

Measure, Measure, Measure: 'Indicator testing' and nutrients for musculoskeletal pain.

Walter Schmitt and Kerry McCord

Abstract: Precise individualized procedures and nutritional interventions may be determined for patients with musculoskeletal pain by using Indicator Testing.

Indicator testing for nutritional supplements measures pain and/or range of motion before and after the patient tastes a supplement.

The most important nutritional supplements to be measured by Indicator Testing in patients with musculoskeletal pain are essential fatty acids, manganese, and cartilage producing substances including chondroitin sulfate and/or glucosamine sulfate, methylsulfonylmethane (MSM), and the amino acid L-cysteine.

Indexing Terms: chiropractic; AK; Applied Kinesiology; Indicator Testing.

Introduction

Many chiropractors have observed the significant, often dramatic pain relief responses achieved using the Quintessential Applications protocols that Dr. Kerry McCord and I have taught in the past decade. These results were obtained by various nutritional and pain relief techniques that we presented. The key to achieving these results was the use of 'Indicator Testing.'

Indicator Testing is the measurement of pain and/or range of motion before and after a procedure to evaluate its effectiveness.

In my early days in practice I worked with the legendary Dr. George Goodheart, developer of applied kinesiology and the first chiropractor to serve officially on the US Olympic Medical staff at the Lake Placid Olympics in 1980. Dr. Goodheart always emphasized the importance of using something other than muscle testing to evaluate that patient's response and progress, even though he had developed manual muscle testing as the important clinical assessment tool that AK has become today,

[illegible]

I replied, *'I think I get it.'*

... Indicator Testing can be easily used on every patient on each office visit to evaluate the patient's response to treatment as well as patient progress. ...'



He responded, 'No I don't think you do yet.' And he repeated, 'Measure, measure, measure, measure, measure, measure, measure' - another six or seven times.

I replied, 'I think I get it now.'

And he responded, 'Maybe now you do.'

Indicator testing

We can know with certainty what procedures and nutritional supplements are most appropriate for each patient by using Indicator Testing.

Indicator Testing for nutrients is simple: identify an area of pain or a limited range of motion. Test a nutritional substance by having the patient taste the supplement. Then, with the nutrient in the mouth, retest the Indicator to see if there is a decrease in pain and/or an increase in range of motion. The most appropriate supplement(s) will cause an immediate (upon tasting and activating the gustatory receptors) improvement in the Indicator. The improvement may range from 10% to 100%. The changes are noted by both you and the patient.

Indicator Testing can be easily used on every patient on each office visit to evaluate the patient's response to treatment as well as patient progress. When you use Indicator Testing before and after a therapeutic measure, both you and the patient know immediately what is working. If you don't use Indicator Testing, only the patient knows whether or not you have made a positive change.

Further, Indicator Testing is an indispensable aid in patient compliance for taking nutritional supplements. If the patient observes a decrease in pain and/or an increase in range of motion from tasting a nutrient, they are strongly motivated to take it as recommended.

Each patient is different.

The use of multiple nutrients, in a sort of 'shotgun' approach to try to hit the mark is in common practice, but we have the ability to be precise rather than random. If a patient takes a joint health supplement like the combination of *chondroitin sulfate* and *glucosamine sulfate* that is so popular, you can use Indicator Testing to test each separately and identify whether the patient needs only one of these or is better off with both.

The advantage to the patient is that they are only taking and paying for exactly the substance(s) that they need. A further advantage to the patient and the doctor is that the likelihood of adverse or allergic effects from a nutritional supplement is greatly diminished by following the guidance provided by Indicator Testing.

Below is a list of the most common nutrients seen following musculoskeletal injury based on my FCA Convention presentations entitled '*Neuromusculoskeletal Injury: Nutritional Solutions.*' Use Indicator Testing of pain and/or range of motion with oral testing of these nutrients to guide you toward optimal outcomes for you and your patients.

- ▶ Essential Fatty Acids – for controlling the inflammation associated with pain and injury.
- ▶ Manganese – for the repair and integrity of ligaments and tendons. This was first published in the early 1950s by Dr. Goodheart. In that early paper, he reported the laxity of ligaments in patients with disc lesions.
- ▶ Glycosaminoglycan related (cartilage producing) substances - chondroitin sulfate and/or glucosamine sulfate. Chondroitin sulfate is the major component cartilage. Glucosamine is a precursor to chondroitin. Many of the patients who respond to these supplements are actually responding to the sulfate part of the supplement, and are better served with a simple sulfur supplement such as methylsulfonylsulfate (MSM) or the amino acid, L-cysteine.

INDICATOR TESTING PROCEDURE FOR MUSCULOSKELETAL PAIN

Identify an Indicator of dysfunction, Pain and / or limited range of motion

Have the patient taste nutrients from each of the following categories:

Essential fatty acids

Fish Oils (Marine Lipids)

Flax Seed Oil

Black Currant Seed Oil

Combinations of Omega 3-6-9 oils

Sesame Seed Oil (especially in glucose handling problems)

Manganese

Chondroitin and glucosamine sulfate

Chondroitin Sulfate

Glucosamine Sulfate

Sources of sulfur

Methylsulfonylmethane (MSM)

L-CysteineCombination nutrient formulas (e.g., Chondroitin Sulfate with Mn)

Do any of them change the indicator (pain, ROM)?

Supplement the nutrients that improve the indicator.

Conclusion

We can practice with precision. One size does not fit all. The use of Indicator Testing provides the basis for a precise, individualized approach for each patient. In doing so, doctors using Indicator Testing follow the principles of the scientific method. That is, a hypothesis is made: a particular supplement will help this patient.

Then a measurement is made to test the hypothesis: the Indicator of pain and/or range of motion is tested before and after the supplement is tasted. The hypothesis is shown to be either true or untrue: the patient improves with the supplement or not. The optimal therapy for the patient is determined by the outcome of this brief but effective scientific 'experiment.'

Indicator Testing is a simple and precise method for improving the quality of patient care, advancing our professional status, and clinically performing in a manner clearly follows the scientific method.

Walter H Schmitt
DC, DIBAK
Chiropractor (dec)

Kerry McCord
DC, DIBAK
Chiropractor
St. Petersburg, Florida
hthwx@aol.com

Cite: Schmitt WH, McCord KM. Asia-Pac Chiropr J. 2022;2.5 URL [apcj.net/papers-issue-2-5/
#SchmittMcCordIndicatorTesting](https://apcj.net/papers-issue-2-5/#SchmittMcCordIndicatorTesting)

About Dr Schmitt

Dr. Wally Schmitt passed away unexpectedly on the afternoon of Saturday November 20, 2021 while enjoying his usual jog in the neighbourhood in which he had lived for almost 40 years. Those who knew him, were mentored by him or attended his seminars, his colleagues and patients, family & friends all deeply mourn his loss.

Dr. Schmitt was an incredible healer, helper, physician & physician educator whose graciousness and humility shone like a bright light on all he encountered & served.

The *Journal* plans to celebrate with more articles from and about Dr. Schmitt in the years ahead.