

Background of Touch for Health

In the late 1960s, Californian chiropractor John Thie, a member of the pioneering team of Applied Kinesiologists, had the vision of making available to the non professional some of the many health enhancing techniques that they were developing. With the approval of team leader Dr. George Goodheart, and with the assistance of his wife Carrie, Dr. Thie embarked upon making this dream a reality.

In the early 1970s, Dr Thie completed the first edition of the Touch for Health manual based on Traditional Chinese Medicine and using principles of acupressure, nutrition and Tibetan energy. Muscle testing assessed stress responses from the structural, chemical and emotional areas.

Dr Thie and his wife Carrie taught the first Touch for Health classes at this time and soon others wanted to teach TFH also. The term “kinesiology”, sometimes described as the science of human movement took on the meaning of the science of muscle testing with the focus on balancing the potential of the person.

Dr Thie enlisted the help of Gordon Stokes, who became first the national, then international instructor trainer. The Touch for Health Foundation was formed with Dr Thie as its president and Trainers were appointed for other countries.

In Australia in the late 1970s, TFH was first presented to professionals by ACT chiropractor Don McDowell, and quickly spread to non professionals who enjoyed its easy application and immediate benefits.

In 1990, Dr Thie decided to hand over the Touch for Health Synthesis (TFHS) to the newly formed International Kinesiology College based in Zürich, Switzerland. TFH Trainers of the TFH Foundation of the USA were asked to reapply for appointment with the IKC, now the custodian of the Touch for Health Synthesis.

In 1994, Faculty elected a Dean for the Personal Development School (TFH School), and a Dean for the Professional School, to work with the Chancellor and President. Dr Thie became Director of Research Studies, and encouraged people to submit information for kinesiology research.

Many kinesiology associations have been formed throughout the world and national and international conferences are held regularly. The IKC has implemented a system of registering TFH Instructors who teach from the same syllabus and use the same certificates worldwide. Registered TFH Instructors may teach in any country using the official texts of that region.

Various creative kinesiologists using Touch for Health as a stepping stone produced other kinesiology modalities including Three In One Concepts, Educational Kinesiology, the Professional Kinesiology Practitioner Workshop series, Hyperton-X, Applied Physiology, and many more.

Medical doctors, dentists, naturopaths, osteopaths, chiropractors, nurses and other professionals have learned Touch for Health to enhance their practices. These simple energy balancing techniques have successfully managed pain and tension by balancing the potential of the person. Muscle testers work solely to activate the self healing energy of the person and use muscle testing to supply information on which to base choices. It is a wonderful complement to both natural healing and orthodox medicine.

Touch for Health is now taught in over one hundred countries worldwide. There are no prerequisites for learning Touch for Health. It is available to everyone, whether they want to use it for their family and friends, have it as the basis of a kinesiology career, or to teach Touch for Health classes in the community.

What is Touch for Health?

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

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 practitioners.

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.

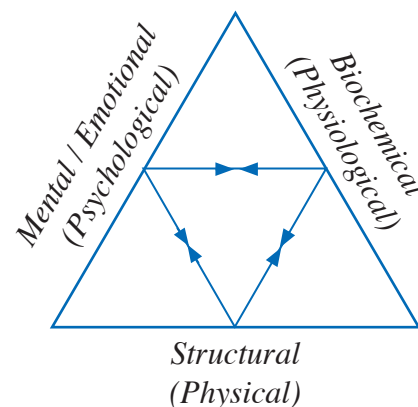
Since that time, literally millions of people on a global basis have benefited from Touch for Health and from the many professionally focused forms of Specialised Kinesiology that it has spawned.

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 person, 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 rapidly changing.

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.

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



When the triangle is equilateral, the sides are obviously in balance and the person 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 conditioning we have received (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.

For instance, a triangle such as Fig. 1 shows that a deficit at the mental/emotional level adversely affects both biochemistry and structure. This scenario is only too common in our society. The person depicted here is under excessive ongoing emotional stress which negatively influences biochemistry, chiefly by way of the nervous

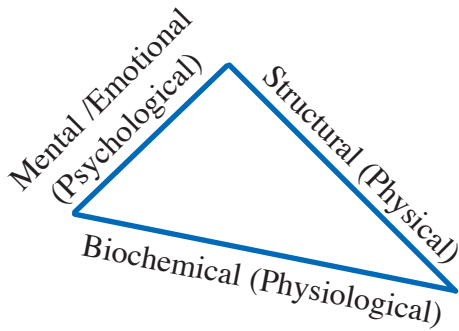


Fig.1

and endocrine systems, which in turn further unbalances the psychological state and impacts negatively on the structure, leading mainly to tension of the skeletal muscles and smooth muscles of the vital organs.

This pathologically influences the other two sides, and so on. The person exists in a balance or homeostasis, as we all do, but with an obviously distorted triangle giving rise to various signs and symptoms of disease.

To many people such scenarios are normal in that they have no medically diagnosed disease, yet they suffer at the "sub clinical" level. Whether or not a person 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 students to influence directly in some way, all three sides of the triangle, enabling them to help people 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 (Neurolymphatics) and Bennett (Neurovasculars) and by the acupuncture points themselves.

As a development based on this paradigm, Touch for Health enables people to harmonise the acupuncture meridians with a variety of simple and effective methods, typically a 14 muscle balance, thereby directly addressing the non physical blueprint in a subtle, non invasive way.

It is this that has differentiated TFH 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 illustrated in the simple representation of two opposing muscles acting on a body part (Fig. 2). 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.

This is in keeping with the "whole person" approach of TFH allowing the innate healing powers of the body to restore harmony. The strength of TFH lies in its simplicity.

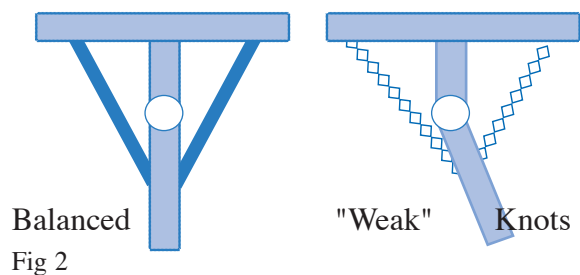


Fig 2

As students of TFH you form part of an ever expanding group of people worldwide who are realising the vision of Dr. Thie. You are part of the vanguard at the grass roots level who are helping to change the face of healing and allowing people choice, empowering them to take greater personal responsibility for their health.

Muscle Monitoring

Muscle monitoring (also referred to as muscle testing or muscle checking) is an art - and like all art needs practice for one to become proficient. That means working with many people in order to experience their differences. In order to use Touch for Health effectively, we must have accurate muscle monitoring. It is through the accurate 'feedback' the body gives that we find energy and muscular imbalances.

If a person is being muscle monitored for the first time, it is important that you spend time with them, explaining the principles - where the muscle is in the body, where its origin and insertion are, the range of motion (see next page for more information), how much pressure each person will use, how long it will last, being relaxed, no eye contact, bracing etc.

Get permission from the person before testing and explain that they are in charge. If there is any pain or discomfort they should say "stop" immediately. If they do not agree with the results, they should be encouraged to say so.

When we are "muscle monitoring", we are getting feedback about the energy systems in the body, for example, the blood, lymphatic and nervous systems, as well as the subtle energy system of the meridians. Everyone is different so it may be that you have to position the person's limbs/body in a slightly different manner from the descriptions on the muscle pages. Get agreement every time as to whether the muscle locks or unlocks.

Before using any of the techniques in this manual, it is necessary to do the prechecks. That way, we know that both people are ready for optimal muscle monitoring. If it is difficult to muscle test the person, explain that sometimes we unconsciously "try harder" by calling on other muscles as recruits. Watch out for elbows flexing, torsos twisting, hands clenching, breath holding etc.

It may also be necessary to check your vocabulary. Descriptions such as "strong" and "weak" instead of "lock" and "unlock", and "resist" instead of "hold", may set up situations where the person recruits other muscles or mentally overrides the test. Encourage the person to relax and think of the muscle and its position in the body. Light pressure is better than putting excess pressure on the person. Use no more than 2lbs of pressure for about 2 seconds and accepting up to two inches (5 cms) of movement. Clear communication and feedback is important so taking the time to educate the person is worth it. What you want is cooperation, not competition.

It's true you can overpower almost any muscle in almost anyone. But this risks doing actual damage to muscles and tendons. After all, you want your people leaving you in better shape than when they arrived! With this in mind, use pressure designed for the person you're working with.

If a person is basically weak, monitor the pressure you apply by using only one or two fingers. If the person is very strong and you doubt the accuracy of the read-out you're getting, "feather" the neurolymphatic points for that muscle to inhibit it and test again. Feathering involves using your palm to make rapid movement over the neurolymphatic reflex point. Now 'shakiness' or a 'slight weakness' will be noted. This will be your criterion for the rest of the monitoring procedure.

When you apply pressure, remember - your only pressure should be no more than 2lbs. 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 your reading may be invalid. Another very good reason not to overpower!

TFH Self Responsibility Model

The Touch for Health self responsibility model requires participants, as much as possible, to take an active part in maintaining their health.

From the outset of their kinesiology sessions, it should be impressed on them that they are in charge, 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. He or she should be told that they will be touched by the tester during muscle testing, and that the touch may extend from the indicator muscle on the arm to the surface of other parts of their body, such as the torso.

If the participant is being muscle tested for the first time, it is important that you as the tester, spend time explaining the principles - where the muscle is positioned in the body, where its origin and insertion are, 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 they are an active part of the process.

When participants understand these aspects of the balance, and that they are the “authority” in the muscle testing 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 and receive permission to muscle test the participant 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, they 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.

8. When stimulating balancing reflexes, encourage the participant to take an active part in this activity.

Pretests (pre checks)

Before proceeding, follow the pretest protocols to promote optimal muscle monitoring. Include both tester and participant, clearing any switching patterns and central meridian imbalances and establishing that hydration is balanced.

Range of motion

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, close together. In this position, the fibres of the muscle running from the origin to the insertion will indicate the direction of the muscle test. In other words, moving the limb in the direction of the fibres (from origin to insertion) determines the range of motion of the muscle test.

This movement could be seen as the “opposite” movement to the muscle’s normal function. For example - the quadriceps group of muscles lifts the thigh towards the front of the body. The range of motion we use for the quadriceps muscle test pushes the thigh down. Our muscle test from contraction to extension can be seen to describe the direction of the range of motion. In this context, the range of motion is opposite in direction to the function of the contracted muscle acting on that particular limb or lever.

Recruiting

If it is difficult to muscle test your partner, 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 our vulnerability.

We may therefore use other muscles or resources 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.

Bracing

Bracing while muscle monitoring involves putting the uninvolved hand of the tester on the participant’s body. The brace position is mostly determined by the direction of the muscle test. 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 corresponding position on the back with the brace force directed to the front. This is important with tests that involve standing on one leg as it gives necessary support to the participant. The participant may also feel “connected” to the tester by being braced and supported.

Context

When a kinesiologist monitors an indicator muscle, it is contextual to a specific aspect of life, issue or symptom within the participants frame of reference. With this in mind, the kinesiologist is able to pose relevant and meaningful questions, both symbolically and verbally, and monitor muscle responses. Such responses are believed to be initiated in the super conscience, intuitive mind, or Carl Jung's description - "database of consciousness". A relevant, well structured enquiry elicits a high calibre response.

Hence, muscle monitoring provides instant feedback to the tester, gives 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 of Health. Your muscle monitoring results will be more accurate if you give a context to your testing. In the Touch for Health system, this is called a goal and is discussed and clarified prior to the balance.

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 balance. Make sure you both agree on the direction in which the scale should register improvement - up or down.

Assuming an improvement is made, this also reinforces the fact that the energy balance works to reduce pain and raise energy.

If before a balance a participant asks "should I remove my jewellery?", the answer might be positive because the jewellery has become part of the participant's awareness and therefore part of the context. If neither has thought of it, it is not part of the context. If we were to take this to its extreme, we would have to remove almost every inorganic substance on the participant (and maybe the tester). Better to balance the whole person, including their jewellery!

Outcomes

With a goal or context firmly in the mind, muscle monitoring can determine 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
- improved vision and advanced sensory input
- identification of “sensitive” foods
- enhanced learning abilities
- physical and mental / emotional pain management
- neural organisation and co-ordination

Measuring current ability before the balance allows the participant to appreciate changes when current ability, and any other assessments that have been made, are reassessed after the balance.

Language

Kinesiology has evolved with its own "language". For example if a muscle seems weak or mushy, it is said to be "unlocked". Similarly, if it feels strong, it is said to be "locked". Avoiding the "strong" and "weak" labels gives the muscle monitoring outcomes a less emotional connotation or implication.

The kinesiologist may also say that a person is "switched". This refers to the observed state of their neurological organisation where co-ordination involving brain and body communication is not in harmony. They will be asked to "switch on", and stimulation of reflex points on the body will generally remedy the situation.

Throughout the manual, reflex points on the body will be measured in inches. These refer to "body" inches where one inch measures the distance of the side to side width of the last bone in their thumb. In this way, a body inch on a baby will be very different from the body inch of an adult.

Muscle positions in the body and parts of the skeleton will be given in simple terms, as well as anatomical descriptions in some places.

Muscle testing positions will also be shown in standing / sitting positions, as well as supine (lying face up) or prone (lying face down).

Touch for Health 1 Syllabus

as approved by the Touch for Health School of the International Kinesiology College

TOUCH FOR HEALTH 1 (minimum 15 Hours)

The main teaching concept is:

THE FOURTEEN MUSCLE BALANCE

14 Muscle 'Balance As You Go' Demonstration

Pretests :

- Switching On Balancing Exercise
- Central Meridian Check - Zip up, zip down
- Hydration Check
- Permission to test and Self Responsibility Model

Accurate Indicator Muscle Testing

Inhibited Muscles

Introducing the 14 muscle tests and Balancing Methods:

- Neurolymphatics
- Neurovasculars
- Meridians
- Origin / Insertion
- Spinal Reflexes

Challenge

14 Muscle Balancing with a Goal

THE APPLICATIONS OF TFH 1

Auricular Exercise

Visual Inhibition

Cross Crawl for Fun

Emotional Stress Release

Surrogate Testing

Foods for Strengthening

Posture Awareness

Simple Pain Techniques

14 MUSCLES & THEIR MERIDIANS

Central	Supraspinatus
Governing	Teres major
Stomach	Pectoralis major clavicular
Spleen	Latissimus dorsi
Heart	Subscapularis
Small Intestine	Quadriceps
Bladder	Peroneus
Kidney	Psoas
Circulation/Sex	Gluteus medius
Triple Warmer	Teres minor
Gall Bladder	Anterior deltoid
Liver	Pectoralis major sternal
Lung	Anterior serratus
Large Intestine	Fascia lata

Touch for Health 1 Muscles

MERIDIAN	MUSCLE
Central	Supraspinatus
Governing	Teres major
Stomach	Pectoralis major clavicular
Spleen	Latissimus dorsi
Heart	Subscapularis
Small Intestine	Quadriceps
Bladder	Peroneus
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Circulation Sex	Gluteus medius
Triple Warmer	Teres minor
Gall Bladder	Anterior deltoid
Liver	Pectoralis major sternal
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Large Intestine	Fascia lata

Balancing procedure for 14 muscles "balance as you go"

Permission to Test -

Ask the person if there is any reason why they shouldn't be muscle tested (this is a verbal question, not a muscle test). Remind them to say "stop", or ask questions if necessary.

Let them know the process involves touching parts of their body, e.g. the arms and legs, torso, etc., and that they will be involved in this.

Do all pre checks. Adding a goal or context is essential for optimal balancing.

Have the participant assess their pain, energy, flexibility and /or discomfort.

Evaluate each muscle in order of the meridians above.

Involve the person in the positioning of the muscle by explaining where the muscle is in the body, and how the muscle is placed in contraction before testing.

Warn the person before you apply pressure for the test - don't rush. Invite feedback from the person afterwards - does the muscle lock or unlock? Is the test pressure comfortable? Does the direction of the range of movement need to be changed slightly?

When necessary, use the balancing reflexes listed below. Retest "in the clear", then challenge each muscle.

Spinal Reflexes (only when both sides unlock; no need to challenge)

Neurolymphatics

Neurovasculars

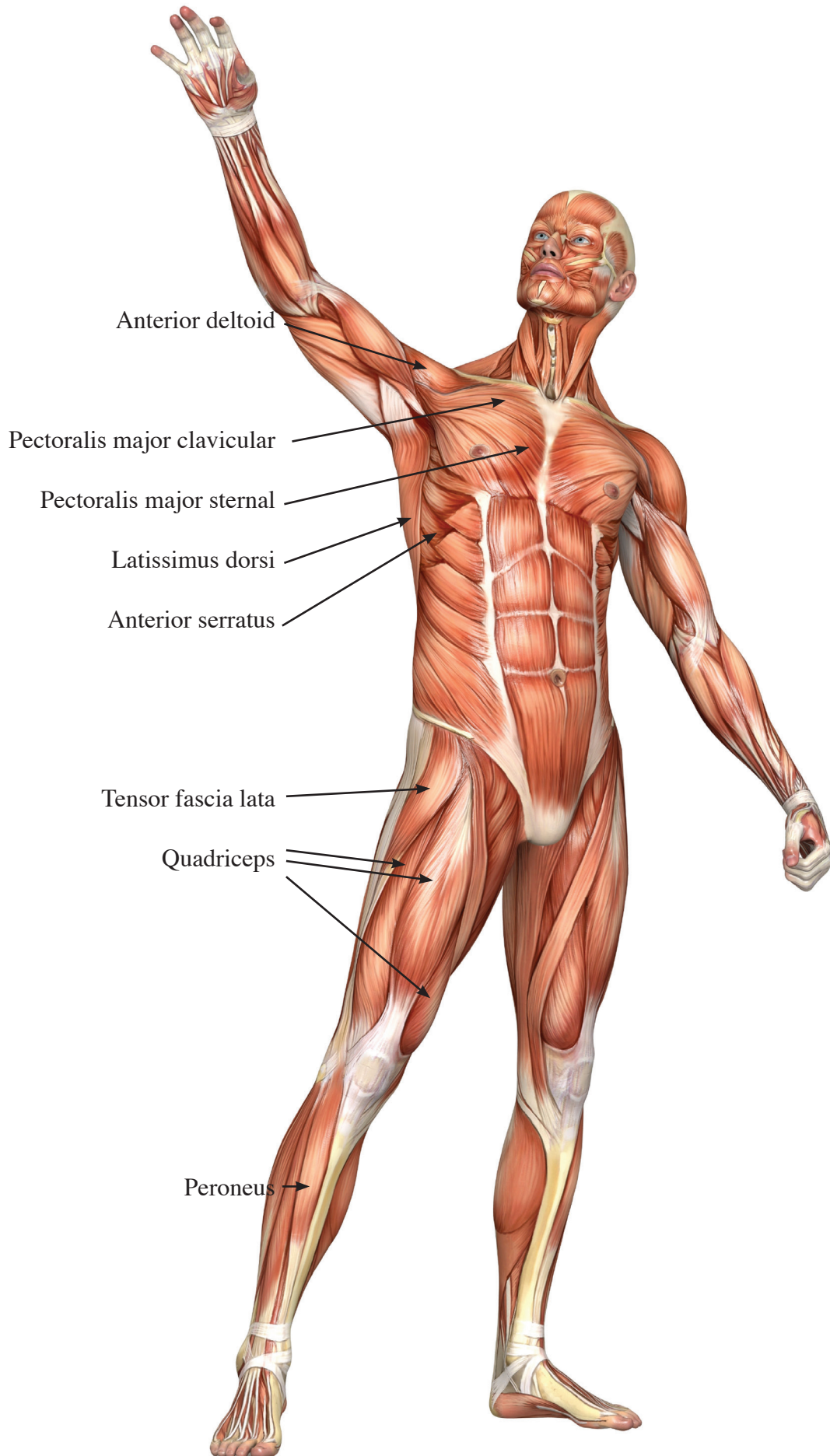
Meridians

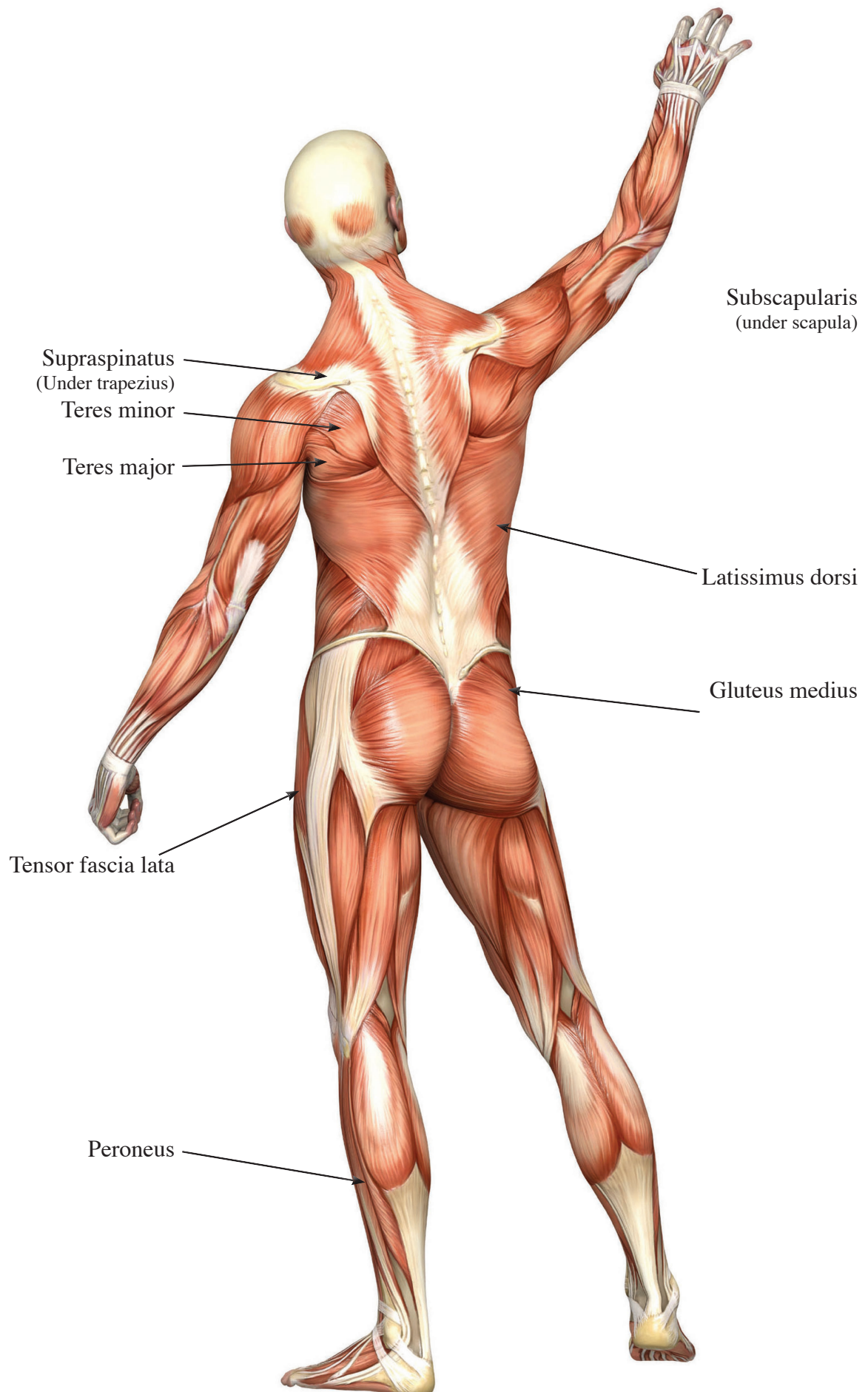
Origin / Insertion

E.S.R.

Food

Muscle Testing Section





CENTRAL SUPRASPINATUS

Muscle test positions

Standing: position the straight arm about 30° in front of the body, slightly to the side with palm facing the groin. Stabilise by placing your other hand on the shoulder.

Pressure is on the forearm to push it towards the groin.

Lying supine: position with the straight arm about 30° above the body, slightly to the side with palm facing the groin. Stabilise by placing your other hand on the shoulder.

Pressure is on the forearm to push it towards the groin.

Check and balance deltoids, upper trapezius, popliteus, PMC, PMS,

Action

Assists deltoids to move the arm away from the body, and in holding the arm in the shoulder socket.

Organ / gland association

Brain

Other information

People who do a lot of thinking, working at desks, or driving, may be subject to brain fatigue, which in turn, affects supraspinatus. Anxiety and emotional stress may also be involved. Balancing supraspinatus may help people with learning difficulties.

Central meridian (also known as the Conception Vessel) works with the Governing meridian, and all other meridians. They particularly relate to the lung meridian. Through the breath, these two meridians deal with the stored energy in the

body. When they are in a balanced state, it is easier to balance the other meridians.

Central meridian energy also relates to the Sheng functions of the 12 other meridians.

Balancing methods

⚡ **Spinal reflexes**

C1 & C2

● **Neurolymphatic points**

Front: at the shoulder creases, the "Raglan Sleeves".

Back: at the base of skull.

● **Neurovascular points**

Frontal eminences, between the eyebrows and the hairline, plus the anterior fontanel. If there is emotional stress involved, think of the problem while holding these points, particularly the frontal eminences, until the muscle locks.

Meridian

Yin Midnight

Origin / insertion

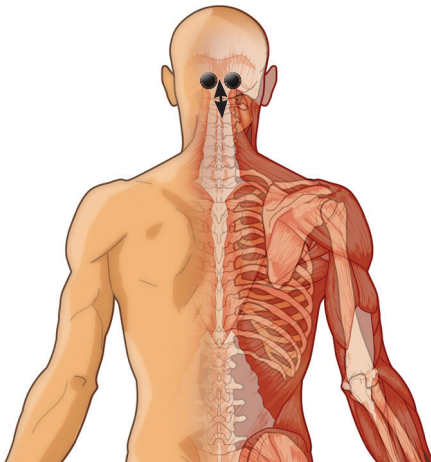
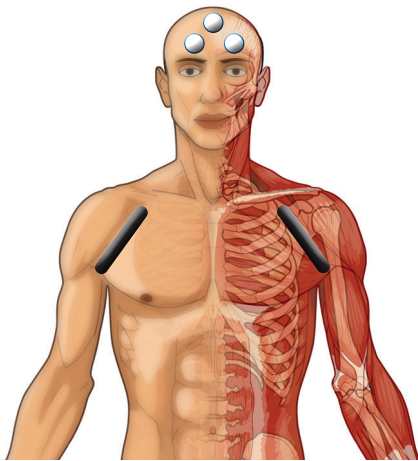
Origin: top inner edge of the scapula

Insertion: top of the humerus

Nutrition

Sardines, propolis, bee pollen, spirulina, raw honey, water.





Central meridian

In an upward direction, from the centre of the pubic bone, up the centre of the body to the bottom lip.

Supraspinatus

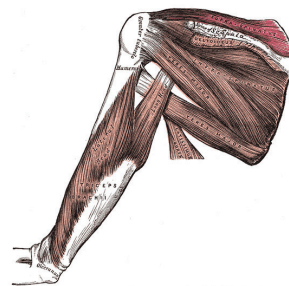
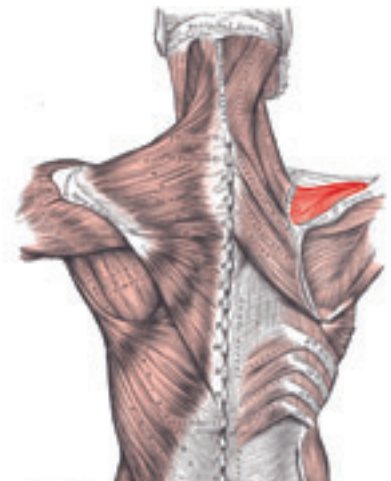
SITS One of the four rotator cuff muscles
Supraspinatus, infraspinatus, teres minor and subscapularis.

Origin: supraspinous fossa, a shallow depress in the body of the scapular above its spine. The tendon passes laterally beneath the cover of the acromion.

Insertion: tendon inserts into the most superior facet of the greater tubercle of the humerus





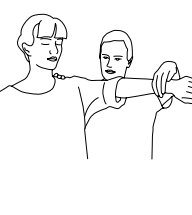
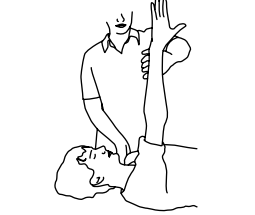
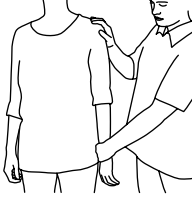
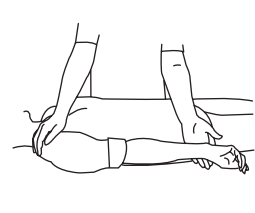



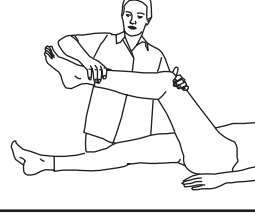


Action: Supraspinatus helps resist the inferior gravitational forces placed across the shoulder joint due to the downward pull from the weight of the upper limb.


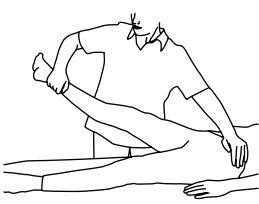
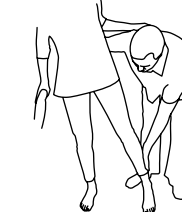

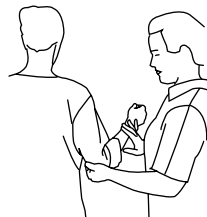


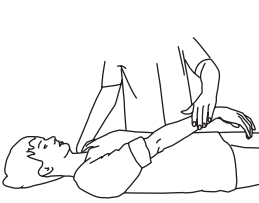
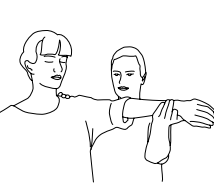

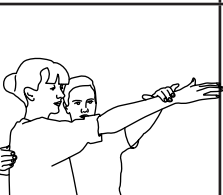



Also helps stabilise the shoulder joint by keeping the head of the humerus firmly pressed medially against the glenoid fossa of the scapula. It may be observed to be the main agonist for the first 10 - 15° of its arc in abducting the arm at the shoulder joint. Beyond 30°, the deltoid muscle is more involved in abducting the arm.



Touch for Health Balancing Options

Wheel Balance - TFH 1 Muscles

Test Vertical	Test Horizontal	Meridians / Muscles	SR / NL / NV	Pge #
		CENTRAL Supraspinatus Brain	C1, C2 Raglan Sleeves Base of Skull FE + Ant fontanel	34
		GOVERNING Teres major Spine	T2 T2 - T3 Wide T2 - T3 Temples at hairline	36
		STOMACH Pectoralis major clavicular Stomach Earth	T5 L T5 - T6 T5 - T6 FE	38
		SPLEEN Latissimus dorsi Pancreas Earth	T7 L T7 - T8 T7 - T8 Above, behind ears	40
		HEART Subscapularis Heart Fire	T2 T2 - T3 T2 - T3 Anterior fontanel	42
		SM. INTESTINE Quadriceps Small Intestine Fire	T10 Rib margins T8 -T9, T9 -T10, T10 -T11 Parietal eminences	44
		BLADDER Peroneus Bladder Water	T12 Around navel and pubic bone L5 Glabella + FE	46

Test Vertical	Test Horizontal	Meridians / Muscles	SR / NL / NV	Pge #
		KIDNEY Psoas Kidneys Water	T12 1" above and beside navel T12 - L1 Occipital Protuberance	48
		CIRC-SEX Gluteus medius Sex organs Fire	L5 Upper edge of pubic bone L5 Parietal eminences	50
		TRIPLE WARMER Teres minor Thyroid Fire	T2 T2 - T3 T2 - T3 Three fingers in sternal notch + temples	52
		GALL BLADDER Anterior deltoid Gall Bladder Wood	T4 T3 - T4, T4 - T5 T3 - T4, T4 - T5 Anterior fontanel	54
		LIVER Pectoralis major sternal Liver Wood	T5 R T5 - T6 R T5 - T6 Hairline 2-3" from midline	56
		LUNG Anterior serratus Lung Metal	T3, T4 T3 - T4, T4 - T5 T3 - T4, T4 - T5 Anterior fontanel	58
		LGE INTESTINE Fascia lata Large Intestine Metal	L2 Band down sides of upper legs Fleshy triangles at L2 - L4 Parietal eminences	60