

Please Note: After assessment, records of balances are to be retained by the student and stored in a secure and confidential way.

Name of Participant: _____ Phone: _____ Date of Session: _____

Name of Student: _____ Participant Information: Male Female Age: 1 – 15 16 – 35 36 – 55 56 +

1. Permission to test New to Kinesiology? Yes No
2. Explain and educate re Muscle testing, Self responsibility, General philosophy
3. Follow accurate indicator muscle protocol
4. Pretests
5. Set Goal / Context for session / Emotion _____

6. Self evaluation (Pain / Energy / Stress) 0 1 2 3 4 5 6 7 8 9 10

7. Any other assessments i.e. Current ability, Pain, Energy level _____

Contraindications checked Referral required Practical and clinical hygiene maintained

ELECTRICAL	EMOTIONAL	BIOCHEMICAL	STRUCTURAL	REACTIVE	BALANCING TECHNIQUES
<input type="checkbox"/> Meridians <input type="checkbox"/> Trace 55 <input type="checkbox"/> Flush 273 <input type="checkbox"/> Mer. Massage 273 <input type="checkbox"/> Mer. Walking 280 <input type="checkbox"/> Gaits 271 <input type="checkbox"/> Fig. 8 Energy 254 <input type="checkbox"/> Cross Crawl 264 <input type="checkbox"/> Cross Cr. Integr. 266 <input type="checkbox"/> Dehydration 46 <input type="checkbox"/> Centr. Mer. Energy 36 <input type="checkbox"/> Switching 37 <input type="checkbox"/> Visual Inhibition 253 <input type="checkbox"/> Auricular Energy 252 <input type="checkbox"/> Pain Tapping 281	<input type="checkbox"/> E.S.R. 258 <input type="checkbox"/> Present <input type="checkbox"/> Future <input type="checkbox"/> Past <input type="checkbox"/> Postural S.R. 260 <input type="checkbox"/> Colour Balance 262 <input type="checkbox"/> Sound Balance 263	<input type="checkbox"/> Food 301 <input type="checkbox"/> C1 check <input type="checkbox"/> Biogenic <input type="checkbox"/> Biostatic <input type="checkbox"/> Biocidic <input type="checkbox"/> 5 Element 302 <input type="checkbox"/> Dehydration 46	<input type="checkbox"/> (*14, 14+, 28, 42) <input type="checkbox"/> Bal as you go 68 <input type="checkbox"/> Wheel 236 <input type="checkbox"/> 5 Elements 240 <input type="checkbox"/> Posture Aware. 26 <input type="checkbox"/> Posture Analysis 283 <input type="checkbox"/> Time of Day 274 <input type="checkbox"/> Cerebro Sp. Tech. 65 *See muscle list on back of sheet	<input type="checkbox"/> Reactive Muscles 290 <input type="checkbox"/> 42 (14+) muscles <input type="checkbox"/> 5 element	<input type="checkbox"/> Spinal Reflexes <input type="checkbox"/> Neurolymphatics <input type="checkbox"/> Neurovasculars <input type="checkbox"/> Meridians <input type="checkbox"/> Origin / Insertion <input type="checkbox"/> E.S.R. <input type="checkbox"/> Food <input type="checkbox"/> Spindles <input type="checkbox"/> Golgis <input type="checkbox"/> A.H.P. <input type="checkbox"/> Colour <input type="checkbox"/> Sound <input type="checkbox"/> Neurolymphatic Release <input type="checkbox"/> Luo Points
8. <input type="checkbox"/> Reassess - <input type="checkbox"/> Goal / <input type="checkbox"/> Context / <input type="checkbox"/> Emotion / <input type="checkbox"/> Self evaluation <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 _____ _____					SUPPORT TECHNIQUES <input type="checkbox"/> Surrogate Testing <input type="checkbox"/> Circuit Locating <input type="checkbox"/> Challenge <input type="checkbox"/> Circuit Retain Mode <input type="checkbox"/> Alarm Points
9. <input type="checkbox"/> Home reinforcement _____ _____					

Test at least one indicator muscle per meridian, record the results, and, if appropriate, mark on either 5 element or meridian wheel diagram. If needed, use next page for further notes.

For notes below, use L = Left, R = Right, B = Both, C = Challenged, Lock = Locked muscle, SR = Spinal Reflex, NL = Neurolymphatic, NV = Neurovascular

For diagram, use - = Imbalanced, + = Over energy

Central Supraspinatus L R B _____ Challenge
 Governing Teres Major L R B _____ Challenge

Stomach PMC _____ / N Fl _____ / Brachioradialis _____ / N Ext _____ /
 Lev Scap _____

Spleen Lat. Dorsi _____ / M Traps _____ / L Traps _____ / Opp. pol _____ /
 Triceps _____

Heart Subscapularis _____

Sm Intestine Quadriceps _____ / Abdominals _____

Bladder Peroneus _____ / Sacrospinalis _____ / Ant - Post Tibials _____

Kidney Psoas _____ / Iliacus _____ / Upper Traps _____

Circul. Sex G. Med _____ / Adductors _____ / Piriformis _____ / Gl Max _____

Triple Warmer Teres Minor _____ / Sartorius _____ / Gracilis _____ / Soleus _____ /
 Gastroc _____

Gall Bladder Ant Deltoid _____ / Popliteus _____

Liver PMS _____ / Rhomboids _____

Lung Ant Serratus _____ / Deltoids _____ / Diaphragm _____ / Coracobrach _____

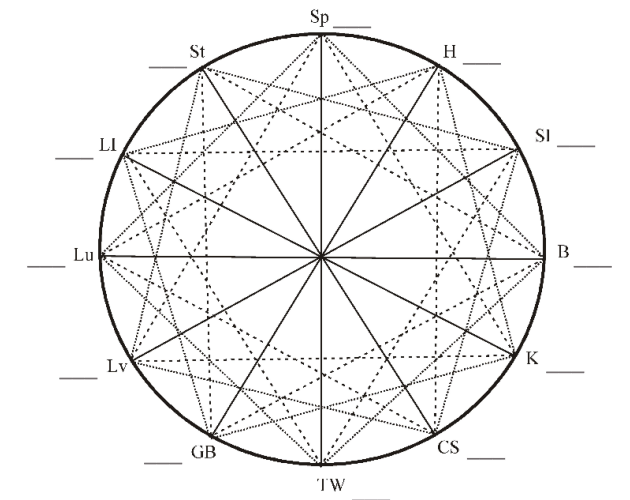
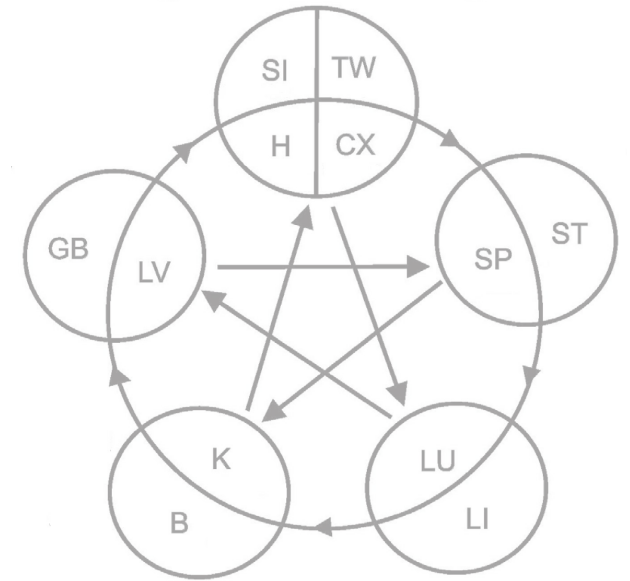
Lge. Intestine F. Lata _____ / Quadratus Lumborum _____ / Hamstrings _____

Note Alarm Points (if appropriate) _____ and mark on diagram.

Key meridian to balance _____

Emotion _____

Return to database (see front of sheet)



Additional Notes (if needed):

A large, empty rectangular box with a thin black border, intended for writing additional notes. It occupies the majority of the page's vertical space.