

Optimization of Self-Care and Empowerment Awareness through Muscle Monitoring, Movement Understanding, and BioEnergetic Wellness Tools

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Purpose of the Study

The idea to isolate and investigate illness by its localized symptom creates a personal dependency on authority for that area of the body (Lorig, 2013). This reductionist approach to science which began with Descartes and Galileo in the 1600s, deemed it important to draw conclusions based on what could be measured and observed (Ashare, n.d.; Lockhurst, 2018). The purpose of this study is to understand the shift in awareness and empowerment that results from experience with muscle monitoring (Jensen, 2014), whole-body movement experience (Chia, 1999; Kushi, 2007; Loupos, 2005), and selected bioenergetic wellness tools offered within a movement program (Greenwell, 2012; 2018). Through conversation, participants' stories were reviewed for common threads of understanding and utilizing the program (Koch, 1998) to gain insight into retrospective evaluation for importance (Chang, 2010).

By providing the person (not identified as a *patient*) with knowledge about the possibility and power of self-care, they may be empowered into action. The awareness of choices and information obtained from muscle monitoring (Cuthbert, 2011) may provide the person with confidence and resiliency going forward (Awick, 2017). The development of skills in basic movement knowledge as found in whole-body movement from Tai Chi principles (Chia, 2005), personal assessment of the current condition of their physical structure they are familiar with, and the skill development of muscle monitoring to assess the needs of the body may create new possibilities and direction (Krebs, 2017).

The ability to release the effects of memory/emotions and experiences in the body tissue may influence the success of the interventions chosen (Chia, 2007; Deal, 2013; Deal, 2015; Lehman, 2013; Ustry, 2018). Through Injury Recall Technique, the person may be able to release any brain/body connections of experience and emotion that may be holding movement patterns or tissues in tension. This technique was not identified in any of the current medical model research as the first line of action for recovery and healing.

To complete the empowerment, skills to shift attitude about energy will be advanced, that is, the flow of energy is energy building (Chia, 1999; Loupos, 2005). The engagement in activity produces energy, rather than expending and depleting energy stores. This paradigm shift provides an opportunity to open limiting thoughts about ageing patterns, decreased ability, and a lack of personal awareness for health and wellness.

Goal setting with intentions is explored through the program and is empowering when a vision or goal has been identified and desired that produces a direction for action (McTaggart, 2009; Thie, 2005). "When the intent (yi) arrives, the qi arrives" (Cohen, 1997, p. 93). Any condition or pain that remains after self-care has been engaged in should be brought to integrative medicine

or the medical model for further assessment to address persistent issues (Keown, 2014; Oschman, 2017a; Rankin, 2013)

Background to the Research

After almost two decades of teaching Tai Chi and Touch for Health[®], I discovered several elements underlying my senior students' discussions and with my health-challenged students. Several students began to study Touch for Health[®] formally, and this started changing the health conversation from aches and complaints to "what else can I do?" This concept was further enhanced when I realized that many students did not really understand their bodies and how they moved. Nor did they know how to change anything that was a challenge. For example, if they had a pain in their neck, they assumed that it was a problem with something they carried the day before, and it injured them. The injury was determined to require rest and limited movement until they felt better. They did not realize that perhaps it was the way they were currently carrying their necks, to begin with, and that by changing the unsupportive movement patterns they could improve their posture and eliminate neck pain when they lifted objects. Instead of rest, they needed to understand what movement patterns they needed and what would support them with proper posture.

I began to formally develop Qi YINtegration in 2015 to begin breaking down these components and enhance individuals' understanding of the energy fields, their choices, and the direction they could choose to go with their learning. Below is a list of the items that became part of the program based on students' needs and my exploration with students via classes:

- Whole body movement patterning (sitting, standing, stairs, walking, spine rotation, breathing, no effort, and gaits).
- Energy creation (awareness of energy level and how to create and store energy or Qi).
- Sound (vocalization to increase energy level).
- ColorColor (visualization of colors to increase energy level).
- Injury Recall Technique (release of emotional blocks).
- Eating for energy building.
- Muscle Monitoring, or Muscle Biofeedback, for optimizing personal choices.
- 5 Element Set (Water, Fire, Metal, Wood, Earth, Water, Fire) and their corresponding muscle involvement.

The program's extent is an enhanced version of a thesis project that has been reaching audiences and supporting students for over three years. In the current study, the focus on the essential components outlined for Qi YINtegration and reflection on the students and their successes and failures with the program were explored. Their voluntary feedback provides direction for further exploration and conversation to continue the collaborative approach that the programs have embraced (Chang, 2010). The model of learning is collaborative and self-directed leading to self-empowerment.

Qi YINtegration as a Self-Empowerment Paradigm in Health Care

Muscle monitoring is a self-empowering tool that has supported the students' thoughts with possible courses of action. Suppose there is a pain or a challenge, they can use biofeedback to determine:

- the place of origin,
- the actual physical location of the challenge,
- the kind of challenge (structural, chemical, emotional, mental, nutritional, or spiritual),
- the type of tool that will support them, and
- the ability to determine how much of an activity is required before there is a shift in the symptomology they are experiencing.

The freedom that comes from making a shift in the body where the pain disappears, or moves is very encouraging. Even more encouraging is acknowledging that the pain has moved, which is a good thing (Schmitt, 2002). When the student realizes that the tissue has had a shift in tension to remove the pain and that there is no structural damage, they are elated and free from feeling this is permanent. When it is further identified that the pain was blocked emotion, they learn to be less fearful of emotions (Hawkins, 2012) and excited about how emotions can be a marker for learning more about their body and their ability to handle stress-induced physical ailments (Arslantas, 2009; Bongi, 2016; Chan, 2016; Choy, 2015; Cook, 2014).

The addition of the Injury Recall Technique (Schmitt, 2002; Deal, 2013; Deal, 2015) to the program has provided an initial tool to release emotion and pain at the onset. Its increased development over the course of building the Qi YINtegration program (Deal, 2015), has created an all-encompassing tool that works for many different aspects of the challenge to rectify the pain or tension an experience has locked into the body. On many occasions, this has been the only tool required, and it has been the first tool for which the body provides biofeedback. Further exploration of the program's extension outlines a tool that can complement many other tools used by the individual.

A combination approach with whole-body movement from Tai Chi (Loupos, 2005; Wayne, 2013) and linking up muscles related to elements related to organ systems through the Touch for Health® material (Biokinesiology Institute, 1992; Thie, 2005), has brought an increased awareness into realizing how muscles, movement and systems are all interrelated and influencing (Kushi, 2007; Lee, 2014; Sahrmann, 2014; Partridge C, 1996). The awareness produces newfound freedom around moving to be healthy and pain-free (Wang, 2012), rather than restricting movement to keep from feeling the pain (Ahmed T, 2016; Arslantas, 2009; Lorig, 2013; Esola, 1996).

Intention and the Power to Heal

The power of intention plays a crucial role in the details of this research (Adegbola, 2011; Deutscher, 2009; McTaggart, 2008). The Newtonian Medical model introduces a thought process that physical ailments result from a physical challenge that happens in an isolated situation in the body (Gerber, 2001; Gelonch, 2016; Gelonch, 2017). For example, if you have a headache, then

aspirin would assist with releasing the headache. There is a physical ailment and a chemical response to alleviate the illness. What is not considered is all the possible aspects of physical connections that could produce the headache, nor any emotional motivators that may be a part of the day (i.e. stress, worry, anxiety, mood), chemical challenges (i.e. perfume, cleaning solutions, outside fumes, dehydration), or upcoming events that have become part of the consciousness (Glass, 2011; Hassad, 2013; Wiseman, 2016). Also, consideration exists that a medical challenge requires a medical response to alleviate the challenge (Landorf, Keenan, & Herbert, 2006; Ojofeitimi, 2016). The intention has already been set to address the ailment with a medical intervention based on the old paradigm (Arslantas, 2009; Cook, 2014; van den Bekerom, 2012).

The program focuses on the body's needs to find energy flow and balance by muscle monitoring for an action to create the flow. For example, with a headache, the biofeedback can identify a movement that can engage muscle and tissue in motion to create flow and release tension producing the headache. Determining the power within to solve the problem from a place of origin rather than from a symptom shifts focus and intention (Klinghart, 2005). This intention that "all is possible" opens up the mind to choices and actions that are self-reliant and self-empowering (Jensen, 2014; Wayne, 2013). With time and experience, this personal experience will gain confidence and knowledge to make new choices and support empowerment (Loupos, 2005).

Individual Participation vs. Group Participation

As individuals, we often believe that we are the determiners of our destiny. If we have a disease diagnosed by the medical profession, then we are on a personal journey that requires us to experience this alone or in isolation (Sonn, 1996). Often individuals will withdraw from the world and try to deal with their symptoms on their own so as not to bother anyone else, and approach often leads to anxiety, depression, and sadness, to name a few emotions (Cornwall, 2000). With a self-care group that meets on a regular basis, there is the habit-forming opportunity for action, the connection of like-minded individuals, and the feedback of fellow students and instructors to support the growth and achievement of the person (Loupos, 2005). For those who are offered physiotherapy treatment to support their challenge, they see a therapist who can support them. There may be a delay in receiving treatment based on waiting lists and urgency of the need, and participation is a solo activity based on the client's needs. Often the results are mixed, with success in some areas and not others (Cuenza-Martinas, 2018), with some results showing that group exercise programs produced fewer results than individual programs, that women may have less success than men with the same challenge, and that outcomes can be based on level of personal investment (Deutscher, 2009). We are creatures with a need for communication and connection (Chan, 2016; Cyarto, 2008). Our greatest successes may happen due to our ability to find our tribe and be connected, rather than finding people with the same ailment to exercise with but are not necessarily like-minded (Adegbola, 2011; Chan, 2016; Cornwall, 2000).

Methodology

As each student has had their personal journey of exploration and accomplishment that will shape the use of the Qi YINtegration materials (Koch, 1998), the approach to assessing how the

BioEnergetic Wellness tools have been most helpful will be explored by retrospective, qualitative dialogues with former students of Qi YINtegration classes. This storytelling approach encourages the "desire to secure authentic information about people and situations studied" (Koch, 1998). An open interview process is preferred over directed questions to ensure that the students' recounting are theirs and not sparked by the wording of the questions (Stapp, 2011). This approach follows the observations and transformation of experiences considered within Gadamer's philosophical hermeneutics theory, which resists methodology as a quantitative and necessary feature for research (Binding, 2008). The "open" methodology will discover which tools come to the forefront in the student's discussion over other tools (Chang, 2010). This process may produce a pattern of tools being used, and a clear insight into what is simple to use, what is remembered, and what is sought after for its effectiveness. By "...including a narrative (qualitative) inquiry, to offer a holistic, comprehensive and humanistic approach to understanding chronic pain from the individual's perspective..." (Adegbola, 2011), more information may be gathered than through filtered and directed questions.

Findings

The approach to use retrospective interviews was influenced by the release of tension and pain within the body as memory changes with time and telling. This is important for understanding memory for tools and skills, as well as the transformation of discussion over time, From an educational perspective, key components change with time and importance to daily living and experience, and the ability to reproduce the same results will be challenged by the needs of the next group and their current situation for living with pain or mobility challenges.

BioEnergetic Wellness techniques provided the opportunity for enhancing decision-making and the use of tools for supporting self-care and empowerment. Muscle monitoring was identified as an essential tool for self-care by all 9 interviewees.

Injury Recall Technique was identified as a tool chosen for reducing pain or challenges for health and wellness, those that identified it found it easy to use and it was the first tool utilized when having an accident or event that needed to be cleared from the body.

Breathing, no effort or reduced effort, and movement options are possible tools to use to accomplish a self-responsibility model for personal care that retrains the way the person responds to everyday stressors. The introduction of easy movement sequences that physically move people from paralysis in stress to simple movement options that inspire self-care supports health and wellness. Each interviewee had a list of movements that they identified as using in their self-care. The idea of "no effort" or the 40/70% rule was only mentioned by two of the interviewees. Each person had a different set of movements that they identified, and each movement was chosen using muscle monitoring to address the present issue.

Conclusion

More research to identify how a specific movement is used and how often might shed light on the most useful movement tools, this includes the use of Injury Recall Technique. More specific exploration of the "no effort or the 40/70% rule might shed light on the individuals ability to step

back from pushing effort or trying to make an injured area behave more "normally." Specific exploration may reveal how mental and emotional awareness of this principle may help with recovery. Further exploration of individual needs' role is to be considered, and creating a use chart may help to chart how the tools are used and when.

From an educational perspective, several conclusions can be drawn. First, Gadamer's philosophical hermeneutics provides a way for exploration of narrative to gain insights into the lived experience within the framework of a self-care model. It reminds us that although we may have experienced a narrative in our exploration of understanding our lives, this experience morphs with experience and with needs (Chang, 2010). The lens that we choose to wear to review what we know from our experience changes and the efficacy and use of tools in our self-care. This was illustrated in the discussion of participants that when an incident arises that creates a health challenge (like a fall, accident, or emotional stress), the first tool is Injury Recall Technique, (IRT), to release the emotional impact. However, when recounting their movement tools, this was not foremost in their mind as it was not a movement but a "first aid" tool. What cannot be concluded is the value of IRT in relation to the other tools of movement that were identified and explored in this research project.

The second educational perspective to consider, is the lens within which people live and experience life. If there is a reference from a pain place, they will remember the last tool that they used that created the shift for them. This may have been the last primary shift, but often it is not realized that there were several steps leading up to this shift that created its possibility. This is something we will never know by the subtleness of our living. The power of bioenergetic feedback to assist with insight into energetic shifts and developing awareness, may create a roadmap of discovery that awakens more awareness. Insight for further exploration with components from this exploratory research may provide insight into how people remember what they learn and why some items become a priority over other items.

The final insight from the research identified that the interviewees enjoyed the class not only for the content but also for the sense of community that was created. They enjoyed the time together regardless of activity and outcome. This unexpected insight lends itself to future research like Lynne McTaggart's that identifies the aspect of healing that occurs due to being in a group setting to offer compassionate giving to others without worry of personal benefit (McTaggart, 2011). From an educational perspective, it is noteworthy that as much as there are materials that an instructor or a program wishes to share, there is great value in providing collaboration and conversation opportunities. Self-care and empowerment may be as simple as feeling connected (Cornwall, 2000; Chan, 2016; Linton, 2011; McTaggart, 2009).

References

- Adegbola, M. (2011). Using lived experiences of adults to understand chronic pain: Sickle cell disease, an Exemplar. *Managers Journal of Nursing*, 1(3), 1-12. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22816067>
- Ahmed T, V. A. (2016). Gender roles and physical function in older adults: Cross-sectional analysis of the international mobility in aging study (IMIAS). (S. D. Ginsberg, Ed.) *PLoS ONE*, 11(6). doi:10.1371/journal.pone.0156828
- Arslantas D1, U. A. (2009, Mar - Apr). Life quality and daily life activities of elderly people in rural areas. *Arch Gerontol Geriatr* doi: 10.1016/j.archger.2007.11.005. Epub 2008 Jan 22., 48(2), 127-31. doi: 10.1016/j.archger.2007.11.005
- Ashare, M. (n.d.). *Galileo Galilei – The Father of Modern Science*. Retrieved 02 27, 2021, from Online Education: <https://www.onlineeducation.com/features/galileo-galilei>
- Awick EA, E. D. (2017, Jan). Effects of a home-based DVD-delivered physical activity program on self-esteem in older adults: Results from a randomized controlled trial. *Journal of Psychosomatic Medicine*, 79(1), 71-80. doi:10.1097/PSY.0000000000000358
- Binding LL, T. D. (2008, April). Human understanding in dialogue: Gadamer's recovery of the genuine. *Nursing Philosophy*, 9(2), 121-130. doi:doi: 10.1111/j.1466-769X.2007.00338.x.
- Bongji, S. . (2016, Aug). Efficacy of rehabilitation with Tai Ji Quan in an Italian cohort of patients with fibromyalgia syndrome. *Complementary Therapies in Clinical Practice*, 24, 109-115. doi:10.1016/j.ctcp.2016.05.010
- Chan AW, Y. D. (2016, October). Effects of a peer-assisted tai-chi-qigong programme on social isolation and psychological wellbeing in Chinese hidden elders: a pilot randomised controlled trial. *The Lancet*, 388(1:S23). doi:10.1016/S0140-6736(16)31950-X.
- Chang, J. (2010, March). Hermeneutic inquiry: A research approach for postmodern therapists. *Journal of Systemic Therapies*, 29(1), pp. 19–32. doi:DOI: 10.1521/jsyt.2010.29.1.19
- Chia, M. (1999). *Energy ealance through the Tao: Excercises for Cultivating Yin Energy*. Destiny Books.
- Chia, M. (2007). *Fusion of the five elements: Meditations for transforming negative emotions*. Destiny Books.
- Chia, M. (2009). *The six healing sounds: Taoist techniques for balancing Chi*. Destiny Books.
- Chia, M. (2005). *The inner structure of Tai Chi: Mastering the classic forms of Tai Chi Chi Kung*. Destiny Books.

- Choy, E. (2015, April 28). The role of sleep in pain and fibromyalgia. *Nature Reviews Rheumatology*, 11, 513 - 520. doi:10.1038/nrrheum.2015.56
- Cohen, K. (1997). *The way of Qigong: The art and science of Chinese energy healing*. Random House of Canada Ltd.
- Cook, G. L. (2014, Aug). Functional movement screening: the use of fundamental movements as an assessment of function - part 2. *International Journal of Sports Physiotherapy*, 9(4), 549-563. Retrieved September 7, 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4127517/#B22>
- Cornwall, E. Y. (2000, March). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior*, 50(1), 31-48. doi:10.1177/002214650905000103
- Cuenza-Martinas F, C.-A. S.-L. (2018, March 20). Effectiveness of classic physical therapy proposals for chronic non-specific low back pain: a literature review. *Physical Therapy Research Journal*, 21 (1), 16-22. doi:10.1298/ptr.E9937. eCollection 2018.
- Cuthbert, S. C. (2011, April). Association of manual muscle tests and mechanical neck pain: Results from a prospective pilot study. *Journal of Body Work and Movement Therapies*, 15(2), 192–200. doi:DOI: <http://dx.doi.org/10.1016/j.jbmt.2010.11.001>
- Cyarto EV, B. W. (2008). Comparative effects of home- and group-based exercise on balance confidence and balance ability in older adults: cluster randomized trial. *Journal of Gerontology*, 54(5), 272-80 . doi:10.1159/000155653.
- Deal, S. (2013). *Applied kinesiology shortcuts: 1*. Arizona: Kinesiology Institute.
- Deal, S. (2015). *Applied kinesiology shortcuts: Part 3*. Arizona, USA: Sheldon C. Deal. Retrieved from www.SwanClinicAZ.com
- Deutscher D, H. S. (2009, Aug). Associations between treatment processes, patient characteristics, and outcomes in outpatient physical therapy practice. *Archives of Physical Medicine and Rehabilitation*, 90(8), 1349-1363. doi:10.1016/j.apmr.2009.02.005
- Esola, M. A. (1996, Jan 1). Analysis of lumbar spine and hip motion during forward bending in subjects with and without a history of low back pain. *Spine*, 21(1), 71-78. Retrieved 01 04, 2017, from http://journals.lww.com/spinejournal/Abstract/1996/01010/Analysis_of_Lumbar_Spine_and_Hip_Motion_During.17.aspx
- Gelonch O, G. M. (2016, April). Executive function in fibromyalgia: Comparing subjective and objective measures. *Comprehensive Psychiatry*, 66, 113-122. doi:DOI: 10.1016/j.comppsy.2016.01.002

- Gelonch O, G. M. (2017, March 17). Cognitive complaints in women with fibromyalgia: Are they due to depression or to objective cognitive dysfunction? *Journal of Clinical and Experimental Neuropsychology*, 1-13. doi:10.1080/13803395.2017.1301391
- Gerber, R. (2001). *Vibrational Medicine: The #1 Handbook of Subtle-Energy Therapies Third Edition*. Rochester, USA: Bear and Company.
- Glass J, W. D.-S.-W. (2011, Dec 12). Executive function in chronic pain patients and healthy controls: Different cortical activation during response inhibition in fibromyalgia. *Journal of Pain*, 1219-1229. doi:10.1016/j.jpain.2011.06.007
- Greenwell, M. (2012). *My Little Black Book of Energy*. Mabou, NS Canada: Waines Publishing.
- Greenwell, M. (2018). *My Little Black Book of Qi: Qi Yintegration Set 1*. Mabou, NS Canada: Waines Publishing.
- Hassad, C. (2013, March). Mind-body therapies: Use in Chronic Pain Management. 42(3), pp. 112-117. Retrieved from <http://www.racgp.org.au/afp/2013/march/mind-body-therapies/>
- Hawkins, D. (2012). *Power vs Force*. Raincoast.
- Jensen, A. (2014). *The Accuracy and Precision of Kinesiology-style Manual Muscle Testing: Designing and Implementing a series of diagnostic test accuracy studies*. University of Oxford, Doctor of Philosophy dissertation. UK: University of Oxford.
- Keown, D. D. (2014). *The Spark in the Machine: How the Science of Acupuncture explains the Mysteries of Western Medicine*. Philadelphia, PA, USA: Singing Dragon.
- Klinghart, D. (2005). The Five Levels of Healing. *Explore!*, 14(4). Retrieved from http://www.klinghardtacademy.com/images/stories/5_levels_of_healing/Klinghardt_Article_5_Levels_of_Healing.pdf
- Koch, T. (1998). Story telling: Is it really research? . *Journal of Advanced Nursing*, 28(6), 1182-1190. doi:DOI: 10.1046/j.1365-2648.1998.00853.x
- Krebs, C. a. (2017, Sept). *Energy Research Videos*. Retrieved Sept 2017, from <http://www.energyresearch.us>: https://youtu.be/HzLLA52_nTY
- Kushi, M. (2007). *The Do-In Way: Gentle Exercises to Liberate the Body, Mind and Spirit*. Garden City Park, New York, USA: Square One Publishers.
- Landorf, K. B., Keenan, A.-M., & Herbert, R. D. (2006, July). Effectiveness of Foot Orthoses to Treat Plantar Fasciitis: A Randomized Trial. *Archive of Internal Medicine*, 106, 1305-1310. doi:DOI: 10.1001/archinte.166.12.1305 · PubMed

- Lee, C. C. (2014, April 1). Movement Therapy for the Self-Management of Chronic Pain Symptoms. *Pain Medicine Oxford Journal*, 1, 40-53. doi:10.1111/pme.12411
- Lehman, A. (2013). Injury Recall Technique: A Comprehensive Approach to Balancing the History of Pain & Injury. *2013 Touch For Health Conference*.
- Linton, S. S. (2011). Impact of psychological factors in the experience of pain. *Physical Therapy Journal*, 91, 700-711.
- Lockhurst, G.-J. C. (2018, Sept). Descartes and the Pineal Gland. *Stanford Encyclopedia of Philosophy*. Retrieved 02 27, 2021, from <https://plato.stanford.edu/entries/pineal-gland/>
- Lorig, K. H. (2013). *Living a Healthy Life with Chronic conditions: For Ongoing Physical and Mental Health Conditions*. Boulder, CO, USA: Bull Publishing Company.
- Loupos, J. (2005). *Tai Chi Connections: advancing your tai chi experience*. Boston, Massachusetts, USA: YMAA Publication Center.
- McTaggart, L. (2008, November 28). The Leaf Intention Experiment. Arizona, USA. Retrieved from <https://lynnemctaggart.com/the-leaf-intention-experiment/>
- McTaggart, L. (2009, Dec 8). *Doing-onto-others-the-linger-effect*. Retrieved 2018, from LynneMctaggart.com: <https://lynnemctaggart.com/doing-onto-others-the-linger-effect/>
- McTaggart, L. (2009). Lynne McTaggart Intention Experiments. *Institute of Noetic Sciences*. Retrieved from <https://www.youtube.com/watch?v=kis5yMn1Azc>
- McTaggart, L. (2011). *The Field: The Quest for the Secret Force of the Universe*. USA: Harper Collins ebooks. doi: ISBN 978-0-06-019300-3
- Ojofeitimi S, B. S. (2016, Feb). Conservative Management of Second Metatarsophalangeal Joint Instability in a Professional Dancer: A Case Report. *Journal of Orthopaedic and Sports Physical Therapy*, 46(2), 114-123. doi:10.2519/jospt.2016.5824. Epub 2016 Jan 11.
- Oschman, J. (2017a, September). *Foundation for Alternative and Integrative Medicine*. Retrieved September 7, 2017, from <http://www.faim.org>.
- Partridge C, J. M. (1996). Disability and health: perceptions of a sample of elderly people. *Physiotherapy Research International*, 1(1), 17-29. Retrieved Dec 23, 2016, from <https://www.ncbi.nlm.nih.gov/pubmed/9238720>
- Rankin, L. (2013). *Mind over Matter: Scientific Proof that you can Heal Yourself*. Raincoast.
- Sahrman, S. (2014, Jul). The human movement system: our professional identity. *Journal of Physical Therapy*, 94(7), 1034-1042. doi:10.2522/ptj.20130319.

Schmitt, W. H. (2002). *Stop your Pain Now!* Chapel Hill, North Carolina, USA: Applied Kinesiology Study Program, LLC.

Schmitt, W. H. (2008, Dec 19). Common errors and clinical guidelines for manual muscle testing: "the arm test" and other inaccurate procedures. *Chiropractic and Osteopathy*, 16(16). doi:DOI: 10.1186/1746-1340-16-16

Sonn, U. (1996). Longitudinal studies of dependence in daily life activities among elderly persons. *Scandinavian Journal of Rehabilitation Medical Supplement.*, 34, 1-35. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8701230>

Stapp, H. P. (2011). *Mindful Univers: Quantum Mechanics and the Participating Observer* (2nd ed.). New York: Springer. Retrieved Nov 2018

T. Wiseman, K. F. (2016). The experience of emotional wellbeing for patients with physical injury: A qualitative follow-up study. *Journal of Injury*, 47(9), 1983-9. . doi:10.1016/j.injury.2016.03.021

the Biokinesiology Institute. (1992). *Allergies - How to Find and Conquer* (Vols. Encyclopedia of Mind and Body, Vol 1). Bellingham, Washington, USA: Topping International Institute.

Thie, J. a. (2005). *Touch for Health: A Practical Guide to Natural Health With Acupressure Touch*. Camarillo, USA: DeVorss & Company.

Usry, K. (2018). Vagus Nerve Injury Recall Technique. *Experimental Observations of Members of ICAK* (pp. 101-112). USA: International College of Applied Kinesiology. Retrieved from <http://icakusa.com/sites/default/files/FINALPROCEEDINGS2017.pdf>

van den Bekerom, M. P. (2012, Aug). What Is the Evidence for Rest, Ice, Compression, and Elevation Therapy in the Treatment of Ankle Sprains in Adults? *Journal of Athletic Training*, 47(4), 435-443. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3396304/>

Wang, C. (2012, Dec). Role of Tai Chi in the treatment of rheumatologic diseases. *Current Rheumatology Reports*, 14(6), 598-603. doi:doi: 10.1007/s11926-012-0294-y.

Wayne, P. a. (2013). *The Harvard Medical School Guide to Tai Chi: 12 Weeks to a Healthy Body, Strong Heart and Sharp Mind*. Boston, Massachusetts, USA: Harvard Health Publications.

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