

KINESIOLOGICAL APPROACH TO LEARNING DISABILITIES

By Mitchell Corwin

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Recent breakthroughs in “alternative” kinesiological-based medicine have made available new approaches to learning disabilities and related disorders. The primary focus is about identifying and removing many of the underlying neurological deficits in the central nervous system that impede normal language skill development.

This kinesiological-based approach identifies three primary physiological factors utilizing therapies comprising of sequential brain integration re-patterning using eye movement, skin surface reflexes (acupressure like techniques), and soft tissue manipulation of the head, neck, and jaw.

These primary components are:

- 1) Unique cranial bone fault patterns that are generally agreed upon by most cranio-sacral practitioners.
- 2) Vestibulo-ocular deficit (inner ear malfunction) that has received some attention in researched based medical models.
- 3) Specific eye muscle faults commonly addressed by behavioral optometrists and psychologists.

These three factors plus diagnostic and therapeutic tools of Applied Kinesiology will often facilitate a swifter resolution and reduce many of the hindrances encountered in remediation-based therapies for learning disabilities.

Key contributors are Drs. Carl Ferreri, George Goodheart, and Charles Krebs. Dr. Ferreri outlined the kinesiological foundation of learning differences in the early 1980's with the introduction of his book called “Breakthrough for Learning Disabilities and Dyslexia.” This contribution, called Neural Organization Technique, made available a practical approach for kinesiological-based practitioners worldwide. All of these historical advances would not have been possible without the practical applications of applied kinesiology.

Dr. George Goodheart, the founder of Applied Kinesiology in 1965, developed an entire health care system to evaluate the structural, nutritional, and mental components of health and disease. A foundation contribution was an immediate biofeedback response tool called “muscle testing.” Today, muscle testing remains a primary assessment tool in nearly all-alternative based therapies.

Dr. Krebs' work in his recent book called, “A Revolutionary Way of Thinking” opened up new ways to view and understand the emotional overlays through the amygdala (part of the brain that stores our key emotions). This insight has led to a greater understanding of attention deficits and right-left brain integration.

Combining these strategies in my clinical practice of 23 years, I have been able to obtain successful results in treating children and adults with learning disabilities and related disorders. It has been gratifying to assist many patients in the learning challenged community often in as few as 4-6 one-hour therapy sessions.