Monitoring Change - A Prerequisite to Proving Efficacy

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Introduction

The work "research" tends to put people off. It is imagined as some esoteric enterprise, done by number crunching boffins in a laboratory. Research, or let us say "inquiry" into Kinesiology, is actually about focusing on case studies of real people and anyone working in practice has the potential to take part.

So how do we start?

Without the substantial funding made available for orthodox medical research, and the fact that many of us work alone, necessitates small-scale studies. Much of the skill involved is common sense and involves keeping full and accurate records of all our cases. Secondly it is necessary to have effective tools for monitoring change, which should include both objective outcome measures and subjective health assessment. In other words and for example, measure flexibility and ask the person to rate pain.

Criticism - Is it a good thing?

Research brings up a number of issues. Firstly how do you feel about criticism of your work? There is an argument that complementary practitioners view criticism as distrust and denigration. I would like to suggest that it is more helpful to see it as analysis and challenge. Should we accept without question everything we are taught? Would it be heresy to critically evaluate methods and traditions? If we can accept healthy skepticism and develop critical and analytical skills we will be rewarded with more orthodox acceptance of our work. If we want to prove the efficacy of Kinesiology then critical analysis becomes inevitable and, as it is an important aspect of research, we cannot avoid it.

There is the complication of the argument that complementary methods are not testable within the framework of conventional research. I argue that complementary treatments need not be subjected to the normal "double blind" techniques, etc., and indeed there are examples from orthodox research where subjective assessment was the only research method used. Foster et al (1994). It could also be argued that for an effective clinical trial, the treatment should be the best available and therefore be specific to the person and not standardized at all. Lewith (1999) and we might agree, for example, 10 people with ostensibly the same medical diagnosis would not require the same balancing corrections.

Monitoring change

Realistically, most Kinesiologists do not have the time, resources or specialist knowledge to run major clinical trials but - we do have other valuable skills. Effectively monitoring change is an important area to consider when looking at proving efficacy and this requires thought, planning and careful record keeping, skills that any Kinesiologist might have. The piece of research that I undertook last year was an attempt to produce a method of monitoring change more effective than my usual methods with a view to future use for examining efficacy.

I used a series of symptom ratings charts in parallel with my usual record keeping which the participants filled in themselves. For example, clients rated their pain levels on a scale of 1 to 10 as in Touch for Health. They also rated a variety of other symptoms including emotional state in the same way. For the purposes of the research all patients were asked to rate the same areas which were pain, energy, confidence, relationships, overall day, emotional state. These subjective assessments were essential in determining

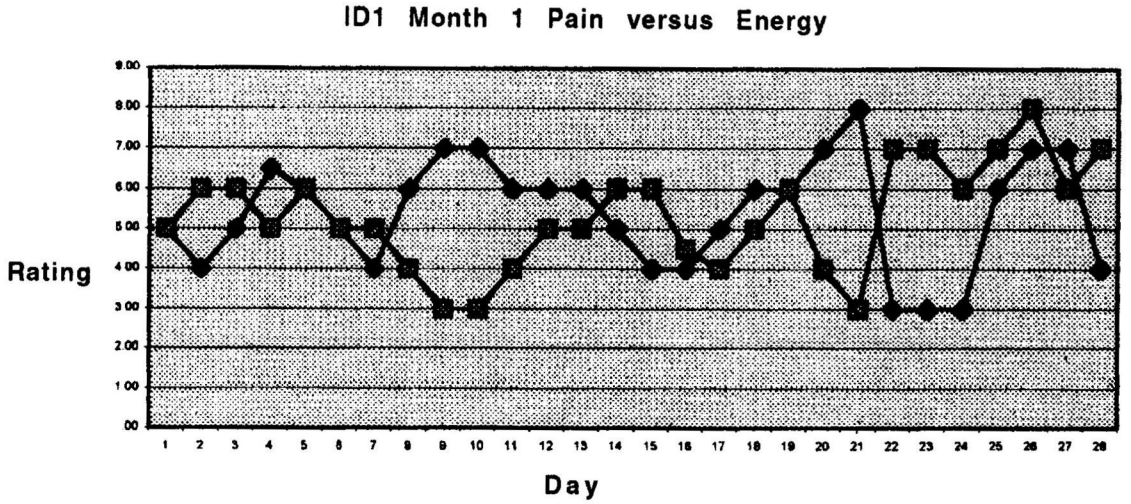

Figure 1

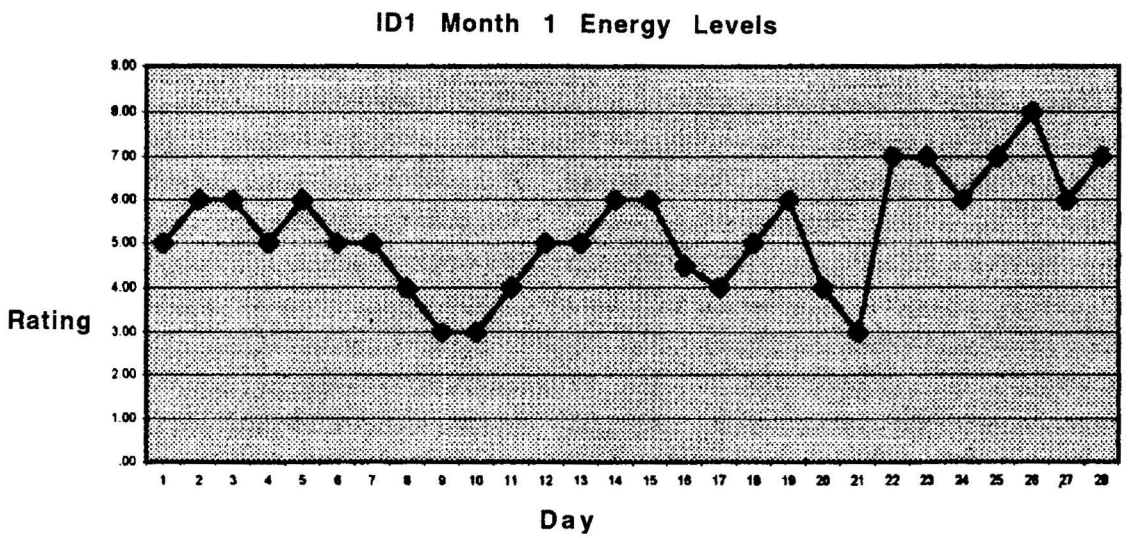

Figure 2

quality of life as defined by the participants. There is often discord between the patients view of their health and their objective health status, Jenkinson (1994) and Albrecht (1994), and in my opinion, the persons own view is more important than the practitioners.

The ratings charts were converted into graphs on the computer showing how the symptoms had changed over the period of balancing. I include here a selection of graphs to demonstrate the results of monitoring, from one participant, Identity 1 (ID1), who had presented with chronic fatigue syndrome on initial consultation.

Figure 1 shows how pain levels and energy mirrored each other i.e. when pain was high, energy was low. The result was unsurprising but the graph shows this effect very clearly in a way that would not have been possible before. Figure 2 shows how the energy levels changed over the first month and it appeared that the average level was increasing (this effect continued over the second month).

When we ask people to rate how they feel before we balance them and check with them again at the end of the session, we are gathering evidence of change. It is a short step from this simple method of monitoring to producing the type of data collected by the research.

A brief description of the research.

Objectives: This action-based study explored a system of monitoring change as a possible future tool for evaluating treatment outcome.

Design: An action based approach involving 2 cycles of 4 Kinesiology treatments.

Subjects: 14 subjects with varying complaints were recruited from the existing patient base and by referral.

Interventions: The treatments were patient specific.

Outcomes: To evaluate the effectiveness of the monitoring method, to improve record keeping and to evaluate the effect of monitoring on patient and practitioner understanding of imbalance.

Results: Patients considered the monitoring device both practical and useful. It was effective and record keeping became more efficient. The charts produced were educational for all parties.

Conclusion: It was possible to monitor change more effectively and the data collected enabled better understanding of life processes and more accurate response to patient needs.

During the study the participants were asked to rate a number of areas once a day on a ratings sheet and the results were converted into graphs showing trends in symptoms. At the end of the clinical trials, interviews were held and questionnaires filled in to collect data about ease of use, symptom impact, health changes and effect of monitoring on awareness of health. The patients were also invited to discuss their graphs to discover if they had an educational effect.

Over the study it became apparent that changes were noticed more easily while charting than before and in particular, the graphs gave concrete visual evidence of change as will be seen in the presentation. This was particularly helpful when working with long term syndromes where change was slow and not easy to spot. It was also useful for noticing causal relationships and for providing accurate record keeping.

Discussion

In attempting to monitor change more effectively several benefits emerged:

The patient has a view of their health and what affects it. The device enabled appreciation of other tendencies.

Data gathered about the connections between symptoms led to improved follow up questioning.

Record keeping improved.

The charts were educationally significant for all parties leading to increased autonomy for the patients.

The device was beginning to show signs that treatments were effective.

A number of issues were raised as a result of the work I undertook. Firstly that self-criticism and questioning of methods became an important part of the process as a tool for personal growth, and secondly, constructive criticism from others was a stimulating and educational learning opportunity.

As a consequence of the research, I now firmly believe that there is a need for greater recognition by Kinesiologists that critical analysis is healthy and vital in furthering the professionalism in the field.

Conclusion

Although there are clearly some limits, the device does appear to monitor change reasonably effectively. I continue to use charting on interested patients but modify them from the standard used in the research, to suit their individual requirements. I am also reasonably certain that my professional practice has benefited and the participants actually enjoyed the experience. While my focus for the research was not "does Kinesiology work?" I was beginning to get concrete evidence that it probably does.

Note - we have empirical evidence that Kinesiology works but it is up to us to prove it. Orthodoxy requires hard evidence from research that it is effective before they can recognise and respect us - it would be naïve for us to think otherwise. Research is more fascinating than you think.

References

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