The Business of Health in the Digital Age
Tips on Record-Keeping in your Practice
Magnesium Deficiency, Depression & Stress
The Sacrospinalis Muscle

In Touch
Australian Kinesiology Association Issue #114 Winter 2015

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PRESIDENT'S REPORT

Meagan Kerr

Depending where you are when you are reading this issue, you may be grabbing an extra blanket, or two or more! As winter settles in, I am reminded of this – one fact that does not change is ‘change’ itself. It is coming thick and fast, and your AKA MC is working through many aspects of our association. Change has been occurring within our Management team, our office, our sub-committees and for the association as a whole. It’s no small feat for a busy bunch of hard working women who band together once a month and tend to emails, calls and enquiries. You will see a running list of the motions that have been passed by the Management Committee, listed on p.24 in this issue.

Key to this is to hear from you. We value your input and where practicable will seek to consult with you often. The most economical way for us to do this is via email. So, please watch for emails from the AKA office, as there will be some important info coming to your mailbox in the coming months. Particularly we are very keen to hear from the SMEG – see report on p.23 - with most awaited anticipation on finalisation of the training package that will bring clarity for many members. Our grandfathering is generous but you need to be fully aware of the details as soon as they are finalised. To this end, we look to encourage as many RTOs and students as possible to join the AKA. As such, we will be making special offers in the coming months and we need you to stay in touch with us too.

I look forward to meeting as many of you at the Conference as possible. If you haven't attended one before you will find this a wonderful experience.

Until we get to meet in October, stay safe, stay warm and stay in touch!

Meagan

LETTER FROM THE EDITOR

Katie Burke

Winter is a time of introspection, a time when we turn inward and gather ideas for our growth in the Spring. The photo on the cover of this issue can remind us of a simple panacea for winter chills that the Japanese Macaques instinctively know – a hot bath full of magnesium!

I hope this issue of In Touch gives you lots of ideas of how to work as an individual practitioner, in groups and as part of the association. In our ever-changing world, especially with developments in government policy and technology, there is a lot to keep up with. To help you stay up-to-date with these changes, there is information in this issue about where to access material outlining the latest legislation relevant to your practice, how to use technology, a guide to client forms, and networking. There are also interesting articles related to health and wellbeing, and our unique ways of working with kinesiology.

Thank you to all the contributors to this issue. I do implore others to think about contributing to future issues. Maybe during this season of colder weather and shorter days, you might find the space to sit and write. We need to share our knowledge and experience in order to keep our modality vital. We need to keep connected and inspired. You can send articles to me anytime, don’t just wait for the deadline and then realise you have run out of time! I look forward to keeping in touch.

Katie Burke

Contact details: intouch@aka.asn.au

WELCOME NEW MEMBERS AND MEMBER UPGRADES

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<th>New RKP</th>
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Join us in sunny Brisbane at the Hotel Grand Chancellor for this year’s AKA National Conference.

Come and hear insightful presentations, be part of the hilarious skills auctions with Brendan and Michael, catch up with friends and colleagues, meet new people and see what’s new in products and services with the trade table displays.

Mini workshops are on offer on the Friday morning and afternoon. Brendan O’Hara, and Andrew Verity, both accomplished teachers and practitioners, will present information and techniques for clinical use. Remember the workshops, along with the conference itself, offer valuable CPE points.

The venue is the Hotel Grand Chancellor on Leichhardt Street Brisbane. The rates we have negotiated for delegates are super special however there is only a limited number of rooms available at this price. Book early to avoid disappointment.

The CBD, Roma Street and Central train stations are a short 10 minute walk, and the airport is a 25 minute taxi ride. Discounted Airtrain tickets will be offered to delegates upon registration.

See following pages for: Speakers and Presentations, Mini Workshops and Registration Form with early bird special and first time attendance deal.

Trade Tables: Interested in a trade table? Details available upon request.
Twin Share Rooms: Want to twin share but not sure who else is attending? We can help.

All enquiries to contact Franca Wild, conference coordinator
AKAconference2015@kinesiology.org.au

ACCOMMODATION: Delegates please book your accommodation ASAP as there is a limited amount of rooms left at this special price. Once these rooms booked, normal hotel rate applies. Book now to save $$$

Hotel Grand Chancellor 4.5 ★
23 Leichhardt Street Brisbane

Ph: (07) 3831 4055 / 1800 753 379
E: reservations@hgcbrisbane.com.au

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**BEING BETTER THAN FEAR**

Come and learn a simple and powerful technique to eliminate fear completely.

One of the biggest problems is to find the right fear and then what to do with it.

Managing fear just prolongs the agony, especially when the energy of the fear can be released straight away. The suppressed positive emotions awaken and we feel truly alive again.

This workshop provides a very necessary tool for all kinesiologists to cut through the adaptions and get to the real causes straight away.

There are no prerequisites. This mini w/s is also suitable for non kinesiologists.

**Bookings Essential.**

Afternoon session 2.00pm - 4.15pm

$55 members ~ $88 non-members

Please arrive 10 minutes prior to lecture.

3 CPE points

Andrew Verity began his Kinesiology adventure 35 years ago and travels the world as a speaker and director trainer in Neuro-Training Institutes. He also works as a consultant to entrepreneurs, business leaders and royalty.

With a background in Homeopathy, Iridology, Naturopathy, NLP and other disciplines, Andrew brings considerable knowledge and expertise into his comprehensive trainings.

---

**SOUND FOR HEALING & INTEGRATION**

This is an experiential workshop providing participants with tools and techniques that can be immediately utilised at home or clinic.

Learn how to:

- intensify the flow of chi both within and around the individual with sound
- find and use your personal pitch and tone to enhance your wellbeing
- discern the client’s pitch and tone to amplify the kinesiology balance
- use breathing techniques to improve toning

Brendan will conclude the session with his much sought after group didging.

Brendan O’Hara is a well known conference identity, both as a speaker and skills auctioneer.

An international trainer, Brendan teaches specialist techniques for integrating primitive and postural reflexes.

Audiences include early childhood educators, allied health practitioners and, of course, Kinesiologists. Sound is an integral part of Brendan’s work.

**Bookings Essential.**

Morning session 11.00am - 1.15pm

$55 members ~ $88 non-members

Please arrive 10 minutes prior to lecture.

3 CPE points

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Andrew Verity
32nd AKA National Conference
Hotel Grand Chancellor, Leichhardt St, Brisbane
Friday 16th - Sunday 18th October

Sharing Insights

SPEAKERS AND PRESENTATIONS

Full Conference Program available online www aka asn au

- **HENRY OSIECKI**
  **How To Become A Good Nutritionist**  
  A brief history of nutrition; Nutrition and kinesiology; Pitfalls and how to overcome them.

- **DR. SAMANTHA COULSON PhD**
  Integrative Medicine Researcher with Professor Luis Vitetta, University of QLD  
  **Gut Health and Organ Function: The Role of Live Probiotics**  
  The influence the gut microbiome has on end organs such as the heart, brain (behaviour, depression), liver, kidneys, skin and more.

- **ANDREW VERITY: Integrating Different Streams of Information**
  *It’s not how much you know that counts, it’s how well you can access the information you need for the client that’s important!*

- **HUGO TOBAR: Suppressed Emotions and Stress**
  *The physiology of stress; methods and strategies for accessing subconscious and unconscious emotions.*

- **NATALIE WAREHAM: A Return to Wisdom in Business**
  *Alignment strategies that make a real difference to attracting clients and the bottom line.*

- **DANNY LIDDELL: Contraction to Extension: The Other Side of Kinesiology**
  *Releasing hypertonic muscles to assist with flexibility, learning, emotions, pain and the endocrine system.*

- **BRENDAN ROHAN: The Art Of Clinical Flower Therapy**
  *The process of traditional flower therapy in the context of Kinesiology.*

- **ROBYN KIRK: What Type Are You?** *Discovering aspects of self to assist wellbeing.*

- **GERALDINE GALLAGHER: The Winds of Change**
  *Exploring the deeper levels of the evolving patterns of change and how to use change to your advantage in your personal life and your career.*

- **MAUREEN CALLISTER: Chakra Psychology** *Working on imbalances, blocks and deficiencies.*

- **JACLYN LEES, AJG/OAMPS: The Devil is in the Detail** *FAQ’s on claims and liability.*

Program changes may occur without notice. Any changes will be updated on the AKA website.
**Name (please print clearly)** .................................................................

**Email** ...........................................................................................................

**Mobile** ........................................................... **Phone** ............................................................

**Full Conference Package** includes all lectures, refreshments & lunches **PLUS** Friday night cocktail function & Saturday night dinner dance. Day/Weekend includes lectures, refreshments & lunches. **MINI WORKSHOPS** are an optional extra.

### AKA Members

- **$55** Brendan O’Hara Mini Workshop
- **$55** Andrew Verity Mini Workshop
- **$397** Early Bird FULL conference package to July 31 then $447
- **$77** Friday night lecture & cocktail function
- **$197** Day Rate: Saturday 12th October
- **$197** Day Rate: Sunday 13th October
- **$297** Saturday and Sunday only
- **$110** Saturday night dinner dance (for partners/friends)

### Non-Members

- **$88** Brendan O’Hara Mini Workshop
- **$88** Andrew Verity Mini Workshop
- **$457** Early Bird Full conference package to July 31 then $497
- **$97** Friday night lecture & cocktail function
- **$257** Day Rate: Saturday 12th October
- **$257** Day Rate: Sunday 13th October
- **$357** Saturday and Sunday only
- **$110** Saturday night dinner dance (for partners/friends)

- **‘First Time Attendance $350** Special Deal for AKA members/ full time kinesiology students. Includes Friday night lecture & cocktail function, all weekend lectures, lunches & refreshments. **Does not** include Saturday night dinner dance. We encourage you to book in for the full event as the dinner dance is a fun night with great food, drinks and invigorating dancing. Don’t worry about coming solo; we all dance together!” **Valid** to 1st October for members attending their first AKA conference and enrolled kinesiology students.

**Only tick following boxes if your diet is**

- **GENUINE STRICT VEGETARIAN**
- **GENUINE STRICT GLUTEN FREE**

**Payment via:**

- **Visa**
- **Mastercard**
- **EFT/Direct Deposit**
- **Cheque/MO payable to AKA**

**TOTAL $** _____________________________________________

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**EFT:** Use your name & surname as your reference - 18 characters only

**Account Name:** Australian Kinesiology Association / AKA

**Bank:** Commonwealth - Carnegie, VIC **BSB:** 063115 **Account No:** 1030 1776

**Remember to email coordinator that payment has been made and confirm reference used.**

Confirmation and tax receipt will follow once payment AND registration form has been received.

**Cancellation Policy:** Cancellations received on or before September 15th will incur a $33 administration fee. Cancellations after this date and up to October 6th will incur a $55 administration fee. Any notified cancellations after this date may be partly refunded but not guaranteed. No refund for non attendance. All alterations or cancellations must be made in writing to the Conference Coordinator. **Insurance:** Registration fees do not include insurance of any kind.
In this article I will be outlining the way practitioners can use technology in their day-to-day clinic and business practices. I aim to give you a sound basis and framework to encourage you to build the ideal technology system that is right for you. As clinicians nowadays, we are expected to access more information faster, handle more clients in tighter, busier schedules, analyse and study the latest scientific research, and also manage family and a social life. Granted, it takes a certain amount of technical know-how to setup an effective technology system to begin with but it is now easier than ever with the many automated setup processes that these technologies offer. If you find and use the technologies that are available to you, and are affordable, you can form systems that support not only your clients, but also you as a business owner and a thriving healthcare professional. Technology is like anything else in life, you get out of it what you put in.

The key to integrating technology effectively in your business is simple — user engagement. The users engaging with the system, you or your staff, need to enjoy using the technology or they simply won’t use it. Regardless of the technology itself, the focus needs to be on the ability for the user to achieve their goal quickly, easily and effectively. For this to occur, the technology needs to be transparent to the point where you don’t even realise that you are using it. There is no excuse for technophobes — just watch a one-year old with an iPad! It needs to become an automatic, almost subconscious, process that does not interfere with the task at hand. In a clinical situation you want to be giving your client all of your attention, not your device. It takes time to master but, with a willingness to learn and progressively introduce new digital systems and processes into your business, this mastery is totally possible in a relatively short amount of time.

So, the first important point in any good business tech system is the ease of use of the system by those who use it the most. To find this perfect system you must first ask yourself a seemingly simple question – what is it that I want to achieve? This seems like a simple question but it is often not so easy to answer. Setting a goal for your ultimate clinic and business tech system is tricky because your goals will inevitably change over time as you develop as a business owner and practitioner. This means that it’s important to think big but start small.

Foundations
The foundation of any good tech system is solid hardware. As a technology advocate and a business owner I recommend Apple products for the basis of your tech system, as the function and integration of their hardware and software is so streamlined. However, I do also recommend sticking with what you know. Having an integrated system is key to building a good tech foundation so if you already have a Windows computer and a Windows phone it will most likely be best for you to buy a Windows based tablet. So your decision will be based on the hardware you already own versus what your goals are for your ideal tech system.

Hardware
Ultimately, the size of your business will determine what technology you need to run it efficiently and effectively, but if you’re starting out as a solo practitioner you basically have the following options:

Desktop – the main computer for your clinic or office. Any model within your budget will do, but I always recommend going with the latest models or a one-generation old model. This will handle all your clinic business procedures like using apps (software), and online services like Cliniko for your clinic management and client booking software, or Xero for your accounting software. It will also serve as a hub to access your cloud based networks like Google Drive, Dropbox or iCloud Drive, virtual external storage services where you can store information and access it from any device.

Laptop – If you are a solo practitioner, a laptop alone may be enough for your computing needs as it can handle everything a desktop can, with the difference being that it is extremely portable. This would be best if you are a solo practitioner and need to be able to do work on your business from your practice room as well as from your home.

Phone – This is an imperative business tool and any smartphone will do fine, though I recommend i-phone 5 or 6. Again, sticking to Apple will ensure backing up, integration and security are all streamlined for the protection of yours, and your clients’, sensitive information. If you have a well-integrated system then your phone can be connected to all the same cloud based services as your laptop or desktop making it easy to check on any information you need on the go, or to even do a mini balance on the go and access some of your clinic resources. Most app developers offer a mobile version of their apps, which usually can do limited tasks compared to the desktop versions, but tend to do this in a more streamlined fashion. Xero for instance, my No. 1 choice for accounting software, offer a fully fledged online software package that can be accessed from any computer with an internet connection. They also offer a mobile app for both Apple iOS and Android (non Apple) where you can access your accounts to do things like input expense receipts on the go and look at outstanding invoices. It focuses on a few key tasks that you are likely to do on your phone, which complements the use of their online version instead of trying to replicate it completely.

For this to replicate it completely.

Australian Kinesiology Association Inc
Tablet – An iPad is a seriously handy tool for any health practitioner when you consider the amount of amazing health, fitness, medical and business apps they can run, such as the 3D Visible Body App. An iPad does have the potential to override the need for a laptop or even a desktop, but you do have to be a very experienced user for this to be a practical reality. When I was a student, with my iPad, iPhone, and Macbook wirelessly synced, I was able to share, backup, and edit any bit of information I could possibly need and access it from anywhere almost instantly. When other students would arrive to practical assessments carrying multiple wheelie bags of reference books and folders, I would stroll in holding only my iPad. I still helped them carry their bags up the stairs though.

Which hardware you need for your business and clinic will depend on what you want to do with it. If you’re a solo practitioner and want to be totally mobile, then a tablet and a mobile phone might just do. If you have a permanent clinic space and work with other practitioners though, integrating a desktop computer as the centre of your business would be advisable.

SO WHAT ABOUT DEALING WITH THE ELECTROMAGNETIC RADIATION THAT THESE DEVICES EMIT?

This is a question that I am asked regularly. The reality of the situation is that if you live and practise in the city, you and your clients are constantly being exposed to Electromagnetic radiation at all times. The question therefore becomes, how can we measure and manage these constant environmental EMR stressors?

From tests I have personally conducted with several EMR detection devices, the iPad does emit both Radio (RF) Frequency radiation from its WiFi and Bluetooth function and a relatively small amount of (LF) Low Frequency electrical field radiation. This said, it still emits 25 times less radiation than my laptop but this is still a significant amount to take into consideration for your own health and the health of your clients. Actually, during my tests I was surprised to find that the 2 compact fluorescent light bulbs that were right above my head in my clinic room, were emitting more EMR than my iPad and were a greater risk to me and my clients.

What can you do to protect yourself?

With a few small considerations you can reap the benefits of this amazing mobile technology without compromising your health:

1. Avoid using your iPad while it’s charging and plugged into mains power. This will significantly reduce the Voltage charge emitted from the iPad from around 24 Volts down to around 2 Volts.

2. Turn off WiFi and Bluetooth during sessions with clients. This can be inconvenient but it does significantly reduce the RF radiation from the device. This means you have to be prepared by having all your reference material on the iPad and not relying on any wireless or cloud storage systems for accessing information during sessions – not as difficult as it may sound.

3. Definitely, the most effective of all the solutions is using grounding or earthing technology to protect yourself and your clients from EMR. Earthing technology is the use of conductive mats or sheets that are electrically grounded via the earthing prong of your electrical outlets, or directly to a grounding rod in the earth. You then remain in contact with the mat while you work on your electrical device at home, in your office or in session with a client. This will protect you from Electro-Magnetic radiation, but there is no evidence yet to suggest that this helps protect against Radio Frequency (RF) radiation. Earthing will effectively reduce your electrical field radiation from your iPad by 100 times from 2 volts down to 21 millivolts!

I personally have an earthing pad under my feet while I am in session with a client as well as having an earthing pad on the table for the client to lie on. I also have an earthing pad at my desk for when I work on my computer and a grounded fitted sheet over my mattress for earthing myself while sleeping.

Purpose of Using Technology

In no way will technology ever replace sound clinical experience, accreditation and the ability to apply your professional skills. It is a support tool to enhance those skills and should be used in that way. The biggest advantage of technology in business and health care is to handle tasks that we can’t physically or mentally do ourselves, or to automate the tasks that we don’t want to do as business owners. Here we can split our task list into two major categories:

Business owner tasks – book keeping and accounting, budgeting, promotions and advertising, basically anything involved in getting clients in and out of your clinic room. Unfortunately, these are the tasks that most Health Practitioners are not particularly good at which becomes one of the main reasons that some health practitioners fail to build a sustainable clinic in the first years out of training. This usually leads to ‘perpetual student’ syndrome where the individual continues to return to study and avoid practice because they feel unprepared for professional life when really they are just untrained in the art of business management.

Practitioner Tasks – the things you do to help your clients on their path to better health: client session management, managing of resources and materials, accessing the latest information, journals and webinars for professional development, basically, all the things you need to do as a practitioner.

Your Homework

As an exercise, list all the tasks in your business under each of the above two list headings. This will give you an idea of the individual tasks you need to complete on a daily, weekly and monthly basis and will help you understand what it is you are looking for in the software and hardware.

Marrs Coiro has a Diploma in Sports Kinesiology and practises in Northcote, Melbourne. He also works as a Technical & Business Adviser for Clinikist, a business dedicated to assisting health practitioners set up technology for their practice. Ph: 0425 837 955 – info@clinikist.com
When I moved from South Australia to Queensland, Sunshine Coast, I left behind a very strong Kinesiology network, which I missed tremendously. The distances here are enormous. When I lived in the Adelaide Hills and wanted to attend a meeting in Adelaide, it took me only 20 minutes to get there. Where I live now, it takes me nearly 2 hours to get to Brisbane. Consequently, I felt isolated as a practitioner. This year I thought, “Enough is enough!” and decided to create a Kinesiology network at the Sunshine Coast. It took me hours and hours on the Internet searching for Kinesiology practitioners, sending them all an individual email:

Dear …………,

Coming March I am intending to organise a get-together for Kinesiologists in the Sunshine Coast area.

I feel it’s important that we as Kinesiologists get to know each other, so we can support each other and do cross referrals.

It also creates the opportunity to discuss new or different corrections.

It would be very nice if you would like to come.

Could you please give me some feedback by email?

The result was amazing and on 14th March we had 17 people attending our first Sunshine Coast Kinesiology Get-together at my place. My main aim was to establish a much needed contact between practitioners. Most participants didn’t know each other. We attracted students, teachers, beginners and advanced Kinesiologists, from North Brisbane to Gympie.

We want to create a network, sharing ideas, exchanging treatments, learning from each other and getting inspired in an informal, relaxed atmosphere. At this moment we have an email list with 35 participants. We decided to have gatherings every 2 months.

Some lovely feedback was:

“I found it so inspiring to hear other’s view points and have already been researching some of the methods I heard spoken about. I think that it will be invaluable, especially for me as a student, to see others demonstrate case studies and the corrections they have found to be helpful. Such a wonderful opportunity for sharing and learning and opening other avenues.

Already looking forward to the next one.”

“Thanks again for initiating and hosting the get-together yesterday. I really enjoyed it!”

“Thanks again for organising the first kinesiology get-together, I very much enjoyed meeting you and everyone else there.”

“I wasn’t aware that there are so many Kinesiologists in our area! I feel now much more comfortable reaching out and approaching fellow practitioners, knowing it’s okay to ask advise, etc.”

Our second get-together was last Saturday 9th May with 21 attending. We discussed some case studies and several teachers gave an inspiring talk. We are in the process of creating a closed Facebook page, which can only be read and entered by members of our group. Here, we can discuss issues, share new ideas, mention workshops, etc.

Next gathering is on the 11th of July and several Kinesiologists have offered to share interesting corrections. If you are a Kinesiologist or student and want to join us, please contact me.

Anneke Cook Email: 2011nomad@gmail.com
Tips on Record-Keeping in your Kinesiology Practice
by Elizabeth Guida

He laughs and remarks that I am a miracle worker; he can't recall the time when he lived a life symptom free. He was truly surprised at experiencing first-hand the benefits of this amazing modality. He was active in championing kinesiology and soon clients were lining up at my door. Back to back clients 5 days a week, bookings 6 months in advance. I was living my dream.

He is lying supine and I, as the kinesiologist, am looking at my notes determining the element of correction based on his 5-Element balance profile, when our eyes lock and, with such intensity and conviction, he yells out guilty, guilty, guilty! I look down at my client notes and see only illegible handwriting. Nooooooooooooooooo — I awake from this nightmare drowned in sweat.

This nightmare may not be so far-fetched!

Being a member of an association within your industry enables you to obtain Professional Indemnity and Public Liability Insurance. As a kinesiologist, you are thereby insured to practice, so it is your duty to conduct yourself in a professional manner. This includes, but is not limited to, taking a detailed client history and detailed client progressive notes in subsequent kinesiology sessions. Is it enough to say, “I have been practising for x number of years and I have never had a complaint against me,” or “I have clients who are willing to provide testimonials to demonstrate that I am a brilliant kinesiologist?” Without verification, either electronically or in legible handwriting, of what your session entailed, it becomes a case of the client’s word against yours and our legal system will hold you accountable for not conducting yourself in a professional manner. Don’t risk all your hard work, time, money and efforts to build a reputable business by having no, or poor, client records.

Taking and storing detailed client records is important for all practising Kinesiologists, irrespective of whether or not you offer health fund rebates. When taking a client history in the first consultation, minimum client details must include: full name, date of birth, gender, address and emergency contact details, as well as date of the treatment and the reason for client coming to have a kinesiology session. In addition, I like to ascertain the client’s expectations for the kinesiology session, to see if I can realistically meet their expectation and address it in the first instance if this cannot be achieved. I make it clear to the client that, as a kinesiologist, I aim to facilitate their wellbeing. I make no claims about curing, diagnosing and/or treating.

My progressive notes include the client’s response to the previous session, discussion of previous home reinforcement and how they are progressing. I prefer to write my notes during the session and allow 15 minutes immediately after the session to complete any further notes, so I do not to mix up or confuse one client session with another. In my “Balance Info (DI) and Correction” section, I use abbreviations that I acquired through my kinesiology studies pertaining to finger modes. For example, (i) EM4, St1 - Vibration Recognition Point, Stomach 1; (ii) Ps17 — here I write down the name of flower essence, number of drops how they were administered, whether orally, on a acupoint, in a chakra, with/without affirmation etc. I also write down any comments or reactions from the client. I constantly check in with the client by asking, “How are you feeling?” and make a point of documenting their response. In addition, I sign and date every page of the client’s records, a conditioning from my previous life as a Medical Researcher. I deliberately sign the last page of the document once the client has left, as for me this intentional process signifies that any residual energetic connection between the client and me has been cut.

In Victoria, it is a legal requirement that client records are kept for seven years after the last kinesiology consultation. If the client is under 18 years of age at the time of their last kinesiology consultation, their records must be kept for an additional 7 years or until client reaches the age of 25, whichever is longer. All client data must be stored securely. All records must be kept in a locked, fireproof filing cabinet, or if held electronically, password protected and regularly backed up with a duplicate copy stored off-site.

Having detailed records of your client’s sessions conveys a positive, professional impression. A client’s recorded information must be objective and non-judgemental. If you wouldn’t say it to their face then it is not advisable to write it down on paper, as you never know if, or when, your client’s records may be subpoenaed to court. In that event, you are strongly advised to consult with a lawyer before releasing any client information.

I am sitting beside my lawyer in the court room, waiting patiently for the judge to walk in and read out my verdict... we all rise, my heart pounding. I can feel the sweat pouring down my back and the judge walks in and breaks out into song, “Hakuna Matata”!!!

* "Hakuna matata" is a Swahili phrase meaning “No problems” or “Don’t worry, be happy”.

Elizabeth Guida is a RSKP, practising in East Brunswick, Melbourne.
Contact details: www.vibrationalhealing.com.au vibrationalhealing@gmail.com Ph: 041758383
Of all the 42 muscle sets we learn in Touch For Health Kinesiology, my favourite muscle is Sacrospinalis. Sacrospinalis is also called Erector Spinae. Its name comes from Latin roots, ‘Erigere’ meaning erect, and ‘Spina’ meaning spine. It is the set of muscles that hold our spine erect, the chief extensor of our back that helps to hold us up. According to the TFH manual, weakness in these muscles can be associated with 19 different areas of pain! Think of all those nerves passing through or around these muscles, from the neck, down through the torso and into the pelvis and hips. It could be said that virtually everything going on in your body could be affected by Sacrospinalis.

One-sided weakness can result in a sideways bending of the spine and cause postural issues if not attended to. The Sacrospinalis muscles are the opposing ones to the Rectus Abdominis (abdominals). Weak Sacrospinalis muscles put extra strain on the Abdominals, which can result in digestive issues.

Anatomically, Sacrospinalis lies in the grooves on each side of the vertebral column of the lumbar, thoracic and cervical regions. Its origins are from the sacrum and hip bones up to the insertions at the base of the skull. Its shorter fibres span from one vertebra to the next, whilst its longer fibres extend the whole length of the spine. It begins as a broad tendon and splits into three muscles: Iliocostalis, Longissimus and Spinalis. Being a passionate cook, I call Sacrospinalis our ‘Backstrap’ or ‘Loin muscles’ (as in tender, juicy Loin Lamb chops).

In Kinesiology, it falls within the Water Element and is the Yang meridian of this element (Bladder). Under TCM principles, the Bladder is the storehouse of emotions, mostly fear, anxiety and awe. Other muscles of the Bladder meridian are Peroneus and the Tibials (both Anterior and Posterior). The Bladder meridian is the only one that has 2 pathways. It is the longest meridian with 67 points and connects to most regions of the body. Bilaterally, the Bladder Meridian starts from the inside corner of the eye, goes over the head and down the back, parallel with the spine, then follows the crease of the buttocks. It starts again at the middle of the shoulders, goes out towards the sides and down past the buttocks, down the back of the leg and ends at the little toe.

To muscle monitor Sacrospinalis, I like to turn the patient over onto their belly. It can be tested standing, but I prefer to do it with the client lying on the table. It is worth the time and effort of rolling them over as the difference noticed by clients pre-correction to post is amazing. The client lies face down (prone) with their hands in the small of their back. I ask them to lift one shoulder, then turn their head and look back over the shoulder. Pressure is applied to the back of the shoulder, pressing towards the table. An unbalanced Sacrospinalis will result in the client’s upper body moving back towards the table. A balanced Sacrospinalis will hold the original position very strongly.
In Memory of Lorraine Parry

by Bronwyn Kennedy

In Touch Winter 2015

As with all muscles, to balance Sacrospinalis a variety of corrections may be utilised. If there is a bilateral imbalance, rub the Spinal Reflexes at the level of T12. Unilateral imbalances can be corrected using NLs, NVs, AHPs or meridian tracing. Not surprisingly the NVs are the ESR points since the bladder is the storehouse of our emotions. Foods that assist to tonify include those rich in Vitamins A and C, such as green leafy vegetables, citrus fruits and green capsicums.

I incorporated Sacrospinalis in his balance. It unlocked at the beginning of his balance and was firmly locked when rechecked at the end of the session. I sent them home with the NL points for his mum to rub before bed each night. When he returned a couple of weeks later, his bedwetting had ceased and he felt much more confident in the schoolyard. Visually, his posture was more upright too.

A good, safe exercise to strengthen Sacrospinalis is known as Kneeling Superman. Start with your hands and knees on the floor. In a smooth and slow motion, raise opposite arms and legs off the floor (right arm with left leg, left arm with right leg). Focus on thinking ‘long’ while doing this, rather than ‘up’, to ensure you are using your back muscles, not your leg and arm muscles, to do the work. Keep your hips square and head straight, looking down. Hold for a count of two and then slowly lower your arms and legs. Repeat on opposite side.

I like to use Sacrospinalis during muscle monitoring when dealing with issues not only of back pain, but also those around self-esteem, self-value and self-worth, especially when working on improving a client’s ability to ‘stand up for themselves’. I find it is very effective to use with children during a balance relating to bullying. If the Abdominals are also affected, self-concept or identity problems may be involved too.

I remember working with Sacrospinalis during a session with a client who came to me with his mum. He was a 9 year old boy at the time and after being bullied by some fellow students at school, had started wetting the bed overnight. When he came to my clinic, his posture was markedly hunched over.

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My Other Life ...

Do you have a hobby or passion that inspires you and keeps you grounded? Are you a musician, artist, community worker, athlete, gardener, volunteer, hobbyist or do you excel in a particular area?

In Touch would love to share your story with others. Contact intouch@akakinesiology.org.au for details.

By Geraldine Gallagher

Life has always offered opportunities for something new, some type of change.

Outside my Kinesiology work, I have explored Chinese Philosophy through I Ching readings and Chinese brush paintings.

It was about 30 years ago that I was introduced to the new world of Kinesiology; along with it came nutrition for the individual, and Chinese philosophy. I was totally fascinated by the Chinese stories that were part of that philosophy. These stories drew me further into the exploration of how I could use an I Ching reading, and thus gain clarity on how things change.

My Other Life       Creativity and the evolving patterns of change

So what is an I Ching Reading? It is a practical process of contemplation on your issue, done by selecting cards or tossing coins, where you build a hexagram one line at a time. This process allows one to gain insights regarding your health, relationships, and life as a whole. The patterns recognised from the I Ching readings represent the patterns of change occurring in your life today.

I have studied from many books written on this ancient Chinese text, “The I Ching, the Book of Changes”, but one of my favourite books was by R. L. Wing. The I Ching is considered one of the oldest of Chinese classics and its origins are shrouded in the mysteries of more than 4000 years ago. It was no surprise that I was drawn to the I Ching, as I was already creating Chinese brush paintings in my spare time and continue to do so.

When you work with the deeper layers of how change affects our environment as well as us, the I Ching has a poetic way of offering guidance, clarity and a sense of peace. It offers choices and adaptability; these may be favourable or chaotic. To move, or to wait and reflect, the choice is always yours. It is this guidance that comes through the I Ching readings that really fascinates me.

The I Ching is made up of 64 varying hexagrams, each consisting of six lines. Each hexagram comes with additional information and guidance. I found they brought further meaning to my brush paintings. The important thing in brush painting is the grandeur of nature, space and man, and what you leave unpainted, to tell the story. The I Ching shows us the bigger patterns in life, and its purpose is to help you adapt to the changing environment of nature, like the changing seasons.

An I Ching reading is a simple process that anyone can do. All you need is an I Ching book as a reference and 3 coins, although I have a set of my own I Ching cards that I find easier to use. When you do a reading you are accessing more than what is going on in the conscious and subconscious mind. I believe it touches the collective unconscious that Carl Jung speaks about. I also think this process is similar to the muscle monitoring aspect of Kinesiology. You have an opportunity to delve deeply into
Life has a way of introducing us to new and exciting experiences, and we have to learn how to adapt to the changes around us. Sometimes, I bring an element of an I Ching hexagram into my sessions with clients. It has allowed clients to better understand the type of change that is occurring in their life at that time.

When I first began making my Essences of Change, I turned to the I Ching for further information and there is a specific hexagram for each flower and gem essence. One example is the first essence I made, Camellia, at the changing season of the Winter Solstice. It relates to the hexagram 15, Modesty. This essence helps rebuild your life, helps with new projects and productivity, specifically in mid-life where the change can make you feel emotionally shattered and physically depleted. Camellia brings strength, nurturing and hope for the future.

Along with my love of Kinesiology, the I Ching has taught me many valuable lessons on trust. When you see an issue from a different perspective you have more clarity on the situation or problem. The guidance offered allows you to trust your own decisions drawing upon the wisdom and advice from the hexagrams; it makes decision making easier.

The I Ching readings are a valuable tool that can bring new meaning and insight into our lives. It goes beyond belief systems and below emotions.

Geraldine Gallagher is an RSKP and a Fellow for serving 15 continuous years on an AKA board. She practises in Cammeray, Sydney. Ph: 0419 855 085 www.essenceofchange.com
Magnesium is a vital nutrient that is often deficient in our modern diet. It is the fourth most abundant nutrient in our bodies. It is vital to health and cells don’t work without it.

It is in his scientific medical hypotheses entitled ‘Rapid Recovery From Depression Using Magnesium Treatment’, George Eby, of George Eby Research Institute, says magnesium is involved in over 300 biochemical reactions and yet, nearly half of the population in industrialised countries is fully deficient, with perhaps the majority suffering from at least a mild deficiency.

Magnesium is truly remarkable. Besides improving learning, memory, and attention span, researchers at Massachusetts Institute of Technology found that extra Magnesium in the cerebral spinal fluid enhances brain plasticity and increases the number of synapses, thereby boosting the speed of brain transmissions by 160% and increasing memory recall by 56%. Magnesium also plays a critical role in happiness.

WHAT IS MAGNESIUM?
According to Dr. Mercola, well known natural medicine practitioner and campaigner, “Magnesium is a crucially important mineral for optimal health, performing a wide array of biological functions, including but not limited to:

- activating muscles and nerves
- creating energy in your body by activating adenosine triphosphate (ATP)
- helping digest proteins, carbohydrates, and fats
- serving as a building block for RNA and DNA synthesis
- it’s also a precursor for neurotransmitters like serotonin.”

The adult body contains approximately 25g of magnesium. Like vitamin C, excess is excreted and needs to be replenished daily. In times of severe stress even more is required.

DOES IT MATTER IF WE ARE A LITTLE BIT DEFICIENT?
Peter Gillham, clinical nutritionist and chemist, writes, “A slight magnesium deficiency and you will notice slight depression and lack of wellbeing.” You may also notice:

- Elevated B/P
- Insomnia
- Brain fog
- Poor memory
- Ringing in the ears
- Cramps
- Muscle twitches
- Pain in the feet
- Lump in throat’ sensation

A deficiency in magnesium is defined as not taking in enough magnesium. This can be corrected through supplementation and diet. The recommended daily nutritional requirement for magnesium in an adult is 400mg per day.

Magnesium depletion is when the mechanism that controls magnesium metabolism has failed. This could be due to a failure of homeostatic mechanisms and/or endogenous or iatrogenic causes.

Dr Joyce Wu, from the Queensland Health Pathology Service, says that homeostasis depends on the balance between intestinal absorption and renal excretion with most being absorbed in the small intestine. The kidney largely controls magnesium homeostasis, with most excretion occurring at night. The nephrons reabsorb up to 96% of filtered magnesium after 70% of circulating magnesium has already been filtered through the glomerulus.

MAGNESIUM DEFICIENCY
With magnesium depletion you may see the following symptoms however, Dr. Carolyn Dean, author of ‘Magnesium Miracle’, cautions that there’s no way of knowing how many factors correlate with any one person’s magnesium deficiency. Note that the full list has some 50+ symptoms.
In Touch Winter 2015

In normalising your cholesterol levels. Interestingly, and enzyme that creates cholesterol in your body, thereby aiding

Dr. Dean explains that magnesium helps balance the

Prescription Medications

Past when we were getting more from food and water.

more beneficial to overall health than a high calcium and low calcium and high magnesium intake (1:2 ratio) is exceedingly more beneficial to overall health than a high calcium and low magnesium intake (2:1 ratio). This may have worked in the past when we were getting more from food and water. A lack of magnesium can create stress yet stress also depletes magnesium. Other factors include:

- Depression
- Hormonal imbalances
- Headaches
- Nausea
- Vomiting
- Kidney stones
- Personality changes
- Dizziness
- Retention of sodium
- Low circulating levels of parathyroid hormone (PTH)

FACTORS THAT DEPLETE MAGNESIUM

Unfortunately, this calming mineral is one of the first to go in times of stress or pain and is important as it works to neutralise the body’s pain stimulating chemicals. A lack of magnesium can create stress yet stress also depletes magnesium. Other factors include:

- lack of sleep
- loud noise
- fluoride and chlorine
- stress
- surgery
- removal of minerals from the water supply
- refined and processed/fast foods
- older age - absorption diminishes
- kidney and digestive disease
- food allergies and sensitivities
- prescription medication

- excessive dietary calcium
- skipped meals
- sugar
- pain
- chemotherapy
- stress and trauma of any kind
- low-calorie diets / too much dieting
- high amounts of fat decrease absorption
- poor gut integrity, Crohn’s, inflammatory bowel disease
- foods high in oxalic acid, e.g. spinach and possibly tea in excess

High Calcium Diet

Eby says that “scientists have known since 1926 that excess calcium and too little magnesium causes depression.” It is often a double-edged sword, as magnesium is needed for calcium absorption. Low serum calcium is often not corrected until the magnesium deficiency is corrected. Excessive calcium prevents absorption of magnesium in the intestinal tract. It is important to keep in mind that calcium is excitatory and even toxic in excess. It has been noted that a low calcium and high magnesium intake (1:2 ratio) is exceedingly more beneficial to overall health than a high calcium and low magnesium intake (2:1 ratio). This may have worked in the past when we were getting more from food and water.

Prescription Medications

Dr. Dean explains that magnesium helps balance the enzyme that creates cholesterol in your body, thereby aiding in normalising your cholesterol levels. Interestingly, and importantly, statin drugs (anti-cholesterol drugs) destroy the same enzyme that magnesium balances. Diuretics not only excrete water and potassium, but also magnesium. Antidepressants including SSRIs (selective serotonin reuptake inhibitors), according to George Eby, are activated with fluoride and chloride, thereby possibly rendering the magnesium inside our body ineffective.

Poor Farming Practices

Glyphosate, a herbicide, acts as chelator. It blocks the uptake and utilisation of minerals in much of our food grown today. Inorganic fertilisers in the form of potassium, nitrogen and phosphorus when added to the soil make it acidic and kill microbes. The plants are unable to convert inorganic minerals to organic plant based minerals. To make the soil more alkaline, calcium hydroxide or lime is added. The vegetables can now absorb inorganic nitrogen, phosphate, potassium and calcium, but these are magnesium antagonists. So it’s highly probable that the food we are eating is depleting magnesium.

“Magnesium is farmed out of the soil much more than calcium… A hundred years ago, we would get maybe 500 milligrams of magnesium in an ordinary diet. Now we’re lucky to get 200 milligrams.” Dr. Carolyn Dean

Insulin Resistance

Ron Rosedale, M.D., international expert in nutritional and metabolic medicine, states that insulin also stores magnesium. If cells become resistant to insulin, magnesium cannot be stored in the cell and is excreted in urine. Since magnesium relaxes, a deficiency in the cell will cause generalised constriction in all muscle groups including blood vessels resulting in high blood pressure.

“But most importantly, magnesium is also necessary for the action of insulin and the manufacture of insulin. When you raise your insulin, you lose magnesium, and the cells become even more insulin resistant. Blood vessels constrict and glucose and insulin can’t get to the tissues, which make them more insulin resistant, so the insulin levels go up and you lose more magnesium.”

He goes onto say that this all starts before you were born at conception. Studies suggest that a high sugar carbohydrate diet during pregnancy will create a greater insulin resistance in the fetus and if the fetus is female her eggs will also be more insulin resistant. Not a fun predisposition!

Menopause

It is suggested that women need a sufficient supply of magnesium going through menopause as the hormonal changes lead to more unutilised magnesium being excreted through the kidneys (A. Jurczak, 2013).

In the e-book “Magnesium and the Central Nervous System,” Cucuieanu and Vink cite that the protective effect of the oestrogens in stress (might be) partially mediated by magnesium as oestrogens mediate the shift of magnesium from plasma to cells and increase intracellular levels of
magnesium. It was also found in postmenopausal women that oestrogen replacement therapy suppressed the HPA axis to emotional stress.

**Stress and Depression**

There appears to be growing scientific evidence that many if not most cases of depression are a result of magnesium deficiency. Eby and Eby 2006, say that biochemically, of the 325 magnesium dependent enzymes, many affect the nervous system and believe magnesium has a very important role in physiological and pathological function of the central nervous system.

Dr. Emily Deans, a psychiatrist in Massachusetts who focuses on evolutionary solutions to mental health problems, notes, “When you start to untangle the effects of magnesium in the nervous system, you touch upon nearly every single biological mechanism for depression.”

According to Beyond Blue, Depression has the third highest burden of all diseases in Australia (13.3%) and also the third globally. Characterised by a sense of inadequacy, despondency, decreased activity, pessimism, anhedonia and sadness, these symptoms severely disrupt and adversely affect the person’s life, sometimes to such an extent that suicide is attempted or results. Irritability, insomnia, lethargy, agitation and anxiety often accompany depression.

In 1968 Wacker and Parisi reported that magnesium deficiency could cause depression, behavioural disturbances, headaches, muscle cramps, seizures, ataxia, psychosis and irritability.

In 1989, Norman Shealy M.D., Ph.D. demonstrated that 99% of depressed patients have one or more neuro-chemical abnormalities, and that depression like diabetes, is a chemical disease not a psychiatric one.

Could it be this simple?

“That a single nutrient could be contributing to many psychiatric conditions and neurosis seems inconceivable especially to doctors that it is not used despite the evidence of early scientists.” George Eby

**HOW IT WORKS**

Psychiatrist Emily Deans MD states:

“Magnesium hangs out in the synapse between two neurons along with calcium and glutamate. Calcium and glutamate are excitatory, and in excess, toxic. They activate the NMDA receptor. Magnesium can sit on the NMDA receptor without activating it, like a guard at the gate. Therefore, if we are deficient in magnesium, there’s no guard. Calcium and glutamate can activate the receptor like there is no tomorrow. In the long term, this damages the neurons, eventually leading to cell death. In the brain, that is not an easy situation to reverse or remedy”.

For instance, magnesium:

- can suppress the ability of the hippocampus to stimulate the ultimate release of stress hormone
- can reduce the release of ACTH (the hormone that tells your adrenal glands to pump out cortisol and adrenaline)
- can actually reduce the responsiveness of the adrenal glands to ACTH
- can act at the blood brain barrier to prevent the entrance of stress hormones into the brain
- is a necessary component for the release and uptake of serotonin (a mood elevating neurotransmitter) by brain cells

Furthermore, depression is associated with systemic inflammation and a cell-mediated immune response. It turns out, so is magnesium deficiency. In addition, animal models show that sufficient magnesium seems to protect the brain from depression and anxiety after traumatic brain injury and facilitates cognitive function recovery. The antidepressants desipramine and St. John’s Wort *(hypericum perforatum)* seem to protect the mice from the toxic effects of magnesium deficiency and its relationship to anxious and depressed behaviours.

Pain also induces the release of stress mediators. The blockade of neuronal NMDA receptors by magnesium provides additional positive effects. Even if magnesium is not a potent analgesic per se, several authors have shown that magnesium potentiates the analgesic effect of traditionally used pain relievers, reduces their requirements and decreases the incidence of postoperative shivering (neurogenic tremors).

**TOP 10 MAGNESIUM RICH FOODS**

see [http://www.healthaliciousness.com](http://www.healthaliciousness.com) for magnesium per gram

<table>
<thead>
<tr>
<th>Rank</th>
<th>Food</th>
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<tbody>
<tr>
<td>1.</td>
<td>Rice Bran</td>
</tr>
<tr>
<td>2.</td>
<td>Dried Herbs and Spices (Coriander, Dill, Sage Basil)</td>
</tr>
<tr>
<td>3.</td>
<td>Pumpkin &amp; Squash Seeds</td>
</tr>
<tr>
<td>4.</td>
<td>Cocoa Powder</td>
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<tr>
<td>5.</td>
<td>Flaxseeds</td>
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<tr>
<td>6.</td>
<td>Brazil Nuts</td>
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<tr>
<td>7.</td>
<td>Tahini (Sesame Seed Paste)</td>
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<tr>
<td>8.</td>
<td>Sunflower Seeds</td>
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<tr>
<td>9.</td>
<td>Wheat Germ</td>
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<td>10.</td>
<td>Molasses</td>
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Magnesium is the central atom of the chlorophyll molecule and so, therefore, found in abundance in leafy green vegetables. Commercial chlorophyll products may have copper at their core and that is why they are bright green, so they are not recommended.

Calcium contracts and magnesium relaxes. Diets today are too rich in calcium and deficient in magnesium. It is rare to
have too much magnesium from food in a healthy individual, as the kidneys excrete any excess. An exception to this is severe renal impairment or failure where the kidneys lose that ability. In supplemental form or from medications, magnesium can and does produce diarrhoea, nausea and abdominal and stomach pain. The main culprits appear to be magnesium carbonate, chloride, gluconate and oxide. Large supplemental pharmaceutical or nutraceutical doses can be, or are, intended to be laxative. This happens as the unabsorbed salts pull water via osmosis in the intestine and the colon and stimulate gastric motility. This will depend on the gastrointestinal health of the individual. George Eby also suggests that large amounts of magnesium unbalanced with calcium will cause diarrhoea because of an increase in intestinal candida albicans.

WHEN TAKING MAGNESIUM MAKES YOU FEEL WORSE
According to Dr. Carolyn Dean, you may feel worse after taking magnesium when:

- You’re not taking enough or taking too much.
- You have low blood pressure from long-standing magnesium deficiency and adrenal fatigue.
- You’re on heart medications, and as your health improves, your meds are becoming “toxic.”
- You’ve started taking iodine or thyroid medication or you have hyperthyroidism.
- You’re taking too much vitamin D.
- You’re taking too much calcium and it’s pushing out your magnesium.
- You’re taking fairly high doses of magnesium and not taking trace minerals or drinking enough water.
- You’re not taking enough B Vitamins.
- You are mercury toxic.
- You are toxic from a poor diet.

Taking the wrong type of magnesium for your needs can also make you feel worse. The concept of bio-individuality is that each person has unique food and lifestyle needs. For this reason, it is good to take note of the recommendations yet explore which may be better for you. Starting with one type, different times of the day and in what combinations. The use of co-factors for absorption is also important. Often a multivitamin is enough, however, Bicarbonate, B6, Boron are the main nutrients that support magnesium absorption. Indole-3-carbinol improves the utilisation of magnesium and also moderates oestrogens in the body.

TYPES OF MAGNESIUM
Minerals such as magnesium or calcium are combined with another molecule such as an amino acid to stabilize the compound. Each combination is referred to as a chelate, for example, Magnesium and Glutamate. Glutamate is the amino acid carrier. Some carriers appear to have no nutritional benefit as with piccolinate. Oxide and Carbonate are not bio-available or poorly absorbed and therefore make a great laxative. Glutamate and Aspartate can both worsen depression. Glycinate from the amino acid glycine, however, is soothing to the brain. It is also known to chelate mercury so it could be beneficial in making it unavailable in the body. Sulphate, often given intravenously for pain, has been found to improve the stress response at the time of trauma or surgery. It is the ingredient of Epsom salts and, alongside Magnesium Oil (a supersaturated magnesium chloride and water solution), is applied to the skin directly or in a bath. Cysteine and Citrate from citric acid are important for their chelating, sequestering and binding powers of heavy metals such as mercury. Bicarbonate is the most absorbable form traditionally found abundant in spring water.

Magnesium taurate contains a combination of magnesium and taurine, an amino acid that tends to provide a calming effect on your body and mind. Be sure to avoid magnesium stearate, a common but potentially hazardous additive.

The tissue salt Magnesium phosphate also increases the absorption of magnesium. Magnesium Malate has been known to support the energy production (ATP) of the body. There is a new magnesium on the market, Magnesium-L-Threonate, a highly absorbable form of magnesium that can improve brain function and apparently can penetrate the mitochondrial membrane.

TESTING FOR MAGNESIUM
Normal serum magnesium concentrations range between 0.75 and 0.95 mmol/L. Hypomagnesaemia is defined as a serum magnesium level less than 0.75 mmol/L. It is universally recognised, however, that measuring serum levels to determine magnesium status is ineffective and does not reflect total body stores or concentrations in specific tissues. One reason for this is that in acidosis magnesium shifts from the intracellular to the extracellular space,
whereas in alkalosis the reverse occurs. Also, acute stress has been shown to be associated with increased plasma magnesium levels and increased urinary magnesium excretion. The shift of magnesium from the intracellular to the extracellular space initially plays a protective role in order to diminish the adverse effects of stress but extended periods of stress result in progressive magnesium deficit and increasing poor health. An erythrocyte or RBC magnesium is considered a better option by some.

Please be self-responsible. This is a guide for information purposes. Recommendations are not designed to treat or diagnose. As always, see your qualified health practitioner.

REFERENCES AND RESOURCES:
http://newsoffi ce.mit.edu/2004/magnesium

Free Books:

Research papers.
Magnesium questionnaire: Dr Patricia Slagle, MD. http://www.thewayup.com/newsletters/081501.htm
Online Magnesium Library: http://www.mgwater.com

Jurczak, A. et al. (2013) Effect of menopausal hormone therapy on the levels of magnesium, zinc, lead and cadmium in post-menopausal women, Annals of agricultural and environmental medicine, Volume 20, issue 1, (pp. 147-151)
Carolyn Dean: https://www.youtube.com/watch?v=Tp8fXWxgTQ&feature=youtu.be&t=20m36s

http://ods.od.nih.gov/factsheets/Magnesium-HealthProfessional/
http://www.jneurosci.org/content/19/21/9459.full

Image of synapse.

Theresa Commadeur ND, Dip Hom, RN is a practising Naturopath in Black Rock, Melbourne. She has studied many modalities of kinesiology and uses Meridian Tapping to consult with clients on a wide range of health concerns both here and internationally.

Contact details: www.healthnaturally101.com, healthnatutally101@gmail.com, 0417 707 805

Recommended Reading
from AKA Members ...

There are so many interesting articles and books out there that it is hard to keep track. Here are a few suggestions from our members.

Sue Dawson recommends the work of Bessel van der Kolk, professor of psychiatry at Boston University. In his latest book, “The Body Keeps the Score,” he explores his thesis that the key to understanding trauma lies in the connection between the brain and the body. Further articles can be found at http://www.traumacenter.org

Another selection by Sue is “The Body Bears the Burden,” by Robert Scaer, where he discusses how whiplash injuries are more prevalent with people who have life trauma, and looks at the role of somatic techniques for healing trauma.

Sue is an RAKP and practises in Eltham, Melbourne.

Katie Burke suggests an article on how neuropathic pain can develop after the initial injury has healed. The brain processing area for that pain spreads and causes neurons in areas of the brain not related to the acute area to fire. Read more …
http://www.bodyinmind.org/resources/journal-articles/full-text-articles/reconceptualising-pain-according-to-modern-pain-science/

Also, in the area of epigenetics, recent experiments show evidence of male line transgenerational effects on health and development. http://www.ncbi.nlm.nih.gov/pubmed/25062846

Katie, In Touch editor, is an RSKP and practises in Abbotsford, Melbourne.

Do you have books or articles you would like to recommend in future issues?
Email the editor at ntouch@aka.asn.au
Move With Balance
by Karen Peterson

Reviewed by Michael Wild

This book is essentially a ‘Brain Gym’ book for the elderly. For many years Brain Gym has offered plenty for children and adults, but until “Move With Balance” came along there was nothing available that specialised in exercises for the older age group. That is one of the reasons this book is a gem. Another great attribute is its presentation. It is attractively colourful, including great photographs, without being excessive, and it is set out in a logical way, making it easy to follow and find things. Page by page, the text outlines typical Brain Gym exercises, and some other types, in sections of ‘Why’, ‘How’ and ‘Variations’. There are also quite a few appendices which give broader explanations of relevant areas.

With its subtitle of ‘Healthy Aging Activities for Brain and Body’, this book aims to provide tools, specifically for the elderly, to increase flexibility, alertness and balance, as well as to build mental agility, confidence and a sense of safety. The exercises have passionate, playful movements that give a rich, sensory experience. This book is consistent with the new and emerging medical and scientific belief that the brain can still change, learn and grow in the latter part of our lives. We are no longer stuck with the false premise that our brains deteriorate with age and there is nothing we can do about it. Of course Brain Gym practitioners, and those in related areas, have known this for some time, but the goods news is that the mainstream is catching up.

An added bonus to the text is that purchasers can take the activities a step further by registering online for free video viewing or have the option to print off cards.

info@braingym.com.au www.braingym.com.au

“Move With Balance” is a large format book of 103 pages. Available from Equilibrium $55 plus $8 postage

DO YOU REMEMBER THE LAST TIME YOU REVIEWED YOUR INSURANCE?

Insurance is somewhat of a grudge purchase, most people don’t really want to pay for it as you may never claim or need help with your policy. It can feel like a cost that just ticks over year after year.

My question to you is, ‘Do you remember the last time you reviewed your insurance?’

If you shop around you may get a better price, but just remember it’s all about the fine print. I challenge you all to review all of your current policies and ask questions. You should know what you’re paying for and understand what your policy does and doesn’t do.

For example, if you are a client with Arthur J. Gallagher you will be receiving your renewal documents via email towards the middle of June (unless we do not have your email, then we will post them to you).

Take a good look at those documents to ensure that all of your modalities are up to date. Is there a modality that you haven’t advised us of?

Are you teaching students to become fully qualified practitioners? If so, you will need to ensure you’re covered for teaching.

Do you want to protect your equipment from fire, theft and damage? Then you will need General Property cover.

Is $10 million Public Liability and $1 million of Professional Indemnity enough for you should a claim arise? You may need to think about increasing your sums insured, especially if you’re leasing your space.

These are just some of the questions we get regularly and we are happy to help you navigate through the jargon and get the outcomes you need.

If you have any questions call us on 1800 222 012 or email specialtyrisks@ajg.com.au to discuss your needs. Don’t forget to keep your details up to date so your renewal documents reach you.

Would you like to find out more? Please call us 1800 222 012 or email specialtyrisks@ajg.com.au

Closer to clients. Closer to communities®
This workshop provides an insight into how to utilise both Brain Gym® and Touch for Health balancing methods to integrate the primitive reflexes.

DEVELOPMENT & HISTORY
This course was developed by Tracey Tinker over a period of nearly 20 years clinical practice. Utilising both the knowledge of the primitive reflexes, Brain Gym® and Touch for Health, the balances utilised in this course are easy to apply.

COURSE OUTLINE
The reflexes covered are the Moro (including an Adrenal Balance), Fear Paralysis, Spinal Galant, Asymmetrical Tonic Neck Reflex, Tonic Labyrinthine Reflex, Symmetrical Tonic Neck Reflex, Babinski and Palmer.

COURSE CONTENT
Drawing on my knowledge as a Nutritionist and Kinesiologist, you will learn what impact each of these reflexes has on the development of the brain and body.

You will learn what impact these reflexes have on eating patterns, which I have noticed as a Nutritionist. I have developed an Adrenal Balance that has helped improve eating habits.

My understanding of these reflexes had a huge impact on my son who was diagnosed with Asperger’s Syndrome many years ago. As a mother of a child with Autism, having his reflexes integrated made him a lot happier; he understood why he behaved the way he did and our family life was a lot calmer.

COMPETENCY REQUIREMENTS
Students are observed completing the balances during class time. There is also a written assessment, which can be completed during the course or after the course.

COMPETENCY OUTCOMES
The skills you learn in this workshop will enable you to understand the impact the primitive reflexes have on people who have not integrated them yet.

This workshop also gives you the muscles and meridians that are associated with each primitive reflex and the impact this has on the brain and body.

The balances you learn in this workshop are suitable for anyone working with children or adults. It enables you to utilise both Brain Gym® and Touch for Health balances to enable these reflexes to integrate.

PREREQUISITES: Brain Gym® 101 and Touch for Health 1

TRAINER: Tracey Tinker, Kinesiologist & Nutritionist

AVAILABILITY: 13 & 14 June 2015 Perth

COST OF COURSE: $350

DURATION OF COURSE: 2 days (16 Hours)

ACCREDITED CATEGORY: B

“Struggling to help clients & friends with emotional & relationship issues? Build exceptional skills with Counselling Kinesiology™ Training.”

✓ Blend advanced counselling skills into your kinesiology practice
✓ Touch the deep parts of clients where changes are made
✓ Maximize learning & integration with hands-on instruction, home-study & live online webinars
✓ Receive personal instruction & ongoing mentoring from the creators of Counselling Kinesiology™ (over 25 years teaching & expanding CK™)
✓ Get thorough professional training over 7 months (116 hrs AKA accredited as “Further Kinesiology Studies” or “Communication Studies”)
✓ Have peace of mind with value for money, pay-as-you-go & 100% money back guarantee

CK™ 1 Distance Education starts 20th July ’15. Early bird discount ends 1st July.
Enrol now at - www.counsellingkinesiology.com.au

15 spaces only so don’t miss out! Give Gordon or Debra a call (07)5444 5466, email ckt@ckt.com.au or see our NEW website at counsellingkinesiology.com.au.

Counselling Kinesiology - “Healthier Relationships, Happier Families, More Vibrant Lives”
SUB-COMMITTEE REPORTS

COURSE ACCREDITATION BOARD (CAB)

We have been successfully operating via Skype and we feel it functions well. We are on the lookout for anyone who would like to join. The commitment is a monthly meeting of about 3 hours. Contact Julie via AKA office email if you are interested.

We believe the new health training package is still being finalised. Our understanding is that according to VET (Vocational Educational Training) regulations it does not matter where people gain their skills as long as they can be assessed by an accredited assessor under the VET system. This means people can train under the workshop model as long as they can be assessed according to the VET guidelines. With this in mind we are looking into how course authors can map a workshop course into the units of competency of a kinesiology qualification.

If you have a submission, please look at the AKA website ‘Resources’ section for the course submission documents and send it to enquiries@aka.asn.au.

Julie Gunstone

FROM THE OFFICE

Welcome to the second half of the year.

Firstly, I am excited to report that the AKA Office has implemented a Classified Section, a site that is specifically directed at Kinesiologists. So, if you would like to place an advertisement or answer an advertisement for a practitioner, a room to rent and or to buy/sell kinesiology products, please head to our classified section on the website: http://www.kinesiology.org.au/Classified-Section. Please note, this section is a work in progress and we value your feedback.

There have been some recent changes to the Australian Privacy Principles (APP). Please go to the ‘Resources’ section on the AKA website to read how they relate to the AKA, the Health Industry and to you as a Practitioner. There is also important information relating to working with children. Make sure you are up-to-date with the latest legislation for your state or territory, as it varies. To access this information via the AKA website please login (email address and password) and visit “Members Area”.

There has been a number of enquiries asking whether a yearly Cardiopulmonary Resuscitation (CPR) update is compulsory. It is not a mandatory AKA requirement for your CPR to be updated yearly, however, the AKA recommends that your CPR skills are current. Annual CPR refresher courses are available from all First Aid certificate course providers. Remember, you receive 4 CPE points for attending an annual CPR refresher course. The First Aid certificate must be updated every 3 years and includes a CPR component.

Finally, I take this opportunity to encourage all our members to submit an EBR report. The importance of EBR in our profession cannot be over-emphasised. It is essential for the growth and recognition of our profession; it is how we will establish Kinesiology as an effective modality in the Australian health care sector.

Kathy Carmuciano has decided to step down as chairperson for the Evidence Based Research Group (EBRG). Kathy has been an invaluable asset and, together with Nadine and Carolyn, has done the painstaking hard yards of building a solid framework to generate the relevant guidelines and templates for writing up EBR reports. We are deeply grateful to Kathy for all her time, enormous effort and extensive contribution to the EBRG. EBRG currently consists of 3 active members: Nadine Bertalli, Carolyn King and me. So, if you have a background and/or an interest in research and would like to be an active member of the group, please send an email to enquiries@aka.asn.au.

The AKA office is here to serve its members, so please do not hesitate to contact us with any enquiries.

Office hours: Monday, Tuesday, Thursday and Friday 10 am till 2 pm.

Kind Regards,
Elizabeth Guida
AKA Administration Office
Extract from a CS&HISC Newsletter
Endorsement June 2015
The new qualifications, skill sets, units of competency, Case for Endorsements and implementation guides for the HLT Health and CHC Community Services Training Packages have been sent to the State Training Authorities to view. This is the penultimate leg of a 3-year journey for Complementary and Alternative Health and Cross Sector units. These final documents will be available on the CS&HISC website in mid-late May 2015.

Submission to the Department of Education and Training is in May 2015. CS&HISC (Community Services & Health Industry Skills Council) expects that the HLT Health and CHC Community Services Training Packages will be endorsed by the end of June 2015, at which time the endorsed components will be available on training.gov.au.

New General direction released by ASQA (Australian SKILLS Quality Authority) 1 April 2014
For more information on RTO teach-out periods, removal of qualifications from Training Packages, New student enrolments, please go to: http://www.asqa.gov.au/about/general-directions.html - Be careful to CLICK ON THE 1 APRIL VERSION AND NOT the JANUARY 2014 VERSION AS THEY ARE BOTH available.

What This Means For You
Exact dates are out of all hands until endorsement is finalised by the Department of Education and Training. Upon finalisation, all stakeholders will be notified. The AKA will inform its members of the grandfathering policy and how the new qualification is matched against your current level with the AKA when the qualification has been endorsed June 2015 (current date set). The AKA will ensure adequate grandfathering for MEMBERS.

FINAL SMEG TASK
Companion Volumes are currently being finalised and the SMEG committees are yet to give input.

Kathy Carmuciano
EVIDENCE BASED RESEARCH GROUP
After much soul searching, I have decided to step down from the chair position of the Evidenced Based Research (EBR) group. The main reason for my decision is that I have many family and work commitments. I am still fully committed to research as I feel that any health modality owes it to itself to provide some case studies and clinical trials to stand behind its claims.

As I have reiterated often, there are many people in the general population who are seeking out Complementary and Alternative Medicine (CAM) practitioners, and these people expect underpinning research in the therapies they utilise. As practitioners of a modality, the more we work together to build evidentiary support for our practice, the more we will generate new interest, as well as trust, in the Kinesiology modality. That makes a lot of sense to me from both a credibility and business perspective.

When Kinesiology training developed from the workshop system to an integrated training, through Registered Training Organisations where it was possible to gain qualifications such as Certificate IV and Diplomas in Kinesiology, the general public noticed. When the private health funds began rebating on Kinesiology services, I had a significant increase in my practice of first-time Kinesiology clients. These clients commented that they saw Kinesiology and other CAM modalities in a different light, now that Kinesiology practitioners were receiving qualifications that were government accredited, and private health funds were offering rebates. I believe EBR will increase that interest from the general public, and maybe from an array of health professionals, in the Kinesiology modality; that would be a win-win for all concerned.

May I suggest that you form small, local EBR groups to discuss client cases, sharing what you did and what the results were, then assist each other, following the guidelines, to write up these case studies. These case studies will still need to be submitted to the EBR group for proofreading.

Even as I try to find more time for myself, I will endeavour to submit some cases studies of my own and have them published in In Touch. I hope you will too.

Annie Mitchell
IRG Rep for the AKA

SUBJECT MATTER EXPERT GROUP
CONFERENCES DATES
AKA NATIONAL CONFERENCE
16-18 Oct 2015 Brisbane
IKC
23-26 Sept 2015
Alberta Canada

SUNSHINE COAST KINESIOLOGY GET TOGETHER
Next meeting 11th July, 2015.
Contact Anneke Cook at 2011nomad@gmail.com

CPE
Remember you need 20 CPE points per year before membership renewal on 1 Sept.
Are your First Aid and Insurance up to date?
See AKA website for details.

REQUEST FOR FEATURE ARTICLES
Did you know if you write a feature article for In Touch you are eligible for a FREE ¼ page ad or a 60 word classified ad?
Contact the Editor for details and conditions. intouch@aka.asn.au

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Motion: The position of the Conference Coordinator for 2016 be put out to tender. Carried.
Motion: That the policy on ‘Conditional use of AKA Logo for Members’ be accepted. Carried.
Motion: That the grandfathering clauses apply to existing practitioner levels immediately until the end of July 2015. Carried.
Motion: That the supervised clinic grandfathering clause applies to existing levels immediately until 1st March, 2017.
    Clause as follows: For each year of active clinic operation you may claim 20 hours of clinic qualification. Carried
Motion: In the event of a shortfall of the 200 hours of supervised clinic required by the new qualification, members will be required to undertake mentored supervision (following AKA guidelines) for the shortfall. Carried
Motion: That the following levels be accepted as the new membership categories from 1st March, 2017. Carried.
    Intermediate Kinesiologist (Level 1) 460 hours
    Professional Kinesiologist (Level 2) 1240 hours
    Specialist Kinesiologist (Level 3) 2190 hours
Motion: Instructor Training Requirements: Remains as is per modality until 1st March 2017. Then instructors/trainers must have TAE or as updated by ASQA. Carried.
Motion: That a sub-committee of Custodians of the AKA is formed to assist the MC as required. Carried.
Motion: That the various bylaws created during the face-to-face meeting be accepted. Carried.

20 MARCH 2015

Motion: That we accept the Complaints Policy 2014 V2. Carried.
Motion: That we accept the Complaints Committee Procedure 2015 V1. Carried.
Motion: That we accept the Information on Complaints Committee. Carried