

# Using Kinesiology for Cerebral Palsy

by Margriet de Wild

Last year at the TFH conference at Las Vegas I showed you how we started working with mentally and physically handicapped children. This year I would like to show you some developments.

It was by chance that we started working this way, my friend who is a speech teacher came to me and asked me if I had any ideas how to work with one of the C.P (Cerebral Palsy) children that came to her. I said to her, "Let's ask her body." That is how it started.

In the meantime we have four on our team, two physical therapists, one speech teacher and one school teacher. Each of us brings the knowledge from her basic education and all of us have taken the following workshops:

Touch for Health (John Thie)

Edu-K (Paul Dennison)

Hyperton X (Frank Mahony)

Emotional Work (John Diamond)

Cranio Sacral Therapy (Upledger)

In our work with mentally and physically handicapped children it is important for us to work in teams in order to reach the whole person and not just his voice, or his learning ability, or his ability to move.

I believe that every person who knows the Touch for Health technique is able to help mental and physical handicapped people. We can assist these people to get a better energy flow, and as we know, when the energy in the body is balanced, the body is capable to activate his own healing power.

Of course, the profit for our client is bigger if the kinesiologist knows more about the anatomy of the body, or the way our body is moving. This knowledge helps to find ways to handle his handicap better. But I still think it is not a must.

We are using the different technique from the field of Kinesiology.

Often we do have to adapt the official learned technique a little bit because of the different kinds of problems we are confronted with. You will see it on the video, you can recognize the various techniques but they are not shown exactly the way our teachers taught us.

Most of the time we have difficulties while the client doesn't understand what we are doing. Therefore it is very important that the parents do agree with our work, they trust us and are familiar with muscle-testing.

The difficulties that show up in this kind of work are the reason why we need to work with a surrogate, We seldom use one of the parents as a surrogate, not because we think that this is not possible, but because we discovered that our own neutrality makes work easier. We know each other very well and so we know how the test feels. We exactly know what is a strong arm and what is a weak muscle. With this knowledge we can work faster. ( You can imagine that these children often are not that quiet or patient).

Generally we work the two of us, occasionally we work in a team of three, one operates the video and the two others do the balancing work.

I am sure we could work more efficiently but for now we need these videos to get an idea what is happening during the balances. Over a longer period of time they show us exactly how these clients are changing.

As a surrogate we have to prepare ourselves: before the work starts we have to make sure that our own energies are balanced but more important is that we give permission to the flow of energy of our client to take place. The job of the surrogate is to help the testor to find out what the body needs, and to help the body to get what it needs when it is not able by itself. **The surrogate is just a tool.**

***Some more about the balancing:***

Often we are asked, "What is your goal?" Most of the time our answer was, "We don't have any goal." We just ask the body what it needs, and when a body needs a goal, that is the goal for the session.

You can imagine that the medical staff feels rather confused with this answer. Therefore I changed my answer into. "Let's set up a goal together, medical doctor, parents, and perhaps other people that are around." Still we always ask the body what goal it needs.

It sounds complicated but I think it works. For the medical doctor we have a main goal ( to be able to stand, or to be able to swallow better) but in the sessions our client works on his own goal.

My own most important goal is that the client feels better after the session.

As we talk about the goal, we also have to talk about the emotional part of the work. What is coming up in this work mostly are phrases like: I accept myself the way I am, I have a right to be here, I am happy to be alive, I love myself the

way I am, I feel accepted. These are only a few examples out of a long list of very personal goals.

The way we bring the energy to flow again, is the same procedure we use with all the other clients as well.

We discovered that Frank Mahony's technique is very useful when working with a physical impaired person. I think this is because we work on the muscle directly. The children love his foot-sensors ( we use them as a home-play for the parents).

We believe that another part of our results comes out of the cranial sacral work. The most interesting result we see here is the relaxation and the peace that is coming into these bodies. Parents are often very impressed by these results.

From the technique of Paul Dennison we use the caring of the body, the cross-crawl movements, and when possible his exercises.

I would like to show you now some sequences from our video tapes, so that you get an idea what our work looks like, and I will be glad to answer your questions.