, refer

You are legally bound to offer only those services for which you have been adequately trained. Even if you feel you have talent in other areas, you must not use these techniques on clients if you do not have the proper training and qualifications. When it is obvious that your client needs treatment outside the scope of your training, refer them to another professional, preferably one you know personally, or by recommendation from others whose judgement you trust. Discuss this with your client first as they may have their own preference of practitioner. Unless you are referring to a more qualified

kinesiologist, it is likely that the other practitioner will not be using kinesiology as part of the treatment. Therefore, your kinesiology training can enhance the work done by your professional colleague, and you can continue to work with your client if they agree to do this. You may need to advise your colleague if significant new developments about your client's health emerge while you continue your client's sessions.

In keeping with the ethics of your profession, do not criticise or contradict the suggestions of your colleague. If you feel that the new treatment will not further your client's wellness goals, or conflicts with information that you have about them, speak to the other practitioner so that you can get clarification and understanding of their treatment strategy. Under no circumstances can you advise your client to discontinue medication that has been prescribed by a medical practitioner. Keep a record of the date of referral, and the practitioner to whom you made the referral; also note any responses or comments made by the referred practitioner about your client.

Chapter II

Reviewing the session

When the balancing part of the session has been concluded, it is time for review. Be clear and honest in your interpretation of the results you find using kinesiology methods. Keep your explanations and recommendations simple in language that is easily understood. Do not use terms or expressions that could give the impression that your client has a psychological or medical condition as it is not your right as a kinesiologist to make these diagnoses.

Use clear and concise explanations when explaining ongoing strategies to your clients. Suggestions and recommendations should be made with your client's full agreement. Ensure that your client fully understands the methods of implementation and the reasons for doing so. Write down this information; it is easily understood when newly explained but often forgotten when time has elapsed.

Encourage feedback while revising the information so that your client feels involved and a vital part of the process. Make sure they understand that ultimately they are responsible for the success of the plan and will look forward to knowledge and experience that will lead to independence in implementing their own health strategies.

Evaluate progress

From the initial assessment of your client, you will be able to monitor their progress any time during the session. This will be advantageous as it will create confidence in the session strategies, particularly if your client is new to kinesiology. It will also confirm that your methods are effective and that you are implementing the right strategies.

Review previous strategies

If this is their first session, make sure that you record their progress so that you can review the information in subsequent sessions. If this is a follow up session, review previous strategies so that you and your client can measure changes and celebrate wins. This is also an important part of their involvement and understanding of their process.

It also gives you a chance to check

- if home reinforcement is still required
- if home reinforcement needs to be stopped or modified
- if a particular technique is still holding
- if dietary and lifestyle modifications are still appropriate
- if a previous strategy impacts unfavourably on a more recent one
- if a previous strategy can enhance or reinforce a new one
- if there is a reason for an unfavourable outcome since the previous session

Evaluate need for future sessions

At each client session, you will set up the context for the session and work towards balancing the client's energy for that goal. Ideally, this is achieved in one session, though it often transpires that for first sessions particularly, you need to spend quite a lot of time educating and informing your client and taking their history. This important part of the session may take up to half an hour, leaving inadequate time to complete the balance. Warn your new client that this may happen and that they will need follow up sessions.

A goal that has a favourable outcome may be “one layer of the onion” and can lead to further balancing. If this is the case, it will become obvious during the session as there may be issues that arise that are goals within themselves. In many cases, clients approach kinesiology sessions knowing that initially there will be several sessions until such time as they feel that they can manage their lifestyle with the self help strategies that they have learned from you. These clients may then elect to come once a month, to “have a top up”, as one client put it.

Ensure optimal outcomes

Attending a kinesiology session with a kinesiology practitioner is just the beginning of a successful health strategy. A client well aware of the self responsibility model will understand that they will have an active part in the balancing, between and after sessions.

If it is obvious that a strategy is not working or making a great enough impact on the client's progress, discuss new strategies with your client. If possible, identify the reasons for the lack of progress.

These could include

- compliance issues with your client
- misunderstanding implementing the strategies
- subconscious blocking - sabotage programmes
- changes to stress levels in the client's life
- change of diet / lifestyle
- reactions to the strategies
- emotional outbursts
- illness
- medication or other supplementation
- cultural factors
- other

Some of these issues may be sensitive areas and should be handled with tact and gentleness. Involve your client in a discussion about solutions and resources that can get them back on track.

Home reinforcement activities may include:

- movement
- affirmations
- rituals
- ingesting or topically applying vibrational essences
- key kinesiology techniques used in the session e.g. rubbing neurolymphatics, using ESR etc
- visualisation
- creative expression such as writing, drawing, dancing, singing
- the client's own ideas for success

Home reinforcement may initially involve a plan that requires discipline from the client to ensure that progress is continued towards their health goals. After a while, they will begin to understand the nature of energy balancing, and will know when they are "out of balance". There are many simple kinesiology self help techniques that can be adopted at any time. These can be done in a daily routine just as your client would clean their teeth or brush their hair.

You may find it helpful to make a carbon copy of the home reinforcement activities you recommend so that you have a record on file for the next session.

Practical techniques to promote and maintain optimal health

As mentioned above, simple self help strategies are important for your client. These may include:

- ESR
- spindle cell technique for cramps and spasms
- switching on exercises
- cross crawl movements
- central meridian energy reset
- running groups of meridians on arms, legs and torso
- kinesiology movement exercises
- rituals that fit with normal activities
- affirmations
- use of vibrational essences such as gem / flower essences
- self awareness of reactions and changes
- assurance of your support
- implementing a customised eating plan

Client compliance

Addressing client compliance is an important part of future success for your client. You will need to be sensitive so as not to risk offending your client. Even if there is a potential problem in this area, most people appreciate ways to remember things they need to do.

The following suggestions have proven to be helpful:

- link the activity to a daily task such as cleaning teeth, eating dinner etc
- if appropriate, ask the family to participate
- paste reminders on an often used mirror or similar surface
- use an electronic diary
- put sticky notes on the computer screen or other often used pieces of furniture
- in a conspicuous place put a reminder that outlines the task, and has "tickets" that must be torn off when the activity has been completed
- in a prominent place, have a visual representation of what they want to achieve
- announce the commitment to a friend and ask them to help you keep track of progress
- as a reminder, put a piece of furniture (or similar) in the wrong place for a short while until the activity becomes a habit
- in order to consume enough water, have a jug or bottle of water in the work area and count the number of times it has to be refilled
- your client's own ideas

Other strategies include completion of lifestyle records and diet diaries. These need to be filled in immediately (particularly the latter) as it is easy to forget after doing an activity or eating and drinking. This is particularly true if sabotage programmes are still active in the psyche.

If you suspect that a client is likely to forget their next appointment, or would appreciate a reminder, make a note on their file or set up an electronic reminder to ring them the day before their appointment.

Client feedback

Continuous improvement should be your goal for maintaining a successful clinic. To ensure that you and your clinic are operating optimally you need feedback from clients, staff and visitors. This could be in the form of a specially designed form that they can complete, or alternatively, by encouraging verbal comments on your services. Constructive criticism is invaluable and you should see these suggestions as opportunities to upgrade or refine your services.

Collaborate with others

If your clinic structure includes other practitioners, or you have a network of colleagues with similar interests, you may find that meetings and discussions to review client sessions can be very insightful and helpful. Many creative kinesiology techniques have been refined and produced from collaboration with people who are prepared to trial new ideas and work with them in practice sessions and review meetings. Names of clients do not need to be divulged in this kind of forum. You probably only need to provide information such as gender, age range, and type of dis-ease and perhaps details of the kinesiology intervention you have used during the session. As always, you will respect your clients' confidentiality and privacy.

Your contribution

Kinesiology works best on those who are open and receptive to it. It can be easily learned and applied. Your clients may be interested in more information about kinesiology so they can use it at home, with friends and family, or to establish a new career.

You have the opportunity to educate people one-on-one, or, if you have the certification, to teach kinesiology classes to groups. If you are the one who introduces them to these exciting possibilities, your patience in educating them will be a priceless gift.

There are short courses that are available through Registered Touch for Health Instructors to offer participants the opportunity to see if they like kinesiology. This information is available from the Touch for Health Instructors Association telephone 03 9783 1962. Other sources of information are available by joining the Australian Kinesiology Association Inc. as an associate member and receiving the quarterly magazine *In Touch*, which lists local classes, and practitioners across Australia.

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