

**Clinical Practice Guideline:                      Manual Muscle Testing for Internal/Visceral  
Functional Disorders**

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

**Product:                                              Specialty**

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**POLICY**

American Specialty Health – Specialty (ASH) clinical committees have determined that manual muscle testing for internal/visceral functional disorders 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) to evaluate internal/visceral (organ) functional disorders. According to the International College of Applied Kinesiology, MMT is a functional neurologic evaluation used to monitor the physiologic response to a physical, chemical, or mental stimulus.

When MMT is used during a typical AK evaluation or treatment the examiner generally selects 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 resistance is applied to the muscle. This enables the examiner to establish a

1 baseline of resistance while no internal structures are being tested. The practitioner then  
 2 touches specific points on the body believed to correlate with specific organ functions  
 3 and retests the muscle.

5 Proponents of manual muscle testing for visceral disorders also believe it can be used to  
 6 determine how to best treat the patient. For example, if the practitioner has determined a  
 7 liver problem exists, the patient might be asked to hold individual nutritional supplements  
 8 in his or her hand or place them under his or her tongue. The examiner would then  
 9 manual muscle test the patient for each supplement until the muscle tested strong. This  
 10 would indicate that the identified nutritional supplement would help the patient.

12 AK practitioners postulate a close clinical association between specific muscle  
 13 dysfunction (weakening when tested) and related organ or gland dysfunction. This  
 14 viscerosomatic relationship is believed to be one of the many sources of muscle  
 15 weakness. It gives the practitioner an indication of the organs or glands to consider as a  
 16 possible source of health problems.

18 Practitioners believe the indication of dysfunction is the failure of a muscle to perform  
 19 properly during MMT. This may be due to improper facilitation or neuromuscular  
 20 inhibition. Proponents theorize the muscle becomes weak when tested against a specific  
 21 reflex point or potentially allergic or toxic substance because of aberrant autonomic nerve  
 22 reflexes. These can occur between organs and musculoskeletal tissues or be due to  
 23 nutritional deficiency, toxic chemical influences, or other causes.

25 AK may have been the first to use MMT to diagnose or treat visceral/internal disorders,  
 26 but since its inception, numerous variations have evolved. Other techniques using MMT  
 27 as a key diagnostic and/or treatment component include Neuro Organizational Technique  
 28 (NOT); Bioenergetic Synchronization Technique (BEST); and Nambudripad's Allergy  
 29 Elimination Technique (NAET) to name just a few.

### 31 **Evidence and Research**

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

## References

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