

A Brief History of Kinesiology

Kinesiology is both a science and an art. Although it has method, rules, principles and logical techniques, it also involves direct interaction between practitioner and client, which means intuition and feel, the characteristics of an art form, are a major component of its application.

Kinesiology has an interesting lineage: the science of manual muscle testing was first developed in the early 20th century by a Boston orthopaedic surgeon, R. W. Lovett, who also invented the first turnbuckle brace for treating scoliosis. Lovett used his muscle testing to analyse disabilities resulting from polio and nerve damage. He applied muscle testing to trace spinal nerve damage because muscles that tested 'weak' often had a common spinal nerve. The system of muscle testing that Lovett developed was first published in 1932.

Henry and Florence Kendall, also working with people recovering from paralytic polio myelitis, modified and systematised Lovett's ideas and in 1949 published their pioneering book, 'Muscle Testing and Function'. Muscle testing became a new science in the field of Academic Kinesiology, the in-depth analysis of the exact motion of muscles and the way they move joints.

Dr George Goodheart, a Detroit-based chiropractor, took an interest in the work of Kendall and Kendall. He was a very keen observer and one of those rare people who are able to make fantastic discoveries by looking at research from a different perspective and synthesising the information in a different way. It is often not just seeing new things, but rather, seeing known things in new ways that leads to discovery.

Goodheart had a client who had a problem with his scapula, or shoulder blade. When this man pushed against a wall, his scapula would lift off his back and poke out at almost a 90 degree angle. Goodheart remembered reading in Kendall and Kendall's book, that a lifted scapula related to a muscle called the anterior serratus, which connects the middle border of the scapula to the ribs under the arm. When the anterior serratus contracts, it holds the scapula close to the back. The protruding shoulder blade suggested the anterior serratus muscle was weakened.

After a busy day in his clinic, Goodheart set aside time to work on this client and as predicted found the anterior serratus weak. He then began to palpate, or firmly massage the beginnings (origins) and ends (insertions) of the muscle and in so doing found a series of hard little beads or muscle knots. As he palpated more firmly, the knots disappeared. Goodheart went along the muscle and pressed all the knots until they disappeared. Then he again had the man push against the wall. This time the scapula sat correctly. Further, when the muscle was manually retested, it locked strongly.

As Goodheart began to increasingly use muscle testing in his practice, he found some clients had specific muscles that would test weak when they had certain types of disease conditions. For instance, he found the pectoralis major clavicular (PMC), the chest muscle that connects to the collar bone, would generally test weak in clients who complained of stomach ulcers. He would apply certain chiropractic manipulations for the treatment of ulcers and reassess the strength of the PMC muscles. After treatment these muscles showed strength, rather than weakness. This both confirmed the relationship between ulcers and the muscle response, and the efficacy of the chiropractic treatment. The change in muscle response was immediate and visible.

When Goodheart now found a patient with a stomach ulcer he would always assess the strength of the PMC. He would sometimes apply his newly discovered origin/ insertion technique to the PMC, and to his surprise, quite often the muscle would strengthen with a concurrent improvement in the condition. He now had chiropractic manipulations to work with as well as a brand new technique that was also capable of alleviating symptoms. In short, muscle testing was proving not only to be a diagnostic tool, but also to have therapeutic value.

An eclectic reader, George Goodheart was interested in all sorts of different areas of knowledge and while he found his origin / insertion technique worked to strengthen the muscles of some individuals, many others were not helped at all. He started looking for other answers. His quest led him to the work of an early American osteopath, Frank Chapman, who had observed that many of the symptoms of disease had their origins in sluggish lymph flow. Lymph is the bodily fluid that carries nutrients to tissues and organs and carries toxins away. Sluggish lymph flow means that over time, tissues become more toxic and less functional.

Chapman worked out that there were many points on the bodies of individuals who were showing various symptoms of disease, which, when palpated or massaged, would be tender. After a while, with continuous massage, they would become less tender and this was associated with improvements in the disease condition. He called these Chapman Reflex Points and published his findings in the 1930's.

Goodheart recognised that many of the disease conditions described by Chapman as being associated with a specific Chapman reflex point, he had found were similarly associated with a specific muscle weakness. He now began to systematically investigate the relationship between Chapman Reflex Points and the muscle weaknesses he had found to be associated with the same disease conditions. He established that rubbing the reflex point Chapman had assigned to a disease would often strengthen the muscle associated with the same pathology.

In spite of the great success of his newly discovered origin / insertion technique and the application of Chapman Reflex Points, some conditions and their associated weakened muscles failed to respond. Goodheart kept looking.

In the 1930's another American chiropractor, Terence Bennett, had come up with his own model for restoring health based on proper blood flow. Like the lymph system, when blood flow becomes congested, tissues don't get the right amount of oxygen and nutrition. He reasoned that this set up the prime conditions for diseases to take hold. Like Chapman, Bennett had worked out his own set of reflex points. Most were on the head and upper body with a few points below the waist and on the legs.

Bennett found that applying light pressure to these points would stimulate increased blood flow to the associated tissues and organs. As with Chapman's work, stimulation of these Bennett Reflex Points would often result in major improvement in the conditions being treated. In the 1930's he formed the Neurological Research Foundation to teach his technique.

As he had done with the Chapman Reflex Points, Goodheart began to systematically investigate the relationships between Bennett Reflex Points and those muscles that would not strengthen with his other techniques; he was delighted to note that in most cases it constituted the missing link. Working primarily with the Bennett Reflex Points on the head and upper chest, he was able to assign specific Bennett Reflex Points to specific Muscle weaknesses.

By synthesising his discoveries, Goodheart pioneered a system that brought together work done by his predecessors: Chapman's Points (for lymphatic function), Bennett's Points (for vascular function), the origin / insertion technique (for muscular problems), and muscle testing for feedback in both diagnosis and therapeutic efficiency. This marked the beginning of the new science of Applied Kinesiology.

George Goodheart gathered together a group of other chiropractors interested in the developing field of Applied Kinesiology. They used his techniques in their clinics and daily began to share knowledge. But it was Goodheart who made the seminal breakthrough that remains the centrepiece of kinesiology. In the late 1960's, when the West was just beginning to explore the ideas filtering through from Asia, he began to read the Chinese medical literature that detailed the ancient knowledge of the Acupuncture Meridian System – the system the Chinese claimed mapped the flow of energy through the body.

Goodheart found that when muscles did not respond either to origin / insertion stimulation, Chapman's or Bennett's Reflex Points, that sometimes, by running his hand just above a specific meridian pathway in the direction of flow that the Chinese had outlined, the weakened muscles would often strengthen. Again there was a relationship between a specific muscle response and a specific meridian. In 1966 he wrote a research manual on strengthening muscles by holding acupuncture points called Tonification Points.

He began to recognise there was an extraordinary complex of inter-relationships linking muscle response with imbalances in the muscular system, the lymphatic system, the vascular system, and even the more esoteric energy systems of Chinese medicine. Because each muscle and reflex point reflected the state of balance of a particular organ system, and because the Chinese had named their meridians after the organ with which they were associated, Goodheart, in a flash of insight, realised the organ was the key in this relationship.

When the organ system was stressed (diseased); the muscle may develop an imbalance (weakness); the Chapman Reflex Point may become tender; the Bennett Reflex Point may become active, and the associated meridian flow may be disturbed.

The brilliant melding of all these observations became the Muscle-Organ/Gland-Meridian Complex, the core concept of Applied Kinesiology.

Another member of Goodheart's group was chiropractor Dr John Thie, who saw the synthesis of Western and Eastern knowledge as very exciting. It strengthened his belief that people should be able to take care of their own health, and that the West should change the foundation of its health system from crisis management to prevention. He also versed himself in the Chinese system and realised that if everyone could balance their own energy on a regular basis they might be able to maintain their own health more effectively. Thie took the basic techniques that had been worked out in Applied Kinesiology and developed a new system that he called Touch for Health.

Despite considerable opposition, Thie wanted to teach lay people so they could balance their own health, the health of their family and their close friends. So he started to teach the basic principles of Touch for Health in workshops that could be taken over a couple of weekends. In essence, he taught the procedure known as The Fourteen Muscle Balance, which assesses the balance of energy in the 14 major meridians that are related to specific organs.

In this procedure, a muscle representative of each meridian is manually assessed for its state of balanced function. If the muscle was found to be weak, the basic techniques developed by George Goodheart (origin/insertion, Chapman and Bennett reflex points and meridian tracing), were then employed to strengthen the weakened muscle. Once all 14 muscles were balanced, meridian energies were also balanced, restoring the balance of Yin and Yang to the body. Often this very simple system could produce profoundly positive health outcomes.

This started teaching his system in California. Quickly it spread throughout the United States and from there to many other countries across the world. Now there are millions of people in over 50 countries who know about Touch for Health and who can practice it with great effect. Not only that, but Touch for Health made the basic principles of Applied Kinesiology available to ordinary people.

One of George Goodheart's most brilliant protégés, Dr Alan Beardall, made several crucial discoveries that added additional tools to the developing field of kinesiology. While treating a famous marathon runner, Beardall discovered that individual muscles did not all function as one unit, but rather, that many muscles had functionally unique divisions. From 1975, through extensive anatomical study clinical observation and testing procedures, Beardall discovered over 250 specific muscle tests isolating divisions of the major muscles of the body and published his exciting findings in 1980. He was eventually to publish five volumes of muscle testing instruction books and from this body of knowledge Beardall developed a new kinesiological method he called Clinical Kinesiology.

Beardall was also the engineer of the concept of the body as a 'bio-computer', which has proved to be such a powerful model for many aspects of the subconscious functions that can be tapped into by muscle monitoring. The subconscious appears to process data in a binary way, indeed neurons running the muscles can only fire or not fire – lock or unlock. A lock in a muscle test thus indicates 'yes, I am in balance' – there is not enough stress to impede my function, while an unlock response indicates 'no, I am unbalanced' - there is too much stress for me to work properly.

More importantly, this simple 'yes' or 'no' response of the muscle is the summation of all the factors influencing the brain and central nervous system, from the level of your structural alignment to your nutritional and emotional status. As well, the subconscious readout of muscle function is the interface with the other energy systems of the body, including the meridian systems.

Beardall also developed several other innovative concepts that have become fundamental in the application of all the kinesiology systems developed to this day. He recognised that the thumb and fingers had energy flows similar to the energy flows of the meridian system itself, and muscle testing provided a means of assessing these flows. He discovered that the thumb acted like an earth or neutral, grounding the energy flow of the other fingers. Through extensive research, he found that these 'hand modes' represented another form of readout on the essential functions within the body. So now, whenever he discovered an imbalance through testing a muscle, he could quickly ascertain the nature of the problem causing that imbalance by using his new hand mode system, which allowed him to check whether the problem was structural, nutritional, emotional or energetic.

Beardall also developed another technique central to current kinesiology, a means of retaining 'energetic' information over time based upon the sensory output of proprioceptors in the hip joints. He called this procedure 'pause-lock'.

Pause lock involves moving a certain part of the body, e.g. the legs, arms or jaw, where there are a large number of proprioceptors. For example, moving the feet 45cm apart fires a huge number of proprioceptors at the femoral heads that in turn send sensory information to the brain. When a stimulus such as a weak muscle, a strong muscle or any kind of stress is present at the same time as the proprioceptors are activated, the brain defocuses on the proprioceptor information and focuses on the information that arrived with it. This is like a radio receiving the carrier wave and the sound signal blended as one impulse. The radio is tuned to amplify only the signal and not the carrier wave.

Beardall's hand modes and complementary technique of 'pause lock' are some of the most important tools used in modern kinesiology systems.

From these beginnings, kinesiology has blossomed to become a diversity of different types of kinesiology-based treatments.

One of the more recent additions to the kinesiologist's tool box is the introduction of BioMarkers. BioMarkers are test vials that have been specifically programmed with a range of frequencies that enable them to 'mirror' the frequency related to an organ, gland, hormone, neurotransmitter, amino acid, enzyme, toxin, allergen, etc. They are based on the concepts developed by Dr. Albert Abrams, professor of pathology and director of the medical clinic, Stanford University, California.

In the early 1900s, Abrams found that when tapping certain areas of a patient's abdomen, the percussion note changed according to their state of health. Abrams showed that this technique could identify a variety of ailments, including cancer and tuberculosis. Abrams subsequently demonstrated under test conditions, his ability to accurately detect various types and states of illness. Abrams called this procedure for detecting the body's different dysfunctions through the frequencies emitted Physico-Clinical Medicine.

The use of BioMarkers, in conjunction with a manual muscle test, allows a logical and systematic approach to investigation and assessment of the body's biochemical and neurological functions plus a targeted approach to restoring any imbalances to good health.

The BioMarkers used at Health Transitions have been produced and extensively researched by a London based kinesiologist called Trevor Gale. To assess their efficacy, a series of trials to compare the findings his Energetic Active BioMarkers with laboratory tests were conducted on the same subjects. This survey of over 400 candidates showed an average compliance of 98% in their results.

Information taken from:

"A Revolutionary Way of Thinking" by Dr. Charles Krebs