Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

Article:

Dear Editor

Clive Lindley-Jones', article about Applied Kinesiology (AK) in the March issue of OT (Vol 8.03) has stimulated me to put pen to paper, or finger to keyboard, with some relevant observations

1. It is my experience that I can make a muscle 'strong' or 'weak' to my resistance at will. It is especially easy to make a muscle appear 'weak' if the practitioner applies his resistance just after the patient, so the muscle is caught just after the nerve action potential and contractile response. So the practitioner can influence the result of any given muscle test. I am not suggesting that Clive Lindley-Jones or his followers are engaged in any deliberate deception of their patients, rather that the testing procedure may not be as objective as they might believe.

2. Using AK muscle testing to diagnose nutritional problems has potential for error. On occasions, I have substituted the vitamin being held by the patient, and being tested by an AK practitioner to see if the patient would benefit from taking it or not, for household bleach. The practitioner found that the patient did not need the vitamin because he believed that it was the real thing, rather than a poison. I suspect that the same type of result would happen with any nutritional or remedy of that sort – it is the practitioner's belief that governs the result, not what is actually in the container being tested. (A word of warning – don't substitute poisons for nutrients when placing them in the patient's mouth!)

3. Viewing patients as 'biocomputers', where particular muscles relate to particular organs, trigger points and emotions, is over simplistic. Individuals have differing reflex patterns and emotional associations with aspects of their bodies, and a pleasant sensation for one person may be noxious for another. This means that one shouldn't generalize and produce charts and diagrams which state that this muscle or point means that emotion and so on, as each patient will have their own individual patterns.

4. Clive Lindley-Jones emphasizes the precision and scientific accuracy of AK, when in fact it is highly subjective. Not that there is anything wrong with our work being subjective as most studies suggest that there is little objective agreement in even the most basic osteopathic palpatory assessments. So most of our osteopathic work is the subjective interaction of an individual practitioner with an individual patient. It is the erroneous belief that the diagnoses made with AK are objective that is the delusion. I suspect that it is not the actual strength of muscles that is being tested in any case. I suspect that if standard strength-testing machines are used then AK won't work.

On the positive side any method that encourages osteopaths to ask questions and investigate our patients more thoroughly, particularly when trying to understand complex functional problems, is to be applauded. I consider that these ends can be achieved with more accepted osteopathic skills and the elaborate performance of AK is likely to delude and confuse, rather

Helix House Natural Health Centre
15 Warwick Street , Oxford, OX4 1SZ, UK

Tel / Fax: (+**44) 01865 243351**
Email: **info@helixhouse.co.uk**
Website: **www.helixhouse.co.uk**

than clarify. As Lindley-Jones states AK has a “magpie disposition”; it seems to include everything, yet has little grounding in reality. Needles to say I do not think that it should be an officially accepted part of osteopathy.

Hopefully this letter will stimulate an academic debate, rather than indignant replies from hurt practitioners. I know that they are very successful and have hundreds of grateful patients who have at least short-term improvement. However the same can be said for any sort of therapy, so it does not mean that the foundations of the method are sound.

Source : Osteopathy Today, April 2002
Supplied by : Andrew Ferguson
Link : *Not supplied*