

The Association of Systematic Kinesiology's response to the Charity Commission's Consultation on CAM therapies, May 2017

The Association of Systematic Kinesiology (ASK)

Charity Number: 299306; Company number: 2235125.

The Charity was incorporated on 24th March 1988 and is a Charity limited by guarantee.

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Nature of the Governing Document and constitution of the charity

The charity is a company limited by guarantee, governed by its Memorandum and Articles of Association for a Charitable Company as amended in April 2011 (and currently under review for 2017), and Bye laws and is registered under the Companies Acts 1985 and 1989. ASK's aim and objectives are to bring to the notice of the public, the great value of Systematic Kinesiology when used as a preventative health care resource and for the reduction of pain and stress, and the enhancement of well being.

The Trustees are the governing body of ASK and there are currently 5 in number. All the directors of the company are also Trustees of the charity and their responsibilities include all the responsibilities of directors under the Companies Acts and of Trustees under the Charities Acts. ASK submits annual accounts and an annual report to the Charity Commission and Companies House.

The Trustees support and make the provision of funds for the maintenance of training centres, professional standards, research and to increase public awareness of Systematic Kinesiology. They maintain a register of persons who practise or are training to practise and / or instruct generally the practice of Systematic Kinesiology. They also fund bursaries, grants and professional development seminars to support their aims and ensure that members maintain insurance, first aid certification and continued professional development (CPD).

Trustees attend relevant briefings to keep up to date ensuring they continue to manage the charity effectively, and understand and instigate any changes to regulation, governance and the law. They are affiliated with a charity lawyer for support and advice when needed.

The Trustees, in collaboration with its membership, are continually finding ways to contribute in furthering the aims and objectives of ASK to promote Systematic Kinesiology making sure the best and most appropriate modern day technological advancements are used.

ASK maintains a Code of Ethics and Practice, has a disciplinary code and complaints procedure. Its constitution is governed by the Memorandum and Articles of Association. ASK maintains its data protection registration with ICO annually.

Training

ASK currently accredits three schools which teach Systematic Kinesiology from foundation level to full diplomate status. There are more than 30 tutors around the UK and with the offer of a bursary, ASK encourages diplomates to train to teach. Knowledge, competency and professionalism are achieved in Kinesiology to diplomate status, with highly interactive courses that include lectures, demonstration, workshops, reflection and feedback, submission of case studies, evaluation of knowledge and practical competency. ASK is continually evaluating courses available to ensure their members maintain a high level of learning in all relevant areas.

ASK has four association days each year providing training and information on Kinesiology techniques and practice, as well as other disciplines, whose material helps to widen members' knowledge of related therapies. The days provide diverse subjects in the context of how ASK can add to the knowledge, understanding and effectiveness of the use of Kinesiology and related holistic practices, maintaining standards and continually evaluating and considering any risks. Association days are also an opportunity for the Trustees to network and to discuss ideas and concerns with the members. ASK includes a relevant disclaimer on the bottom of all its literature, recognising the limitations of the information given.

The annual CPD requirement, to maintain their Professional status, consists of 21 hours, which is equivalent to 3 days postgraduate training each year. With an increasing number of related courses, 4 association days, other courses available in various forms and with the membership being highly motivated in self-directed learning, this requirement is easily fulfilled.

Using relevant media, such as having a closed group on Facebook, enables the membership to keep up to date with information, keep open discussion, share questions, concerns and ask for advice between the members. It is also an excellent source to communicating new research in the field of Kinesiology and health, and enables ASK to link with many other excellent Kinesiology groups globally, as well as other related therapies. The pages are monitored to ensure only good, relevant material is posted.

Public benefit

ASK is part of a self regulatory group, associated with the Professional Standards Authority (PSA). This group is currently working with other Kinesiology groups to develop a common syllabus and agreed performance criteria. This is important for public awareness of what each Kinesiology category means and to maintain high professional standards as originally developed by the National Occupational Standards (KNOS).

ASK produces at least three newsletters each year, available on its website, for the public and its members, with current information about the ASK, and includes contributions from the membership, revision techniques and updates from research done by the International College of Applied Kinesiology (ICAK) USA.

ASK also organises attendance at health shows to increase the public awareness of Systematic Kinesiology. The public can interact with the members, experience a therapy session and discuss its outcomes, take away leaflets explaining Kinesiology as well as advertising therapy sessions and training. At the same time, members can interact with the public and gain valuable experience.

Attendance at health shows around the country, provide the the public with the opportunity to experience the therapy and make their own, informed decision about its relevance, if any, for them.

ASK supports its members giving talks to the public through various groups and provides grants for working with various groups such as in care homes, hospices, schools and the NHS.

Personal, real life experience by the public has ensured the therapy continues to grow, and that the public use it and train in it. ASK is able to fund projects enabling practitioners to work with groups within the community who may not otherwise have the resources to experience and benefit from the therapy. Many healthcare professionals globally integrate CAM into their practice because they see and experience the benefits.

The Therapy

Systematic Kinesiology is a therapy that determines imbalances using the manual muscle test (1) and rebalancing techniques include massage, acupuncture, suggestion of dietary changes, tapping (emotional freedom technique and Cognitive Behaviour Therapy type techniques) and through lifestyle changes. The aims of the ASK charity are to educate the public about their health and well being and support changes in their lifestyle to achieve better life balance, health and well being. It was originally developed by George Goodheart, a Chiropractor in the USA who used the term Applied Kinesiology.

Systematic Kinesiology offers an area of healthcare to the public that complements mainstream medicine and works with it to address some 'effectiveness gaps' from medical care. It is used in a complementary way and its purpose is to help the public increase their feeling of health and wellness, and to educate in ways that can help them achieve this and maintain it through lifestyle changes including diet, movement and reduction in reaction to stress. By reducing stress and increasing well being, it can reduce the need for the public to visit their GP and reduce the development of health issues related to, triggered by or exacerbated by their environment and life challenges. It also encourages the public to help themselves in their health and well being. It helps them to increase awareness of their level of health so they become aware of any changes which may signify dis-ease leading to disease and address them appropriately. ASK's aim is to integrate with mainstream medicine to find ways to support the public in their quest for health and good life quality.

ASK has a Code of Ethics and Practice and it is against the code to make a diagnosis and to ever suggest to a client to alter or stop or change their medication regimen. They would always be referred back to their doctor. Therapists are educated to certificate and diploma level, hold a first aid certificate and indemnity insurance.

Systematic Kinesiologists are made aware of 'red flags', encouraged to report and feedback any negative effects and encourage their clients to do so too. Prior to commencement of a session, clients have the therapy explained thoroughly and obtain consent. Practitioners work closely with the client to address the client's goals. As a complementary therapy, ASK continues to make efforts to integrate with main stream medicine, making sure their practitioners understand the benefits and limits of mainstream medicine and when possible, work with GPs and other healthcare practitioners. There is very little identifiable risk using the therapy and ASK recognises that by using non-mainstream methods, there is a concern of risk of delayed presentation of a problem to the medical community and therefore worsening of that problem. In this respect, all ASK practitioners ensure their clients have either visited their GP /medical practitioner prior to the therapy and if not, would always suggest they do so, especially if red flags are raised.

Many of the balancing tools used can be explained to clients enabling them to be actively involved in their health management, take responsibility for their health and well being and how they manage the stresses in their life which could, if left, cause physical symptoms and emotional issues.

Whilst Practitioners of Systematic kinesiology work mainly on a private basis, the need of the client is always taken into consideration so that no members of the public would be excluded. Whilst initially the public will mainly pay for their balancing sessions, ultimately it is the goal to educate them in their own health and well being and to not become dependent on the therapist to maintain this.

Research

To do RCT type studies is expensive and in the main not feasible for therapists, therefore ASK supports research in the form of donations and is affiliated with other kinesiology groups and associations in the UK, USA and other countries who are doing research, some of which is published. A list of recent publications can be found at the end of this section (see page 6). However, ASK currently has a reserve of £2000 for a research project investigating the role, if any, Systematic Kinesiology could have in helping people with IBS at the University of Westminster. This project is currently on hold due to time constraints. Although kinesiologists do not treat specific conditions, IBS is a multifactorial problem reflecting gut imbalance.

ASK is also part of the relatively new Hawthorn Health Initiative (HHI). This is an initiative and community of like-minded people and individuals. Their aim is to help promote paradigm change in the way healthcare is thought about and delivered through research, networking and about natural health and wellbeing regarding the benefits to the public and decision makers. They have been working in the last year to develop a comprehensive survey-style questionnaire and health monitoring system for the public. This will enable CAM charities to collect large amounts of data to provide information about the public benefit of each therapy. The data will be collected from the public who have experienced the therapy allowing them to give feedback on their own well being accessing the survey-style questionnaire in the form of an App. In addition, a survey-style questionnaire will also enable CAM charities to collect information about the therapists, types of training, hours worked and demographics in order to show professional standards. The goal is to research the effectiveness of CAM and other natural health and lifestyle interventions in their widest context, with large number data. The development of the survey-style questionnaire has been ongoing and will be ready to send out to members in the Summer of 2017.

Systematic Kinesiology may benefit a wide range of levels of the public, all ages, genders and regions. Research into the therapy directly by ASK and for other CAM therapies is problematic as it is difficult to distinguish between the efficacy of an individual technique and the whole context by which it is done; the holistic balance. The therapy is a complex interaction between many systems of the body and balancing strategy chosen based on individual needs. Whilst this makes it difficult to truly test using conventional evidence based methods, we also recognise the importance to be able to demonstrate efficacy over and above just an increase in use by the public and students training in the therapy.

ASK recognises it is our duty to collect information regarding Kinesiology and yet how we get relevant quantitative information without having funds to do so has, until recently, limited our drive to pursue this area. In recent years the evaluation of data using surveys or questionnaires has become a more acceptable and popular method to understand the efficacy and relevance of areas of medicine in relation to public benefit, and the number of publications has significantly increased. From a quick Pubmed search, searching "survey and medical", in 2000 there were about 6000 papers, 2006, about 12,000 and by 2016 this had risen to over 20,000. Searching for "complementary therapies", in 2000 there were about 277 papers; 2006, 704 and 2016, 840. This method is suitable for assessing CAM therapies for public benefit too. In order to consolidate our information and make information from studies with clients more relevant it is suggested that ASK and other therapies could indeed all do this via a survey-type questionnaire. In this way relevant demographics and other information can be collected.

It is important to recognise observations and to collect these in a meaningful way that will help the public see the benefit of Kinesiology and allow therapists to see the benefits enabling discussion, evaluation, reflection and revision. It is also important always to make sure the benefit outweighs any detected harm and to define the 'harm' and its consequences to put this into perspective.

The therapy is based on studies performed initially by the the Chiropractic group, the International College of Applied Kinesiology (ICAK) in the USA, and now commonly, in many other countries including the UK. Each year the ICAK publishes a collection of research abstracts which are results from research by their diplomates (see reference 2 as an example) to develop new techniques, refine older ones or consolidate the value of older ones. More recently it has been realised that publication outside of the Kinesiology arena is essential to widen the exposure to the scientific community and public in general.

Case studies as evidence: Whilst case studies are not accepted as evidence they do provide invaluable information for the therapist and public about potential benefit and limits of using the therapy for various conditions. They help continued professional development by therapists, giving them insight into the practice

and outcome of the therapy when used with the public; provide an area which can be explored and data collected to give collective meaningful results allowing statistical analysis. Information on areas such as efficacy, benefit, harm can be determined to see if there are benefits to any particular public sector more than another and / or any particular condition when presented as the primary condition previously clinically diagnosed (noting that holistic therapies treat the person not the condition and do not diagnose) and on which the balancing strategy may be initially based around. Case studies can also be used in teaching and assessment as scenarios.

Collecting data to present as a case study means there is already relevant data gathered and putting this information into a survey makes the overall outcome have more significance and meaning. Systematic observation and collection of data leads to evaluation, analysis and publication of the data resulting in insight into the degree of benefit to the public. It can evaluate relationships between variables and causal relationships.

Whereas advertising may portray only positive features of a therapy in general terms and state benefits using endorsements of people who have benefitted in order to sell something, case studies are articles of an actual experience, they are real research reported in a raw form, as it happened with history, testing, evaluation, balancing and outcome.

Limits of case studies: Whilst case studies can represent balanced information reflecting an interaction between the practitioner and client, often they are told from the therapist's perspective. Other therapists can use them as a guide to open discussion and feedback helping them to learn and improve and remain up to date and aware of changing needs and developments. Their setting can be more reflective of a real therapeutic evaluation, illustrating to the public that there is a possibility that the therapy can benefit others. Practitioners can recognise the scope, limits of their practice, and they encourage self-directed learning, highlighting areas the practitioner may not know well or of which they have insufficient practical experience. However, we recognise that alone, a case study only represents one practitioner and there could be bias and not a reflection of the community, thus emphasising the need for this data collection and evaluation.

ASK welcomes the Charity Commission consultation as it has provided an opportunity to reflect on how best to provide evidence of efficacy, public use and benefit from the therapy and risk assessment to ensure the benefit outweighs the risk, over and above the factors above and anecdotal evidence, case study and internal interaction between therapy groups.

We recognise there are increasing demands for accountability in the evolving system of CAM therapies with, for example, the internet, Facebook and other advertising sources, providing a means to increase awareness of the CAM therapies available to the public or certain sectors depending on therapy and relevance.

References

1. Jensen AM, Stevens RJ, and Burls AJ. (2016). Estimating the accuracy of muscle response testing: two randomised-order blinded studies. *BMC Complement Altern. Med.* 16(1):492.
2. Collective abstracts from the ICAK USA annual meeting (2016 to 2017). *Experimental Observations of Members of the ICAK Volume 1, 2016-2017 Fifty Eighth Collection of the Proceedings of the Annual Meeting.* Found at: https://www.icakusa.com/sites/default/files/FINALPROCEEDINGS2016_0.pdf
3. Cuthbert, S., Mcdowall, D. and Rosner, A. (2011). Association of manual muscle tests and mechanical neck pain: Results from a prospective pilot study. *Journal of bodywork and movement therapies* 15(2): Pages 192 - 200.

To address the questions posed by the Charity Commission:

Question 1: What level and nature of evidence should the Commission require to establish the beneficial impact of CAM therapies?

Level and nature of evidence and Interaction with the public:

- Its increased use each year by the public; perceived level of benefit by the public, in what way it is beneficial and to what degree (significance); maintenance of training and education excellence, and professional standards by belonging to appropriate bodies; affiliation with insurers and regulatory bodies such as charity bodies other than the Charity Commission e.g. NCVO and ANH and working with other innovative groups such as HHI who are developing generic surveys and questionnaires.
- Practitioner feedback to their membership, their interaction with the public and identify particular groups who benefit or not; the therapy limitations and degree of benefit to each group. A survey to collect this data to measure the degree of actual benefit relative to the degree of expectation of benefit (so some measure of benefit over and above increased use by the public) and that the increased use is due to effect rather than pure advertising. This type of data can then be published to the wider community.
- It is important to demonstrate CAM therapies understand when to refer and the meaning of 'red flags' and essential to obtain consent: making sure the client understands what the therapy entails and its limits, and gives consent.
- Understanding the relationship to other CAM therapies: a therapy's uniqueness and its overlap; efforts for integration with other therapies and mainstream medicine.
- Methods used to evaluate its benefit: e.g. research from other Kinesiology groups, donations for research, and directly via survey of the public, feedback of practitioners.
- Having professional training standards and a process of maintaining those standards through CPD; showing methods of enabling access to relevant areas to maintain CPD in their area of excellence.
- Methods to evaluate new areas to keep standards high and in line with new developments.

Question 2: Can the benefit of the use or promotion of CAM therapies be established by general acceptance or recognition, without the need for further evidence of beneficial impact?

Yes

If so, what level of recognition, and by whom, should the Commission consider as evidence?

It is now accepted, expected and common practice in mainstream medicine to encourage the public to play a significant role in decision making related to their treatment options and choices. This extends to any health related decision and so it is good for the Charity Commission to be mindful that the increased use by the public is not to be underestimated and they are capable of seeking out evaluation and making informed decision about their health and their choice to do so should not be removed.

To better help the public to make these decisions about CAM it is also good to present meaningful data as well as anecdotal and passing on information by word of mouth or advertising.

Members of the public who then train in this therapy have also recognised its value or would otherwise not spend the money to train and want to help others. Therefore, the increased numbers training is also an important consideration, as well as increased members of the public receiving the therapy.

Determining the growth of the therapy in terms of training in all areas: courses, examination structure, syllabus and schools and the breadth of reach of the therapies areas i.e. throughout the UK, Ireland and other countries should be considered.

Question 3: How should the Commission consider conflicting or inconsistent evidence of beneficial impact regarding CAM therapies?

It is important to recognise the methods and parameters used when evaluating the data. Holism is an area which considers the whole of the person rather than reducing the symptoms to fit one particular area. Therefore, by trying to fit research within the same parameters as conventional evidence-based strategies, which can minimise variables to look at one cause versus one effect, limits the benefit to assess the therapy as a whole, in its native state of use.

Question 4: How, if at all, should the Commission's approach be different in respect of CAM organisations which only use or promote therapies which are complementary, rather than alternative, to conventional treatments?

The approach should be the same. If each therapy used a generic form and filled in sections with tick boxes and comments then options to go to various parts would enable all CAM organisations to be evaluated in a similar format. Is there any CAM therapy that is totally alternative or totally complementary? Most would have some degree of both and therefore, there would be a scale and it may depend on what aspect of a therapy was being looked at.

Question 5: Is it appropriate to require a lesser degree of evidence of beneficial impact for CAM therapies which are claimed to relieve symptoms rather than to cure or diagnose conditions?

No. It would be helpful for the Charity Commission to have clear guidelines on what such terminology means, its scope and limits e.g. the definition of 'cure' and 'diagnosis' in context and in the broadest sense, and to provide examples of other terminology which is acceptable. This then helps the CAM therapies to use appropriate terminology that can be seen in its own context and not only in the medical sense of the terms.

ASK has a Code of Ethics and Practice and it is made clear from the outset (and at any time where relevant for the public) that it is against our Code of Ethics and Practice to make a diagnosis. As we view clinically determined conditions as a guide for discussion with the client and for developing a balancing strategy we would not and cannot make the statement that the therapy can cure a condition. We can only state that it may help increase health and well being as determined by the client after the balancing session and from that time onwards. It is for the member of the public to decide to what degree their imbalance has been resolved and that is independent of the influence of ASK practitioners. All ASK practitioners are there to guide and support, are open minded in their approach and always encourage the client and help them to take full responsibility for their health management. That is why it is vital to allow the public options for management of their condition, especially when mainstream medicine cannot offer any further help, guidance, or solution.

Question 6: Do you have any other comments about the Commission's approach to registering CAM organisations as charities?

With the popularity and increasing use of CAM therapies with Charity status by the public, it is understandable that there are increasing demands for accountability in the evolving CAM system of therapies. The Charity Commission explains clearly what is meant by public benefit and the ASK Charity fits well into this paradigm, constantly reviewing and refining and making sure it maintains its aims and objectives as laid out in its Governing Document.

The issue seems more about how to determine the benefit to the public over and above the risk of the public using a therapy that could cause harm. It seems that the scientific community, who are challenging the CAM charities, are indeed suggesting that if the Charity Commission supports a CAM being a charity it is endorsing its validity to benefit the public and that because of the CAM association with the Charity Commission, the public will make the assumption that this is so. Yet, the Charity Commission cannot determine this at present and indeed may not be its remit to do so.

In an ideal world peer reviewed published research would be a benchmark. However, the concept of holism makes research following conventional guidelines difficult to perform, as well as the cost, time, number of participants and resources available to do such research. Therefore, this would be an unreasonable request. However, it is now also recognised that other ways can also determine effect and benefit of a CAM therapy.

Anecdotal information is stated as unacceptable. However, carefully prepared surveys-style questionnaires could evaluate anecdotal data to make it more meaningful and provide information for many areas e.g. changes in numbers using the therapy over a period of time; benefits; focussed area of benefit; risks; breadth of public groups that use it and other demographics.

From ASK's perspective the one overriding method that could be used throughout all charity based CAM therapies is a survey-style questionnaire which would provide quantitative data and enable the Charity Commission to see the degree to which CAM benefits the public and subdivisions therein. It is feasible, inexpensive and assesses real data in real time. Data may also be able to be collected retrospectively to result in more immediate meaningful values.