DEFINITITION OF MUSCLE MONITORING

In modern Kinesiology, the term "Muscle Monitoring" is preferred, NOT "muscle testing" as it has been referred to in the past. "Muscle testing" came from academic Kinesiology and the Chiropractic technique of Applied Kinesiology, in which the muscle is "tested" for its ability to hold against physical force; an assessment of its strength. Thus, when the muscle can resist the force it is "strong" and when it gives it is "weak".

In modern Kinesiology, the muscle is used as a biofeedback mechanism to "monitor" the integrity of the subconscious communication between the muscle and the Central Nervous System (CNS), the body's biocomputer. The muscles are connected to the brain via the nervous system and a change in brain response creates a change in the indicator muscle. Via this mechanism the muscle provides feedback about the chemical, physical, emotional, mental and energetic systems of the body, indicated by the integrity of the muscle response. When monitored, the muscle can give a response of either a "lock" or "unlock", depending upon the integrity of communication with the CNS as affected by the other systems of the body.

Accurate Muscle Monitoring Procedure:

1. **Position and Direction**
2. **Pressure to be applied**
3. **Muscle Responses**
4. **Monitoring in Extension**

1. Position and Direction

a. The muscle to be monitored is placed in optimal contraction, with attention to the muscle position and rotation, which shortens and straightens the muscle fibres.

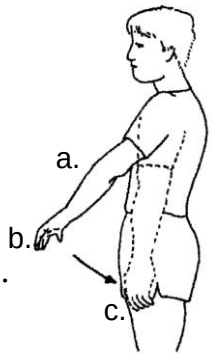
b. Pressure is then to be applied toward the optimal extended position, which lengthens the muscle fibres.

Example: The Anterior Deltoid Muscle.

a. The arm is straightened and brought forward to an angle of approximately 30° to the vertical axis of the body. See diagram.

b. The hand is rotated so that the palm of the hand faces down.

c. Pressure is then applied straight back toward the side of the body.



2. Pressure to be applied

a. The person being monitored is asked to "hold" their muscle in the contracted position.

b. Gentle pressure is applied and gradually increased. (For accurate muscle circuit feedback, the pressure should not exceed 1 kg.)

c. Pressure is held on the locked muscle for at least two (2) full seconds.

d. Pressure is then gradually and smoothly released.

3. Muscle Responses Lock and Unlock

Lock: The muscle holds firmly and consistently.

Unlock: The muscle moves in the direction of pressure or shakes, wavers or falters in some way.

A "clear circuit" for accurate muscle monitoring. Only after the indicator muscle has been assessed and proven to be in balanced homeostatic function (refer page 4), and all pre-checks cleared, is there a "clear circuit" for **accurate muscle monitoring.**

An "Accurate Indicator Muscle" must satisfy all the following criteria below.

1. The muscle to be used as an Indicator must **LOCK** when monitored in contraction on both sides of the body. If the muscle unlocks, choose either of the following options:

   a. Select another muscle to use as an indicator muscle.

   b. Correct the muscle imbalance (i.e. the unlocked state) with appropriate techniques (e.g. Neuro Lymphatics (NLs), Neuro Vasculars (NVs), Meridians, ESR, etc.) until both muscles lock.

2. The indicator muscle must also be able to be manually unlocked to check that the muscle has integrity of function on both sides of the body by either of the following methods:

   A. Manual manipulation of the spindle cells or

   B. Application of the north pole of a magnet to the belly of the muscle below.

   A. Manual manipulation of the spindle cells to sedate the muscle in contraction, push the belly of the muscle together in the direction of the fibres, and then immediately re-monitor the muscle in contraction. The muscle should now UNLOCK. If the muscle FAILS to UNLOCK, choose either of the following options:

1. Select another muscle to use as an indicator muscle.

2. Correct the muscle imbalance (i.e. over-facilitation) with the appropriate techniques (e.g. NLs, NVs, Meridians, ESR, etc.) until the muscle **UNLOCKS** when sedated as in **A** or **B** above.

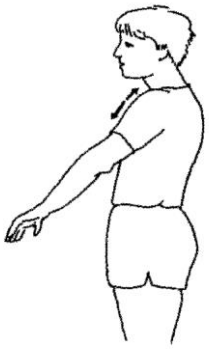
   Following spindle cell sedation tonify the muscle by pulling the spindle cells apart, and re-monitor. The muscle should now **LOCK**.

B. Apply the North Pole of a magnet to the belly of the muscle while monitoring the muscle in contraction. The muscle should now UNLOCK.

4. Monitoring in Extension

Note: Although not essential, it is preferred that the muscles being used as an indicator be monitored in Extension as well as Contraction.

Example: For the Anterior Deltoid muscle.



a. The arm is straightened and brought backward to an angle of approximately 30° to the vertical axis of the body.

b. The hand is rotated so that the back of the hand faces directly forward.

c. Pressure is then applied to move the arm straight past the side of the body to the optimal contracted position.

As with contraction monitoring, the antagonists to the muscle must be able to be **UNLOCKED** on both sides of the body by either of the following methods:

A. Manual manipulation of the spindle cells or

B. Application of the south pole of a magnet to the belly of the muscle below.

A. Manual manipulation of the spindle cells to TONIFY the muscle i.e. Pull the belly of the muscle apart in the direction of the fibres, and then immediately re-monitor the muscle in extension.

B. Apply the North Pole of a magnet to the belly of the muscle while monitoring the muscle in contraction. The muscle should now UNLOCK.
Apply the South Pole of a magnet to the centre of the belly of the muscle while monitoring the muscle in extension. The muscle should now UNLOCK

If the muscle FAILS to UNLOCK, choose either of the following options:

1. Select another muscle as an indicator.
2. Correct the muscle imbalance (i.e. over-facilitation) with the appropriate techniques (e.g. NLs, NVs, Meridians, ESR, etc) until the muscle in extension unlocks when tonified.

The above procedures ensure that the muscle chosen as an indicator can LOCK and be MANUALLY UNLOCKED, indicating that it is in a state of proprioceptive homeostasis and has integrity of communication with the Central Nervous System (CNS).

Once the indicator muscle is in proprioceptive homeostasis, then all PRE-CHECKS must be checked and any imbalances corrected to ensure that the body has electro-magnetic and physiological integrity to provide clear and accurate responses.

Only after the indicator muscle has been assessed and proved to be in balanced homeostatic function, and all pre-checks cleared (refer below), is there a "clear circuit" for accurate muscle monitoring.

Descriptions of Challenges Used

Definitions for Pre-Checks/Tests (Minimum requirements)

All Pre-Checks must be performed using a "Balanced Indicator Muscle". After each Pre-Check correction, all Pre-Checks must be re-challenged and corrected if necessary, until all are clear.

1. Hydration

Challenge: Gently pulling a tuft of hair while monitoring a "Balanced Indicator Muscle"

Correction: The client can consume water. Check the challenge is clear.

NOTE: Hydration should be cleared before Switching for best results.

2. Switching (refers to neurological disorganisation)

There are three forms of Switching, which must be cleared. In all the challenges and corrections listed below, the points involved must be simultaneously held or rubbed by the client or the practitioner. Note: with sensitive points e.g. GV 1 (tip of Coccyx), it is preferable that the client Circuit Locates (CL) and corrects these points.

Neurological disorganisation corrected by this manner may be temporary and if so, the cause must be discovered and corrected for lasting effect.

1. Up / Down

Challenge by circuit locating (CL) GV26 and CV24 while simultaneously monitoring a "Balanced Indicator Muscle".

Correction: Hold/rub CV8 while stimulating the involved points with a neutral contact. After a suitable period (approximately 20 – 30 seconds), re-challenge.

2. Left/ Right

Challenge by circuit locating (CL) the Left and Right K27 while simultaneously monitoring a "Balanced Indicator Muscle".

Correction: Hold/rub CV8 while stimulating the involved points with a neutral contact. After a suitable period (approximately 20 – 30 seconds), then re-challenge

3. Front / Back

Challenge by circuit locating (CL) GV1 (tip of Coccyx) and CV8 while simultaneously monitoring a "Balanced Indicator Muscle".

Correction: Hold/rub CV8 while stimulating GV1/Coccyx with a neutral contact. After a suitable period (approximately 20 – 30 seconds), then re-challenge.

Muscle Monitoring Evaluation

Approved Use of an Indicator Muscle (IM)

To use a muscle as an Indicator Muscle (IM), the muscle must be a balanced or "Clear Circuit IM" (in a state of proprioceptive homeostasis) and all pre-checks must be cleared.

A "clear circuit" for accurate muscle monitoring.

Only after the indicator muscle has been assessed and proven to be in balanced homeostatic function, and all pre-checks cleared, is there a "clear circuit" for accurate muscle monitoring.

The responses can only be an IM "Change" (IC) OR **The IM "Stays the Same"**

1. A Challenge: A challenge can be:

a. A Statement
b. A Finger mode
c. Circuit Locating (CL)

An Indicator Change (IC) is a response *affirming the relevance* of what you have just challenged or a stress response. **OR No Indicator Change (No IC) can be either:**

a. A response confirming what you have challenged is **not** relevant
b. Through related stress the IM becomes over-facilitated (becomes "frozen", "jammed" or "blocked") in response to the challenge.

An Over Facilitating Indicator Muscle is a response to a challenge. It indicates a compensated stress related to what was challenged.

2. A Question: Monitoring an Indicator Muscle (IM) following a question addressed to the person being monitored. This must only be used after establishing a LOCK as a "YES" and an UNLOCK as a "NO" by stating the following questions:

1. "Give/show me a YES" and monitoring the IM to verify a LOCK.
2. "Give/show me a "NO" and monitoring the IM to verify an UNLOCK.

3. LOCKED and UNLOCKED Responses

1. A LOCK has two possibilities:
    1. The IM is indicating a "YES" to the question asked. **OR**
    2. The muscle has become over-facilitated in response to the question asked.
2. UNLOCKED response means: **"**NO" **OR** Under Facilitated

Only a muscle that is LOCKED and is in homeostasis (i.e. can be UNLOCKED/ sedated) can indicate a "YES" response to a question.

An Over-facilitated IM is no longer a "Balanced Indicator Muscle" and will not UNLOCK when sedated via spindle cell or Golgi tendon manipulation or when the North Pole of a magnet is placed on the belly of the contracted muscle.