Estimating the prevalence of use of kinesiology-style manual muscle testing

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\textbf{Introduction:} Kinesiology-style manual muscle testing (kMMT) is used by chiropractors and other healthcare professionals to gain more information about patients. Different from both manual muscle testing (MMT) used in orthopaedic and neurology settings [1] and Applied Kinesiology (AK) [2], kMMT uses one muscle to detect a specified target condition. Despite being used by approximately 40\% of American chiropractors [3-5], the prevalence of use of kMMT has not yet been estimated. Therefore, the aim of this study was to estimate the prevalence of use of kinesiology-style manual muscle testing (kMMT).

\textbf{Methods:} A search of internet databases and textbooks and expert opinion were used to compile a list of known technique systems that use kMMT. Then direct contact was attempted via email and telephone to representatives of each individual kMMT technique system. Once contacted, the representative was asked to provide a conservative estimate of the number of people trained in their form of kMMT. For those organisations unable to provide an estimate, expert opinion was sought to approximate the numbers trained. From this data, an estimation of the prevalence of use of kMMT was made.

\textbf{Results:} Seventy-nine kMMT technique systems were identified, 46 of which provided the requested estimate and 33 did not (for various reasons). From the information collected, kMMT was then estimated to be used by over 1 million people worldwide.

\textbf{Summary:} With the prevalence of use at over 1 million people worldwide, kMMT merits further consideration and investigation of its usefulness in clinical settings. This estimation might be amplified due to the possibility of redundancies or attrition. Likewise, it might be low due to misclassification or too narrow search methods.
References:


Abstract

Background Manual muscle testing (MMT) is a non-invasive assessment method used by a variety of manual therapists to evaluate neuromusculoskeletal integrity. Goodheart developed a technique, Applied Kinesiology, where muscles are tested, not to evaluate muscular strength, but neural control. Following Goodheart's work, a third type of MMT emerged, often referred to colloquially as “muscle testing” or “kinesiology.”

Isokinetic test of muscle strength is a reliable and safe method to quantify muscle performance at selected contraction speeds (Osternig, 1986; Montgomery et al., 1989). It is also a common test in previous randomized controlled trials which examined effects of KinTape. The order of the testing speed was randomly assigned using an online program (http://www.random.org). Participants’ dominant knee, defined by the leg preferred to kick a ball (Ghena et al., 1991), were tested in a seated position at 100. Fig. 2. Application of Kinesiology tape onto the rectus femoris and vastus medialis muscle. comparison, if applicable. The global alpha level was set at 0.05.