

Therapy Localization in Applied Kinesiology: Reliability and Validity

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Poster Abstracts

consultation, and home rehabilitation exercises.

Results: After six weeks of treatment the patient saw substantial improvement in abdominal pain. She was able to have regular bowel movements and could keep food down that was taken orally. The patient was able to start driving again and was able to run a full mile for the first time in 8 months.

Conclusions: A brain-based approach to treatment in a patient suffering from a complex array of symptoms provided significant improvement in clinical findings and her quality of life. Based on the debilitating nature of this patient's presentation and the improvements she saw through a functional neurologic approach to treatment, further research is suggested.

Therapy Localization in Applied Kinesiology: Reliability and Validity

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Applied kinesiology evaluates structural, chemical, and mental aspects of health using manual muscle testing (MMT) alongside conventional diagnostic methods to identify dysfunctional areas producing neural dysafferentation. Therapy localization (TL), strictly diagnostic, demonstrates a change of muscle facilitation when the patient's hand is placed over an area of suspected involvement, thought to involve the cutaneomotor receptors and reflexes. To confirm both the reliability and validity of facilitated (strong) and inhibited (weak) muscle reflexes, 15 asymptomatic subjects and 21 patients experiencing neck or shoulder pain for at least two days prior were subjected to MMT of the middle deltoid muscle of the right arm by three examiners and connected to sensors, an electrogoniometer, and amplifier to determine force, changes in motion, and vibromyography (VMG) accompanying the muscle tests. Patients were seated with the head and neck in a neutral position. Chi-Square analyses of the diagnoses revealed strong agreement between clinicians in weak

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