

Integrative Kinesiology Class 3 Summary

Meridians, Pain Relief, and Structural Techniques

Introduction

This class covers a range of applied kinesiology techniques, from understanding acupuncture command points using memory cues to practical pain relief through meridian walking, structural corrections, and scar clearing. John weaves clinical demonstrations with memory techniques designed to make complex acupuncture theory intuitive and accessible.

Part 1: Command Points Memory Techniques for the 5 Elements

The Core Concept

Every meridian has a series of command points located distally (near the fingers and toes) that correspond to the five elements: Wood, Fire, Earth, Metal, and Water. Rather than memorizing them by rote, John offers vivid imagery to make recall effortless.

The Women and the Wooden Bucket (Yin Meridians)

"The women go to the well with a wooden bucket. Have you ever seen a wooden bucket? Kind of olden days. So they come — yin — their distal points are well points. They're wood."

Key Rule: All yin meridians begin distally with **Wood**.

Following the Sheng (creation) cycle from Wood:

- Point 1 (distal/well): **Wood**
- Point 2 (spring): **Fire**
- Point 3 (stream): **Earth** (*implied by cycle*)
- Point 4 (river/ankle or wrist): **Metal** — *"The women wear metal bracelets on their ankles and wrists."*
- Point 5 (sea/knee or elbow): **Water** — *"I see a picture of the women wading in the water up to their knees."*

Examples:

- Spleen 1 = Wood, Spleen 2 = Fire, Spleen 3 = Earth
- Liver 1 = Wood, Liver 2 = Fire, Liver 3 = Earth
- Heart 9 = Wood, Heart 8 = Fire
- Kidney 1 = Wood, Kidney 2 = Fire, Kidney 10 = Water (knee)

The Men and the Metal Bucket (Yang Meridians)

"The men, they are more into hardware— they like metal. So they have a metal bucket."

Key Rule: All yang meridians begin distally with **Metal**.

Following the Sheng cycle from Metal:

- Point 1 (distal/well): **Metal**
- Point 2 (spring): **Water**
- Point 3 (stream): **Wood**
- Point 4 (river/wrist): **Fire** — *"The men would do these fire-twirling batons... fire all over the wrists."*
- Point 5 (sea/knee or elbow): **Earth** — *"The boys, they like to play in the dirt. They get down on their knees and elbows, and they crawl in the dirt — in the earth."*

Examples:

- Large Intestine 1 = Metal, LI 2 = Water, LI 3 = Wood
- Triple Warmer 1 = Metal, TW 2 = Water
- Small Intestine 1 = Metal
- Bladder 67 = Metal, Bladder 66 = Water, Bladder 65 = Wood
- Stomach 45 = Metal

The Gallbladder Exception

"That's the outlier. It had the gall to try to be different than the rest."

Gallbladder skips a point: GB 44 (Metal) → GB 43 (Water) → **skips GB 42** → GB 41 (Wood).

Clinical Application

You do not need to memorize exact point numbers. If you know the element you need and the meridian you're working on, you can palpate along the meridian and use muscle testing to confirm the point:

"If it's out and you know it's the point you need to work, a strong muscle is going to go weak when you hit it."

Part 2: Meridian Walking for Pain Relief

What Is Meridian Walking?

Also called **acupressure for pain**, this technique involves locating a painful point on a meridian and systematically palpating along it to find and release blockages — without memorizing point numbers.

"Think of it like... you're shoveling the walk. There's not much snow; it's drifted off. And then you get to a pile — okay, I've got to stop and shovel the pile. We're clearing the pipes along the way, like a clog in the pipe."

Step-by-Step Protocol

Step 1: Identify the pain and the meridian

- Have the client touch the most painful area
- Test an indicator muscle — it should go weak
- Confirm which meridian is involved (visually via a chart, or by thinking the meridian name while testing)

Step 2: Test and balance associated muscles

- Test muscles associated with the identified meridian
- If weak, balance them using standard corrections (neurolymphatic points, neurovascular points, etc.)
- Pain often reduces significantly at this step alone

Step 3: Walk the meridian

- Hold the pain point with one hand
- Begin palpating along the meridian (preferably toward the distal end where command points are concentrated)
- When you find another tender point, hold both simultaneously
- Wait for one to release, then continue walking
- Breathe deeply throughout — instruct the client to do the same

Step 4: Clear remaining points

- If one point stubbornly holds, hold the terminal point of the meridian (the endpoint on the face or the distal tip) simultaneously
- Flush the meridian back and forth to break up residual blockage

Step 5: Trace the meridian to finish

"Always finish with three or four [strokes] the way the meridian runs — to finish the technique."

Clinical Notes

- This technique requires no muscle testing experience to begin — just palpate and ask the client when they feel tenderness
- It is especially effective for pain that persists despite clear structural findings
- Years of chronic pain can respond to meridian walking when the blockage is energetic rather than physical

"I've had people who had years of pain that never cleared up, even though physically it cleared up. That's the thing when you have energy blocked in the field or the meridian."

Part 3: Hidden Muscles

What Is a Hidden Muscle?

A hidden muscle (termed a "**51 percenter**" by George Goodheart) is a muscle the body has kept just barely functional — enough to test strong in isolation, but not truly at full capacity.

"The body says, 'I'm going to pull just enough energy from my resources to have that muscle appear strong' — but it's not 100%."

How to Identify It

1. Test the muscle — it appears **strong**
2. Have the client touch the neurolymphatic point for that muscle
3. Retest — the muscle now goes **weak**
4. Remove their hand — it returns to strong

When to suspect a hidden muscle:

- A postural sign suggests the muscle should be weak, but it tests strong
- A symptom matches a specific muscle (e.g., difficulty climbing stairs → quadriceps), but the muscle tests fine
- After a correction, the more mode (see below) suggests there is more to address

Part 4: Aerobic (Sustained) Muscles

What Is an Aerobic Muscle Failure?

Some muscle fibers are aerobic — they require sustained oxygen delivery via the lymphatic system. When these fibers are compromised, the muscle tests strong initially but weakens with repeated testing.

"When they do an endurance activity, they go weak... A hair stylist — 'I'm good for the first person. But by the third person, I can hardly keep my arms up.'"

How to Test

1. Test the muscle once — **strong**
2. Test it repeatedly (8–10 times in succession)
3. If it fails by the 5th repetition, **aerobic failure is present**

Correction

Rub the neurolymphatic points for that muscle for 2–3 minutes. Retest — strength should be restored and maintained through repeated testing.

Especially useful for:

- Endurance athletes (runners, cyclists, triathletes, swimmers)
- People who tire quickly when walking, climbing stairs, or doing repetitive work
- As a pre-event warm-up for any athlete

Part 5: Myofascial Release

Why It Matters

Fascia is the connective tissue through which meridians run. When fascia becomes tight — from injury, poor posture, accidents, or chronic stress — energy flow is impeded and muscles become dysfunctional.

"When you iron out and loosen the fascia, they have tremendous energy flow. And it itself is often a fantastic technique."

How to Identify the Need

1. Test the muscle — **strong**
2. Stretch the muscle in the direction opposite to its test position (2–3 times)
3. Immediately retest — if it goes **weak**, myofascial release is needed

Note: Retest within 1–2 seconds of the stretch. If more time is needed, put the muscle in circuit first.

Two Techniques

1. Slow Deep Stroking (Origin to Insertion)

- Use fingertips or ulna (like a rolling pin for larger muscles like the IT band)
- Apply oil or lotion for comfort
- Stroke slowly — approximately half an inch per second
- Go toward the heart
- Work to the client's tolerance — it can be exquisitely tender

2. Pin and Stretch

- Press fingers into the belly of the muscle
- Hold that pressure (pin) while the client slowly moves through the range of motion
- Especially effective for the upper trapezius, hamstrings, and IT band

Always Follow With Neurolymphatics

"You just opened up the muscle to have much better lymphatic flow... We have to say, 'Get out. Bring the garbage trucks and haul away all the trash we put out on the curb.'"

Most commonly needed muscles:

- Pectorals (chronically tight from hunching over)
- Upper trapezius
- Hamstrings
- Quadriceps
- Fasciae latae / IT band

Part 6: The More Mode

The more mode is a simple indicator test used to determine whether a correction is complete or requires additional work.

Hand position: Touch the tip of the index finger and middle finger to the tip of the thumb (forming a loose pinch).

Two Uses

Use 1 — After a correction: Apply the more mode while testing the muscle.

- If it goes **weak** → more is needed
 - Test: more of the **same** correction? Or something **new**?
 - If "more of the same" indicator goes weak → repeat the same correction longer
 - If "something new" indicator goes weak → use your menu to identify what else is needed (meridian trace, neurovascular, origin/insertion, etc.)
- If it stays **strong** → correction is complete

Use 2 — On a muscle that tests strong in the clear: Apply the more mode before any correction has been done.

- If it goes **weak** → something is hidden (hidden muscle, sustained failure, or myofascial release needed)
- Ask: hidden? Sustained? Myofascial release? The indicator will confirm which.

"When a muscle is strong and you think, 'I'm not sure — there might be something else going on there,' that's when you pull this out."

Part 7: Priority Mode

The Concept

Just because something tests weak does not mean it should be corrected first. The body has priorities — and addressing them often resolves other imbalances automatically.

"If something isn't a priority and I think it mentions this in your notes — you do the priority and it fixes the stuff that wasn't the priority."

How to Use It

When a muscle (or alarm point, or circuit-located area) tests weak, apply the priority mode before correcting it.

If it is a priority: Correct it. This may resolve other weaknesses that were not themselves priorities.

If it is not a priority: Do not correct it yet. It may become a priority once the actual priority is addressed — or it may self-correct.

Part 8: Gait Reflexes

The Origin of the Technique

Goodheart observed a patient who felt great after a session but whose pain returned by the time he walked to his car. This led to the discovery that specific acupressure points on the feet govern the coordinated firing patterns required for walking.

"He figured out these acupressure points on the feet are the signaling method... Many times, especially if people have really tight shoes, like high heels, you're cramming those acupuncture points, and they're not breathing to signal properly."

Key Points on the Feet

- **Spleen 3** (inside of the foot, at the first metatarsal knuckle) — Yin, Fire point
- **Liver 2** — Yin, Fire point
- **Gallbladder 43** — Yang point
- **Bladder 65** — Yang, Wood point
- **Kidney 1** (bottom of the foot) — Yin, Wood point

How to Check and Correct

Quick method (circuit locating): Place fingers on the gate points and test an indicator muscle. If it goes weak, the gates need to be cleared.

Full method: Test coordinated movement patterns (arm and leg together, mimicking the gait cycle) — weakness indicates gait dysfunction.

Correction: Rub all the gate points firmly for 1–2 minutes before walking, exercise, or athletic competition.

"I must have passed 500 people in the last six miles [of the New York Marathon]... I sat down and rubbed my gaits, took my shoes off, and got back up. I had a super second wind."

Part 9: Local Ligament Injury Reset

When to Use

Any time there is a sprain or ligament injury, whether recent or from decades ago. Old, unresolved ligament injuries can contribute to long-standing pain and structural imbalance.

The Principle

When a ligament is stretched by an injury (rolling an ankle, falling, or jamming a joint), the corrective action is to **shorten** the affected ligament by positioning the joint in the **opposite direction** of the injurious force.

"If I rolled my ankle like this, the correction is to do the opposite way and push that together. The ligaments that were stretched are now shortened."

Procedure

1. Identify the direction of the original injury force
2. Apply gentle pressure in the **opposite direction** — until the position feels comfortable to the client
3. Hold that position for up to **3 minutes** while the client does a **temporal tap** on the left side of the head
4. Retest — the area should test strong and feel improved

Also useful for:

- Birth-related ligament trauma (hip compression)
- Surgical scarring in and around joints
- Old falls, bike accidents, sports injuries

Part 10: Clearing Scars

Why Scars Matter

"75% of scars cause indicator change... Some energy blockage through that scar has lost its ability to transmit Qi."

Scars can interrupt meridian flow, block energy, and prevent corrections from holding. Any disruption to the skin surface — including tattoos, piercings, injection sites, insect bites, and lipomas — can have a similar effect.

Step-by-Step Protocol

Step 1: Test the scar

- Touch or circuit locate the scar
- If an indicator muscle goes weak, the scar needs to be cleared
- Check the priority mode to confirm
- If an emotional component is suspected, have the client touch their frontal eminences (ESR points) — if this clears the weakness, include emotional stress release in the session

Step 2: Determine the correction method. While touching the scar, test which of the following strengthens the indicator:

- **Oil and stretch** (for well-healed, older scars only)
- **Stroking** (light strokes across the scar)
- **Tibetan figure eights** (hands moving diagonally over the scar without touching — safe for fresh scars)

Step 3: Apply the correction

For stroking:

- Stroke across the scar in one direction, then the other
- The direction that weakens the muscle is the **weakening direction**
- Stroke in that direction on a full **inhalation** (breath strengthens the correction)
- Work the full length of the scar

For figure eights:

- Pass the hand diagonally over the scar in both directions
- The direction that strengthens the muscle is the one to use
- Move in figure-eight patterns through the field above the scar

For oil and stretch:

- Apply a small drop of oil
- Gently open and stretch the scar tissue
- Only appropriate for scars that are fully healed

Step 4: Meridian challenge If the scar crosses or lies near a meridian:

- Run the meridian through the scar area in both directions
- The weakening direction confirms meridian disruption
- Flush the meridian back and forth through the area
- Finish by running the meridian in the strengthening direction several times
- Retest the scar — it should now be clear

"Clearing scars is something to look for when corrections aren't holding."

Summary: Quick Reference — When to Use Each Technique

Technique	When to Reach for It
Meridian Walking	Localized pain along a meridian that hasn't resolved with structural work
Hidden Muscle	Muscle tests strong but posture or symptoms suggest it should be weak
Aerobic/Sustained	Client fatigues quickly during repetitive activity or endurance exercise
Myofascial Release	Postural stress, past injuries, hunched posture, athletes with tight tissue
More Mode	Unsure if a correction is complete, or suspecting something is hidden
Priority Mode	Multiple findings — need to know what to address first
Gate Reflexes	Fatigue when walking, poor endurance, pre-event athletic preparation
Ligament Reset	Any sprain or joint injury, old or new
Scar Clearing	Corrections aren't holding, or a scar is present anywhere on the body

A Note on Learning

John's consistent advice throughout: build a small, reliable toolkit rather than trying to master everything at once.

"Get four, five, six techniques from each of the advanced courses — have them down and get profound results with the easy-step stuff."

And the foundation of all of it:

"The field is the sole governing agency of matter." — Albert Einstein (as cited in class)

Muscle testing allows you to ask the body what it needs, then confirm when it has received it. Every technique in this class is a tool to restore communication — whether through fascia, meridians, ligaments, or the field itself.