



Australian Government

Assessment Requirements for HLTKIN004 Provide kinesiology balances

Release: 2

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Modification History

Release	Comments
Release 2	Corrections to typographical errors in the Performance Evidence and Knowledge Evidence. Equivalent outcome.
Release 1	This version was released in <i>CHC Community Services Training Package release 2.0</i> and meets the requirements of the 2012 Standards for Training Packages. Significant changes to the elements and performance criteria. New evidence requirements for assessment, including volume and frequency requirements. Significant change to knowledge evidence. Minimum clinic hours added. Additional assessor requirements.

Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:

- performed the activities outlined in the performance criteria of this unit during a period of at least 200 hours of kinesiology client consultation work
- prepared for and managed full contextual balances according to modality procedures for at least 40 different people, 10 of whom must be seen at least 3 times. Clients must include males and females from different stages of life with varied presentations
- demonstrated accurate muscle monitoring including the starting point, range of test, and the testing direction of at least 70 muscles, either individually or as part of a group, on at least 2 occasions per muscle or group. Muscles of the neck, shoulder, arm, trunk, hip and upper leg, lower leg and foot must be included
- used surrogate muscle balancing on at least 3 different muscles from 3 different regions of the body
- performed each of the following balancing techniques on at least 2 occasions:
 - general kinesiology techniques, including:
 - pre-checks for balancing: hydration, central and governing meridians, switching/overload

- stress statements, goals and affirmations, including reactive stress process
- use of scan lists
- age recession using muscle monitoring
- balancing via a surrogate
- polarity
- specific muscle balancing techniques, including:
 - proprioception: spindle cell mechanism and golgi tendon apparatus
 - reflexes including:
 - spinal
 - neurolymphatic
 - neurovascular
 - surrogate muscle balancing
 - balancing unmonitored muscles, tendons and ligaments
 - muscle stretch
 - repeated/sustained muscle imbalance
 - reactive muscle patterns
- structural balancing techniques, including:
 - posture analysis balancing
 - balancing regions of the physical body including the neck, lower back, upper back, pelvis, neck and jaw
 - joints, including the knee, hip, shoulder and temporomandibular joints (TMJ)
 - gait reflexes
 - righting reflexes or cloacals
 - cranial imbalances
 - structural deviations
- neurological balancing techniques, including:
 - central and governing meridian circuit
 - neurological disorganisation
 - cross crawl integration
 - fight/flight survival responses
 - neurological integration
- emotional balancing techniques, including:
 - emotional stress release
 - emotional defusion techniques
 - using lists of emotions
 - visualisations/imagery
 - psychological reversals
 - addressing fears and phobias
- vibrational balancing techniques, including:
 - use of vibrational essences

- use of colour and sound in balancing
- balancing the human subtle energy systems including the acupuncture meridian system, chakras, figure 8 energy flows and the aura
- balancing meridians and acupressure points including the use of the law of 5 elements
- nutritional balancing techniques, including:
 - food sensitivity monitoring
 - food sensitivity/intolerance balancing
 - balancing biochemical factors including hydration, dysglycemic, absorption of nutrients, and bioavailability of nutrients
 - toxin elimination balancing
 - balancing to support detoxification
 - use of Riddler's and nutritional points in balancing
 - nutritional support and digestive disturbance balancing

Knowledge Evidence

The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- legal and ethical considerations (national and state/territory) for client balancing:
 - codes of conduct
 - duty of care
 - informed consent
 - mandatory reporting
 - practitioner/client boundaries
 - privacy, confidentiality and disclosure
 - records management
 - work role boundaries
 - working within scope of practice
 - presenting symptoms that require referral to a medical practitioner
 - work health and safety
- the innate healing capacities of the body
- factors that may interfere with balancing:
 - over-facilitation
 - energy capacity and availability
 - energy blockage
 - suppression
 - willingness to change
- potential dangers for balancing, including dangers of placing food in the mouth during sensitivity testing
- potential reactions during balancing and how to respond:

- discomfort
- emotional reactions
- feedback - verbal, tactile, visual
- deep relaxation
- changes in body temperature
- healing crisis
- methods of monitoring treatment progress, including:
 - client feedback
 - challenge correction/more mode
 - re-assessment of original issues
- types of reinforcement suggestions and resources that can be provided to clients for their use outside the clinical environment
- ways to respond to barriers to progress within a kinesiology framework
- muscle monitoring position and direction for at least 70 muscles, including:
 - muscle origin
 - insertion
 - action
 - contraction
 - extension
 - range and direction of test
- general kinesiology techniques, why and how they are used:
 - pre-checks for balancing: hydration, central and governing meridians, switching/overload
 - stress statements, goals and affirmations, including reactive stress process
 - use of scan lists
 - age recession using muscle monitoring
 - balancing via a surrogate
 - polarity
- specific muscle balancing techniques, why and how they are used:
 - proprioception: spindle cell mechanism and golgi tendon apparatus
 - reflexes including:
 - spinal
 - neurolymphatic
 - neurovascular
 - surrogate muscle balancing
 - balancing unmonitorable muscles, tendons and ligaments
 - muscle stretch
 - repeated/sustained muscle imbalance
 - reactive muscle patterns
- structural balancing techniques , why and how they are used, including:

- posture analysis balancing,
- balancing regions of the physical body including the neck, lower back, upper back, pelvis, neck and jaw
- joints, including the knee, hip, shoulder and TMJ
- gait reflexes
- righting reflexes or cloacals
- cranial imbalances
- structural deviations
- neurological balancing techniques, why and how they are used, including:
 - central and governing meridian circuit
 - neurological disorganisation
 - cross crawl integration
 - fight/flight survival responses
 - neurological integration
- emotional balancing techniques, why and how they are used, including:
 - emotional stress release
 - emotional defusion techniques
 - using lists of emotions
 - visualisations/imagery
 - psychological reversals
 - addressing fears and phobias
 - emotional impact on physical structure
- vibrational balancing techniques, why and how they are used, including:
 - vibrational essences
 - colour and sound in balancing
 - balancing the human subtle energy systems including the acupuncture meridian system, chakras, figure 8 energy flows and the aura
 - balancing meridians and acupressure points including the use of the law of 5 elements
- nutritional balancing techniques, why and how they are used, including:
 - food sensitivity monitoring
 - food sensitivity/intolerance balancing
 - balancing biochemical factors including hydration, dysglycemic, absorption of nutrients, and bioavailability of nutrients
 - toxin elimination balancing
 - balancing to support detoxification
 - use of Riddler's and nutritional points in balancing
 - nutritional support and digestive disturbance balancing
- cautious considerations of current supplementation
- boundaries of a kinesiologist's role in relation to nutrition
- need for referral to dietician, herbalist, naturopath, or homeopath

Assessment Conditions

Skills must have been demonstrated in the workplace or in a simulated clinical environment that reflects workplace conditions. The following conditions must be met for this unit:

- use of suitable facilities, equipment and resources, including:
 - client information – case history, treatment plan
 - private consultation area
 - massage/table and chair
 - reference manual
 - hand sanitiser and/or hot running water for washing hands
- modelling of industry operating conditions, including provision of services to the general public
- clinic supervision by a person who meets the assessor requirements outlined below for at least 50 of the 200 hours of client consultations. The remaining 150 hours may be completed under the guidance of a mentor. The mentor must either meet the assessor requirements outlined below or be registered with an Australian professional body that represents kinesiologists as a mentor.

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

In addition, assessors must:

- have at least 2 years current clinical experience working as a kinesiologist providing services to the general public
- hold practising membership of an Australian professional body that represents kinesiologists
- fulfil the continuing professional development requirements of the professional body to which they belong

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>