

APPLYING KINESIOLOGY TO BODYWORK

By Jeanne Girard

Abstract: The use of directional challenge, meridian balancing, skin receptor work, scar reintegration, setting priorities for work to be done, improves sports massage and post-surgical recovery bodywork.

Learning new kinesiological approaches and applying them to my bodywork practice has been both rewarding and stimulating. Especially helpful have been the use of directional tissue challenge and work with meridians and acupuncture point energies.

In my 1978 TFH 1 course I came to appreciate, while still in massage school, what Golgi tendon and spindle cell manipulations could do to balance muscles, improve posture and function, increase energy and lessen pain. Since these are goals of most massage clients, TFH synthesis has become an important adjunct to my work.

My second major encounter with directional work was in Toby Hanson's 1982 Tao-Key seminar, where we learned to identify and balance individual acupuncture points by using inspiration/expiration, polarity (as expressed by the positive or negative charge at a fingertip) and direction of tissue pull at the point location. This process improves how the point receives, stores or transforms meridian energy. A better-functioning meridian then contributes vitality and appropriate energy to its related organs and muscles as well as the body's entire meridian system.

Sometimes when pain-tapping was less productive than desired, I would find that the involved meridians had weak points and strengthening them made the meridians and related tissues respond much better to pain-tapping (as well as other procedures).

Balancing acupuncture points also helps improve function and quality of tissues the meridians travel across. One sports massage student of mine was able to return to ski racing after his non-healing ankle and foot improved when 2 points on his GB meridian were tested and balanced in just a few minutes.

Whether doing sports massage with clients wanting to improve performance or helping post-surgical patients recover more quickly, balancing meridian energies and working with directional challenge have both been very effective.

I soon realized that doing skin receptor work and scar reintegration was just a beginning. By checking what types of tissue in an area of dysfunction needed work first (skin, muscle, tendons, ligaments, fascia, nerves, blood vessels, bone) as well as depth, speed and direction of application, I found that the area could be quickly be reorganized in an optimum fashion.

Injury and Surgery Recovery

As an example, a former dance teacher had arthroscopy and lateral collateral ligament repair on her left knee. After a month of physical therapy did not lead to the progress expected, she came in for "whatever you can do to help." After taking care of reactive muscles, gait faults, shock absorbers and scar reintegration, I checked for any acupuncture points out of balance anywhere on the body. There were two: Stomach 36 below the patella and lateral to the tibia, and Gall Bladder 32 at

the side of the leg above the knee crease. Once corrected, the whole knee felt "more together and less uncomfortable."

I then checked for the need for directional work and found a diagonal of shortened fascia pulling superiorly, laterally and posteriorly on the lateral knee and scar areas. Adding the benefit of muscle energy work, I had her alternately externally rotate her left leg from the hip against my myofascial release strokes going inferior, medial and anterior and then relax with them. After a series of these, done slowly and at an intermediate depth, muscle testing showed no further need for tissue releases. Upon session's end, the leg extended further, tracked better, hurt less and eventually healed faster.

Headaches, TMJ Dysfunction Work

When clients have presented with headaches and/or TMJ dysfunction, I use all the techniques referred to above and add directional challenge to cranial sutures.

In the 1988 Applied Kinesiology Synopsis textbook of Dr. David Walther, he strongly recommends challenge vector analysis for detecting cranial faults. He also describes two types of challenge - *rebound*, in which a vector of force is applied and released before muscle testing; and *static*, in which a vector of force is applied during the testing. He states that the rebound challenge is typically preferred for checking the cranium, the pelvis and the spine. (pp. 352-3)

Many of the corrections for TMJ dysfunction (in itself a cranial imbalance) also help with headaches; many headache sufferers also have TMJ and are unaware of it. Dr. Walther warns us that corrected cranial faults will recur unless sacral imbalances are corrected as well. He suggests balancing the psoas and piriformis muscles to help with stabilizing the sacrum.

Dr. John Upledger relates in *CranialSacral Therapy* that almost any immobilization of fascia in the body can put drags on the fascial system and result in craniosacral system dysfunction and possibly headache. He tells of a woman whose migraine history of 20 years ended when her appendectomy scar was released. (p. 240)

Dr. Jean-Pierre Barral, another osteopath, names the liver as a potential source of the problems found in the right eye and right frontal area. He has had cases of sinusitis and headaches improving from freeing restrictions in the liver with visceral manipulation. (*Visceral Manipulation*, p.91)

In his Neuromuscular Therapy I & V seminars, Paul St. John demonstrates pelvic stabilization and multiple cranial decompression protocols that very well could undo many cranial imbalances if done in priority.

Checklist For Complaints of Headache, TMJ or Backache

I offer the following chart as an example of a checklist one might consider using to address the possible needs of a client with complaints of headache, TMJ or backache. One would probably want to begin with a clearing and a 42-muscle balance.

Pain Tapping	Reactive muscles
Homolateral muscles	Gait faults
Shock Absorbers	Hypertonic muscles
Cranial faults	TMJ dysfunction
Dural Torque	Stress receptors
Pitch, Roll & Yaw	Acupuncture points
Pelvic Stabilization	Muscle Energy
Scar Reintegration	Myofascial release
Sacral corrections	NMT scalp release
Directional Tissue Challenge	
Multiple cranial decompression	
Craniosacral Therapy	

Under cranial faults, we would check if the body would like the rebound or static method for all suture tests, or if we should recheck each time. Since the inspiration assist and expiration assist cranial fault corrections (pp. 354-5 in *AK Synopsis*) take care of many other faults, they should be done first if indicated.

In terms of checking for other faults, I do my best to first eliminate fascial restrictions in the area of a suture with directional tissue challenge by tugging the tissue at the level of fascia (not skin) with varying vector forces to discover any forces causing an Indicator muscle to weaken, using the static test.

I then move the fascia away from the direction of weakness until the original test results in a strong indicator muscle.

I then go to the sutures themselves and use additional challenges to the ones of approximation (pushing the bone margins toward each other) and separating used by applied kinesiologists. I do this mainly because I have found some sutures apparently needing a different force applied to them.

The additional challenges I use are:

- Shearing (margins sliding in opposite directions) - Check 2 directions
- Overlapping - Check 2 possibilities
- Rotation (the entire sutural line seems rotated clockwise or counterclockwise)
- Upheaval (one margin seems elevated in relation to the other)
- Depression (one margin seems depressed in relation to the other)

When applying the vector forces to represent

and accentuate a potential sutural condition, place the fingertips along the bony borders of the suture and with a light pressure (and "heavy" intention of contacting bone), either shear, overlap, rotate, lift or depress the borders during the testing of the indicator muscle.

In the conference presentation, examples will be shown of how this is done in more detail. Abundance in healing and in successful kinesiology work is possible for us all as we expand our choices.

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