Kinesiology Integration Course — Monday Review Session

Morning Routine & Brain Warm-Up Techniques

A foundational technique recommended to do first thing in the morning.

Wim Hof Breathing

A powerful oxygenation and anti-inflammation practice. John's personal protocol:

1. Begin four rounds of forced breathing (similar to yogic breathwork), lasting two to three minutes each.
2. After each round, hold your breath:
    - Round 1: hold for one and a half minutes
    - Round 2: hold for two minutes
    - Round 3: hold for two minutes
    - Round 4: hold for two and a half minutes
3. With practice, three-minute breath-holds become achievable.

Ear Unrolling

Done as part of the morning warm-up. Also beneficial, specifically for neck issues.

Neurolymphatic Rub

Rub the neurolymphatic reflex points to stimulate the lymphatic system and support energy flow.

Hookups (Wayne Cook Technique)

A polarity-balancing exercise that also improves focus.

1. Cross one leg over the other and cross the hands together, interlacing the fingers, and bring them up toward the chest.
2. Hold for approximately one minute.
3. Uncross everything, place the fingertips together lightly, tongue on the roof of the mouth.
4. Breathe in through the nose, out through the mouth.
5. Bring the tongue down on the exhale.

Purpose: Corrects polarity reversal, balances the body's electrical system, and improves focus.

Positive Points (Frontal Eminences)

Hold or lightly touch the frontal eminence points on the forehead while doing affirmations or visualization to engage the prefrontal cortex.

The SAVERS Morning Routine (from *The Miracle Morning*)

Apply this sequence as a structured daily practice:

1. **S — Silence:** Meditative breathing (e.g., Wim Hof breathing).
2. **A — Affirmations:** Tap in positive statements and release unwanted patterns (e.g., "I let go of procrastination").
3. **V — Visualization:** Hold the positive points while visualizing the day going well. Programs the subconscious toward desired outcomes. Used extensively with world-class athletes and performers.
4. **E — Exercise:** Prioritize strength training in the morning to activate dopamine (e.g., pull-ups, push-ups, weights).
5. **R — Reading:** Read a paragraph of an inspiring or philosophical book and meditate on its meaning.
6. **S — Scribing:** Write in a gratitude journal.

Foundational Assessment Principles

Beginning Every Session

1. Establish a strong indicator muscle.
2. Check for dehydration.
3. Check for neurological switching.
4. Ask the client what they want to get out of the session.
5. Circuit-locate the area of complaint.
6. Run through the hand modes (structural, nutritional, emotional, electrical) to determine priorities.

The Priority Rule

Always establish priority before correcting. If a finding is not a priority, continue gathering information. Return to it later and check whether it has self-corrected or emerged as a priority.

Opposing Muscle Theory

A foundational concept originating with George Goodheart:

- When a muscle is tight, the opposing muscle is typically weak.
- Strengthening the weak muscle allows the tight one to release — no direct manipulation of the tight muscle is needed.
- Example: Weak lats → tight upper traps. Weak neck flexors → tight neck extensors.

Postural Assessment

Visual Observation

Train the eye to observe clients walking and standing:

- Pigeon-toed gait often indicates a weak gluteus maximus on that side.
- Knock knees in runners often indicate overtraining and depleted adrenals (in the sartorius and gracilis muscles).
- Swayed low back (lordosis) often correlates with weak gluteus maximus.
- Collapsed shoulder height, head tilt, and rotated arms all provide diagnostic information.

Goodheart's instruction: "*Look with eyes that see, listen with ears that hear.*"

Photographic Documentation

Take before-and-after photos of posture (with client permission) using a plumb line or grid for reference. This was a cornerstone of Goodheart's original approach and provides measurable evidence of change.

The 14-Muscle Touch for Health Protocol (Fix as You Go)

Originated by John Thie. Used as a complete balancing session without priority modes.

1. Check each of the 14 primary muscles, one per meridian.
2. Begin with supraspinatus, then proceed: stomach, spleen, heart, small intestine, and so on through the meridians.
3. If a muscle tests weak, immediately apply the correction (neurolymphatic, neurovascular, meridian trace).
4. Proceed to the next muscle.

Student result: A client with postural misalignment was tested for switching and received deep switching correction, plus the sacro-occipital and Yaw techniques. His posture improved visibly, and his flexibility increased immediately after the session.

Structural Corrections

Pelvic Category One Correction

Assessment:

1. With the client prone, test the sacrospinalis bilaterally.
2. If one side is weak, test the opposite piriformis.
3. If the piriformis is also weak, check for a Category One pattern: one hand on the sacrum, one on the ilium — confirm with hamstring test if needed.
4. Check priority mode. If it is a priority, proceed with the correction.

Block placement:

1. Press the ischium on one side and the ilium on the other to determine which direction goes strong.
2. Place blocks accordingly.
3. Confirm correct placement by asking the client if the position is comfortable, and retest — the indicator should now go strong.
4. On the uninvolved side (no block), press down firmly ten times on the ischium.
5. Remove the blocks and retest.

Additional checks: Rub the K27 points and note which side is more tender — this often corresponds to the involved side.

Student observation: After the Category One correction, the client's K27 tenderness reduced and the sacrospinalis and piriformis muscles both strengthened.

Dural Torque Check

With the client prone, apply a gentle longitudinal stretch to the spine. If the indicator goes weak, a dural torque correction is needed.

Muscle Balancing for Neck and Upper Back

Muscles to Assess for Neck Complaints

Test each of the following and note which are weak:

- Latissimus dorsi (opposing muscle for the upper traps)
- Scalenes (anterior, middle, posterior)
- Sternocleidomastoid (SCM) — bilateral weakness is common
- Levator scapulae
- Upper trapezius — feather (brush lightly) to check for myofascial involvement
- Sacrospinalis — weakness here pulls tension up through the entire spine to the cranium

Key principle: If the SCMs and scalenes (neck flexors) are weak, the neck extensors become tight. Balance the weak muscles first.

Balancing the Lats

1. Run the hand modes on the weak lat. If structural, proceed with neurolymphatic and neurovascular work.
2. Rub the neurolymphatic reflex points.
3. Hold the neurovascular points.
4. Retest.

Gluteus Maximus

An often-overlooked contributor to low back and postural problems.

1. Test in the standard position (external rotation).
2. If weak, check the neurolymphatic points — they run along the IT band just anterior to the tensor fasciae latae. These are frequently very tender.
3. Apply the origin-insertion technique if indicated.
4. Rub the neurolymphatics for two to three minutes.
5. Retest.

John's observation: When working on the demonstration client, the gluteus maximus was unexpectedly weak, and its neurolymphatic points were extremely tender — confirming it as a significant contributor to her postural pattern.

Myofascial Release

Pin and Stretch for the Upper Trapezius

1. Seat the client upright.
2. Assess the muscle severity (e.g., a seven on a ten-point scale).
3. Pin the upper trapezius with the thumb or fingers at the belly of the muscle.
4. Instruct the client to slowly tilt the head away from the pinned side as far as comfortable.
5. Instruct the client to breathe deeply throughout the stretch.
6. Allow a full breath cycle, then return to neutral.
7. Repeat two to three times.
8. Apply a slow, deep longitudinal myofascial strip down the length of the muscle fibers.
9. Finish by rubbing the neurolymphatic reflex points for the upper trapezius.
10. Repeat on the opposite side.

Note: Fluoromethane (cold spray) was historically used to enhance release. Ice can be substituted: apply two to three strips of ice along the muscle while stretching.

Important: Always finish any myofascial release with neurolymphatic work.

Student result: After pin and stretch on both sides plus neurolymphatic work, the client reported a significant reduction in upper trap tightness and neck stiffness.

Cranial Corrections

Lateral Occiput Correction

1. Ask the client to stick out their tongue to one side, then the other.
2. The direction that strengthens the indicator reveals the nature of the lateral occiput restriction.
3. Correctly use the appropriate cranial technique.

Sphenoid / Palate Technique (Pineal Correction)

1. The client places their thumbs just inside the upper back molars (maxilla).
2. Pull outward with firm, sustained pressure.
3. Retest.

Note: Working through the upper molars affects the sphenoid bone more directly than the lower jaw.

Hard Palate Correction (Learning Disability Protocol)

Used when the hard palate shows a convexity, which may relate to difficulty focusing.

1. The client places both index fingers on the roof of the mouth.
2. On the inhale, push upward firmly, then exhale and relax.
3. Repeat for two to three breath cycles.
4. Retest.

Meridian and Energy Work

Identifying the Water Element Imbalance

- Kidney 10 (back of the knee)
- Spleen 9 (just below the knee, medial aspect)

In the demonstration session, the client's Umbilicus point was tugged toward water. Spleen 9 (the water point on Spllen) was tested and immediately strengthened the indicator. This was carried forward as a key meridian reference throughout the session.

Spleen Meridian Work

1. With the muscle in circuit, walk up the spleen meridian point by point, testing each one.
2. Spleen 9 and Spleen 21 both strengthened the indicator in the demonstration.
3. Hold Spleen 21 bilaterally while the practitioner holds Spleen 9.
4. Have the client breathe deeply for one to two minutes.

Gallbladder Meridian and the Neck

The gallbladder meridian passes directly through the neck. When emotional content is found in the neck area, gallbladder beginning-end points are an excellent first choice.

1. Circuit-locate the neck area.
2. Add the emotional finger mode — if the indicator goes weak, emotional work is needed.
3. Test gallbladder beginning-end points. If the indicator clears, tap the GB 1.
4. Have the client touch the area of complaint while tapping.

Student result: After gallbladder tapping and emotional processing, the client's neck muscle indicator held strong on retest, including with the "more" mode.

Emotional Work

Identifying and Releasing Emotional Contributors

1. After completing structural work, retest the involved area with the emotional mode.
2. Even if the muscle is now structurally strong, it may go weak in the emotional mode, indicating unresolved emotional content.
3. While tapping the relevant meridian point, in this case, GB 1, ask what emotions are present.
4. The client in the demonstration identified anger toward taxes and toward her mother.
5. Guide the client to observe the emotion from a place of pure awareness without resistance.
6. Encourage slow, deep breathing.
7. Simultaneously hold the frontal eminence (positive) points to help clear the emotion.
8. Ask the client to consciously release the emotion and let it drain from the area of complaint.
9. Retest. Confirm with the "more" mode.

Client result: The neck indicator held strong on retest, including the "more" mode, after emotional processing was complete.

Muscle Testing Compensation — What to Watch For

Recognizing Compensatory Holding

A common error in testing: the client compensates with a stronger adjacent muscle, giving a false-positive result.

Example from the session: A client appeared to hold on the quadratus lumborum test, but the space between the hip and ribs was visibly closed — indicating the QL was not actually working. The lats, attaching to the upper iliac crest, were compensating.

How to address it:

- Instruct the client: "Get your whole body relaxed. Don't try to hold anywhere else."
- Watch for rib movement, hip hiking, or visible tension elsewhere in the body.
- For clients who cannot relax compensatory muscles (e.g., those with neurological conditions, very guarded individuals, infants), use a light touch directly on the muscle belly to assess it energetically rather than through standard manual testing.

Aerobic Muscle Protocol for Overuse Injuries and Tendon Problems

Used when a client is performing repetitive physical labor (e.g., horseshoeing, tennis, painting).

1. Identify the muscles being used repeatedly in the repetitive task.
2. Test muscles 1, 2, 3, 4, and 5 (aerobic muscle challenge — hold the position progressively longer with each test).
3. If the muscle weakens under sustained load, it is aerobically compromised.
4. Apply neurolymphatic work to that muscle for two to three minutes.
5. Apply a pin and stretch, or perform myofascial release as indicated.
6. Consider the origin-insertion technique on the tendon attachment.
7. Check for a nutritional component through the hand modes.

For tendon and ligament support, nutritional factors to test:

- Manganese
- Calcium
- B6 or B complex (especially for carpal tunnel-type presentations)
- Essential fatty acids

John's personal result: Chronic carpal tunnel unresponsive to all structural work resolved within two days of adding B complex and calcium.

Supplement Testing and the Biofield

How to Test Supplements

1. Establish a weak indicator in the area of complaint.
2. Place the supplement on or near the client's body (within their biofield).
3. Retest the indicator.
4. If the indicator goes strong, the supplement is likely beneficial.

The principle: Every substance emits a frequency. When a needed nutrient enters the client's biofield, the body's energetic response shifts from weak to strong — similar to a radio signal being received.

Recommended Starter Supplements to Have on Hand (Biotics Research)

- **Betaine Plus HP** — higher-dose hydrochloric acid; test bilaterally on PMC
- **Hydrazyme** — lower-dose hydrochloric acid
- **Methylfolate Plus** — for those unable to assimilate folic acid (approximately one in five people)
- **B12** — especially for vegans and vegetarians; available in chewable form
- **Niacin 100** — daily use for brain, heart, and cholesterol; causes a temporary flush (redness for 10–20 minutes, not harmful)
- **L-Tyrosine** — dopamine precursor; take in the morning
- **CoQzyme 100+** — CoQ10 for heart health
- **Saccharomyces Boulardii** — for gut issues, SIBO, and gut toxins
- **Dysbiocide** — for mold exposure and gut pathogens
- **NAC** — for liver support
- **Methionine** — for heavy metal detox and liver support
- **Cytozyme AD** — adrenal glandular
- **Cytozyme HPT** — hypothalamus and pituitary glandular
- **Aqueous Zinc** — liquid zinc; add to smoothies
- **Cal-Mag** — highly assimilable calcium and magnesium; resolved chronic nighttime muscle cramps for one client and supported bone density through aging
- **Magnesium** — three capsules before bed improves sleep quality
- **Omega-3 / Salmon Oil** — refrigerate; essential fatty acid support
- **Pancreatic Enzymes** — two with each meal; clients have described these as life-changing

Home Program Design

At the end of each session, ask the body whether a home program would be helpful. If yes, test which components are priorities. For the demonstration client, the following were confirmed:

1. Daily neurolymphatic rub for the neck muscles.
2. Gallbladder meridian tapping (outer corner of the eye, GB 1).
3. Periodic upper trapezius stretching throughout the day.

Session Flow Summary

A distillation of the demonstration session's logic, for use as a template:

1. Establish indicator muscle, check switching, and hydration.
2. Clarify the client's goal. Circuit-locate the complaint.
3. Run emergency mode. Determine the priority category (structural, nutritional, emotional, electrical).
4. Find the head point and element (e.g., water, earth). Identify the specific meridian.
5. Begin balancing muscles relevant to the complaint area, following patterns as they emerge.
6. When a pelvic category is found, confirm priority and correct before continuing.
7. Check cranials — they are always relevant when the spine and neck are involved.
8. Return to any emotional findings once structural work is complete.
9. Check the gates before the client leaves.
10. Retest everything that was originally weak.
11. Design and confirm the home program.

John's reminder: Do not try to know what to do before you begin. Let the body lead. Overthinking and over-gathering of information creates confusion. Follow the procedure, trust the findings, and keep it simple.

Student Results Reported in This Session

- **Olga:** Client with postural misalignment and impaired flexibility. After deep switching correction and the petro-occipital yaw technique, posture improved visibly and flexibility increased immediately.
- **Marin:** Two clients presenting with hip and low back pain. Testing revealed unilateral weakness in the sacrospinalis and quadratus lumborum. After balancing those muscles, pain was significantly reduced and remained reduced two days later.
- **Emma (demonstration client):** Chronic bilateral neck stiffness rated at approximately seven out of ten. After a 40-minute session including Category One pelvic correction, gluteus maximus balancing, sacrospinalis and piriformis balancing, SCM and scalene work, cranial corrections, spleen meridian work, upper trapezius myofascial release, and gallbladder emotional processing — stiffness reduced to approximately one out of ten and was described as essentially gone.