KINESIOLOGICAL APPROACH TO LEARNING DISABILITIES

Recent breakthroughs in kinesiological-based medicine coupled with a greater understanding of brain function have made available new approaches to learning disabilities and related disorders. The primary focus in this type of alternative treatment is to identify and remove the underlying neurological deficits in the central nervous system that impede normal language skill development.

A kinesiological-based approach utilizes muscle testing as functional neurological assessment tool to understanding normal and abnormal physiology. This assessment tool offers immediate feedback to the practitioner to assist in diagnosis and formulating the most effective therapy. In this approach, there are three primary areas of concern that are common to everyone with a learning disability, whether it be mild, moderate, or severe. The first involves unique cranial bone faults that require resetting and reestablishing its normal respiratory movement. Correction of the primary fault, the sphenoid bone, neutralizes the physical component affecting the eye muscles related to eye tracking and teaming and the normalization of brain pathways that follow the electromagnetic patterns within the cranial bones. The second component involves the vestibulo-ocular reflex system. This reflex system involves the inner ear, our balance mechanism. An imbalance in the vestibular mechanism (the eight cranial nerve) has a direct influence on balance, walking-running gait, and the potential of scoliosis developing during puberty. The third factor involves the primary deficits of auditory processing and reading.

A typical fist visit will involve a neurological assessment utilizing muscle testing to determine the extent of the vestibular balance fault, level of emotional involvement, and weather or not ADD factors are present. The therapy involves a sequential re-patterning of the gait reflexes, digestive, endocrine, and immune systems. These reflexes make up our basic survival systems of fight/flight, feeding, and reproduction. By the completion of the forth visit, upper brain function, language processing is addressed. If emotional overlays are present, additional visits maybe required to diffuse the emotional anchor and its impact in sabotaging specific academic skills.

Key contributors to this kinesiology-based therapy are Drs. Carl Ferreri, George Goodheart, and Charles Krebs. Dr. Ferreri outlined the kinesiological foundation of learning differences in the early 1980 s with the introduction of his book called "Breakthrough for Learning Disabilities and Dyslexia." This contribution, called Neural Organization Technique, made available a practical approach for kinesiological-based practitioners (chiropractors, naturopaths, osteopaths, and kinesiology trained body workers) worldwide. All of these historical advances would not have been possible without the practical applications of applied kinesiology. Dr. George Goodheart, the founder of Applied Kinesiology in 1965, developed an entire health care system to evaluate the structural, nutritional, and mental components of health and disease. His foundation contribution called "Muscle Testing" provided an immediate biofeedback response to the practitioner that remains today as a primary assessment tool in nearly all alternative based therapies.

Dr. Krebs work in his recent book called, "A Revolutionary Way of Thinking" opened up new ways to view and understand the emotional overlays through the amygdala (part of the brain that stores our core emotions). This insight has led to a greater understanding of attention deficits and right-left brain integration.

Combining these strategies in my clinical practice, I have been able to obtain successful results in treating children and adults with learning disabilities and related disorders. Often I see a dramatic improvement in concentration, reading speed and improved ability to initiate tasks with follow through to completion. It has been gratifying to assist many patients in the learning challenged community often in as few as 4-6 one-hour therapy sessions.

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