Clinical Practice Guideline: **Manual Muscle Testing for Psychological Evaluation**

Date of Implementation: **February 9, 2006**

Product: **Specialty**

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that manual muscle testing for psychological evaluation lacks diagnostic utility, is not professionally recognized, has a negative benefit:risk profile, poses a health and safety risk through a substantial risk of both substitution harm and labeling effects, and is considered to be scientifically implausible. For more information, see ASH policy *Techniques and Procedures Not Widely Supported as Evidence Based – CPG 133 – S.*

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as having diagnostic utility by:
  - Scientific information published in an acceptable peer-reviewed clinical science resource, and
  - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
  - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
  - Wide acceptance and use of the practice, and
  - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
  - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning, and available knowledge is considered plausible.
  - A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning, and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or
- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

Labeling effects (non-specific harm): The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

Safe: The terms "safe" and "safety," are used only with specific reference to the absence of direct harm. Direct harm would include any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the procedure would be considered unsafe.

Direct harm: Any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure.

Benefit versus risk profile: The relative effectiveness or utility of a therapeutic intervention or diagnostic procedure versus its potential for direct harm.

- Positive (benefits outweigh risks),
- Negative (risks outweigh benefits), or
- Equivocal (available information is inconclusive).

Description/Background

Applied Kinesiology (AK) is one technique using manual muscle testing (MMT). According to the International College of Applied Kinesiology (ICAK), MMT is a functional neurologic evaluation used to monitor the physiologic response to a physical, chemical, or mental stimulus. When MMT is used, (e.g., during an AK treatment) the examiner will select a muscle to test, such as the anterior deltoid, that can be isolated and evaluated repeatedly. The examiner typically has the patient position the arm in a way that one muscle will be isolated when tested. The examiner then instructs the patient to resist as a gentle downward pressure is applied, as if trying to lower the patient's extended arm. This enables the examiner to establish a baseline of resistance where no physiological or psychologically related functions are being tested. The AK practitioner might then touch specific points on the body believed to correlate with specific psychological functions and have the patient resist while manually muscle tested. This is

one example of how manual muscle testing is used to help direct the practitioner to which psychological factors are related to the muscle testing weak (indicating a dysfunction within the patient).

Proponents of manual muscle testing also believe it can help direct the treatment of the patient. For example, if the practitioner has identified an issue with psychological depression, the practitioner might have the patient mentally visualize an emotional, motor, or sensory stressor activity while contacting or manually stimulating specific reflex points on the body that practitioners believe correlate with one's emotional state until the patient manually muscle tests strong again.

AK practitioners postulate a close clinical association between specific muscle dysfunction (i.e., weakening when tested with MMT) and related mental/psychological, organ, and gland dysfunction. This relationship is believed to be one of the many sources of muscle weakness. AK uses the triad of health—chemical, mental and structural factors—to describe the balance needed to maintain proper health. For example, a chemical imbalance may cause mental symptoms. Practitioners believe a muscle can become weak when tested while pressing or stimulating a specific reflex point due to aberrant autonomic nerve reflexes. These can occur between organs and musculoskeletal tissues or be due to nutritional deficiency or toxic chemical influences to name a few.

AK may have been the first to use MMT to diagnose or treat psychological disorders, but since its inception, numerous variations have evolved in the arena of complementary health care. Other techniques such as Neuro Emotional Technique (NET) and Network Spinal Analysis (NSA) include manual muscle testing to allegedly diagnose and/or treat psychological disorders within their protocols.

Evidence and Research

Based on the review conducted, ASH is unaware of any valid, published, peer reviewed studies sufficiently supporting the diagnostic utility of this specific procedure or any evidence on the clinical effectiveness of interventions using this technique. Schwartz et al. (2014) completed a double-blind, randomized study to assess the validity of Applied Kinesiology (AK) as a diagnostic tool and as a nonlocal proximity effect. They conclude that the research published by the AK field itself is not to be relied upon, and in the experimental studies that do meet accepted standards of science, AK has not demonstrated that it is a useful or reliable diagnostic tool upon which health decisions can be based.

References

ASH Policy *Applied Kinesiology (CPG 21 – S)*

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