Conclusion: Manual muscle testing used to distinguish congruent from incongruent spoken statements is significantly more accurate than chance and, therefore, its use may have merit in the management of specific cases. The variation between practitioners, from highest accuracy to lowest, suggests there is much yet to be learned about the skills involved and possible influencing factors.

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Improving flexibility with a mind-body approach: A randomized controlled trial using neuro emotional technique☆

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Background: General flexibility is a key component of health and wellbeing. A lack of flexibility has been associated with an increased risk of developing musculoskeletal injuries and athletic underperformance. The cause of reduced flexibility can be multifactorial, with both physical and mental/emotional etiologies. It has been previously shown that stretching regularly may quickly improve flexibility; however, when it is discontinued, gains are promptly lost. An alternative intervention with greater durability is needed. We hypothesized that Neuro Emotional Technique (NET), a technique previously shown to be effective at reducing stress, may also be effective at improving general flexibility. The aim of this study was to examine the effects of NET, a mind-body technique, on general flexibility.

Methods: Forty-five healthy volunteers (23 men and 22 women) were recruited from the general population. This randomized controlled trial consisted of 1 experimental arm and 2 control arms with 15 participants in each arm. Prior to group allocation, general flexibility of each participant was assessed by a blind assessor. The primary outcome employed was the change in general flexibility through the Sit-and-Reach Test (SR) score. Participants also completed questionnaires about demographics; usual water and caffeine consumption; and activity level. In addition, participants completed an anxiety/mood psychometric. After initial assessment, participants were randomly allocated to a group: (1) experimental group, received two 20-min sessions of NET; (2) the active control group, receiving two 20-min sessions of stretching instruction; and (3) the passive control group, receiving no intervention or instruction. Following completion of all sessions, participants were re-assessed by the same blind assessor.

Results: Forty-three participants completed the study, with one person in the experimental group and one person in the active control group dropping out due to scheduling difficulties. Baseline data showed each group to be similar in demographics, usual water and caffeine consumption, and activity level. The mean (SD) of change in the SR scores for the NET group was +3.1 cm (2.5); for the Stretching Instruction group (active controls) was +1.2 (2.3); and for the passive controls was +1.0 (2.5). This shows that, while all three groups showed some improvement, the difference in improvement between the NET group and either control groups was statistically significant ($p < 0.05$). The difference between active controls and passive controls was not statistically significant. Usual water or caffeine consumption, activity level or psychometric scores did not predict or influence outcomes.

Discussion: Findings obtained in this study are unique because few studies have tested the effectiveness of a mind-body therapy on general flexibility. Limitations of this study include its lack of control for other potential confounders, such as other dietary influences and sleep amount or quality. In addition, while group allocation was not divulged, participants may have speculated. Future research in this area should focus on the acute effects of NETon flexibility, and also should include follow-up assessments to ascertain durability of effect.

Conclusion: The present findings suggest that NET may have a positive effect on SR test results.

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