WEBINAR 25/03/20





הסבר על מושגי יסודות של הקינזיולוגיה היישומית



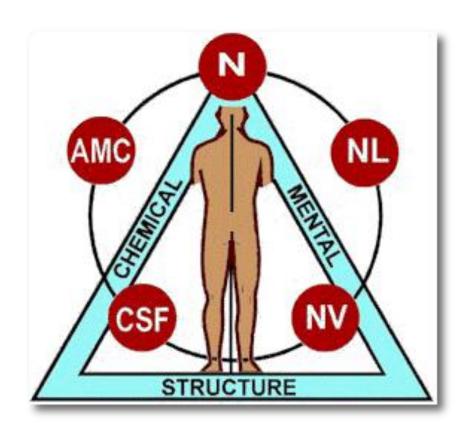


Factors influencing muscle weakness

- Innervations
- Stabilisation
- Local muscle problem
 - □ Fascia
 - □ Trigger point
- Reflex











- "N" nervous system
 - spinal subluxations,
 - peripheral nerve entrapment,
 - □ disturbance in neurotransmitters,
 - □ improper stimulation of the various types of nerve receptors, and
 - □ nutrition by the gustatory receptors

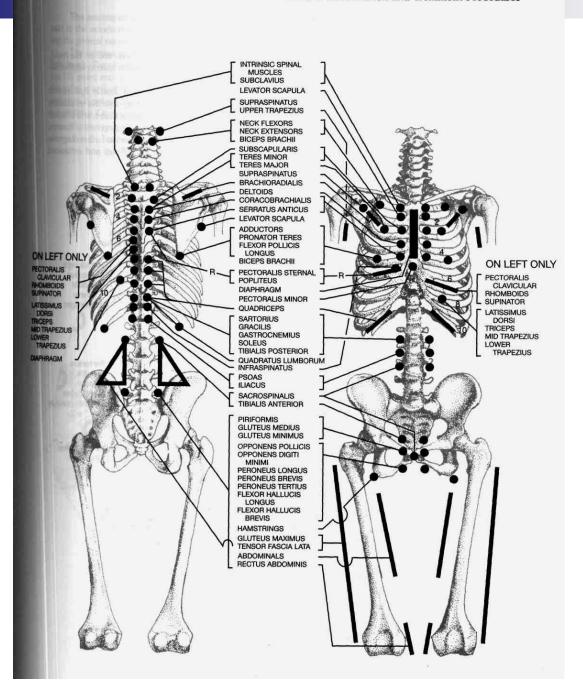




- " NL" neurolymphatic reflexes
 - □ Frank Chapman, D.O., discovered the "Chapman reflexes" in the 1930s
 - □ He correlated the reflexes with specific organs and glands.
 - □ Goodheart correlated the neurolymphatic organ association with specific muscle association.

General Examination and Treatment Procedures



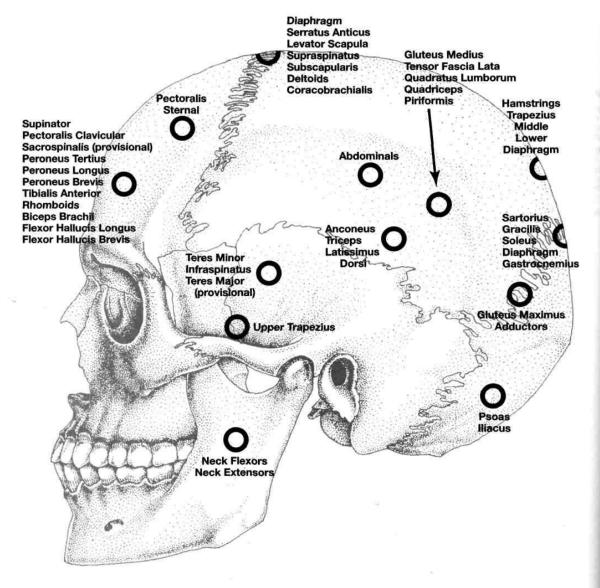






- "NV" neurovascular reflexes
 - Bennett reflexes that have been incorporated into applied kinesiology.
 - □ applied kinesiology primarily uses reflexes located about the head.





2-47. Lateral view.





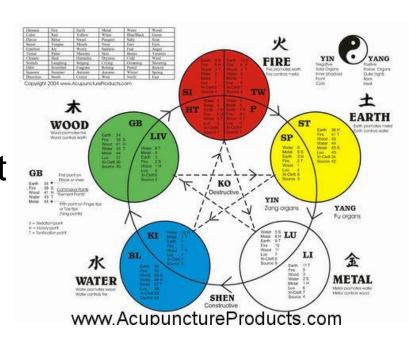
- "CSF" cerebrospinal fluid associated with the cranial-sacral primary respiratory mechanism
 - □ It relates to the autonomous movement of the bones of the skull, sacrum, and pelvis, and has become an important part of applied kinesiology examination and treatment.





"AMC" - acupuncture meridian connectors

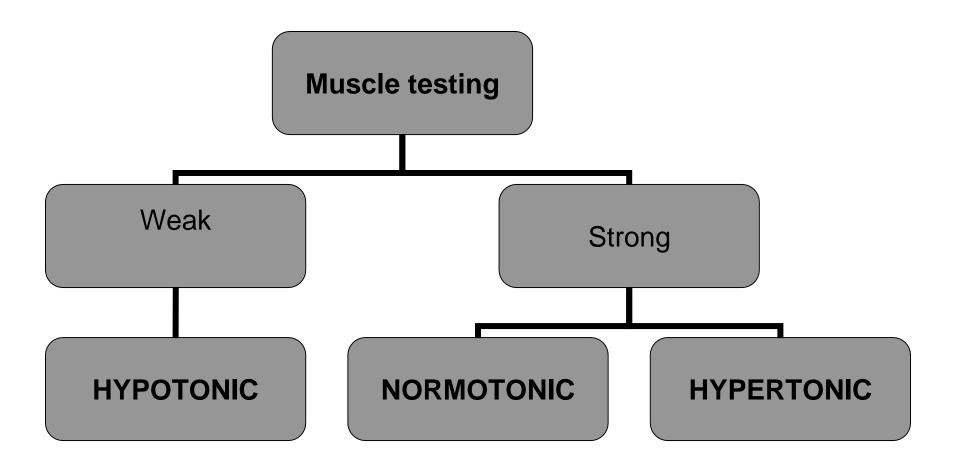
The meridian system has become both an important examination and a therapeutic aspect of applied kinesiology.







Interpretation of the findings





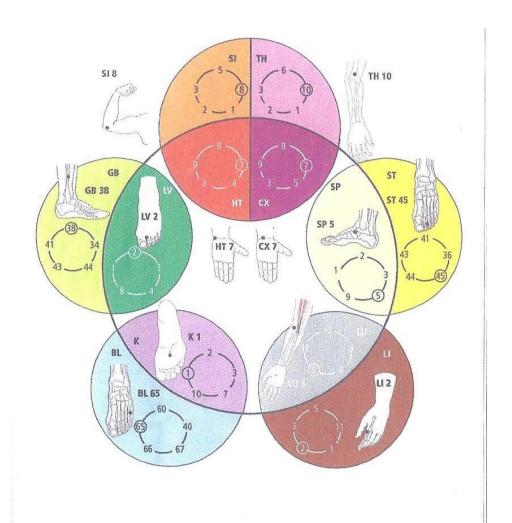


Normotonic muscle

- Normotonic muscle is defined as one which is strong, but is perceived a weakening when one of the following procedure is used:
 - □ TL to sedation point
 - □ Running the meridian in reverse
 - Spindle cell manipulation
 - □Magnet



SEDATION POINTS







Hypertonic muscle

- Individual muscle
- General hypertonicity





Muscle proprioceptors

- Neuromuscular Spindle Cell
- Golgi Tendon Organ

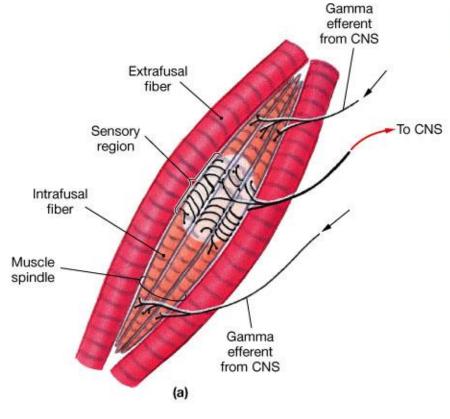


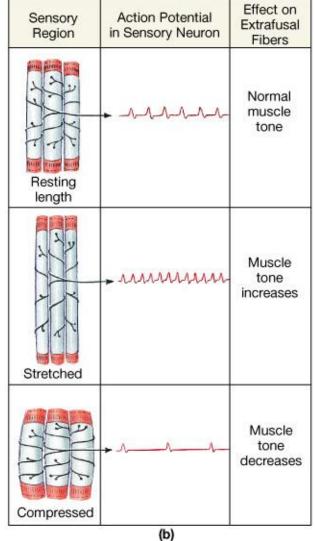


Neuromuscular Spindle Cell

- Neuromuscular spindles are located throughout the muscle, with a higher concentration in the central belly
- The muscle spindle varies in length from 2-20 mm

Response characteristics of the stretch receptor five medicine school another example of *frequency coding*.

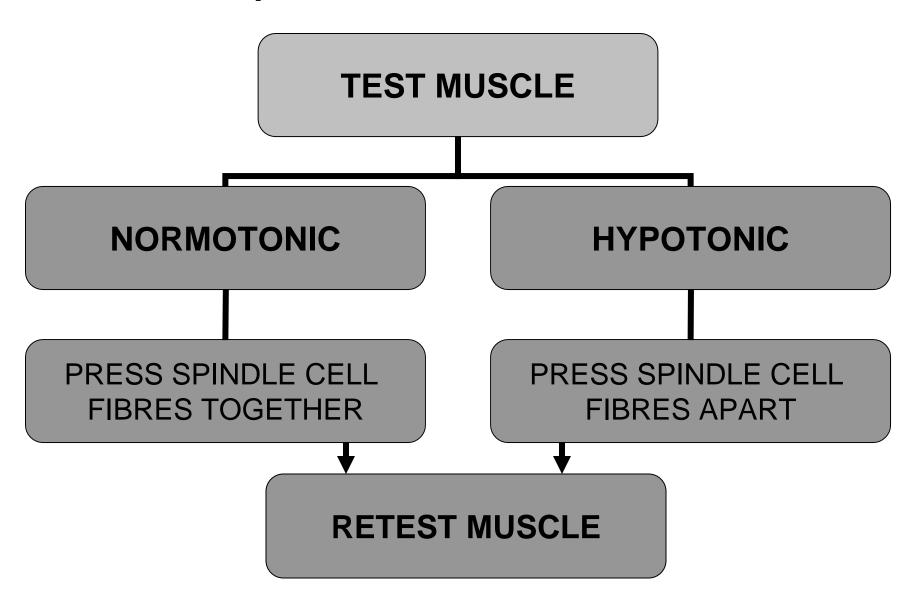








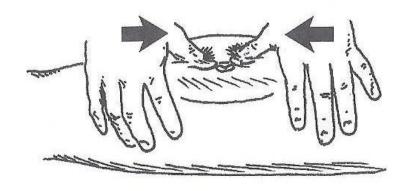
Muscle Spindle Cell



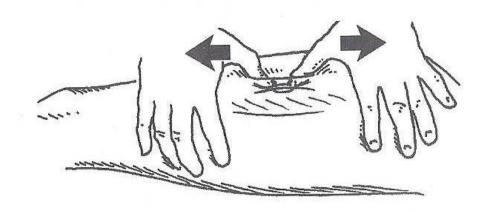




Spinle Cell



2—62. Digital pressure toward ends of neuromuscular spindle to weaken muscle.



2—63. Direction of digital pressure to strengthen muscle which is weak from apparent neuromuscular spindle malfunction.





Cause of muscle spindle dysfunction

- Injury to spindle cell from over contraction or stretching of intrafusal fibers
- Direct trauma to capsule of the spindle cell causing swelling of spindle leading to mechanical pressure on receptor area
- Lack of gliding motion due to adhesion in intrafusal fibers to capsule
- Trained learned response as in weight lifters, arm wrestlers etc.
- Overused muscle





Golgi Tendon Organ

- The Golgi tendon organs are located in the tendon close to the musculotendinous junction.
- A few to many muscle fibers an average of ten to fifteen — are attached to each Golgi tendon organ.
- The Golgi tendon organ is situated in series with the muscle, whereas the neuromuscular spindle cell is parallel to the muscle.





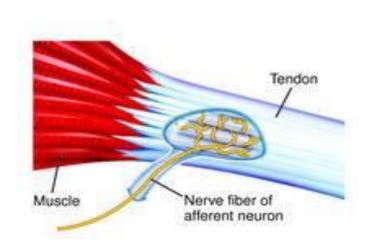
Golgi Tendon Organ

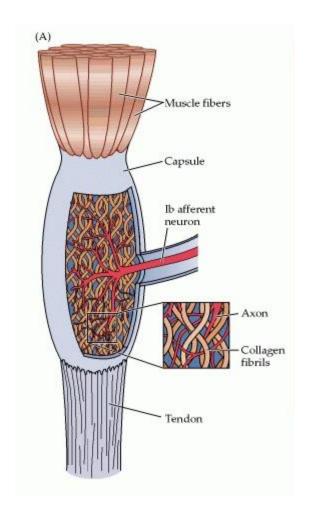
- Golgi tendon organ monitors muscle tension
- The primary purpose of the Golgi tendon organ is to protect the homonomous muscle





Golgi tendon organ

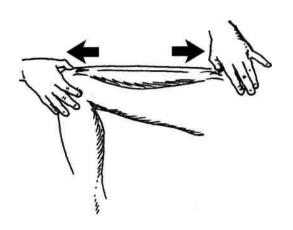




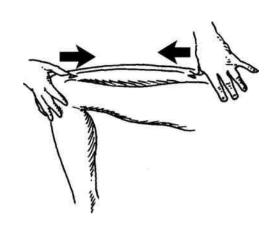




Golgi tendon



Direct pressure over Golgi tendon organ away from belly to weaken

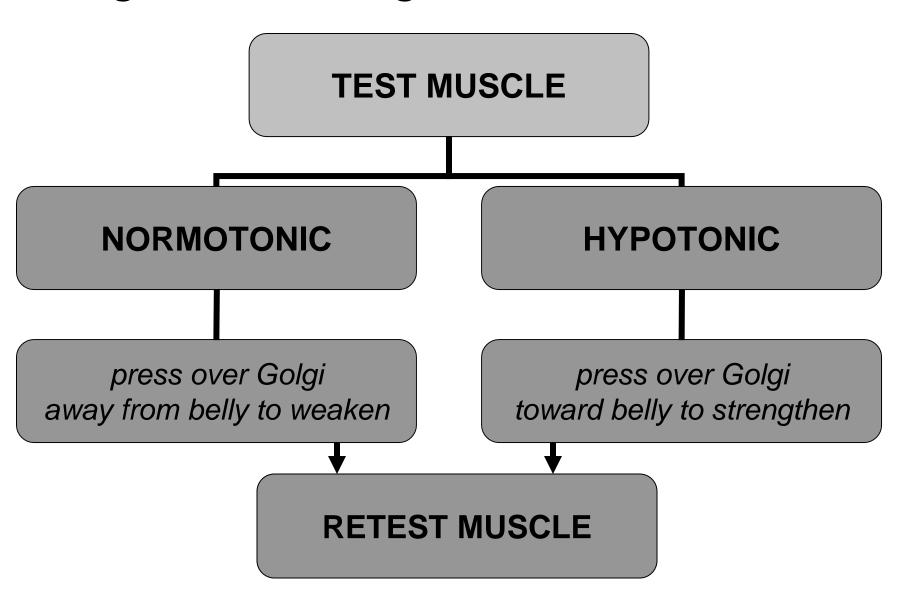


Direct pressure over Golgi tendon organ toward belly to strengthen





Golgi tendon organ







Causes of Golgi Tendon dysfunction

Direct trauma to Golgi tendon receptor

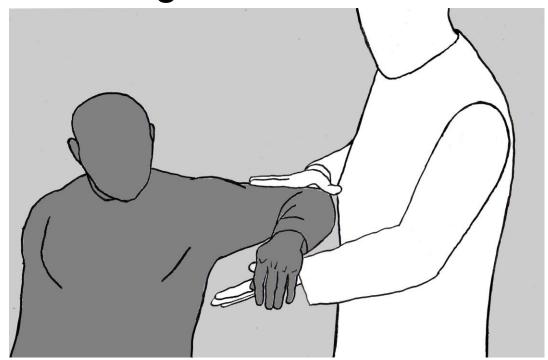
 Unstable area of insertion causing to excessive stretch of the Golgi tendon receptors during contruction





In the clear:

testing a muscle but doing nothing to influence either its strength or its weakness







Indicator muscle:

- a muscle tested to determine if there is a change in its strength as a result of some testing mechanism applied to the body.
- Generally an indicator muscle is strong prior to the test, and weakens as a result of the testing procedure





Associated muscle:

- a muscle tested to determine if there is a change in its strength as a result of some testing mechanism applied to the specific area or organ
- usually AM is connected to checked area anatomically or by any other mechanisms.





Challenge:

a mechanism used as a testing procedure to determine the body's ability to cope with external stimuli, which can be physical, chemical, or mental. An example of a physical stimulus is pushing on an articulation and determining muscle strength change. Chemical stimulus occurs when one inhales potentially toxic chemicals or chews nutritional factors. Mental stimuli include thought processes, either pleasant or unpleasant to the individual.





Challenge:

After an external stimulus is applied, muscle testing procedures are done to determine an improvement in or weakening of the muscle strength as a result of the stimulus.





Therapy localization:

A procedure of placing the patient's hand over areas of suspected involvement, then using muscle testing procedures to determine any change in strength. Placing the patient's hand on different locations stimulates nerve endings and/or possibly changes the patient's electromagnetic energy field. Therapy localization is strictly a diagnostic tool that is to be combined with the other diagnostic findings to arrive at a final conclusion. It has no known therapeutic value.





Temporal tap:

a method used to temporarily disturb sensory filtering mechanisms in the brain in order to monitor the degree of the therapy's effect, or to aid in the modification of habit patterns





אינדיקטורי - אסוציאטיבי

- שריר אינדיקטורי 🔳
- חזק (TL) מחליש + טיפול challenge+ חזק □
 - שריר אסוציאטיבי
 - חלש + טיפול (TL) חזק □



מרכיב ראשוני

- זיהוי מרכיב ראשוני
- מחזק לא רק את השריר האסוציאטיבי אלא גם שריר TL מחזק לא רק את השריר האסוציאטיבי אלא גם שריר אחר הנמצא בהיררכיה יותר נמוחה
 - שמחזק את כל השרירים בגוף ראשוני TL 🗆





זיהוי סוג הבעיה

- סוג הבעיה ■
- מכני גירוי מכני מחזק
 - מטבולי 27K מחזק ■
- רגשי שתי אצבעות על המצח מחזק ■
- ש אנרגטי יד פתוחה מעל הטבור מחזקת, או העברת היד לאורך המרידיאן, או שימוש בנקודות ALARM.