



# Kinesiology Federation

*Standards - Professionalism - Progression*

## Code of Conduct 2023

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## Introduction

The Kinesiology Federation (KF) was formed in 1991 to provide a voice for all kinesiologies in the United Kingdom. To do this, it is essential that the KF is seen to represent an effectively regulated, demonstrably well trained and significant body of kinesiologists.

This Code encompasses practitioner/client and instructor/student interactions as well as conduct between KF members and other therapists. Compliance with this Code of Conduct is mandatory for all members of the KF.

Members are also subject to the KF 'Complaints, Representation and Disciplinary Procedure'.

Breaches of this code and formal complaints that are made to the KF concerning the behaviour of members, will be handled by the KF 'Complaints, Representation and Disciplinary Procedure'.

This Code is intended for use by all members of the KF and is a guide to excellence in professional conduct and practice. It represents the standards against which KF members will be measured in the event of a complaint being made to the KF. It also sets out for the general public the quality of care they should expect to receive from kinesiologists who are members of the KF.

By definition, a professional kinesiologist is fundamentally concerned with the welfare of their clients and students. All KF members are personally accountable for their actions and must be able to explain and justify their decisions.

It is a condition of membership to the KF that members must adhere to the standards set out within this Code, which included complying with all the related regulations and legislation.

Members who fail to adhere to this Code will be subject to the KF 'Complaints, Representation and Disciplinary Procedure'. In applying for membership to the KF, practitioners are voluntarily agreeing to abide by the content of this Code and any amendments or additions that may be made in the future. When the Code is updated, the KF will advise its members accordingly, however it is ultimately the members' responsibility to ensure that they are referring and adhering to the latest version of the Code which is available at [www.kinesiologyfederation.co.uk](http://www.kinesiologyfederation.co.uk)

This Code seeks to set out the following standards and explain how these standards should be applied. It is not exhaustive, but all decisions should be made in light of the following:

KF Members must, at all times:

- Promote our values by being accountable, professional, respectable, transparent and act with integrity
- Act in the best interests of their clients and students
- Respect their clients, students, other practitioners and healthcare professionals
- Take responsibility for their own actions
- Practice only within the limits of their competence
- Ensure their behaviour does not damage the reputation of the profession
- Observe confidentiality
- Practice within the law
- Maintain high standards of health and hygiene
- Maintain and develop their knowledge and skills

## **A. Duty of Care**

1. Members may only offer services that they are qualified to provide and for which they are fully insured.
2. Rules of confidentiality must be observed.
3. In their dealings, members will demonstrate integrity, establishing codes of practice at the outset and maintaining them throughout.
4. Under no circumstances shall a member exploit a client and/or student or any other professional or member of the public financially, sexually, emotionally or in any other manner.
5. Members shall not use their professional position either as a practitioner and/or as an Instructor as a means of pursuing a personal relationship with a client and/or student.
6. All members are required to keep up to date with the latest professional developments in their field of practice, undertake CPD and adhere to the Kinesiology National Occupational Standards (KNOS).
7. Members will uphold the dignity and integrity of their profession and may not denigrate other professional disciplines.
8. Should a member's ability to carry out their services be impaired for any reason, they must restrict their activities accordingly.
9. Any member receiving a complaint against them must report this, including the details of the complaint, to the Kinesiology Federation Administrator and their insurance company.
10. All members are bound by the Kinesiology Federation's Code of Conduct and are subject to its disciplinary procedures.
11. Only those who are fully paid-up members may publish their membership on their promotional materials.
12. It is expected that all members will support the organisation by supporting each other.
13. All members of the KF will recognise that it is desirable that they take an active volunteer role in its running either by attending AGMs, other meetings, helping where the member has a specialist skill, by taking part in surveys or discussions or by becoming a Policy Board member.

## **A1. Standards for Members**

### A1.1 – Respect

Practitioners 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 a client.

### A1.2 – Conduct

Practitioners shall at all times conduct themselves in an honourable and courteous manner and with due diligence in their relations with their clients, other therapists and the public.

### A1.3 – Clear Communication

Practitioners must be able to communicate clearly and effectively. Practitioners must act with consideration concerning fees and justification for therapy sessions.

### A1.4 – Inappropriate Behaviour

Practitioners must avoid inappropriate touch, dress or conversation. Extra caution must be exercised when treating near an intimate area of the body and no pressure should ever be placed on the client to have an area of the body treated if they do not feel comfortable to have that area treated.

### A1.5 – Client Trust

The relationship between the practitioner and the client is that of a professional and a client. The client places trust in the practitioner's care, skill and integrity and it is the practitioner duty to act with due diligence at all times and not to abuse this trust in any way.

### A1.6 – Students Trust

This is equally true of the relationship between Instructor and student, and it is the instructor's responsibility to act with due diligence towards their students at all times and not abuse this trust in any way.

### A1.7 – Sexual Relationships

Members must not develop personal or sexual relationships with clients and/or students. Should such a relationship develop best practice is that this must result in the cessation of the therapeutic relationship or, if the relationship is between Instructor and student, that the student transfers to another Instructor. It is also desirable that a period of time, generally three months, elapses before the commencement of any relationship.

### A1.8 – Client Consent

Prior to any physical assessment or treatment, a practitioner must ensure that the client has given consent to be assessed and treated. The practitioner must explain clearly what the treatment involves, its purpose, limitations and potential benefits before the client can make an informed decision and consent to that treatment. The consent must be voluntary and not given under any undue pressure from family, friends, other healthcare professionals. It can be verbal and non-verbal in the latter; this should be recorded in

the client's record of the session. At each following session, care should be taken to ensure that the client is still comfortable with the treatment offered.

After clients give their verbal or written consent to treatment, they are still entitled to exercise free will and refuse treatment, ignore recommendations and make their own decisions on health, lifestyle and money.

#### A1.9 – Unsustainable Claims

Practitioners must never claim to 'cure'. 'Recovery' must not be guaranteed. (See B5)

#### A1.10 – Has the Client seen their Doctor?

On each occasion that a client consults a practitioner for the first time about a particular problem, the practitioner must ask if a doctor has been consulted and, if it is appropriate, a recommendation to do so must be given and recorded in the client's records. If a consultation has taken place with a doctor, information on the diagnosis and medical treatment must be asked for and recorded in the client's records.

Where the practitioner has concerns that another disorder may be present the recommendation to consult a medical professional must be repeated and recorded. As it is legal for adults to refuse medical treatment, no client can be forced to consult a doctor. The recommendation must be recorded for the practitioner's own protection.

#### A1.11 – Refusing or discontinuing Client Care

Practitioners can refuse, discontinue or defer treatment, providing this is not on the grounds of discrimination and their decision not to treat can be justified. Examples are when a client is under the influence of alcohol or recreational drugs, the client's health status has changed and kinesiology is no longer appropriate, the client is aggressive or violent, the client is having a detrimental impact on the practitioner's professional reputation, if there are any feelings of sexual attraction towards the therapist or the therapist towards the client and if the client is not benefiting from the treatment.

#### A1.12 – Who can have access to Confidential Client Information?

Practitioners and all those who work with them must not disclose or allow to be disclosed any confidential 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 this case the practitioner is advised to seek advice from the relevant authority (Police/Social Workers/Child Protection etc).

Where a service is to be provided members shall take appropriate steps to assess the needs of the client and their own competence to meet the needs identified. Members should establish eligibility for service by undertaking a case history. Physical and mental health needs of clients should be assessed, and their consent should be recorded. The level of assessment should be commensurate with the level of service provided. Contact the KF for examples of case history forms.

### A1.13 – Who can be present during an appointment?

Generally, adult clients will be seen privately and any assistants, members of the client's family and friends should only be present with the client's explicit consent. When working with minors, a responsible adult must give written permission.

As stated at point B3 'Working with children', it is a criminal offence for a parent or guardian not to seek medical aid for a child under 18 in England, Wales and N.I. and 16 in Scotland. The practitioner must secure a signed and dated statement as detailed in B3 to cover themselves within the law.

### A1.14 – Surrogate and Distance Healing

Where distant or surrogate healing is appropriate the practitioner can do this only with the express consent of the subject/client. If the distant or surrogate healing is for a very ill or frail person, the next of kin/carer/guardian or medical practitioner must give consent. If the subject is a child under 18 in England, Wales and N.I. and 16 in Scotland, as per UK law only one person is required to provide consent for providing healthcare to a minor ie a mother, a father or a guardian. If the treatment is appropriate for an animal, consent must be given by the owner or a vet. (see B9)

## **A2. Practitioner Awareness and Self-Responsibility**

### A2.1 – Fitness to Practice

Practitioners must ensure that they themselves are medically, physically and psychologically fit to practice.

### A2.2 – Working Environment

All practitioners must ensure that their working conditions are suitable for the practice of kinesiology.

Practitioners must wear clean practical clothing deemed appropriate for treating clients and creating a professional image. Hands should be washed between clients and nails should be trimmed and clean. Cuts and abrasions must be covered with a waterproof dressing. Jewellery should be kept to a minimum. No pets or animals should have access to the treatment room as their hair/fur can cause allergic reactions unless previously agreed and at the discretion of practitioner/client. Exceptions can be made for clients with guide dogs.

All equipment that is used during a session should be cleaned/replaced if it has been in contact with a client e.g., couch roll, pillow coverings, water glasses to ensure high standards of hygiene are maintained.

### A2.3 – Clients with Serious Conditions or Issues

For their own protection, practitioners must use discretion and discernment when carrying out sessions on clients who are mentally unstable, addicted to drugs or alcohol, severely depressed, suicidal or hallucinating.

Only a practitioner with relevant competency should work with such clients and, where possible, the practitioner should have a responsible person present.

Practitioners may choose to refer the client to another service, their GP or Social Services

#### A2.4 – Working within your Limits

A practitioner must not work with clients whose issues and problems are beyond their capacity, training and competency.

#### A2.5 – Working with Animals (see B9)

#### A2.6 – Death of a Practitioner/HOK

It is advisable to members to make provision in their Will regarding the contents of their treatment room or the continuation of their Training School. Please contact the KF for advice.

#### A2.7 – Misleading Claims

Practitioners must not claim they are medically qualified if they are not or to be able to heal venereal disease as defined by the 1917 Act. (See A3.1) <https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis>

#### A2.8 – Unqualified use of Techniques

Practitioners must not use manipulation or vigorous massage unless they possess an appropriate professional qualification.

#### A2.9 – Use of Herbs, supplements etc.

Practitioners must not allow people to believe that they prescribe herbs, remedies, supplements, oils etc. 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 B11)

#### A2.11 - Notifiable Diseases

Certain infectious diseases must be notified to the Medical Officer of Health (MOH) for the district where the client resides or in which they are living when the disease is found to be present. The person responsible for notifying the MOH is the GP in charge of the client. If a practitioner suspects their client has a notifiable disease, they must refer their client to their doctor as soon as possible. Each local authority decides which diseases are notifiable in its area. For a list of notifiable diseases, visit:

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases>



## **A3. Administration/Publicity**

### A3.1 – Misleading the Public

Practitioners must not use titles or descriptions to give the impression of medical or other qualifications, unless they possess them and must make it clear to their clients that they are not doctors and do not claim to have a doctor's knowledge or skills. (See A2.7)

### A3.2 – Adequate Insurance Cover

Practitioners must hold adequate Public Liability and Professional Indemnity Insurance cover when they practice. This can be arranged through the KF. When not arranged through the KF they must provide evidence of their insurance cover to the KF. The Insurance policy must provide for employers and employee liability if personnel are employed.

### A3.3 – Client Records

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

Client records should be stored securely and destroyed after 7 years has elapsed from the last client appointment. This includes when a client has died and 7 years after the 18<sup>th</sup> birthday of a child client. If you retire from practice retain all client records for 7 years. If selling or handing over your practice to another professional, each client must give written permission for their records to be passed to a new practitioner.

### A3.4 – Legible Record Keeping

In determining whether or not any record of the nature of the session is reasonable, it shall be for the practitioner compiling the record to ensure that, on the basis of the patient notes alone, the nature of the session given can be determined by another qualified kinesiologist and also whether it was competently and reasonably undertaken.

### A3.5 - Advertising (see B.5)

### A3.6 – Data Protection

Members of the KF are required to comply with all national and local legislation and to ensure that they are fully aware of laws such as Data Protection Act (2018) which replaces the EU GDPR and is now currently known as UK GDPR, <https://www.gov.uk/data-protection>, the Veterinary Surgeons Act (1966) etc. Information on Acts of Parliament can be found <https://www.legislation.gov.uk/ukpga>

### A3.7 – Provision of Data in a Complaint

Members of the KF are bound by the KF Complaint Investigation and Disciplinary Procedure. A practitioner should provide clients with a contact name at the KF for use in the event of a complaint being made against them.

## **A4. Guidelines for Working with Other Healthcare Professionals**

### A4.1 – Professional Relationships

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.

### A4.2 – Ethical Codes for Medical Agencies

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

### A4.3 – Ethical Traditions may differ

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

### A4.4 – Referral from a Medical Practitioner

When a Registered Medical Practitioner refers a client to a KF member, the GP remains clinically accountable for the client and the care offered by the practitioner member.

### A4.5 – Medication Use

It is unethical for a practitioner to countermand instructions or prescriptions given by a Registered Medical Practitioner. If a medication is identified as causing an imbalance in the client, the practitioner should refer the client to their GP to discuss an alternative, reduction in dose or cessation. A practitioner must not suggest that the client stops taking their medication.

### A4.6 – Medical Advice

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 decide about this, in the light of medical advice.

### A4.7 – Medical Diagnosis

Practitioners must never give a medical diagnosis to the client under any circumstances, as this is the responsibility of a Registered Medical Practitioner. However, some practitioners have an 'ability' for sensing energetic imbalances in the physical, emotional, mental and spiritual aspects of a person. If a practitioner suspects a medical issue is present it is their responsibility to refer the client to their GP clearly recording this action in their case notes.

#### A4.8 – Healthcare Rivalry for Clients

Any commercial competition between a practitioner and other therapist/healthcare professional must be conducted in a fair and open manner. Practitioners must not solicit the clients of another therapist, healthcare professional or previous employer by encouraging clients to transfer to their business.

### **A5. Guidelines for Working in Hospitals**

#### A5.1 - The Hospital is Responsible for the Client

#### A5.2 – Dress guidance and Identification

Practitioners are advised to avoid wearing clothing (e.g., white coats), 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 have some form of identification such as a name badge.

#### A5.3 – Consent

Practitioners may see clients in hospital only at the client's request and with the permission of the hospital authority including the Charge Nurse.

#### A5.4 – Privacy

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.

#### A5.5 – Permission

If other hospital patients request a therapy session, the patient and practitioner must obtain permission from the Charge Nurse, Nursing Officer and their Doctor before the session can take place.

#### A5.6 – Respect

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

## **B – Guidance Notes on Law and Ethics**

### **B1. Law and Ethics**

#### B1.1 – Criminal Law and Civil Law

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.

#### B1.2 – Statutory Restrictions

The principle statutory restrictions, infringement of which would constitute a criminal offence, to which practitioners are subject 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.

<https://www.legislation.gov.uk/ukpga>

#### B1.3 – Professional Negligence

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 e.g., an action for damages for professional negligence. (See B2)

## **B2.- Professional Negligence**

#### B2.1 - Liability

Very broadly the meaning of the doctrine of negligence in law is that, in their 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 they are 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 owed to another) depends on the nature of the contact or relationship between them.

#### B2.2 - Relationship between Practitioner and Client

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.

### B2.3 - Professional Negligence may take two forms

This is 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.

### B2.4 - A Competent Practitioner

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.

### B2.5 - False Claims or Implied Skills

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.

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. (See A2.8)

### B2.6 - Refer On

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 and refers on.

## **B3. Working with children**

### B3.1 - Safeguarding

Practitioners who treat children (persons under 16) and vulnerable adults must ensure treatments are safe and appropriate and have a duty to safeguard and promote their welfare.

### B3.2 - Awareness of the Law and Current Regulations

When working with children and vulnerable adults, practitioners must have knowledge of relevant legislation relating their welfare and safeguarding and apply this to their practice. Such legislation would include the Children Act 1989 and 2004 and the Safeguarding Vulnerable Groups Act 2006

### B3.3 – Responsible Adult

When treating a child or vulnerable adult it is advisable to have parent, guardian or companion present for the consultation and treatment and their details recorded in the client's records. This safeguards the practitioner against any allegations of inappropriate behaviour.

### B3.4 – Written Permission

Practitioners must have written permission from a parent or legal guardian before treating a child. (See B3.5)

### B3.5 – The Children's Act 2004

It is an offence under the law for the parent or guardian of a child under 18 in England, Wales & N.I. and 16 in Scotland to fail to provide adequate medical aid for the child. At this time no complementary therapy is approved as medical aid under the law. The Children's Act 2004 <https://www.legislation.gov.uk/ukpga/2004/31/contents>

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'.

A = Guardian of Child, who explicitly refuses to take their child to see a medically qualified person. B= Practitioner. 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 minor the nature of the obligation imposed by the law on the parent or guardian, then it is unlikely that successful prosecution could be brought against the practitioner for aiding and abetting the statutory offence by agreeing to work with the child.

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 and give the above-named practitioner permission to treat/balance my child at my request.

Signed

Dated

(parent/guardian)

Signed

Dated

(practitioner)

### B3.6 – Concerns regarding Potential Abuse

Vulnerable Adult: if you suspect abuse of a vulnerable adult - report this to your local council safeguarding team. Either look online for information or contact your council for details.

Safeguarding Children – there are many forms of abuse\*, and should you become concerned that a child is being abused or neglected you are - by law - required to contact the child's doctor immediately or if unable to do so, contact the police child protection unit or a child protection charity such as the NSPCC. <https://www.nspcc.org.uk/>

\*[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What to do if you re worried a child is being abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

## **B4. Insurance**

### B4.1 – Adequate Insurance

Any individual wishing to practice as a complementary practitioner must ensure that they are adequately insured. Such insurance should cover public liability and professional indemnity against malpractice.

### B4.2 – Legal Advice

Balens Insurance Company offers free legal advice for their policy holders.

## **B5. Advertising and Transparent Marketing**

### B5.1 – Truthful and Honest Advertising

All promotional material, regardless of format must be legal, decent, honest and truthful and must not be misleading. (See B6)

### B5.2 – Refrain from Claiming you can Cure

Members must not claim in their promotional material and websites that they can treat, heal, or cure a medical condition or make a medical diagnosis. However, there is no prohibition for helping clients presenting with a specific medical condition.

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 calculated to lead to its use in the healing of cancer. See Cancer Act 1939

<https://www.legislation.gov.uk/ukpga/Geo6/2-3/13/section/4>

### B5.3 – KF Non-recognised Therapies

Members who offer treatments that are not recognised by the KF must not imply in their marketing materials – directly or indirectly - that these therapies are recognised by the KF.

#### B5.4 – KF Members Advertising and Treatment Guidance

- All costing of treatments must be made clear to the client prior to treatment and limitations of the treatment explained.
- It is recommended that KF members use the relevant KF suffix after their name as shown on their membership certificates
- KF members may only use the KF logo on their marketing materials if they have permission and agree to the terms and conditions of use
- Members must ensure that any direct marketing is in line with data protection legislation.
- Members must be aware of and comply with the CAP code and advertising guidelines which can be found Advertising Standards Authority. <https://www.asa.org.uk/>

### **B6. Misleading Statements**

#### B6.1 – Government Guidance for Laws and Acts

The law in this area is covered by the Misrepresentations Act 1967 and the Trade Descriptions Act 1968.

#### B6.2 – Breach of Contract

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.

#### B6.3 – False or Misleading Statements

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.

It is an offence to make a statement about any aspect of a service offered which is false, if they know it is false.

A false statement about the nature of the service shall be taken to include false statements about the effectiveness of the therapy.



#### B6.4 – Description of Services

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 oversell and under deliver.

#### B6.5 – Discontinuing Membership of the KF

Members should be aware that, if they choose at any point to not renew their KF membership, continuing to advertise themselves as KF members could be considered an attempt to mislead the public.

#### B6.6 – Your Responsibility

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.

### **B7. Legal Advice**

#### B7.1 – What to do if faced with Legal Proceedings

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 KF and seek legal advice from their insurance company. If necessary, the KF will inform any umbrella organisation to which it holds affiliation.

#### B7.2 – Balens

Balens offer free legal advice and support for their policy holders.

### **B8. 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 titles or letters after their name which could suggest or imply that they are on a statutory register of persons who hold these qualifications.

### **B9. Veterinary Rules and Working with Animals**

#### B9.1 – Surrogacy and Animals

Members must ensure that, if they wish to work on animals, they inform their insurance company. However, in the case of surrogacy of an animal, the kinesiologist works on the energy of the animal via a human and is therefore not working directly on an animal.

#### B9.2 – Veterinary Surgeons Act of 1966

The Act 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.'

### B9.3 – Animal Emergency Situation

First aid can be applied in an emergency to animals for the purpose of saving life or relieving pain. What constitutes an emergency must be a question for the judgement of the individual practitioner.

### B9.4 – Complementary Therapies and Working on Animals

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 Royal College of Veterinary Surgeons considers four categories:

1. Manipulative Therapies - 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, 19.22 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). (Treatment of animals by unqualified persons - Updated 2020)

<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/treatment-of-animals-by-unqualified-persons/>

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.

### B9.5 – Permission to work on an Animal

If working directly on an animal, you must gain permission from both the owner and the Vet.

## **B10. Premises**

### B10.1 – Local Bylaws and Licenses – Working from Home

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 byelaws covering their practice such as Trading Standards Licenses 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.

### B10.2 – Health and Safety

Members have a responsibility to ensure the health and safety of themselves and their clients/students at all times. Members can carry out a risk assessment to identify any potential hazards their therapy practice presents in line with the Health and Safety Executive (HSE).

### B10.3 – First Aid

Practitioners are advised to have first aid training and first aid kits appropriate to their practice needs. Items in the kit should be well maintained and replaced if they go out of date.

Practitioners should not offer pain medication such as paracetamol or antiseptic creams to their clients but use sterile dressings and swabs for wounds, cuts and abrasions.

## **B11. Oral Remedies**

### B11.1 – Guidance within a Kinesiology Session

Members should be aware that oral remedies of any kind are only indicated and recommended within the context of a kinesiology session.

Only those members who have other appropriate recognised professional training, are professionally accountable, and have the relevant insurance, can consider that they are able to in any way prescribe herbal remedies, homoeopathic, flower essences/remedies or any other oral remedy.

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. <https://www.asa.org.uk/advice-online/health-bach-and-other-flower-remedies.html>

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

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

#### B11.2 – Homeopathic Remedy use

Regarding homoeopathic remedies, these remedies are only indicated by KF members within the context of a kinesiology session and members must ensure that clients are aware of this and must not be led to believe that the practitioner is a practicing homoeopath unless they have completed that professional training.

#### B11.3 – Medicines Act 1988 and Oral Remedies

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

The position as regards the supply of oral remedies depends on the Medicines Act 1988 and regulations made, or to be made, thereunder. This legislation has two main purposes. Firstly, 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.

Medicines are termed 'medicinal products' in the Act and a medicinal product is defined as meaning '*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.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380280/guide\\_8\\_what\\_is\\_a\\_medicinal\\_product.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/380280/guide_8_what_is_a_medicinal_product.pdf)

#### B11.4 – Supplying Oral Remedies to Clients

Practitioners who supply oral remedies are advised to either pass onto their client's remedies which have been obtained from suppliers in the unopened containers in which they are supplied or direct them to the relevant supplier. These could be herbal, homeopathic, nutritional supplements, flower remedies etc. 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.

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.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872742/GN8\\_FINAL\\_10\\_03\\_2020\\_combined\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872742/GN8_FINAL_10_03_2020_combined_.pdf)

## **B.12 Energy Remedies**

### B12.1 – What is an Energy Remedy?

An Energy Remedy is a remedy made on a Radionics Box or Potentiser Machine. These usually consist of water and alcohol or non-alcoholic stabiliser or created from blank sugar pills. These tend to be regarded as placebo due to their lack of 'content' but many practitioners find them useful during a treatment session, either as 'testers' or to support the session.

### B12.2 – Test Kits

Many kinesiologists use Test Kits, which are created in this way and may be sealed test vials. Other kits may include remedies that can be used to support a session or use Flower Remedy kits.

The practitioner should follow the guidance of their training school regarding the use of these if being used as oral remedies within a treatment session. The training school should be an approved training recognised by the Kinesiology Federation and Balens or another such Insurer.

Some Kinesiology training may include the use of 'Energy Remedies' which could be regarded as a food due to their content of mainly water, and which may be found helpful for their clients to use to support a treatment/ balance.

### B12.3 – Ongoing Support after a Kinesiology Session

If the practitioner wished to support their client ongoing after the session, it is advised any such remedies are issued only for external use, such as in a spray bottle or to apply to the skin. It may be advisable to charge for the container not the contents.

### B12.4 – Client Choice

Under no circumstances should a practitioner sell a product that will not benefit the client or insist they purchases something the client has no wish for.

## **C. Terminology of Kinesiology**

### C.1 A Kinesiology Session is often referred to as a 'Balance'.

This term is used widely through the Touch for Health and kinesiology world and relates to the human body being like a set of scales – in balance or off balance. It is not a medical diagnosis more an observation. To be out of balance would indicate a person feels under par or not as good as they normally do.

To be balanced means the person feels in balance with themselves, happier, more content, their normal self.

### C.2 – Careful Wording

When providing advice for clients after a session, words like:

- Suggest
- Recommend

may be used when talking about changes to the client's lifestyle or diet.

### C.3 – Recommendations

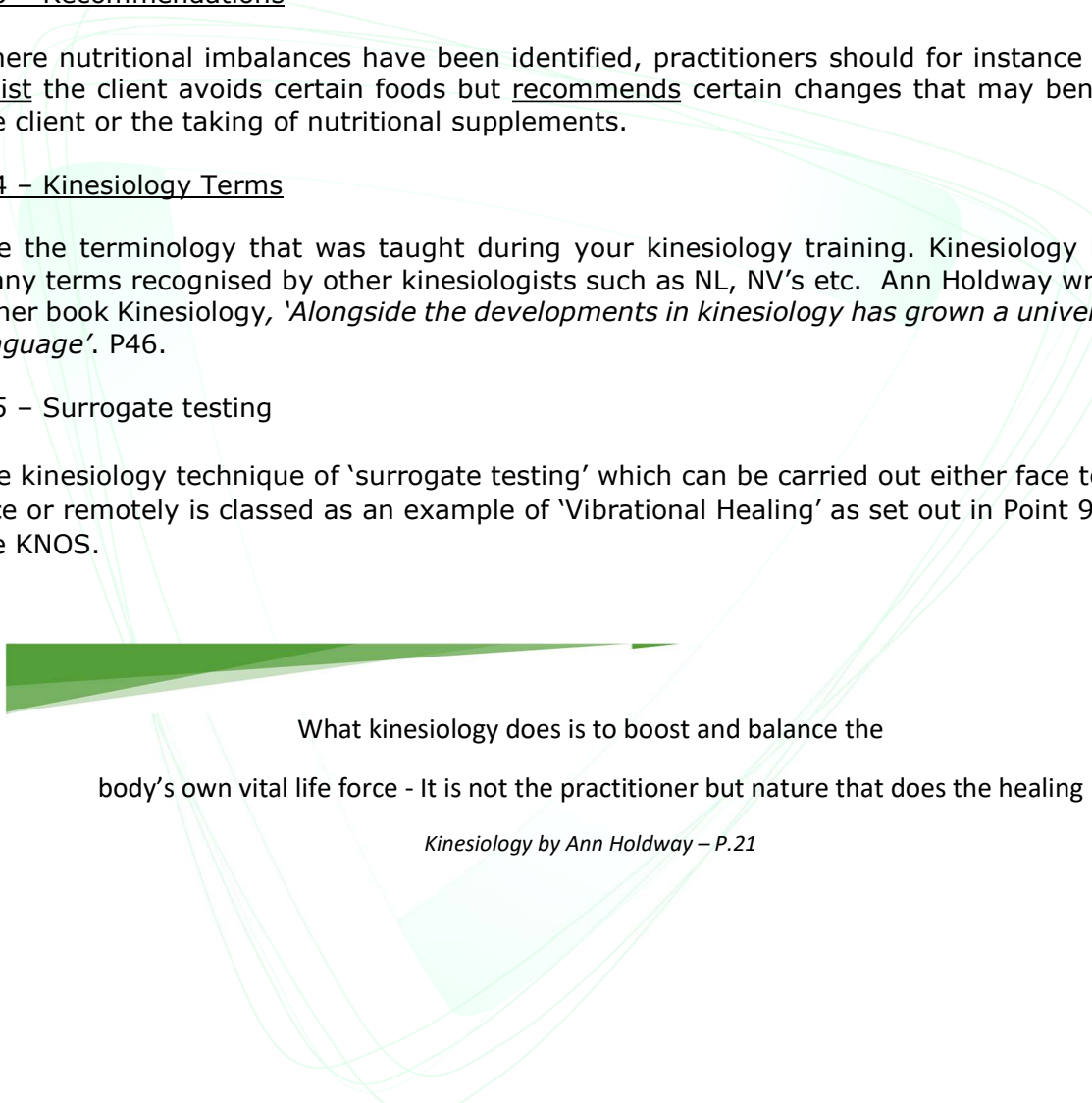
Where nutritional imbalances have been identified, practitioners should for instance not insist the client avoids certain foods but recommends certain changes that may benefit the client or the taking of nutritional supplements.

### C.4 – Kinesiology Terms

Use the terminology that was taught during your kinesiology training. Kinesiology has many terms recognised by other kinesiologists such as NL, NV's etc. Ann Holdway wrote in her book Kinesiology, '*Alongside the developments in kinesiology has grown a universal language*'. P46.

### C.5 – Surrogate testing

The kinesiology technique of 'surrogate testing' which can be carried out either face to face or remotely is classed as an example of 'Vibrational Healing' as set out in Point 9 of the KNOS.



What kinesiology does is to boost and balance the  
body's own vital life force - It is not the practitioner but nature that does the healing

*Kinesiology by Ann Holdway – P.21*