

The Ultimate Muscle Balance

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Abstract:

Throughout the Kinesiology Muscle techniques there are five very common problems that we find: weakness, hidden weaknesses, reactivities, stretch weaknesses, sustained weaknesses. There are tests to find and locate each of these problems. However, to find each of these problems on a person can require dozens or hundreds of tests. The procedure that will be demonstrated finds any of these specific problems quickly and easily. The procedure saves hours of muscle testing, which allows you to get deeper into the goal in a given amount of time. As with any TFH balance, the imbalances that manifest themselves change based on the underlying goal. Specific emotions can easily be added making for even more powerful corrections.

Introduction

My name is Steve Woodward. I am a TFH and K-Power® instructor. I work as a Professional Kinesiology Practitioner in Goshen, Indiana. I first became involved in kinesiology in the mid 1980's when I was a patient of Dr. George Goodheart Jr. I had broken a vertebra in my neck and developed an extreme case of TMJ dysfunction. I had 8 surgeries to rebuild my jaw joints and face.

I was left almost incapacitated with pain and was diagnosed at Mayo clinic with Chronic Fatigue Syndrome, Fibromyalgia, and numerous other diagnoses. Dr. Goodheart balanced the muscles within my face along with other treatment and gave me hope of a normal life. I was so impressed with the work that I began learning all I could about Kinesiology. I later resumed my career as a pilot. I worked as an airline pilot for several years before taking early retirement to pursue a career in Energy Kinesiology.

What I would like to describe today is what I will call "The Ultimate Muscle Balance".

The Ultimate Muscle Balance

Throughout the Kinesiology Muscle techniques there are "seven" common problems that we find. If we can find and correct these problems with a person it can have a profound effect not only structurally but may also improve organ /gland function.

- 1) Weakness (unlocked) – a muscle that tests unlocked in the clear.
- 2) Hidden weakness – a muscle that tests locked in the clear, but is unlocked under certain conditions or weakens intermittently.
- 3) Stretch weakness – a muscle that although locked in the clear, unlocks after it has been stretched.

4) Sustained weakness – a muscle that initially tests locked but weakens with use.

5) Reactives – Muscles that are overpowering other muscles when used in sequence or combination with another muscle in a movement.

6) Frozen/Hypertonic – a muscle that does not respond to normal stimuli affecting the spindle cells or Golgi Tendon apparatus. The muscle may be “stuck” in a “locked” or “unlocked” state.

7) Fibrosis – when a build up of lactic acid within the muscle inhibits the circulation and function of that muscle.

Again, by finding and correcting each of these muscle problems within a person we can bring about powerful correction, both with their muscular function and also the related organ/glandular function.

There are tests to find and locate each of these problems. However, to find each of these problems on a person may require hundreds of tests. The following procedure enables you to find any of these specific problems quickly and easily. This procedure saves hours of muscle testing, which allows you to get deeper into the goal in a given amount of time.

For example,; if you would like to evaluate all of these problems on the 42 Touch for Health (TFH) muscles it would involve at least one muscle test on each muscle for each of the muscle problems (1-7 above). This would be 7 times 42 equals 294 muscle tests. However, some problems, like reactive muscles, require two or more tests to evaluate. So you can see that just using the 42 TFH muscles to evaluate the seven muscle problems can require hundreds of tests.

With the Ultimate Muscle Balance technique, we can quickly locate which muscles have problems and which problems are present. Once we have located the problems we simply correct that problem using standard procedures. This technique saves me hundreds of hours each year and enables me to get far deeper into a person's imbalances. As with any TFH balance, the imbalances that manifest themselves change based on the underlying goal. Working with “real people” who have no knowledge of Kinesiology and even less trust in the process, it is important to meet the person where they are in their understanding and teach them from that point. It is also necessary in a practical sense to do this quickly and efficiently.

In my daily work I find that most people come to me because of a physical complaint. Their problem may have an emotional base. When we address the physical complaint, we may also include the emotions or nutritional needs if we chose.

As you know, setting a goal is standard TFH protocol. There are two ways that I incorporate this. The first is the normal procedure I learned in TFH classes which involves verbalizing the goal. This works well with a client who understands the process or one with an interest in learning more about the process. However, there are many people who are not interested in learning and just want their problem fixed. With these people instead of describing how and why a verbal goal is useful, I simply touch the problem area (as in Circuit Locating). I liken this to when you take your car to the garage and they plug the diagnostic computer in underneath the dash. We are accessing the electrical system to show what the problems are. I can then put this in “circuit retaining mode” (CRM) to retain the information. Normally in TFH we do not

“ask the body questions”. Although when we incorporate an emotion or do a sound balance this is what we are doing. By asking the body we can dramatically improve our accuracy and efficiency during our sessions. I will not try and explain how I think this works but basically it is because all matter has memory.

David Van Koevering, a quantum physicist, explains that it is within the subatomic particles of the atom that this memory occurs. We are accessing this memory and its electrical energy by muscle testing. This is done in relationship to our intention. Belief in the process is important. The higher our confidence in the process is, the more accurate our results will be.

Procedure

First I ask the body to show me the priority meridian. I usually do this silently. To find the priority meridian I check the alarm points. When I check the alarm points I am expecting all the meridians that are not the priority meridian will test with an unlocked muscle. Again, my intention is important. One meridian will test strong. This is the priority meridian. I then ask which side of the body the priority meridian is on. On an alarm point that is on midline I do this by moving my fingers to the left or right of the alarm point and test to see which side remains strong. Or if the alarm point is bilateral then I simply find which side tests strong. Then I chose a muscle that is powered by that meridian and correct that using standard TFH protocol. Once I have strengthened that meridian I recheck the alarm points.

Occasionally I may find that there is another priority meridian; I correct in the same manner. I also may find that there is one

meridian that is still over energized. If I find this, I use the Acupressure Holding Points (AHP) to sedate that meridian.

With practice I have found that I can complete this step in 2-3 minutes. An emotion can be incorporated during the correction of the priority meridian.

Next, (after either verbalizing a goal or touching the problem area and putting it in circuit retaining mode) I refer to a list of the TFH muscles. I personally use the Muscle Reference Section index (page 31) in the old TFH book. Along the top of the index page I have written an abbreviation for each of the seven specific muscle problems described above.

W / H / ST / SUS / R / FZ / TP

With this list and by using any indicator muscle from the client I then ask: Are there any “Weak” muscles; if so, are they in this column? Is it one of the first three, the second three? Is the muscle weak on the left, the right? Using any accurate indicator muscle and incorporating the chosen goal, I am accessing their body to show me where the problems are. I then test and correct whatever muscle problem is present using standard techniques. Again, if I would like to find the emotion or nutrition for each correction I can.

The next steps are simply to go through the list of muscles, finding and correcting each problem that is indicated. I continue through the list looking for all “Weak (or Unlocked)” muscles, then “Hidden” weaknesses, then, “Muscle Stretch weaknesses”, then “Sustained weaknesses”, then “Reactives”, then “Frozen Muscles” and finally those muscles with Fibrosis problems. After identifying a muscle with a particular

problem by asking the body, I then confirm and correct that problem using standard techniques. I may ask the body to show me the priority problem or muscle. Each time I find a problem, I correct it. There are different techniques used to correct each of the seven muscle problems. I have found the following techniques to be effective in correcting the stated problems. However, there are many different ways to achieve the same result.

1) To correct a Weak or Unlocked muscle use standard TFH protocol (NL's, NV's, AHP, etc).

2) To correct a Hidden weakness, you find the hidden problem by using a finger mode from Professional Kinesiology Practitioner (PKP). Once you find the hidden weakness you correct it just as you would in Step #1 above.

3) A Stretch weakness is also found by using a finger mode from PKP or by manually stretching the muscle to determine if the muscle unlocks or tests weak immediately after being stretched. I correct for this by using oil on the bare skin and use a firm kneading pressure in the direction of lymph flow. I am basically reintegrating the fascia that surrounds the muscle with the muscle. This allows the fascia and the muscle proprioceptors to send the similar signals to the brain when the muscle is stretched.

4) A Sustained weakness may be found using a finger mode from PKP or repeated testing to see if the muscle weakens. The correction is usually to rub the NL's firmly for an extended period of time (i.e. 3-4 minutes.)

5) A Reactive can be found using a finger mode from PKP. Testing the suspected muscle in sequence with another locked muscle will also weaken the second muscle if the first muscle is reactive. The most common correction I find useful here is spindle cell technique on the belly of the muscle.

6) A Frozen/Hypertonic muscle may be found either by a finger mode from PKP or by using spindle cell or Golgi Tendon apparatus weakening techniques and finding that the muscle does not respond to either technique as it should. The correction is to use the muscle against resistance throughout its range of motion in flexion or extension.

7) Fibrosis (Trigger Points): When a muscle is used it produces lactic acid. Normally this lactic acid is flushed out of the muscle. However, if the lactic acid remains in the muscle it causes the muscle to tighten. As the muscle tightens it produces more lactic acid that further tightens the muscle. As this cycle continues it produces an ever-increasing area of tight muscle that is called

I have not discovered a specific muscle test for identifying Fibrosis other than asking the body or palpating the muscle. An experienced massage therapist will also be able to palpate the muscle and find the trigger points (TP). The correction here is a technique originally developed by Dr. Janet Travell, MD. Dr. Travell was the personal physician of President J.F. Kennedy. The technique is to apply deep continuous pressure into the trigger points to break up the crystallized lactic acid which has built up within the muscle.

Another powerful correction, which works systemically if numerous muscles within the same person have this problem of a build up of lactic acid, is to supplement with malic acid and magnesium. The Krebs cycle is the name of the physiological process that describes what happens from the time we eat food until that material is passed out of our bodies. One of the steps in the cycle is the catalyzing or breaking down of lactic acid, which is a muscle byproduct. The step just prior to this involves the production of malic acid which jumpstarts the breakdown of the lactic acid within the body. It appears that malic acid and magnesium are instrumental in allowing muscles to relax.

In a study at the University of Texas Fibromyalgia participants taking 2400mg of malic acid with magnesium per day benefited with less muscle pain and soreness. Some reported results within as little as 48 hrs after beginning the malic acid.

I have found that in just a few days supplementing with malic acid and magnesium, clients have significantly fewer weak or unlocked muscles as well as fewer reactive muscles and most of the trigger point problems with decreased significantly. I personally have found several products that contain the malic acid and magnesium but most have numerous other items, in particular B vitamins, added. I have found these supplements are usually not tolerated well.

Most people with Fibromyalgia have allergies and do not tolerate supplements with too many ingredients well. Brewers yeast is frequently a problem for Fibromyalgia sufferers. Brewers yeast is a common source of B vitamin in supplements.

It is important to find and correct the priority meridian first or we may cause a lot of extra work for ourselves. Correcting the priority meridian can correct a lot of problems that will otherwise show up individually.

I incorporate this procedure into many of my daily client sessions. I have found that it enables me to have great results in a minimal amount of time. If you are trying to make a viable business and speed and efficiency are important, this is a very powerful technique. You can also use other muscle lists from other Kinesiology programs.

I personally use charts from PKP & K-Power® (Dr. & Mrs. Dewe), BioKinesiology (Wayne Topping, PhD.), Clinical Kinesiology (Allan Beardall, D.C.) When determining which list to use, I ask and muscle test. Generally I begin with the TFH muscles and progress to other charts based on the client's goals. I tell clients it is whatever level of comfort and function they would like to work toward. If I'm working with a 90 year old person living in a nursing home who simply wants to move be able to move around without pain, I use a smaller list. If I'm working with a high level athlete who is looking for the highest level of performance, then I use a more comprehensive of list of muscles.

While I was a patient of Dr. Goodheart's he explained almost every procedure he used with me. At the time I did not realize how fortunate I was to have this opportunity to learn from him, in addition to getting my life back. In his book "You'll be Better", Dr. Goodheart describes studies that confirm that by restoring normal function to a muscle there is an immediate corresponding return toward normalization of the related

organ or gland. For example,; correcting a problem on the Teres Minor muscle can have an immediate effect on the function of the Thyroid gland as indicated by a number of parameters. What this indicates is that even though we may not be aware that we are doing anymore that correcting a muscle, we can actually be making significant improvement in our client's health.

Credits

I would like to give credit to those whose work I have used, not only for this technique but also for many others that I have benefited from.

Dr. John & Carrie Thie D.C., Matthew Thie,
Dr. George Goodheart Jr,
D.C., Dr. Bruce and Mrs. Joan Dewe, Wayne
Topping PHD, Richard Utt and Adam
Lehman and Frank Mahoney.

W/H/ST/Sus/R/FZ/TP

33 Supraspinatus Control C1 & 2	35 Teres Major Governing T2	37 Pectoralis Major Clavicular/Stomach T5	39 Levator Scapulae Stomach T8 C5	41 Anterior Neck Flexors/Stomach C2	41 Posterior Neck Extensors/Stomach C2
43 Brachioradialis Stomach T12	45 Latissimus Dorsi Spleen T7	47 Middle Trapezius Spleen T5,6	47 Lower Trapezius Spleen T6	49 Opponens Pollicis Longus/Spleen C4	51 Triceps Spleen T1
53 Subscapularis Heart T2	55 Quadriceps Small Intestine T10	57 Abdominals Small Intestine T6	59 Peroneus Bladder T12	61 Sacrospinous Bladder T12	63 Anterior Tibial Bladder L5
63 Posterior Tibial Bladder L5	65 Psoas Kidney T12	67 Upper Trapezius Kidney C7	69 Iliacus Kidney T11	71 Gluteus Medius Circulation-Sex L5	73 Adductors Circulation-Sex L1
75 Piriformis Circulation-Sex S1	77 Gluteus Maximus Circulation-Sex C2	79 Teres Minor Triple Warmer T2	81 Serratus Triple Warmer T11	83 Gracilis Triple Warmer T12	85 Soleus Triple Warmer T11,12
87 Gastrocnemius Triple Warmer T11,12	89 Anterior Deltoid Gall Bladder T4	91 Popliteus Gall Bladder T12	93 Pectoralis Major Sternal/Liver T5	95 Rhomboids Liver T5	97 Anterior Serratus Lung T3-4
99 Coracobrachialis Lung T2	101 Deltoids Lung T3,4	103 Diaphragm Lung T12	105 Fascia Lata Large Intestine L2	107 Hamstrings Large Intestine L4,5	109 Quadratus Lumborum Large Intestine L4,5