

SET TALK

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USING KINESIOLOGY – A PATHWAY TO MORE EFFECTIVE THERAPY

Charles, a 40 year old volleyball player, came for treatment for a back issue. He had been receiving chiropractic treatments with massage for the last five years which helped temporarily, but after every weekend of volleyball the acute pain in his back would return. He was also having pain in his shoulders and right knee, all of which seemed to be getting worse even though he was having treatment.

According to his history Charles had back pain for as long as 20 years. When the pain became severe he began seeing the chiropractor. I stood him up for structural evaluation in front of a mirror and we both saw structural imbalances. Charles had heard about structural imbalances from his chiropractor but did not understand that they were a significant cause of his pain. I had Charles lie down on the table and chose to use both **applied and functional kinesiology** to verify the structural imbalances I observed while he was standing. This would help Charles understand the relationship of the structural imbalances to his weaknesses, dysfunction and pain.

Using **applied kinesiology** and isolating one fiber of the deltoid in his right arm I challenged the distortion in his cranium that was reflected throughout his body. This verified that Charles was in the core distortion which is present from birth in all humans.

1. Test #1: I had Charles open his mouth and he was unable to hold his arm up (tested weak), then had him close his mouth and he could hold his arm up (tested strong).
2. Test #2: I had Charles turn just his eyes to the left – arm tested weak, then turn his eyes to the right – arm tested strong.
3. Test #3: I had Charles turn his head far to the left – arm tested strong, then far to the right – arm tested weak.

At this point I had verified the torsion imbalance in Charles' cranium which is the governing factor of the core distortion throughout the body. I had chosen **applied kinesiology** because it is very difficult to test the strength of the individual muscles and soft tissue as they relate to the cranium. Yet applied kinesiology gave me very accurate tests for evaluation.

For testing Charles' leg strength I chose **functional kinesiology** because it would show exactly how much

muscle strength, or lack of strength, was available in the relationship of his legs and pelvis.

4. Test #4: I had him hold his right leg straight 10 inches off the table and resist while I pressed toward the table – leg tested strong, then had him hold his left leg straight 10 inches off the table and resist while I pressed toward the table – leg tested very weak.
5. Test #5: I had Charles roll onto his stomach (prone), bend his right leg and hold it approximately 8 inches off the table, and asked him to resist while I pressed down toward the table – leg tested very weak. I repeated the test using the left leg – leg tested strong.

These two tests verified that his left ilium was rotated anteriorly more than 15 degrees which resulted in significant weakening in the functional strength of his quadriceps and anterior fibers of gluteus medius, and that his right ilium was rotated posteriorly which resulted in a significant weakening in the functional strength of his hamstrings and gluteus maximus.

With Charles supine again and, using **applied kinesiology** with the right arm:

6. Test #6: I tested pressing down above the patella on the right knee – arm tested strong, tested pressing down above the patella on the left knee – arm tested weak.
7. Test #7: I tested the pressing into the plantar fascia (challenging) on the right foot – arm tested strong, on the left foot – arm tested weak.

At this point Charles could clearly see that there were some significant weaknesses in his body, and I had verified that he was in the core distortion. Charles had also started to see that these weaknesses went from his cranium and jaw all the way to the bottom of his feet. I also had a beginning baseline evaluation that I could use for comparison to determine the effectiveness of my treatment. In addition I had verified that my structural body reading evaluation had been accurate.

I was now ready to start my treatment with the application of the Cranial/Structural Core Distortion Releases (aka CSCDR) to unwind the torsion in his cranium (core distortion) that was repeated throughout his body which had been verified using **applied and functional kinesiology**. After the CSCDR had been applied I repeated my original evaluation testing using the same kinesiology.

Repeating the applied kinesiology:

1. Mouth open tested strong
2. Eyes left and right both tested strong
3. Head left and right both tested strong.

The torsion in the cranium had been dramatically reduced and Charles could see that something had changed.

However Charles needed to see that the areas of his pain and dysfunction had also been affected.

Repeating the functional kinesiology:

4. When holding the right leg and then the left Leg straight 10 inches off the table – both now tested strong
5. When lying prone, holding his bent right leg 8” off the table, and then repeating with the Left leg – both now tested strong.

Charles started to see some improvement to the problems he had been having. He was getting enthused about some of the changes that he had never felt with any of his previous treatments with the chiropractor or other massage therapists. His increased leg strength not only showed that we had achieved a significant degree of balance between his two iliums, but also showed Charles improvements that he would be able to experience in his volleyball game, and he was excited about it.

Repeating the applied kinesiology:

6. I tested pressing down above the patella on both legs – both were strong
7. I tested pressing into the plantar fascia on both feet – both were strong.

This again showed me that the core distortion had been greatly diminished throughout his body, but also showed Charles that from his head to the bottom of his feet what we had done was having a positive effect.

Charles next question which I have heard before was “why don’t chiropractors and doctors use this technique?” I explained that some do use applied kinesiology or functional kinesiology, but that the core distortion causing the imbalances in his body that the kinesiology verified is governed by the torsion of the cranium and as a general rule they don’t integrate releasing the torsions from the cranium as part of their treatment.

What had happened in the first half hour of my session with Charles was:

- 1) I had identified the core distortion in his body, first by body reading and then verified with both **applied and functional kinesiology**,
- 2) I had shown Charles that I had evaluated the core distortion in his body, and had shown him specific weaknesses that related to his pain from being in the core distortion,
- 3) I applied the CSCDR and was able to verify for myself using both **applied and functional kinesiology** that a significant change had been

made with the application of the CSCDR and that I had been effective with the treatment,

- 4) I had shown Charles a significant change in his condition and strength after the application of the CSCDDR,
- 5) Charles was already seeing how the changes from the CSCDR were going to affect his volleyball,
- 6) Charles had confidence that this therapy unlike the other therapies he had tried was already working and that, with this much change already happening, he would be able to fully recover.

I then applied a specific soft tissue myofascial release protocol that treated the muscles which were previously weakened supporting the imbalance found in the two iliums and hips from the core distortion. These muscles had all been previously tested with **functional and applied kinesiology** in my development of the soft tissue protocols so the treatments were specific and effective. Muscles and connective tissue that were just compensating for the imbalances had been previously tested on others who had the same conditions, so consequently time and energy were not spent treating muscles and connective tissue that were not part of the main problem. The main problem was the structural collapse, weakness and dysfunction of the core distortion.

After five sessions Charles was no longer having the back and knee pain. His sessions were spread out with more time in between for his next four sessions at which point he was able to remain pain free through his volleyball playing. Charles also noted that he was jumping higher and moving more quickly to the ball which had improved his game.

Using both **applied and functional kinesiology** is extremely valuable in evaluating conditions and structure, showing clients specific problems, having a baseline showing weaknesses before and improvements after treatment, creating client rapport, and developing client confidence in the therapist and therapy.

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.