Kinesiology Association
YOUR BODY IN BALANCE

Registered Charity No: 299 306

Rules and Code of Ethics & Practice

for Members of the

Kinesiology Association (KA)

Revision 2026

Administrator: Clare Cooper

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TRUSTEES

A list of Trustees may be found at the Kinesiology Association website.
https://www.kinesiologyassociation.org/

ACKNOWLEDGMENTS

Guidance notes on Law and Ethics and additional material shared with kind permission of the Board of the Kinesiology Federation.

DEFINITION

Kinesiology (as derived from Applied Kinesiology) is a holistic therapy that uses the muscle response test as a bio-feedback technique to evaluate the motor response of the central nervous system to a sensory challenge. This can identify imbalances in the healthy functioning of the individual, the priority areas for intervention, as well as the most appropriate methods to restore the individual to their optimum health and well-being. Correction methods used may be structural, nutritional, emotional or energetic.

For the appropriate use of the manual muscle test as a member of the Kinesiology Association, see section 2. KA Muscle Testing Standards.

KINESIOLOGY ASSOCIATION

RULES AND CODE OF ETHICS & PRACTICE

1. INTRODUCTION

The purpose of these Rules and Code of Ethics & Practice for the Kinesiology Association (KA) is to provide a framework to regulate the conduct of all members in their use of Kinesiology and to protect the public from inappropriate or improper uses of Kinesiology. This document is designed to assist KA Members in conducting themselves to a high professional standard, as well as assisting them to avoid procedures that may bring them, Kinesiology in general or the KA into disrepute, thereby protecting them from accusations of malpractice. This document also aims to protect the good name of Kinesiology and to help to avoid the formation of incorrect impressions about Kinesiology and what it is to be used for by members of the public.

The compliance with both the letter and the spirit of these rules is a condition of membership of the Association at all levels other than Affiliate (see Appendix G). Any breach of this Code that comes to the attention of the Trustees will be investigated and may result in revocation of membership for the person concerned (see Disciplinary Procedure - Appendix D).

1.1 THE AIMS OF THE KINESIOLOGY ASSOCIATION

1.1.1 To bring to public awareness, the great value of Kinesiology (as derived from Applied Kinesiology and originally based on Systematic Kinesiology) as approved by the Kinesiology Association (KA).

1.1.2 To provide people professionally trained in Kinesiology with the support of a professional organisation which promotes:

- high standards of ethics
- high standards of practice among those who use KA approved kinesiology techniques
- curriculum development and excellence in training by approved Schools.

1.1.3 To assist members of the public in finding help from reputable qualified KA approved Kinesiologists via a national register.

1.2 CORRESPONDENCE

Correspondence on any matters regarding the KA or the conduct of Association members should be sent to the administrator at the registered address for the Association, which is:

Kinesiology Association, c/o BluBooks Ltd, Bowman Court, Whitehill Lane, Royal Wooton Bassett SN4 7DB
E-mail: admin@kinesiologyassociation.org
Website: www.kinesiologyassociation.org
Telephone: 01980 881646

2. KA MUSCLE TESTING STANDARDS

2.1 Kinesiology muscle response testing procedures accredited by the Association are based on those taught in Touch for Health training, which are in turn derived from the parent system of Applied Kinesiology.

2.2 KA approved muscle testing is only to be used on clients who give explicit permission for the procedure without any duress or persuasion whatsoever. Permission to test is not an unlimited licence to utilise Kinesiology techniques or other practices on an individual; permission for additional procedures used must also be sought throughout the course of a session. Full explanations of procedures prior to implementation must be given to ensure the understanding and comfort of the client.

2.3 The careful, tactful use of KA approved muscle testing is intended to correct imbalances in the structural, biochemical, emotional and/or electromagnetic aspects of the client, in order to promote and restore excellent health and well-being.

2.4 The use of Muscle Testing is NOT suitable:

a. to diagnose pathology

b. to attempt to determine answers to verbal question of a Yes/No nature

Examples: Does this person need to be balanced? Is this the right goal for this person?
Such questions contain many subsidiary questions and are amorphous in intent, therefore it is not possible to make any reliable accurate conclusions from muscle testing responses to such questions. This is not to say that responses may not be forthcoming, rather that any such response could have many interpretations and is to be considered unreliable, not reproducible and non-scientific.
Unambiguous verbal statements should always be used instead.

c. as a means of attempting to access information about any subject which is not within the experience or knowledge of the tester, the person being tested or their memory banks

Examples: the outcome of any future event, selection of lottery numbers.

d. for unprofessional purposes.

Example: attempting to determine the sex of unborn children.

2.5 Guidelines with regard to nutritional supplementation may be given based on the muscle testing responses of the body.

3. GENERAL STANDARDS

3.1 Members will uphold the dignity of their profession and may not denigrate other professional disciplines. (See also Appendices A and B.)

3.2 Members shall respect the religious, spiritual, political and social views of any individual, irrespective of race, colour, creed, sex or sexual orientation, and must never seek to impose their beliefs on another.

3.3 It is expected that all members of the KA will co-operate, be willing to share information (provided client-identifiable information is not included - cf. 4.4) and support each other to further the aims of the Association.

3.4 All members of the KA are encouraged to take an active part in the running of the Association in various ways, such as by attending meetings and events; offering their specialist skills as a service to the Association; taking part in surveys arranged by the Association; or being involved in discussions on the online forum.

3.5 It is strongly recommended that each member considers putting themselves forward as a prospective Trustee at some point during their membership in order to help to shape the future of the Association. (For information about this role, see Appendix F2.)

3.6 Members are required to comply with all national and local legislation and to ensure that they are fully aware of laws such as the Health and Safety at Work Act 1974, Veterinary Surgeons Act (1966), Data Protection Act 2018 and associated General Data Protection Regulations, etc., as appropriate to their field of practice (see also Appendix A), as well as Advertising Standards Authority rules. Information on Acts of Parliament can be found at https://www.legislation.gov.uk/ukpga

3.7 Members of the KA are bound by complaint and disciplinary procedures. (See Appendix D.)

3.8 Any member who receives, or is concerned that they may receive, a complaint against them must report the details of the complaint or circumstances they have concerns about, to both the KA Administrator and their insurance company at the earliest opportunity.

4. PRACTITIONER STANDARDS

4.1 Association members have a duty of care to their clients, meaning they have a responsibility to act in the best interests of their clients at all times, exercising due diligence and integrity (cf. 3.2 and Appendix A). This includes being open and honest when an unintended event or mistake occurs and apologising to the affected client (see the Association's Duty of Candour Policy).

4.2 Association members' moral conduct and relationships with clients will be proper in every way, fully respecting and mindful of the trust placed in the member by the client. The member shall act with courtesy, respect, dignity, discretion and tact at all times (cf. 3.2).

> 4.2.1 Association members will avoid being judgmental or critical of the client in any way and will never undermine the client's confidence in any actions they may take, even if the practitioner considers them not to be in their client's best interest. This does not preclude discussion or verbal exploration of thoughts and ideas as part of the therapeutic relationship.

4.3 Members may only offer services and techniques that they are qualified to provide and for which they are fully insured. (See also 6.9 and Appendix A9.)

> 4.3.1 Members must not use manipulation or vigorous deep tissue massage unless they are qualified to use such techniques.
>
> 4.3.2 Members must not professionally attend women in childbirth, nor for ten days thereafter, unless they hold a professional qualification in midwifery.
>
> 4.3.3 Members must not offer to provide any dentistry unless they hold a professional qualification in dentistry.
>
> 4.3.4 Members must not offer to provide any veterinary service to an animal unless they hold a professional qualification in veterinary science or meet the exception requirements laid out in schedule 3 of the Veterinary Surgeon Act 1966 (see also Appendix A9). Where owners of animals request the

services of Association members for their animals, they should always be directed to seek the services of a veterinary surgeon.

4.4 Rules of confidentiality must always be observed (cf. 6.7).

4.5 Members may not offer or claim to treat or cure any condition.

4.6 Association members will ensure that they are medically and mentally fit to practice. If there is any possibility that they are unwell or have any contagious ailment, they will cease practice until fit.

4.7 Practitioners will maintain a high standard of personal hygiene.

- Clothes worn when working with clients will be clean.
- Fingernails will be kept clean and of an appropriate length for working on clients.
- Any cuts or wounds will be properly covered.
- Smoking/vaping is not to be permitted in the clinic room or other areas used by clients.
- Eating and drinking (other than water) is not to take place in the clinic room while the client is present. Food eaten in the clinic room must not leave a detectable odour in the room or on the practitioner's breath as this may influence testing or be unacceptable to the client.

4.8 Practitioners must hold adequate Public Liability and Professional Indemnity Insurance cover when they practise. The Insurance policy must provide for employee liability if personnel are employed. This can be arranged through Balens specialist insurance brokers under a discounted block policy for members of the KA.

4.9 Association members are to conduct themselves as being complementary to orthodox approaches to health care. Where a client chooses to use Kinesiology as an alternative choice, this should be respected with the possibility of concurrent medical support discussed with them.

4.10 Association members will make it clear they are not doctors and cannot claim to have a doctor's knowledge or skills. They must not use titles or descriptions that give the impression of medical or other qualifications unless they actually possess them. (See Appendices A2, A8 & A9.)

4.11 Practitioners shall not in any way countermand instructions or prescriptions given by a Registered Medical Practitioner to a client.

4.12 It is strongly advised that Professional level members undertake the recommended Continuing Professional Development (CPD) hours each year (see Appendix H). A number of educational events are organised by the KA each year to support members with their CPD, and attendance at these is automatically logged as CPD hours. The Members' section of the Kinesiology Association website also allows members to upload evidence of other training undertaken. If the recommended number of hours are not completed this may affect a practitioner's defence against malpractice should there be a claim made against them.

5. PRACTICE ADMINISTRATION

5.1 Appointments will be kept in a diary (handwritten or electronic) for that purpose alone. Wherever possible, clients should be given written confirmation (which may be via text or email) of their initial appointment and the fees involved. Receipts shall be given on request.

5.2 Practitioners must ensure they keep clear, comprehensive and dated records of their therapy sessions and recommendations given. This is important for efficient and careful practice as well as the defence of any negligence actions should they arise.

5.2.1 It shall be for the practitioner compiling the record to ensure that the nature of the session given can be determined by another qualified kinesiologist from the client notes.

5.3 Advertisements shall be prepared in a professional manner, be dignified in tone and limited to notices that draw attention to the practice of Kinesiology, the qualifications of the practitioner and offering a general service, without claiming a cure of any condition or mentioning any disease or guaranteeing a specific outcome. (See also Appendices A5 and A6.)

5.4 Premises (See also Appendix A10)
If you are self-employed, you have a duty to make sure that your business premises and working environment meet health and safety requirements, key points of which are stated below. Further information about health and safety requirements is available from the local health and safety executive or environmental health department of the local authority. In Scotland, local authority refers to the District and Islands Council.

- Premises are to be kept clean and tidy.
- All passages and doorways will be unobstructed.
- Toilet and washing facilities are to be available for clients.
- Premises are to be well lit, to office regulation standards.
- All electrical items will be safe and used in accordance with manufacturers' recommendations and PAT tested where required.
- All practising Association members must be insured for Public Liability.
- A First Aid kit is to be maintained in operational condition. (This is a legal requirement for those with employees but those providing services for others are strongly recommended to consider their clients when assessing first-aid needs, and make provision for them as part of their duty of care. Ref: https://www.hse.gov.uk/pUbns/priced/l74.pdf.)

6. CONSULTATION STANDARDS

6.1 When seeing new clients, Association members shall explain the likely length and content of consultations, the frequency and number of follow up visits anticipated, and fees and other likely costs involved. They should also provide an outline of the manual muscle testing process and overview of types of procedures that may be involved in the session.

6.2 Prior to the commencement of their first consultation, clients (or the parent/guardian of a client under 16 years of age) must provide their explicit consent as the legal basis for the processing of their data (i.e. use of their personal and sensitive information for the purposes of the consultation, as well as storage of their information until no longer required), as a requirement of the General Data Protection Regulations (GDPR). As complementary practitioners, Kinesiologists cannot claim that consent is implicit from the presentation of the client and voluntary disclosure of their information to the practitioner. Should a client (or their parent/guardian) refuse to provide their consent, this conflicts with the insurance requirement to maintain records of all therapeutic interactions with clients and therefore the consultation cannot proceed. This also applies to 'taster' sessions provided at promotional events but is not appropriate for demonstrations carried out at talks.

6.3 Each new client, or an existing client who presents with a new problem or condition, must be asked what medical advice they have sought. If they have a medical condition for which they have not recently consulted a doctor, they should be recommended to do so and this recommendation recorded in their notes for the member's protection. Note that it is legal for an adult to refuse medical treatment, so the decision whether to consult a doctor or not is up to the client.

6.3.1 It is a criminal offence to fail to provide proper medical care for a child under the age of sixteen, or deny access to medical facilities, or suggest or coerce anyone to cause a child not to receive medical care. It is imperative to obtain the consent of the parent or guardian of any child under the age of 16 years before commencing consultation for Kinesiology (cf. 6.2 and Appendix A3).

6.3.2 Association members will refer a client to their (i.e. the client's) GP, or another suitably qualified practitioner, in all cases where the client's problem/condition is recognised to be outside the scope of their professional knowledge and experience or where there are concerns about the client's overall health, such as when they present with 'red flag' symptoms (cf. 6.4).

6.4 If any red flag symptoms are identified during a session, the client must be strongly advised to contact their doctor for advice (cf. 6.6). The following is a checklist that can be used to identify such symptoms:

Please tick the box next to any of the following that apply to you:

Do you get any severe and/or persistent pain in any of the following:

Head ☐ Abdomen ☐ Chest ☐ Eye ☐ Temple ☐ On passing urine ☐

Other ☐ please write in: .....

Do you ever get blood in any of the following:

Vomit ☐ Stools ☐ Urine ☐ Sputum ☐

Have you recently had any changes in:

Level of thirst ☐ Weight ☐ Appetite ☐ Skin ☐ Vision ☐

Bowel movements ☐ Urination ☐ Waist measurement ☐ Body/face shape ☐

Swallowing ☐ Breathing ☐ Personality/behaviour ☐

Please detail these changes:

6.5 In cases where a Registered Medical Practitioner refers a client to an Association member, the Medical Practitioner remains clinically accountable for the client and for the care offered by the Association member. (See also Appendix B.)

6.6 Where a service is to be provided, after obtaining consent (cf. 6.2) members shall undertake a case history. The case history will be used to assess the physical and mental health needs of the client with regards to the member's competence to meet the needs identified. The level of assessment should be consummate with the level of service provided.

6.6.1 The practitioner must consider whether they are capable and competent to perform a kinesiology consultation for each client who requests their services, bearing in mind that they are helping the individual and not treating the condition.

6.6.2 It is acknowledged that there may be occasions where the practitioner feels out of their depth during the course of a consultation with a client. Should such a circumstance arise, the practitioner should stop the session and discuss the issue with the client openly and honestly. (See also Appendix A2.)

6.6.3 Similarly, for their own protection, practitioners must use discretion and discernment when carrying out sessions for clients who are mentally unstable, addicted to drugs or alcohol, severely

depressed, suicidal or hallucinating. The practitioner should ideally have relevant experience of working with such clients and, where possible, have an additional responsible person present during the consultation. Practitioners can seek advice and support for clients with mental health issues from their local Community Mental Health Team (CMHT) or local crisis/ home treatment team. (See also Appendix A2.)

6.7 Association members must maintain records of clients' details that shall include details of medical history (cf. 6.6) together with details and dates of consultations and advice given (cf. 5.2). Such data is both personal and sensitive and subject to the requirements of the Data Protection Act (DPA) and General Data Protection Regulations (GDPR). Secure storage of patient data is essential to ensure confidentiality and compliance with the regulations.

6.7.1 Practitioners and those who work with them must not disclose or allow to be disclosed any information about a client, including the fact of their attendance, to any third party - including members of the client's own family - without the client's written consent. The only exclusions to this non-disclosure are if it is required by due process of law or for the immediate protection of, or avoidance of identifiable real risk to, a third party. In these cases the practitioner is advised to seek legal advice and inform their insurance company. (To find a solicitor, the following links may be helpful – www.lawsociety.org.uk; www.lawscot.org.uk.)

6.8 For adult clients, no third party may be present during the course of any form of consultation without the consent of the client. For children under 16 years, a responsible adult who accompanies the child to the consultation must be present throughout. (Additional third-parties may only be present with the consent of the client or of the responsible adult for a child under 16y.)

6.9 In each consultation, the practitioner must only use techniques they have been trained in to assist the client to return to a state of balance (cf. 4.3).

6.10 Association members do not treat any disease. It is an offence to treat, specifically, venereal disease as defined in the 1917 Act, or to offer to treat diabetes or cancer (Cancer Act 1939). However, members may consult clients who have these conditions. (See Appendix A5 & A9.)

6.11 The use of statementing, test vials or scan lists may be used as a guide to corrections required by the client but cannot constitute a diagnosis in any medical sense. Similar care must be taken with information derived from the use of any electronic equipment designed to identify imbalances in the body's bioelectric field.

6.12 Practitioners must act with consideration concerning fees and justification for therapy, sessions and recommendations for supplements/products to be purchased. Clients are entitled to refuse kinesiology techniques, ignore recommendations and make their own decisions regarding their health, lifestyle and finances.

6.13 Practitioners must not allow people to believe that they prescribe products such as herbs, remedies, supplements or oils, unless their training and qualifications entitle them to do so. Kinesiologists do not prescribe but recommend and it is the client's choice whether they choose to act on the recommendation. (See also Appendix A11.)

6.14 If the practitioner considers that the relationship with the client is no longer in their or the client's best interests, they have a duty to discuss this with the client and refer them to or make suggestions regarding seeking support from another practitioner as appropriate.

APPENDICES

A. GUIDANCE NOTES ON LAW AND ETHICS

A1. Law and Ethics.
The fields of law and ethics to some extent overlap.

The law of the U.K. is divided into 2 main categories – Criminal Law and Civil Law. Criminal Law governs the conduct of members of the community vis-à-vis the State. Civil Law governs the rights and liabilities of citizens vis-à-vis each other. A person contravening Criminal Law is prosecuted by the authorities and, if found guilty, fined or imprisoned for the offence. A person contravening Civil Law is sued by the injured party and, if the claim succeeds, is ordered to pay damages as monetary redress for the injury sustained by the plaintiff.

The principle statutory restrictions to which practitioners are subject, infringement of which would constitute a criminal offence, are contained in Acts of Parliament that have been passed with the objective of protecting the public against the unscrupulous activities of some people in the fields of human and animal medicine.
http://www.legislation.gov.uk/ukpga

The only risk, as far as Civil Law is concerned, apart from that which arises under the Apothecaries Act, is the one incurred by all professional people alike, i.e. an action for damages for professional negligence.

A2. Professional Negligence.
Very broadly the meaning of the doctrine of negligence in law is that, in his/her contact with other citizens, a person must have certain regard for the other person's interests and that if, through some act of commission or omission without sufficient regard for another person's interest, that other person sustains injury then he/she is liable to pay damages as monetary redress for the injury received. The nature and extent of the regard that one person is required to have for another (or, the duty of care he/she owes to another) depends on the nature of the contact or relationship between them.

The relationship of practitioner and client automatically imposes on the practitioner a duty to observe a certain standard of care and skill in the work they do or recommendations they give. Failure to keep to that standard exposes the practitioner to the risk of an action for damages.

Professional negligence can take 2 forms – either lack of requisite knowledge and skill to undertake the case at all or, while possessing the knowledge and skill, failure to apply them properly. A professional person is one who professes to have certain skill or knowledge not possessed by the layman and, in general, a practitioner of any profession is bound to possess and exercise the knowledge, skill and care of an ordinarily competent practitioner of that profession. A person cannot be held responsible for failing to exercise skill that they did not claim to possess.

So, where medical treatment is concerned, the standard required of a registered medical practitioner in general practice is that of an ordinarily competent doctor, whereas a more exacting standard is imposed on a specialist. Anyone who, although not a registered doctor, claimed or implied the same skills as a doctor would be judged by reference to the standards that apply to doctors. It is the skill and knowledge that practitioners profess to have that is of crucial importance in the context of professional negligence.

So it is important that practitioners make it abundantly clear that they are not doctors, that they do not have a qualification recognised in law and that they do not claim to possess the same knowledge, or purport to exercise the same skill, as doctors.

The principle is that, when the circumstances are such that the practitioner knows, or should know, that a case is beyond the scope of their particular skills, it is their duty to either call in a more skilful person or take steps to ensure that the patient no longer relies implicitly on their skill alone.

A3. Working with Children.

It is an offence under the law for the parent or guardian of a child under 16 to fail to provide adequate medical aid for the child. At the time of writing, no complementary therapy is approved as medical aid under the law, although the law does not prohibit a practitioner from helping or working with children.

The importance of this matter for practitioners arises by reason of what is known in Criminal Law as 'aiding and abetting'. Under this, if A is guilty of an offence at which B connives or assists, then B is said to have aided and abetted in the offence and so is guilty of that offence. If the practitioner clearly explains to the parent or guardian of a child under 16 the nature of the obligation imposed by the law on the parent or guardian, then it is unlikely that a successful prosecution could be brought against the practitioner for aiding and abetting the statutory offence by agreeing to work with the child. To this end, the practitioner should secure a signed and dated statement from a parent or guardian who refuses to seek medical aid, as defined in the law. The following format could be used:

I have been advised by [name of practitioner] that according to law I should consult a medical practitioner concerning the health of my child.

Signed:_____ Date:_____
(parent/guardian)

Signed:_____ Date:_____
(practitioner)

A4. Insurance

Any individual wishing to practise as a complementary practitioner, at whatever level of training, must ensure that they are adequately insured, whether or not they are charging for their services. Such insurance should cover public liability and professional indemnity against malpractice (cf. 4.8). The Trustees retain the right to call for evidence of a member's insurance cover at their discretion. Failure to provide for adequate insurance cover will result in loss of membership of the Association. The Association cannot be held responsible for any claims against members arising from their public practice.

A5. Advertising

At all times advertising, including the content of websites, shall comply with the standards laid down by the British Code of Advertising Practice and meet the requirements of the Advertising Standards Authority.

www.asa.org.uk

It is an offence to publish an advertisement that offers to give treatment, prescribe a remedy or give advice in relation to cancer, or refers to any article in terms calculated to lead to its use in the healing of cancer.

It is also an offence to publish an advertisement referring to any item or therapy of any description in terms that are calculated to lead to the use of that item or therapy for the purpose of helping people with any of the following diseases – Bright's Disease, glaucoma, cataract, locomotor ataxy, diabetes, paralysis, epilepsy or fits, tuberculosis.

There is no prohibition on helping people with the above conditions – the offence is in advertising 'treatment' of specific illnesses. It is not possible to give an exhaustive list of what the word 'advertisement' would include in these contexts. It is not exclusively confined to advertisements in the press or the content of websites, since a circular letter (issued in response to a request prompted by a press advertisement offering details on application) that stated that a certain product could cure cancer or tuberculosis has been held to constitute an advertisement. It is the responsibility of members to familiarise themselves with the existing codes and ensure that they check for any updates which might affect them.

A6. Misleading Statements

The law in this area is greatly expanded by the Misrepresentations Act 1967 and the Trade descriptions Act 1968.

Under the Misrepresentations Act 1967, a client who engages the services of a practitioner and pays fees for therapy which proves unsuccessful could recover these fees (and any other expenses incurred as a result of the lack of success of the therapy) as damages for breach of contract, if they could show that they were induced to engage the practitioner's services by means of a misrepresentation made by the practitioner about the efficacy of the therapy. Similarly, a client who was induced, could, if sued by the practitioner for non-payment of fees, successfully resist the practitioner's claim. A client confronted by such a claim might be tempted to raise the defence of misrepresentation and such a defence could be damaging to the reputation of the practitioner and complementary medicine.

Under the Trade Descriptions Act 1968, any statement about the properties of goods or the nature of services offered which is false, misleading or inaccurate can give rise to prosecution. For practitioners who do not normally sell or supply goods the importance of this Act lies in its provisions concerning false statements as to services. It is an offence for a person to make a statement about any aspect of a service offered which is false to a material degree if they know it is false, or is reckless as to its truth or falsity. In relation to any services consisting of, or including, the application of any therapy, a false statement about the nature of the service shall be taken to include false statements about the effect of the therapy.

Although these provisions occur in a Statute relating to Trade, professional services are not expressly excluded and unless and until the Courts hold otherwise, it must be assumed they apply to persons who offer professional services as well as to those who offer commercial services. It is therefore unwise for a practitioner to make any statement about themselves, their qualifications, their experience, their ability to balance or identify illnesses, or the beneficial effect of therapies in general, unless they know positively that such statements are true and can be proven to be true. Practitioners are advised to exercise restraint in the terms they use to describe their own abilities and the power of complementary therapy in general. Therapists must also be careful not to over sell and under deliver.

This aspect was further strengthened in 2008 when the Department of Business, Enterprise and Regulatory Reform introduced new regulations to clamp down on unfair sales and marketing practices. They were primarily designed to stop aggressive selling techniques but also mean that complementary therapists have to ensure that they do not inadvertently mislead people about their services. Especial mention is made of not faking or distorting qualifications or credentials. Members should be aware that, if they choose at any point to not renew their KA membership, continuing to advertise themselves as KA members could be considered an attempt to mislead the public.

It is the responsibility of each member to ensure that they are aware of any changes in the law that might affect this aspect of their business.

A7. Legal Advice

Members who find themselves faced with the possibility of legal proceedings, whether criminal or civil and no matter how remote, must immediately inform the Administrator of the KA and their insurance company.

A8. Prohibited Appellation.

So that the public can distinguish between those who are professionally qualified and those who are not, the law makes it a criminal offence for anyone who does not hold the relevant qualification, to use any of the titles listed below, or to use any other title or designation which suggests or implies that he/she is on the statutory register of persons who hold these qualifications.

The titles are: *Chemist, Chiropodist, Dental Practitioner, Dental Surgeon, Dentist, Dietician, Doctor, Druggist, General Practitioner, Medical Laboratory Technician, Midwife, Nurse, Occupational Therapist, Optician, Orthoptist, Pharmacist, Physiotherapist, Radiographer, Remedial Gymnast, Surgeon, Veterinary Practitioner, Veterinary Surgeon.*
This list is liable to amendment and updating periodically and because of this, it is the responsibility of practitioners to ensure that they do not inadvertently use a protected title.

A practitioner must scrupulously avoid the foregoing titles unless he/she is additionally qualified in any of these fields. It is not only illegal but also unethical for an unqualified person to use a title, such as Doctor, which in the medical context is well known as denoting a Registered Medical Practitioner.

A9. Prohibited Functions.

In addition to prohibiting unqualified persons from using the titles and descriptions specified above, the law also precludes them from performing certain specified functions in the field of medicine. These are: the practice of dentistry; the practice of midwifery; the treatment of venereal disease; and the practice of veterinary surgery.

Dentistry
The relevant Act of Parliament defines dentistry as including the giving of any treatment, advice or attendance, or the performance of any operation usually performed by dentists. A Practitioner who is not qualified as a Dentist is unlikely to seek to give or suggest that they could give dental treatment such as extractions or fillings. However, he/she might want to help a client with toothache or help a dental patient with, for example, pain following an extraction. It is impossible to say with any certainty whether such treatment could be held to constitute an infringement of the Act but it is unlikely that it would lead to prosecution.

Midwifery

Except in cases of sudden or urgent necessity, it is an offence for anyone other than a certified midwife to attend a woman in childbirth without medical supervision or for anyone other than a registered nurse to attend, for reward, as nurse on a woman in childbirth or during a period of 10 days thereafter.

Venereal Disease

It is an offence for anyone other than a Registered General Practitioner to do any of the following for direct or indirect reward – treat for venereal disease or give any recommendations about helping venereal disease, whether such recommendations are given to the client or another person. Venereal disease is defined by the relevant Act of Parliament of 1917 as meaning – syphilis, gonorrhoea and soft chancre. These prohibitions are strict. If, therefore, a client informs the practitioner that he/she is suffering from a venereal disease, or where the client has physical symptoms that are clearly identifiable as venereal disease, the practitioner must refuse to address that disease in the session.

Veterinary

As stated previously, it is illegal for an unregistered person to use the title 'Veterinary Surgeon' or 'Veterinary Practitioner'. The law also makes it an offence for an unregistered person to practise, or hold him/herself out as practising, or be prepared to practise, veterinary surgery. The Veterinary Surgeons Act of 1966 defines veterinary surgery as 'the art and science of veterinary surgery and medicine' and states that, without prejudice to the generality of the definition, it shall be taken to include the diagnosis of disease in, and injuries to, animals, including tests performed on animals for diagnostic purposes; the giving of advice based on such diagnosis; the medical or surgical treatment of animals; the performance of surgical operations on animals.' The rendering of first aid in an emergency to animals for the purpose of saving life or relieving pain is permissible. What constitutes an emergency must be a question for the judgement of the individual practitioner.

With the movement of Complementary Therapies into working on animals there was an exemption order passed to take such therapies into account. As far as complementary therapies are concerned the order considers 4 categories.

1. *Manipulative Therapies*
   This covers only Physiotherapy, Osteopathy and Chiropractic and allows these therapies where a vet has diagnosed the condition and decided that this treatment would be appropriate.

2. *Animal Behaviourism*
   Behavioural treatment is exempt, unless medication is used where permission must again be sought from the vet.

3. *Faith Healing*
   According to the RCVS Guide to Professional Conduct, Faith Healers have their own Code of Practice which indicates that permission must be sought from a vet before healing is given by the "laying on of hands".

4. *Other Complementary Therapies*
   "It is illegal, in terms of the Veterinary Surgeons Act 1966, for lay practitioners, however qualified in the human field, to treat animals. At the same time it is incumbent on veterinary surgeons offering any complementary therapy to ensure that they are adequately trained in its application." (RCVS Guide to Professional Conduct 2000 - treatment of animals by non-veterinary surgeons.)

The Royal College of Veterinary Surgeon's advice is that any person providing a complementary therapy (even involving non-invasive activities which appear to fall outside of 'veterinary surgery') to an animal when the

animal has not been seen first by a veterinary surgeon and had the provision of complementary therapy agreed by the veterinary surgeon, runs the risk of breaching the Veterinary Surgeons Act. This is because only a veterinary surgeon can diagnose what is wrong with an animal. If an animal is not seen in the first instance by a veterinary surgeon, the practitioner and the owner could be considered to be diagnosing what is wrong with the animal.

Therefore, by ensuring that the animal is first seen by a veterinary surgeon who is content for a complementary therapy (not involving veterinary surgery) to be given, the risk that the complementary therapist's actions may constitute diagnosis is removed and any matter requiring work or medication by a veterinary surgeon can be resolved. Practitioners are advised to get written agreement from the veterinary surgeon to the animal having kinesiology.

A10. Premises

When carrying on a business or a profession from any premises, an individual must ensure that the working conditions and facilities to which members of the public have access are suitable and comply with all legislation. In the case of practitioners using their own home as a base for their practice, in addition to complying with national legislation they are advised to check on any local authority bye-laws covering their practice as these vary throughout the country.

Practitioners working from home should give particular attention to insurance, the terms of their lease or other title deeds and any local government regulations limiting such practice or under which they may be liable for business rates. If staff are employed on the premises, practitioners must pay equal attention to employee law.

A11. Oral Remedies

Members should be aware that oral remedies of any kind should only be recommended and supplied within the context of a kinesiology session, i.e. identified via manual muscle testing, unless practitioners have other appropriate recognised professional training and insurance to prescribe oral remedies in accordance with the methodology of the respective modality, e.g. homeopathy, flower essences, herbal medicine, etc.

The Medicines and Healthcare products Regulatory Agency (MHRA) determines what is and what is not a medicinal product. At present, flower essences are classified as foods.

Where herbal remedies are concerned the MHRA takes the view that they should either:

(a) be dispensed by practitioners who have undertaken a professional training in herbal medicine and who are subject to professional accountability or
(b) be available over the counter as a product that has been made to an assured standard and comes with information so that the consumer can use the product safely.

As for 'homeopathic' remedies, unless the member is a trained homeopath these remedies are only indicated by KA members within the context of a kinesiology session as 'potentised substances' and selected using muscle testing. Members must ensure that clients are aware of this and must not be led to believe that the practitioner is a practising homeopath unless they have completed that professional training.

If a member wishes to supply oral remedies they should be aware of the following:

i) The position as regards the supply of oral remedies depends on the Medicines Act 1968 and regulations made, or to be made, thereunder; currently The Human Medicines Regulations 2012. This legislation has two main purposes: first, it requires anyone other than doctors, vets, midwives, nurses and pharmacists who sell or supply medicines of any kind to other people to hold a licence; secondly, it imposes control on the circumstances in which medicines can be supplied to the public.

ii) Medicines are termed 'medicinal products' in the Act and a medicinal product is defined as 'any substance supplied for use by administration to a human being for medicinal purposes'. It includes not only allopathic medicines but also homoeopathic and naturopathic remedies, vitamins, bio-chemic tissue salts and even unadulterated sac lac when administered as a placebo.

iii) Under current legislation, practitioners who supply oral remedies need a licence unless they merely pass on to their client's remedies, they obtain from their suppliers in the unopened containers in which they are supplied. No licence is required provided the supplier holds a product licence covering the remedy in question. If there is any doubt the onus is on the practitioner to check with the supplier whether they hold a product licence.

iv) A practitioner who wishes to obtain remedies in bulk containers and distribute small quantities to different clients will need a licence authorising the 'assembly' of medical products, which requires an annual fee.

Full details on how to obtain a licence from The Medicines and Healthcare products Regulatory Agency are available at https://www.gov.uk/guidance/apply-for-manufacturer-or-wholesaler-of-medicines-licences.

B. GUIDELINES FOR WORKING WITH OTHER HEALTHCARE PROFESSIONALS

B1 Practitioners should seek a good relationship and work in a co-operative manner with other healthcare professionals, wherever they have contact with them, e.g. in clinics, care homes, medical practices, health fairs, etc. It is important that all practitioners recognise and respect everyone's particular contribution within the healthcare team, irrespective of whether they offer allopathic or alternative/complementary care.

B2 Registered Medical Practitioners and members of other healthcare professions are subject to the ethical codes and disciplinary procedures of their respective professions.

B3 Practitioners must recognise that other healthcare professionals are likely to follow different ethical traditions and may have different priorities in the treating of cases.

B4 Practitioners must not advise a particular course of medical treatment, e.g. to undergo an operation or to take specific drugs. It is up to the client to make a decision about this after receiving medical advice.

B5 Practitioners must never give a medical diagnosis to the client in any circumstances, as this is the responsibility of a Registered Medical Practitioner. However, some practitioners have a 'gift' for sensing energetic imbalances in the physical, emotional, mental and spiritual aspects of a person. In this case, the practitioner may mention the disorder they have been aware of and recommend that the client to see a medical professional for a medical diagnosis, clearly recording this action in their case notes. As per 6.10 above, the use of statementing, test vials or scan lists cannot constitute a diagnosis in any medical sense but may be used as a guide to corrections required by the client.

C. GUIDELINES FOR WORKING IN HOSPITALS

C1 The hospital consultant is responsible for the client.

C2 Practitioners are advised to avoid wearing clothing (e.g. tunics) which gives the impression that they are members of the hospital staff, unless they are requested to do so by the hospital establishment. They are advised to wear some form of identification such as a lapel badge.

C3 Practitioners may see clients in hospital only at the client's request and with the permission of the appropriate hospital authority, the consultant and the Charge Nurse of the area concerned.

C4 Where permission is given to provide a session on a ward, the session must be carried out without interference to other patients or ward staff.

C5 If other hospital patients request a therapy session, they must obtain permission as in C3 above before the session can take place.

C6 Practitioners must never show disrespect for the client's faith in the hospital's treatment or regimen.

D. PROFESSIONAL CONDUCT AND MISCONDUCT/ DISCIPLINARY PROCEDURE

D1 All members of the Kinesiology Association, with the exception of Affiliates (see Appendix G), undertake to comply with both the letter and the spirit of these Rules and Code of Ethics & Practice. The Association or its officers cannot be held accountable for the level of competence of Association members. Every effort is made to ensure that only those who are professionally competent are accepted into membership and included on the Association's list of practitioners.

D2 Areas of misconduct include (but are not limited to):

a. Any act of indecency, whether sexual or otherwise.
b. Any act of dishonesty.
c. Any behaviour, which could be construed as bringing Kinesiology, the Association, or its members into disrepute, or which might undermine public confidence in Kinesiology.
d. Making any statement concerning, or alluding to, the possibility of a person having a pathological condition, or any statement about any disease condition of a person which cannot be substantiated.
e. Any breach of confidentiality.

D3 Any complaints regarding professional misconduct, unethical behaviour or unprofessional conduct brought to the attention of the Trustees will be carefully examined by them in accordance with the KA Disciplinary Policy.

D4 The Administrator must be informed:

i. of any criminal or civil conviction received by an Association member, within 21 days of sentence being passed
ii. if an Association member has been disciplined by another health or social care organization
iii. if an Association member has been suspended by an employer due to concerns about conduct or competence.

Any such information received will be passed in confidence to both the Trustees, who will make a decision as to the continuation, suspension or deletion of membership, depending on circumstances and impact on the profession.

E. GRIEVANCE PROCEDURE

E1 Grievances are concerns, problems or complaints raised by one or more members of the Kinesiology Association (KA). Any member may at some time have problems or concerns with decisions made on behalf of the Association by the Trustees or occurring as a result of professional disputes between KA members. The KA Grievance Policy explains how to raise a grievance and how this will be managed.

F. KINESIOLOGY ASSOCIATION

F1 History

The Kinesiology Association (KA) was founded in 1986 as the Association of Systematic Kinesiology (ASK) and accepted as a registered charity in 1988. It was originally established as a company limited by guarantee and not having a share capital. Further to the evolution of the practice of kinesiology over the decades, the name was changed to the Kinesiology Association in September 2019 to reflect a more inclusive and progressive direction for the Association, while retaining its professional standards. The Association was converted from a Charitable Company to a Charitable Incorporated Organisation in 2021.

F2 The Trustees

As a charity, Trustees are invested with the responsibility to oversee the organisation and running of the Association, ensuring all policy discussions and decisions made are in accordance with the spirit and letter of the charity's governing documents, including these Rules and Code of Ethics and Practice. The Association may have up to seven Trustees at any one time but must always have a minimum of three.

Although voluntary, the role of Trustee is a rewarding one, affording the incumbents the opportunity to steer the Association in directions that support both the membership and kinesiology in general. Individuals can devote as much or as little time as they wish to the role, although as a minimum there are monthly online meetings to attend, and there is an initial 6-month probation period that helps to ensure both prospective and existing Trustees can work well together. Terms of office are time-limited with the opportunity for re-election, although a Trustee may resign from their role at any time.

It is strongly recommended that each member considers helping to shape the future of the Association by putting themselves forward as a prospective Trustee at some point during their membership.

F3 Accounts

The Trustees shall provide all KA members with relevant details of their stewardship throughout the course of each year, as well as the annual audited financial statements of the Association.

G. MEMBERSHIP

G1 Membership Classes

There are six classes of association membership:

1 Professional Diplomate (Dip.KA)
2 Professional Certificate (Cert.KA)
3 Professional Associate (Assoc.KA)
4 Associate member
5 Diploma Student
6 Foundation Student

All tiers of Professional membership (1, 2 & 3 above) are listed on the Professional register of the Association (publicly available via the KA website) and have access to the Professional Level Webinars on the KA website.

However, Diplomate and Certificate members (1& 2) are the only category of membership that may promote themselves as “Registered Kinesiologists”.

Members will be admitted into the appropriate classes of membership of the Association as described below:

i) **Professional Diplomate Members.**
Those who have successfully completed the Diploma Course as taught by KA approved schools, and who have also satisfied the examining criteria as to the quality of their personal skills and competence to practice Kinesiology professionally.

The awarding of the KA approved Diploma is conditional upon the following:

- Completion of a KA accredited Diploma course in Kinesiology.
- Completion of a KA approved qualification in Anatomy and Physiology.*
- Completion of a KA approved qualification in Nutrition.*
- Current First Aid Certificate.
- Relevant current insurance.
- Payment of professional membership fee.

*Prior learning will be considered on an individual basis.

Copies of all certificates are to be sent to the registered office and, upon verification and receipt of fee, the applicant will be accepted as a Diplomate of the Kinesiology Association (Dip. KA).

(Note that individuals accepted as Diplomates prior to the name change of the Association in September 2019 carry the qualification Dip. ASK [Diplomate of the Association of Systematic Kinesiology].)

ii) **Professional Certificate Members**
This is a qualification for those who have successfully completed the Professional Certificate in Kinesiology awarded by The Academy of Systematic Kinesiology (TASK). These members also possess:

- An approved qualification in Anatomy and Physiology*
- A current first-aid certificate
- Relevant current insurance

*Prior learning will be considered on an individual basis.

Copies of all certificates are to be sent to the registered office and, upon verification and receipt of fee, the applicant will be accepted as a Professional Certificate member (Cert. KA). (Note that individuals accepted as Professional Certificate members prior to the name change of the Association in September 2019 carry the qualification Cert. ASK [Certificate of the Association of Systematic Kinesiology].)

iii) **Professional Associate Members**

This level of membership is for who have completed a KA approved Foundation Course (modules 1-6) in Kinesiology together with:

Either:

A recognised alternative modality which requires an A&P qualification or includes A&P training in the syllabus. Examples include Acupuncture, Massage, Bowen therapy, Reflexology, Homeopathy, Naturopathy – but NOT Reiki or Counselling.

Or:

Completed KA Foundation Module 7

These members also possess:

- An in-date recognised First Aid certificate (EFAW is sufficient)
- Suitable insurance (the KA Balens block policy is approx. £53). This is your responsibility and not policed by the KA

Copies of all certificates are to be sent to the registered office and, upon verification and receipt of the relevant fee, the applicant will be accepted as a Professional Associate member (Assoc. KA).

iv) **Associate Members**

Associate membership is open to:

1. Those with a KA Foundation certificate who only wish to practice on friends and family;
2. Those with a KA Foundation certificate and another modality who do not wish to have professional membership of the KA;
3. Those who no longer practice kinesiology but wish to continue to support the KA;
4. Those with a qualification in kinesiology from another organisation.

v) and vi) **Student Memberships**

Student membership is automatically applied to those who are training in one of the KA approved Foundation or Diploma Courses. Provided Student members are insured and are only using techniques as taught by their KA accredited tutor, they may see clients between training weekends for their case studies or practising techniques but should not charge a fee. Foundation students must make clients aware that they do not yet hold a qualification in kinesiology. Student membership is only valid for one year to cover the attendance of a the relevant course, after which the student either becomes an Associate, Professional Associate or Professional Diplomate member (or their membership lapses). (If circumstances require the member to continue their Student membership, they should contact the KA office to discuss.)

G2 Membership Subscriptions

The Trustees of the Association will, from time to time, determine annual fees for each category of membership, which may be paid on an annual, bi-annual, quarterly or monthly basis. Failure to pay subscriptions within 12 weeks of the due date will lead to membership of the Association being withdrawn. Payment of any arrears to be made at the discretion of the Trustees.

G3 Practicing Certificates

Upon admission to student, associate or professional membership, an Association membership and Annual Certificate of Registration will be issued. This may be withdrawn or withheld by the Trustees in the following circumstances:

- if professional misconduct has taken place
- where subscriptions have not been paid
- where evidence of adequate current insurance has not been provided.

Practicing Certificates will need to be returned to the registered office when an Association member resigns from the Association.

It is a requirement that the Certificate is prominently displayed in the consulting room of the Association member.

G4 Membership Cessation

The Trustees shall have the right for good and sufficient reason to terminate a membership, subject to the Association member having the right to be heard by the Trustees or their appointees before a final decision is made. Association members may resign in writing from the Association. Re-admittance is at the discretion of the Trustees.

H. POST-GRADUATE TRAINING (Continuing Professional Development/CPD)

All professional members are strongly advised to fulfil the minimum number of post-graduate training hours, as set by the Trustees (cf 4.13). At the time of writing, these are 21 hours annually, (equivalent to 3 days seminar attendance).

There is a wide range of learning activities that are considered acceptable for submission as CPD and this may be found on the Association website at https://www.kinesiologyassociation.org/cpd-requirements.aspx (member login required.) However, the Trustees will accept all activities that improve the ability of the professional member to become a better health practitioner.

A range of courses appropriate for CPD are listed on the Association website at https://www.kinesiologyassociation.org/cpd-courses.aspx (member login required). However, the Trustees will accept all courses that improve the ability of the professional member to become a better health practitioner.

I. TUTORS

Only KA accredited tutors having completed a KA accredited tutor training course may teach KA accredited courses at Foundation and Diploma level.

If you are interested in becoming a KA tutor, please contact the administrator's office for protocols for teaching Foundation and Diploma courses.

J. FIRST AID

In the event that a practitioner may need to administer basic first aid to a conscious person, the practitioner should always explain what they are going to do and ask for the recipient's consent before taking any appropriate action, in order to avoid any misunderstanding.

If someone is unconscious, administering first aid, including CPR (where safe to do so, of course), is always the right thing to do. Note that a Do Not Attempt Resuscitation (DNAR) instruction is a legal document on a specific form requiring the signature of a medical practitioner in order to be valid. A verbal request or handwritten note from an individual is not a legal instruction. Even if someone does have a legal DNAR instruction but this is not physically seen and verified, it is still correct to start CPR until paramedics take over and can make that clinical decision.

K. MANAGEMENT OF CLIENT RECORDS WHEN UNABLE TO PRACTICE

While this is a subject that you may not like to talk or think about, it is advised that you ensure that there are instructions/ arrangements for the handling of client records and notification of appropriate organisations in the event of your serious illness, disability, incapacity or death, whether in practice or following retirement. This should include such information so that if your Estate was challenged with a claim from a client after your death, the insurance policy active at the time of the incident being challenged would be called upon to defend it and would be able to do so. These instructions/. arrangements should, ideally, be included in a Will, although a separate document may be used, such as a Power of Attorney arrangement.

Regarding client records, bear in mind that you need to keep these for a minimum period of 7 years following the date of the last consultation for insurance purposes. This is because, according to the Limitation Act 1980, a claim for 'medical negligence' can be made against a practitioner up to 6 years from the date the 'injury' occurred, depending on the nature of the injury sustained.

These timescales apply even where a practitioner is no longer able to practice or has passed away, as a claim can still be brought against them or their estate. Should such a claim be made, the records made by the practitioner would play an important part in their defence, which is why they shouldn't be destroyed until a claim can no longer be brought.

Note that insurance policies for practitioners, such as provided by Balens insurance brokers, are normally written on a 'claims occurring' basis, which means that cover is provided for any **incidents** arising **during the period of the insurance**. In other words, a claim regarding an incident occurring during the period of insurance but brought after the policy has lapsed (subject to the applicable Limitation period) would still be covered by the insurance company.

Remember that for as long as clients' personal data are kept, the Data Protection Act and General Data Protection Regulations (GDPR) still apply. Since each practitioner is almost always the Data Controller for their clients' records, if they no longer have capacity to manage them or die while still in possession of personal information, someone else needs to take responsibility for that information. For example, this could be an executor or someone appointed by probate, or through confirmation in Scotland. They will need a lawful basis for handling the personal data, which would usually be legitimate interest or legal obligation, depending on their role in relation to the deceased person's estate or business. For example, if they are required to act according to probate or confirmation, they would use legal obligation.

The person taking responsibility for the practitioner's records must notify the Information Commissioner's Office that they are the new Data Controller for the business, securely dispose of any records where the appropriate retention period has lapsed, then contact the remaining clients (or for children under 18years, the parent/ guardian named on the record) to let them know that they are taking control of their data and why, and tell them what they're going to do with their records (i.e. store them securely until the retention period has lapsed, unless required to share the records with the insurance company in the event of any claim).

When records no longer need to retained, it is the Data Controller's responsibility to dispose of them securely as soon as possible.

(Ref: https://ico.org.uk/for-organisations/advice-for-small-organisations/frequently-asked-questions/data-storage-sharing-and-security/.)

The new Data Controller is not required to understand the contents of client records in the event of any claim. The insurer has their own solicitor to represent their interests, gather evidence, liaise with the claimant's solicitor etc. If necessary, the insurer could seek the opinion of an expert in the same field as the practitioner, who could interpret the notes and provide their opinion on what the practitioner did. When there is a formal claim, both the insurer's side and claimant's side seek medical evidence to help them to assess the severity of the alleged injury etc.