Binary and Analog Muscle Testing

Researched and developed by Alan Sales

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Abstract: This presentation is about a new form of muscle testing and balancing of enormous value. It takes into consideration the fact that living systems are always moving in some way or another. Traditional muscle testing in contrast is relatively static. This new, so called analog testing, takes care of that important dynamic component. The presentation is based on the findings of Alan Sales, U.K., as published by him in 1997. The practical uses of it are far reaching and might well have a big influence on how kinesiology will be practiced in the future. The method, which has already been presented last year in Zurich by Alfred Schatz, is easy, has shown enormous benefits and can be utilized immediately in any form of kinesiology.

Kinesiology is the study of movement. Life is movement.

When we look at muscle testing, we have to admit that it is relatively static. It would seem to be a better idea to study muscle *function*, not only a Yes/No or On/Off response of the muscle, but also to look at the *dynamic function* of the muscle. Kendall & Kendall discovered the range of motion of different muscles with electrical stimulation (electromyography); so we know the exact amplitude of a muscle. Then why test a muscle in one position and not another? Its the same muscle.

Richard Utt pondered that question and looked at a muscle through its whole range of motion. He developed a system with fourteen positions, related to object and reference meridians. Fantastic. That has already changed our way of looking at the body.

But now is raised another question: Why 14 and not 1000000 positions. All steps in between also belong to the muscle. In Applied Physiology, even though we monitor the muscle in seven positions from contraction to extension, and in seven positions from extension to contraction, the muscle is still tested in a binary mode (static state). .

If a muscle doesn't hold in a certain position, we assess it as a switched off muscle, or a « weak » muscle. But, for example, let's take the Quadriceps: Even when it is switched off or « weak », we can still jump up and down... Therefore we don't have a complete picture of the muscle...

We have to admit that we are bold, and often wrong to assess a muscle the way we do. We can't conclude on the overall functional state of the muscle based on that observation alone.

Being able to hold in a certain position is an important function of a muscle; monitoring a muscle in such manner, is called *Binary Testing*. But *the human body is dynamic* and in motion most of the time, the essence of Analog Muscle Testing covers this dynamic aspect, with the muscles being monitored in motion, and « *under load* » or subject to stress.

This is a new concept: To demonstrate how a

muscle can show its *whole movement abilities* as in daily life. This allows us to find graduations in *muscle functionality*. We don't monitor only an on/off response, but also *how far* On or *how far* Off.

We therefore don't test in a fixed position, but in *movement function...* because ***life is movement!!***

The Binary system, based on computer technology, can be defined as consisting of utilizing two operations to produce a third performing operation.

Converting this functional analogy into the context of muscle testing, *Binary Muscle Testing* is essentially a two dimensional test procedure in terms of the assessment of performance of any part of the biocomputer system. It therefore represents either a locked or unlocked/enabled or disabled status of the muscle feedback mechanisms.

In terms of the display mechanisms which are the muscles themselves, there are no in-between states. By definition, the picture is restricted to only two planes of functional feedback output. Even when monitoring within the whole range of motion, the testing displays a binary on/off function at every point along its travel, from contraction to extension and vice versa. This type of testing, as it is used in Applied Physiology, can convey valuable information concerning the meridians which are affecting the performance of that muscle or its related aspects in terms of its related organ, etc., but in terms of the full potential of the muscle, this cannot be the whole story as it still appears to be only one facet of the muscle's total function. What about all the operational support mechanisms that enable the muscle to function correctly? Something seemed to be missing...

Analog Muscle Testing may well turn out to be a broader representation of the muscle and its function as a whole unit.

The Analog System, in terms of current computer technology, operates quite differently. It measures data in a proportional way rather than counting singular aspects, having the ability to measure and/or compare many variable aspects of the system and the components within it. In relation to muscle testing, the muscles become the variables, truly modulating indicators, within the range of motion from contraction to extension and vice versa.

Converted into muscle testing, this functional analogy becomes a test of the muscle's ability to slowly perform a given operation under load rather than its ability to resist a binary challenge.

Therefore, a "mushy" muscle -- the one that is not quite *on* or *off* -- can be interpreted as the analog display mechanism's attempts to try and display a given status which does not involve binary principles.

In the analog test state, the muscle possesses a third quality of display and becomes a multidimensional feedback mechanism able to provide information on the whole performance of the entire system, of a circuit within that system or even of a single component of that system. In this mode, the muscle no longer displays solely on the principle of locked/unlocked. It also indicates the status of how much of the system is performing by measuring any or all of its variable qualities which make up the whole. In other words, it's a *holographic muscle test.*

Conclusion:

In this analogy, a *binary test* would indicate whether the body/mind system is operating or not, and an *analog test* would indicate how much of what is «On» is operating and functioning correctly, and how much the combination of what is «On» and what is «Off» is affecting the system's overall performance.

Analog Muscle Testing keeps the muscle under a constant load, asking the person to continue to hold (resist) while holding the ***Analog Mode*** *(Thumb pad to nailbed of little finger. Fig. 2).* The alternative to the Analog finger mode is to just *gently rock the muscle back and forth across its normal start position just prior to the testing* and this informs the biocomputer that the muscle's ability to perform is about to be monitored in a *dynamic state* under load.

At a certain point in the range of motion in the Analog test, the muscle locks and holds

(unless of course we are looking at a flaccid muscle). The appropriate correction will improve the muscle performance, thus be able to hold in the TFH position, which is the most contracted position ; this will reflect 100% functionality (Fig. 1). The same principle may be applied from extension towards contraction.

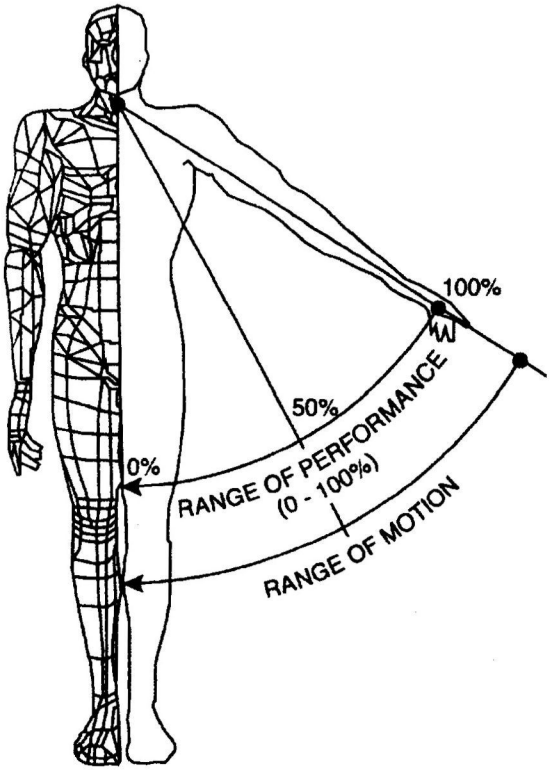

Figure 1: Diagram of Analog testing of Supraspinatus

A muscle worked on this way has almost a holographic effect on the body, giving far-reaching benefits and producing profound changes when used in balances, over and above what we get with the normal muscle testing.

Alfred Schatz calls Alan's discovery a "*Quantum Leap in Kinesiology*".

Charles Krebs also has been working enthusiastically with Analog Muscle Testing for over a year now. He has calculated the different neurological pathways that the impulses follow through the brain, and feels that the *"Analog Muscle Testing is really and truly totally subconscious testing controlled by the Cerebellum rather than the conscious-subconscious Cortical-Limbic circuits of Binary Muscle Testing.* These cerebella circuits may contain quite different information than the more usually tested binary circuits, which until the invention of Analog Muscle Testing remained «hidden» to kinesiologists."

Fig. 2 : Analog Mode: Thumb pad to nailbed of little finger

Basic Concept and Practice of Analog Muscle Testing:

A) Basic principles of analog muscle testing:

1. Put a muscle in its contracted position. Test & balance as usual. This ensures that the muscle is a reliable indicator using the binary system first (In absence of specific data, the muscle displays its current status on a general level in binary form).

Note: If the muscle locks, it simply displays an On/enabled state, but isn't an indicator of its current performance in relation to its full potential.

2. Hold Analog Mode (thumb pad over nail bed of little finger) or enter it into Pause-Lock. This instructs the biocomputer to measure and analyse many different variables in order to respond.

3. Retest the muscle, applying continuous pressure towards extension. If the muscle unlocks, allow it to continue slowly against resistance, keeping the pressure on lightly until the muscle locks, at some point on its travel to maximum extension (you are effectively testing the muscle in motion) and under load.

Note: Load = Stress (in any form)

4. Observe at what position of the range of motion the muscle locks (The position at which the muscle locks provides a readout of its actual performance. If it locks for instance in the middle of its travel through the test range, it is only performing at half of its full potential. It indicates that the system as a whole, including all of its support systems is only performing at half of its full function. Fig. 1)

B) Analog testing and balancing procedure as in a TFH 14 muscle balance

... First, do a 14 muscle balance the usual way, in Binary state (for demonstration purposes).

1. Hold Analog Mode or enter it into Pause-Lock.

2. Begin as usual by testing Supraspinatus. If it shows a slack:

3. CL the NL, NV, Acu points, etc. while you are retesting Supraspinatus still in Analog mode.

4. Apply the correction that gives the most increase in function of the muscle.

5. Retest the muscle (still in Analog Mode).

6. If it is still not at 100% of its performance, check for the next balancing option (the one which will show the highest increase in muscle function) and apply it accordingly.

7. Repeat steps 5 & 6 until the muscle performs at 100% when tested.

8. Check the next muscle in its Analog Mode, and repeat steps 3 - 7 until all 14 muscles perform at 100%.

C) Using Modality Mode:

[See Appendix for more information on the Modality Mode.]

This procedure allows us to select the highest priority imbalance and apply the most appropriate balancing technique.

Again, let's take the TFH 14 muscle balance as an example:

1. Enter *Analog Mode* and *Modality Mode*

2. Check one muscle after the other: Only the one which meets the modality criteria will show. (You can even speed up the process by identifying the meridian which supplies the muscle in question: Check the alarm points and then the muscles which relate to the meridian of the alarm point that gave an I/C.)

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Fig. 3 : Binary Mode: Tip of thumb nail to nailbed of little finger

3. Hold or enter *Binary Mode* (*Tip of thumb nail to nailbed of little finger. Fig. 3*) into your circuit. (Note: The alternative to the Binary finger mode is *to hold the muscle stationary on its start position for a few moments prior to the usual test*, which informs the Biocomputer that the muscle is about to be tested in a *static state* under load.)

4. Enter or hold Modality Mode again and check for the appropriate balancing option (Now only the most appropriate modality will show (the "priority of priorities")

5. Apply the appropriate balancing procedure as revealed in step 4

6. Let go of Binary Mode, and hold or enter Analog Mode into your circuit

7. Recheck the muscle

8. For demonstration purposes, check all 14 muscles. Most of the time, all of them are 100% functional. If not, you just repeat the above procedure with the remaining ones.

Appendix - MODALITY MODE

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Figure 4..Modality mode: Surface of middle fingernail to distal thumb crease

As practitioners, when we screen our kinesiology tests with Priority mode, we are sometimes presented with several aspects of imbalances in the biocomputer, all which require corrections as a priority. Alan Sales' interpretation of *Priority* is that it reveals a "ready to fix/accept the correction" type input. That is maybe the reason why kinesiologists often find more than one priority and struggle to find a clear direction.

We could be even more effective by allowing the body/mind system to dictate its required mode or specific state of operation, giving us direction and simple sequence to the desired tasks.

"The **Modality Mode** appears to allow the « body's innate wisdom », its knowledge of the true « causal factors » involved in an imbalance, to be expressed even more fully than with Priority Mode" (Charles Krebs, founder of LEAP). **"Modality"** describes the state or qualities of being "*In Modal*" or simply "*In The Mode*", the "Way a Thing Is Done", giving the biocomputer a "Specific State of Operation ". This mode directs the practitioner to the deepest underlying imbalance and allows the body/mind system to make the most appropriate selection from the menu offered.

The ***Modal***, in simple kinesiology terms can be defined as the *correct category, sequence or order in which we should be operating within the body/mind system*. To enter the Modal command into the biocomputer, we use the new ***Modality finger mode***, discovered by Alan Sales in 1996. This mode is very *similar to the Priority finger mode, except that it is the nail itself of the middle finger that touches the interphalangeal joint of the thumb*, instead of the tip (see diagram below).

The ***Modality mode*** will differentiate between multi-priorities to give you the sequence or mode of correction that the biocomputer prefers out of the menu or choices of priority that are offered. In other words, Modality gives us what Alan Sales calls the "*Priority of Priorities*", and what Alfred Schatz (IKC faculty for Germany) refers to as the "*Highest Priority*". For Sandy Gannon (IKC faculty for England), Modality gives the "*Core to Correct*", meaning that even if several "priorities" are indicated, the modality being one of them, that correction then appears to make other priority corrections unnecessary, as they will no longer show once the modality has been addressed.

Alan Sales believes that the Priority Mode and the Modality Mode operate different programs. He also holds that the great power and the unimaginable complexity of the biocomputer make it capable of working in two programs (and more than that) at the same time; that's why it is so very helpful to use modes to make our commands/requests for information as specific as possible.

A common example of its use is to pause-lock the Modality mode at the beginning of a balance with nothing else in circuit, and then select the modes of operation or correction procedures. This may save a great deal of balancing time as the practitioner is directed to what really matters.

The application of Modality can take many varied forms, and is subject to the limits of knowledge and imagination of each practitioner.