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## RESEARCH SUMMARY PAPER

During October and November 2007 Balance Centre conducted preliminary clinical research into the effects of kinesiology on treating long term or recurring physical pain. Below is a brief summary of the research paper written.

### WHAT EFFECTS DOES KINESIOLOGY HAVE ON TREATING LONG TERM OR RECURRING PHYSICAL PAIN?

#### Background Information – Facts on Pain

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Pain is regarded as chronic when it does not go away, is experienced on most days, is present for at least 3 months. In Australia 1 in 5 people suffer from chronic pain, with incidences slightly higher in females than males. Almost two-thirds of people with chronic pain report that their pain interferes with their daily activities.

The impact of pain can be wide spread in a persons life. Pain can interfere with a person's sleep patterns, their sexual activity, their ability to work and conduct daily activities including parenting. It can cause emotional distress and lead to serious mental health problems, including depression. Chronic pain not only affects the individual who is suffering, but also family members.

#### Abstract & Research Design

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This research was conducted to explore the effects of kinesiology on clients suffering long term or recurring physical pain. Kinesiology balancing was applied to research subjects who were currently experiencing long term or recurring physical pain for a period of over 12 months, and had not received acupuncture, chiropractic, physiotherapy or kinesiology treatment for a 12 month period or more. Subjects taking medication were requested to not alter or adjust the dosage during the research period.

The results shows promising preliminary evidence exists on the effects of kinesiology on the intensity, characteristics and location of long term or recurring physical pain on subjects experiencing moderate to severe pain for a period between 7 and 16 years.

Post modern, quantitative methodologies were applied throughout this research. A research questionnaire was designed to measure the regularity and the severity of pain on specific effects.

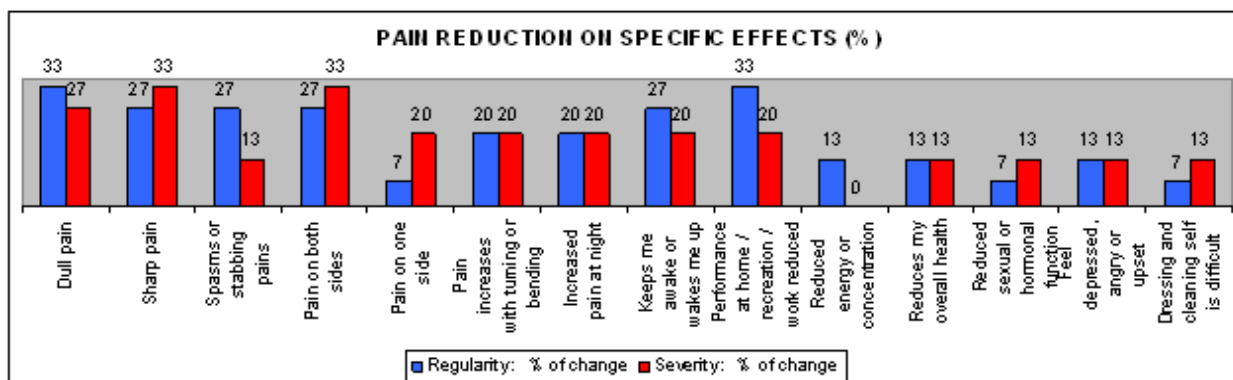
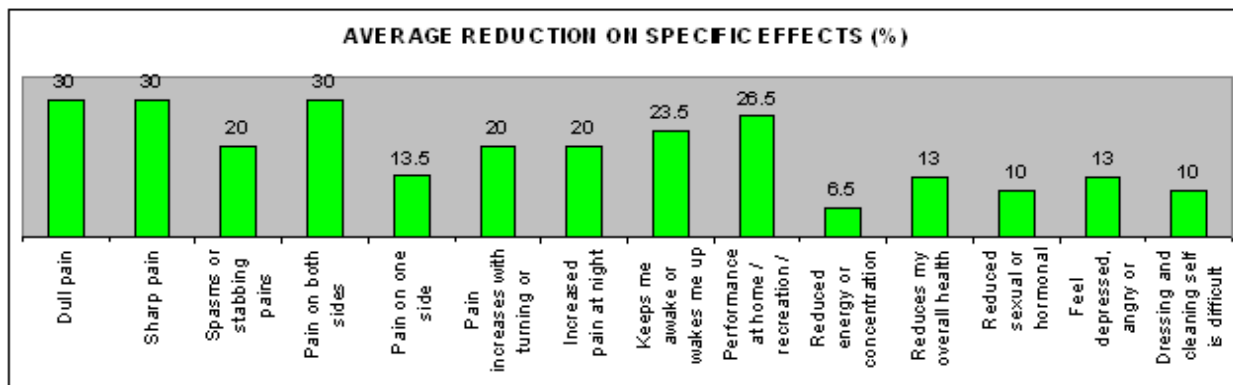
Quantitative methods were used to extract measurable results from subjects. The questionnaire consisted of 14 questions with each question being divided into two sections, regularity and severity. Questionnaire included assessing dull pain, sharp pain, spasms or stabbing pains, pain on both sides, pain on one side, pain increases with turning or bending, increased pain at night, keeps me awake or wakes me up, performance at home/recreation/work reduced, reduces overall health, reduced sexual or hormonal function, feel depressed, angry or upset, dressing and cleaning self is difficult. Subjects were asked to grade the regularity of pain as never, rarely, sometimes, often or always. Subjects were asked to grade the severity of pain as none, mild, moderate, severe or unbearable.

In an uncontrolled clinical trial, the research subjects received three kinesiology treatments over a four week period, with no more than one treatment being received per week. Subjects were instructed to complete the research questionnaire prior to receiving the first treatment and again after their third and final treatment. The initial questionnaire is identical to the final questionnaire. Subjects were instructed to answer all 14 questions by marking only one box in the regularity section and one box in the severity section. Responses for each section are graded between x1 to x5 to accurately measure the regularity of pain and the severity of pain on each effect.

**Methods of Treatment:** A variety of kinesiology modalities and techniques were used during each treatment. These included muscle monitoring, reactive muscles, emotional diffusion, age recession, amygdala, brain integration with psychological reversal, gaits, hyoid, chakras, celestial circuit, hormonal kinesiology and Stress Indicator Point System (SIPS).

**Corrections:** A variety of kinesiology correction techniques were used during each treatment. These include reactive muscle correction, Tibetan figure 8's, sound, ESR's, SIPS, neurovascular, neurolymphatic, amygdala, acupuncture, tei shin, essence with attitude.

## Results



## Findings

Overall dull pain, sharp pain and pain on both sides were all reduced by 30%. Pain affecting performance at home/recreation/work was reduced by 26.5%. Pain keeping participants awake or waking them up was reduced by 23.5%. Spasms or stabbing pain, pain experienced at night and pain when turning or bending was reduced by 20%. Pain being experienced on one side of the body was reduced by 13.5%. Pain reducing overall health and participants feeling depressed, angry or upset was reduced by 13%. Pain reducing sexual or hormonal function and pain causing difficulty in dressing and cleaning self was reduced by 10%. Pain reducing energy and concentration showed the lowest percentage of change of 6.5%.

The average decrease overall (combining regularity and severity) was very close with 19.7% decrease in regularity and 18.3% decrease in severity.

## Conclusion

This research shows promising preliminary evidence that kinesiology significantly decreases the intensity and regularity of long term or recurring physical pain as well as the characteristics and location of the pain. Results were achieved after three kinesiology treatments, which encourages further research into the effects of kinesiology on long term or recurring pain. More evidence is needed before definitive recommendations for treatment of these conditions can be made.