

The Touch for Health Synthesis in Practical Application

Name of participant _____ Contact (Phone/email) _____ Date _____

1. Verbal permission to muscle test ____ Yes
2. If new to kinesiology, educate regarding muscle testing and self-responsibility model. ____ Needed ____ not needed
3. Check for Clear Circuit IM
4. Do pre checks ____Switching ____Hydration ____Central meridian
5. Discuss possible issues and goals

GOAL: _____

Emotion: _____

Pre Assessment (pain/energy/stress/ other) 0 1 2 3 4 5 6 7 8 9 10

ELECTRICAL		EMOTIONAL		BIOCHEMICAL		STRUCTURAL		REACTIVITY	
Meridian		ESR		Food		14 Muscle Balance 1/29		Reactive Muscles	
Tracing	1/18	Present	1/21	To Strengthen	1/22	14 + Muscle Balance	1/79	2/18	
Flushing	1/13	Future perform	1/74	Sensitivities	1/73	28 Muscle Balance	1/81		
Meridian Massage	1/75	Past Trauma	2/13	Five Elements	2/11	42 Muscle Balance	2/62		
Meridian Walking	1/76	Postural Stress R.	2/74	Dehydration	1/13	Fix as You Go	1/29		
Gaits	2/20	Color Balance	2/9			Wheel	1/66		
Figure Eight Energy	2/65	Sound balance	2/68			Five Elements	1/69		
Cross Crawl	1/23					Postural Awareness	1/27		
Cross Crawl Integ.	1/78					Past Balancing	2/13		
Dehydration	1/13					Time of Day balance	2/73		
Central Meridian	1/13					Cerebrospinal Techn.	2/77		
Switching	1/12								
Visual Inhibition	1/25								
Auricular Energy	1/24								
Pain Tapping	2/15								

Post Assessment (pain/energy/stress/ other) 0 1 2 3 4 5 6 7 8 9 10

One week later (pain/energy/stress/ other) 0 1 2 3 4 5 6 7 8 9 10