Applied kinesiology in the practice of a chiropractor and reflexologist L.F. Vasilyeva (Manual therapy laboratory of the Reflexotherapy Institute of the Federal Scientific Clinical and Experimental Center for Traditional Diagnostic Methods

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Relevance

Manual therapy and acupuncture are methods based on restoring the reflex activity of the nervous system, which is why they are called manual reflexology and acupuncture. It is well known that the clinical signs of dysfunction of the nervous system are the presence of muscle hypotension, hyporeflexia, and hyposthesia. However, until now, the indication for the use of manual therapy in the treatment of diseases of the peripheral nervous system is the presence of a functional block of the joint or a shortening of the skeletal muscle, and the indication for the use of reflexotherapy is the presence of a change in energy activity in the canal-meridian system. The chiropractor and reflexologist suggest that by eliminating a functional block or restoring energy in the canal system,

In this regard, the chiropractor tries to eliminate all functional blocks that he can identify, and the reflexologist uses a standard set of acupuncture points.

A clear clinical test is needed to find the functional relationship between the presence of a functional block and muscle shortening (subject of manual therapy), imbalance in the canal-meridian system (subject of acupuncture), and decreased activity of the myotatic reflex (as is customary in neurology). A biofeedback technique with the body is required, which will allow the chiropractor and reflexotherapist to control the need for exposure, the correctness of the chosen direction of the manipulation push and the method of affecting the meridian point. This question worried specialists in reflexology and manual therapy throughout the entire existence of these areas of treatment.

A. In China for thousands of years using acupuncture the condition of the tendon-muscular component was taken into account for each of the channels.

B. The works of Professor N.I. Bernstein on the five-levelregulation of the movement of the phasic and tonic components of the muscle contraction force, which are closed at different levels of the formation of the central nervous system and the strio-pallidary system.

V. Professor Mogendovich M.R. (student of Prof. I.P. Pavlov) on the basis of experimental studies developed a theory about the presence of viscero-motor reflexes, the pathological activity of which leads to hypotension of specific skeletal muscles (data of chronaximetry during artificial induction of a reflex in dogs).

G. The works of prof. R. Granita "Levelsregulation of movement ", N. Robinescu" Neuromotor retraining ", prof. V. Janda (Czech Republic) "5 levels of functional weakness", prof. Levit K. "Kinesiology of development."

D. S In 1960, studies by American specialists appeared, which described a method for assessing the activity of the myotatic reflex (100 muscles) not only at rest, as is customary in classical neurology, but also under conditions of isometric or isotonic load. In addition, the presence of reflexes was confirmed: viscero-motor; neuro-motor; vasomotor; lymph-motor; meridian-motor. This direction is called "Applied Kinesiology"

Purpose of the study: objectification of the myotatic hypoactivityreflex and determination of its place in the clinic of muscle pain syndromes for the practice of a chiropractor and reflexologist

Material and research methods

Research material: 200 patients of working age with reflex muscle pain syndromes.

Research methods:Computerdynamometryactivitymyotatic reflexatisometricload,vectorelectromyography, computer topography.

Research resultselectromyographic

Developed by criteria bioelectric activity of a hypoexcitable agonist muscle and hyperexcitable other muscle groups (synergists, antagonists, etc.) make it possible to diagnose an atypical motor pattern, variants of its development and the severity of its atypicality.

The established vector-electromyographic criteria for an atypical motor pattern make it possible to: a) determine the significance of a hypoexcitable agonist and the compensatory development of hyperactivity of other muscle groups; b) to carry out their express diagnostics; c) to develop differentiated methods of neuromotor retraining of the patient's motor skills using visual biofeedback based on the obtained vector electromyograms.

The developed clinical, visual and computer-topographic criteria for nonoptimal dynamics (in the form of a violation of the sequence of the inclusion of the regions of the spine and extremities in movement) make it possible to identify the localization of a hypoexcitable agonist (in a region with limited movement) and options for the development of its dynamic compensation in the form of hyperactivity of other muscle groups (in the leading region).

The established clinical, visual and computer-topographic criteria for the non-optimal statics of the patient (in the form of a "stopped fall" of his body) allow us to identify the localization of a relaxed agonist (in the region of the spine and limbs that form this fall of the body) and options for the development of his static compensation in the form of shortening of other muscles (in the region, stopping the "fall of the body").

Clinical manifestations of myotatic reflex hypoactivity are the formation of painful muscle syndromes in statically and dynamically overloaded musclesantagonists and Golgi tendon apparatus of their own tendons.

The results of such studies allow us to take a fresh look at the subject of influence, methods of diagnosis and correction of manual and reflex therapy.

Vertebral manual therapy for peripheral diseases nervous system

A. Biomechanical approach

Subject of impact: functional blocks of the joints of the spine andlimbs, muscle shortening.

Diagnostics: localization of pain, palpation analysis of limitation of movementin the joints and the presence of shortening and tension of painful muscles.

Treatment algorithm: elimination of identified blocks and stretching of shortened muscles.

B. Neurological approach

The purpose of the action: restoration of the function of the nervous system through elimination of pathogenic functional blocks and shortened muscles and preservation - sanogenic.

Diagnostics: the presence of pathological activity of vertebro-motor, neuromotor, vasomotor reflexes by assessing the activity of the myotatic reflex of associative or innervated muscles.

Treatment algorithm: elimination of only those functional blocks and manipulation only in the direction that leads to the elimination of the myotatic reflex hypoactivity of the muscles innervated by the affected nerve or associative muscles.

Cranial manual therapy

A. Biomechanical approach

Subject of impact: optimization cranio-sacral rhythm, restoration of the mobility of membranes and a liquid component.

Diagnostics: palpation assessment of distortion of volume and direction movement in the adjacent structures of the cranio-sacral system.

Cranial manual therapy: optimization of the cranio-sacral rhythm, restoration of membrane mobility and fluid component based on palpation comparative analysis.

B. Neurological approach

Subject of impact: restoration of the function of the nervous system (its excitability and reactivity) by optimizing the cranio-sacral rhythm.

Diagnostics:assessment of the activity of the myotatic reflex of muscles, innervated by cranial nerves.

Cranial manual therapy: influencing the bones of the skull,

sacrum, membranes and fluid component only in the direction in which the activity of the myotatic reflex of the muscles innervated by cranial nerves or associated with them is restored.

Visceral manual therapy

A. Biomechanical approach

Purpose of exposure: restoration of mobility of internal organs. Diagnostics:

palpation assessment of the volume of inter-slip internalorgans and the degree of tension of the sphincters.

Visceral manual therapy: restoring internal mobilityorgans and elimination of sphincter tension on the basis of palpation comparative analysis of the volume of inter-sliding of internal organs.

B. Neurological approach

The purpose of the action: restoration of the function of the nervous system through restoration of mobility of internal organs.

Diagnostics:assessment of pathological activity viscero-motor reflexes by assessing the decrease in the activity of the myotatic reflex of the associative muscles.

Visceral manual therapy: restoring internal mobilityorgans and elimination of the tension of the sphincters only in the direction, when moving in which the pathological activity of viscero-motor reflexes is eliminated (the activity of the myotatic reflex of the associative muscles is restored).

Reflexology for diseases of the nervous system A. Bioenergy approach Subject of impact: violation of activity in the channel-meridiansystem.

Diagnostics: assessment of the initial state of the channel points or heart rate points.

Treatment: selection of the points most commonly used with appropriate activity of the channel and the corresponding syndrome of the disease.

B. Neurological approach

Subject of impact: normalization of the function of the nervous system through restoration of activity in the channel-meridian system.

Diagnostics:assessment of myotatic activity reflex muscles, located at the level of the tendon-muscle part of the meridian, under conditions of isometric load.

Algorithm for choosing a treatment:

1. Confirmation of a violation of the function of a particular meridian by testing the decrease in the activity of the myotatic reflex of the associative muscles;

2. Determination of the state of the meridian (massage in the direction or against the course meridian);

3. Determination of the pathogenetic point to which it is necessary to influence.

conclusions

1. Clinical syndromes of diseases of the peripheral nervous system is muscle hypotension.

2. Indications for the use of manual therapy in treatment diseases of the nervous system is the elimination of the revealed muscle hypotension during a trial therapeutic mechanical effect (movement of the joint, internal organ, restoration of the function of the cranial nerve).

3. The indication for the use of reflexology is the elimination muscle hypotension during the trial activation of the acupuncture point.

4. Confirmation of the correctness of the treatment is the elimination muscle hypotonia, hyposthesia and restoration of the activity of the myotatic reflex.

5. Using the assessment of the myotatic reflex in its constant clinical practice will allow the chiropractor and reflexologist to have the possibility of continuous biofeedback with the body. This will allow him to confirm the correctness of the diagnosis and the chosen method of exposure.

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