

**Energy Kinesiology Association**

---

**Certification & Accreditation Board**

**EnK<sup>©</sup>ACAB**

**Course Accreditation  
CAB Definitions**

## Table of Contents

Attachment 1 – Glossary of Terms	Page 3
Attachment 2 – Accurate Indicator Muscle Monitoring	Page 5
Attachment 3 – Specific Muscle Monitoring	Page 7
Attachment 4 – Definitions for Pre-Checks	Page 8
Attachment 5– Pauselock	Page 9

## Attachment 1

### Glossary of Terms and Definitions

<b>Balanced Indicator Muscle</b> - A muscle in proprioceptive homeostasis used for biofeedback.
<b>Clear</b> -When the challenge no longer gives a change of “Indicator Muscle”.
<b>Circuit Locating (CL, CL’ing)</b> -Either practitioner or client uses Neutral Polarity (e.g. thumb or index and middle fingers of the same hand together to contact monitoring or reflex points.
<b>Challenge</b> - To CL or activate a reflex or acupoint while monitoring a “Balanced Indicator Muscle”.
<b>Contraction</b> -A position in which the muscle fibers are shortened, and isolates the muscle as a prime mover.
<b>CV8</b> -The eighth acupoint on the Central Vessel acupuncture meridian, located at the umbilicus (navel).
<b>CV24</b> -The twenty-fourth acupoint on the Central Vessel acupuncture meridian, located in the inferior labial groove (between the tip of the chin and the center of lower lip).
<b>Extension</b> - A position in which the muscle fibers are lengthened to monitor its antagonists as a group.
<b>GV1</b> -The first acupoint of the Governing Vessel acupuncture meridian, located inferior to the Coccyx (Tip of the tailbone).
<b>GV26</b> - The twenty-sixth acupoint on the Governing Vessel acupuncture meridian, located in the superior labial groove (between the base of the septum of the nose and the center of the upper lip).
<b>Hydration</b> -Challenge to determine the absence of stress due to adequate water content.
<b>K27</b> -The 27th acupoint on the Kidney acupuncture meridian, located inferior to the Medial end of the clavicle where it joins the sternum.
<b>Lock</b> -When a muscle maintains its state of contraction or extension when pressure is applied in the direction of contraction to extension or extension to contraction.
<b>Unlock</b> -When a muscle moves in the direction of contraction or extension when pressure is applied in the direction of contraction to extension or extension to contraction.
<b>Manual Sedation</b> -Using finger pressure to squeeze the Spindle Cells in the belly of the muscle together to unlock the muscle in contraction.
<b>Manual Tonification</b> -Using finger pressure to stretch the Spindle Cells in the belly of the muscle by pulling the fibers in the belly of the muscle apart to re-lock the muscle in contraction.
<b>Monitoring/Muscle Monitoring</b> -Assessing the bio-feedback from a muscle response, alternately called muscle testing or muscle checking.
<b>Proprioceptive</b> -Refers to the subconscious sensory feedback to the Central Nervous System from the receptors monitoring muscle tension, length, changes in length and joint position.

**Proprioceptive Homeostasis** -A state of muscle balance in which the muscle will lock when manually monitored in contraction, unlock after sedation, and then re-lock when tonified.

**Reactive Muscle Response** -When the activation of one muscle causes an imbalance in another muscle when the second muscle is monitored immediately after the activation of the first muscle.

**Switching**- Neurological disorganization evidenced by muscles on the opposite side of the body showing imbalance to the side affected or by the positive CL of specific test points e.g. K27's, CV24 or GV27. Walther claims Neurological disorganization is most often caused by distress in the cranial-sacral primary respiratory system, the second most common cause is foot dysfunction. Following this, more common causes include cloacal synchronization, pitch /roll / yaw / tilt (PRYT), gait organization and dural tension, although anything can be a cause of switching / neurological disorganization.

## Attachment 2

### Accurate Indicator Muscle Monitoring

Only after the indicator muscle has been assessed and proven to be in balanced homeostatic function, and all pre-checks cleared, is there a “clear circuit” for accurate muscle monitoring.

**An “Accurate Indicator Muscle” must satisfy all the criteria below.**

1. The muscle to be used as an Indicator must LOCK when monitored in contraction both sides of the body.
  - \* If the muscle unlocks, choose either option:
    - Select another muscle as an indicator.
    - Correct the muscle imbalance (i.e. unlocked state) with appropriate techniques (e.g. NL’s, NV’s, Meridian, ESR, etc.) until both muscles lock.
2. The muscle to be used as an indicator must also be able to be manually unlocked to check that the muscle has integrity of function, on both sides of the body, by either method A/ or B/ below.
  - A. Manual manipulation of the spindle cells to sedate the muscle in contraction i.e. Push the belly of the muscle together in the direction of the fibers, and then immediately re-monitor the muscle in contraction. Muscle should now unlock.
  - B. Apply the North Pole of a magnet to the belly of the muscle while monitoring the muscle in contraction. Muscle should now unlock.
  - C. Following spindle cell sedation, tonify the muscle by pulling the spindle cells apart, and re-monitor. Muscle should now lock.
  - D. If the muscle fails to give the appropriate response, lock or unlock then do one of the following:
    - Select another muscle as an indicator.
    - Correct the muscle imbalance with appropriate techniques (e.g. NL’s, NV’s, Meridian, ESR, etc.) until both muscles give the appropriate response based on the above procedure.

### Monitoring in extension

Note: Although not essential, it is preferred that the muscles to be used as an indicator be monitored in Extension as well as Contraction. e.g. For the Anterior Deltoid muscle, the arm is straightened and brought backward to an angle of approximately 30° to the vertical axis of the body. Pressure is then applied to move the arm straight past the side of the body.

As with contraction monitoring, the antagonists to the muscle must be able to be UNLOCKED on both sides of the body by either method A/ or B/ below.

- A. Manual manipulation of the spindle cells of the muscle in extension (the inhibiting muscle) to unlock the antagonist muscle(s) i.e. pull the belly of the muscle apart in the direction of the fibers, and then immediately re-monitor the muscle in extension.
- B. Apply the South Pole of a magnet to the center of the belly of the muscle while monitoring the muscle in extension.

If the muscle fails to give the appropriate response, either lock or unlock, then do one of the following:

- Select another muscle as an indicator.

-Correct the muscle imbalance with appropriate techniques (e.g. NL's, NV's, Meridian, ESR, etc.) until both muscles give the appropriate response based on the above procedure.

Note: It is preferable, although not essential, that the muscle be checked for integrity of function on both sides of the body, by Golgi Tendon Origin stimulation in contraction and extension.

## **Conclusion**

The above procedures ensure that the muscle chosen as an indicator can:

LOCK and be MANUALLY UNLOCKED, indicating that it is in a state of proprioceptive homeostasis and has integrity of communication with the CNS.

Once the indicator muscle is in proprioceptive homeostasis, then all PRE-CHECKS must be checked and any imbalances corrected to ensure that the body has electro-magnetic and physiological integrity to provide clear and accurate responses.

**Only after the indicator muscle has been assessed and proved to be in balanced homeostatic function, and all pre-checks cleared, is there a "clear circuit" for accurate muscle monitoring.**

## Attachment 3

### Specific Muscle Monitoring as defined by EnKA<sup>®</sup> CAB

- A. The muscle must be monitored from the position of optimal Contraction.
- B. Gradual and consistent pressure must then be applied from this position, toward the position of optimal Extension for that muscle.
- C. Pressure must be maintained for a duration sufficient to assess a locked or unlocked muscle (e.g. 2 seconds).

#### Balanced Indicator Muscle (Minimum requirement)

The muscle must be a recognized Kinesiology muscle and must be monitored according to EnKA<sup>®</sup> CAB approved manual muscle monitoring technique. The same muscle on both sides of the body, when monitored, must individually or simultaneously demonstrate proprioceptive homeostasis as defined on points 1 and 2 below.

1. The muscles must lock when monitored in contraction. (See Note.)
2. Either A or B must be achieved:
  - A. The muscles must unlock when monitored in Contraction immediately after manual Sedation of the Spindle Cells. They must lock again when monitored, after manual Tonification of the Spindle Cells. (See Note.)
  - B. The muscles must unlock when the North Pole of a magnet is applied to the belly of the muscle when monitored in contraction. (See Note.)

**Note:** Although not essential at this level, it is preferred that:

- The muscles be monitored in Extension as well as Contraction
- The antagonists to the muscle(s) monitored in Extension, should unlock after manual Tonification of the Spindle Cells of the Extended muscle(s).
- When using a magnet, it is preferable to also apply the South Pole to the belly of the muscle in Extension.
- The manual Sedation and Tonification procedures for Golgi tendons also be used. These procedures would ensure that the muscle is in more complete proprioceptive homeostasis.

## Attachment 4

### Definitions for Pre-Checks (Minimum requirements)

**Hydration Challenge:** Gently pulling a tuft of hair while monitoring a “Balanced Indicator Muscle”.

**Correction:** The client can consume water. Check that the challenge is clear.

#### **Switching (neurological disorganization)**

The following three forms of Switching must be cleared.

In all the challenges and corrections below, the points involved must be simultaneously held or rubbed by the client or the practitioner. With sensitive points e.g. GV1/Coccyx, it is preferable that the client CL and correct these points. Neurological disorganization corrected by this manner is temporary and the cause must be discovered and corrected for lasting effect.

**Up/Down Challenge** by CL’ing GV26 and CV 24 while simultaneously monitoring a “Balanced Indicator Muscle”.

**Correction:** Hold CV8 while stimulating the involved points with a neutral contact. After a suitable period (approximately 20 –30 seconds), change hands and repeat. Then re-challenge.

**Left / Right Challenge** by CL’ing the Left K27 and Right K27 while simultaneously monitoring a “Balanced Indicator Muscle”.

**Correction:** Hold CV8 while stimulating the involved points with a neutral contact. After a suitable period (approximately 20 – 30 seconds), change hands and repeat. Then re-challenge.

**Front / Back Challenge** by CL’ing GV1 / Coccyx and CV8 while simultaneously monitoring a “Balanced Indicator Muscle”. (This is best done while the client is sitting or standing).

**Correction:** Hold CV8 while stimulating GV1 / Coccyx with a neutral contact. After a suitable period (approximately 20 – 30 seconds), change hands and repeat. Then re-challenge.

#### **Special Note:**

\* All Pre-Checks must be performed using a “Balanced Indicator Muscle” as defined.

\* Hydration should be cleared before Switching for best results.

After each Pre-Check correction, all Pre-Checks must be re-challenged and corrected if necessary, until all are clear.

## **Attachment 5**

### **Reprinted with the express permission of Applied Physiology, LTD Pauselock**

Monitoring a muscle yields only information about what is going on at that moment, such as thoughts the client is thinking or modes the practitioner holds. Pauselock is used to hold on to specific information, making it possible to achieve a high amount of stress in the beginning of the session (imagining a stressful situation, pressing a painful part of the body) in order to put that information in the “biocomputer” of the client and keep it there without continuous effort.

Hips and jaws are joints that can be used for pauselock. Information can only be entered into pauselock while a joint is opening, and kept in pauselock while a joint remains open. Once the joint is open, information, which is entered, will be held. As soon as a joint closes, the information that was stored in that pauselock will be erased.

#### **Entering information in pauselock**

Information to be entered into pauselock must first be brought to the surface. This can be done by touching an alarm point, holding a mode, monitoring a muscle, thinking a stressful thought, etc. While information is at the surface, the legs are separated. At this point, the information is entered into pauselock. Information brought to the surface in one person can be held in pauselock by another person. In this case, physical contact between the two people must be made while the information is entered. Keep in mind that the information only remains in pauselock as long as the legs are kept separated; as soon as they're brought together, the information disappears.

#### **Transferring information from one pauselock to another**

Since information is kept at the surface by pauselock, it is easy to transfer information from one pauselock to another. If there is information in the client's pauselock, and for some reason the client must move, the practitioner can transfer the information to his own pauselock by separating his legs while holding on to the client. The information, kept at the surface by the client's pauselock, is then entered into the therapist's pauselock, freeing the client to move around. The information will remain in the practitioner's pauselock and can later be transferred back to the client's pauselock.

#### **Adding information to pauselock**

It is not possible to simply add a bit of information already in pauselock. If the second piece of information is pauselocked, the first piece of information will be erased. Therefore, a system must be used similar to transferring information. While the second piece of information is brought to the surface, the practitioner pauselocks while touching the client. Now, not only the information from the client's pauselock is entered into the practitioner's pauselock, but also the new information.

This process is called stacking.

### **How pauselock affects an indicator muscle**

When using pauselock, the behavior of an indicator muscle changes drastically. Normally an indicator will unlock as soon as an imbalance is brought to the surface. When the imbalance is stacked into pauselock, the indicator will remain unlocked. The next imbalance will cause the indicator to lock again.

In other words, when working with pauselock, no longer look for a lock or an unlock per se, but for a change in indicator. Every new bit of information that is uncovered or stacked in pauselock will cause an indicator change.