



**MYOTHERAPY
ASSOCIATION**
AUSTRALIA[™]

Code of Practice

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Provision

1. Purpose

The Myotherapy Association of Australia (the Association) expects its members to be familiar with this code of practice and comply with it so that:

- Myotherapy is practised safely, responsibly and ethically, and
- The good reputation of the profession and of the Association is maintained.

The Association's Rules of Association state that members must agree to comply with this code of practice as a condition of membership.

Where a member of the Association employs other myotherapists or staff, the Association expects the member to take reasonable steps to ensure that those other myotherapists or staff also comply with this code.

Members who deviate from this code may be subject to disciplinary action by the process set out in the Disciplinary Action division of the Association's Rules of Association. Divergence from this code may be found to constitute conduct prejudicial to the Association.

This code subsumes, updates and replaces the previous code of ethics of the Association and the code of practice of its predecessor, the Institute of Registered Myotherapists of Australia.

1.1. Relationship with legislation and state/territory codes

Members are also expected to familiarise themselves with, and comply with

- any federal, state or territory legislation relevant to their practice,
- state and territory codes for practice of health professions that are not regulated by the Australian Health Practitioners Regulatory Authority.

Should this code contradict any such legislation or code, the state or territory legislation or code overrules this code.

The [MA state and territory codes of practice and complaint authorities web page](#) provides links to the codes of practice that apply to myotherapists in each state and territory.

As well, myotherapists must be familiar with and comply with the relevant legislation on:

- Avoiding discrimination and ensuring equal opportunity
- Child safety
- Consumer protection
- Employment and fair work
- Information, privacy and health records
- Therapeutic goods
- Workplace health and safety.

1.2. Summary of this code of practice

Members of the Association must display the summary of this code of practice (appendix 1) prominently in their practice premises so that patients have the opportunity to read it.

Where a practice employs other health professions with other codes of practice or equivalent, the member will ensure that myotherapy patients have the opportunity to read the summary of this code of practice.

1.3. Changes to this code of practice

The Association may from time to time update this code to reflect changes in professional practice and legislative requirements. The version of this code that applies to a member of the Association at any time is the version then published on the Association's website.

2. Definitions

For the purposes of this code of practice, the following terms have the definitions stated:

Adverse event: a negative physical or mental consequence of treatment such as a broken needle, bruising, bleeding, dizziness, drowsiness, emotional reaction, faintness, fatigue, gastro-intestinal disturbance, headache, infection, nausea, pain, puncture of a lung or other vital organ, skin irritation, seizure, sweating, vomiting.

Board: the Association's Board of Management as defined in its Rules of Association.

Dry needling: the use of solid needles (as opposed to hollow needles for injections), applied to tissue to improve or restore function.

Myotherapy: the health profession that the Association was established to advance, and which its members practise.

Patient: anyone whom a myotherapist assesses, treats, rehabilitates or advises in their professional capacity as a myotherapist, whether for payment or not.

Practise: as a myotherapist, assess, treat, advise or manage the health of a patient. **Scope of practice:** see the scope of practice section below.

Secure: with regard to health records, where the myotherapist has taken reasonable precautions to prevent unauthorised access to the records.

Severe adverse event: an adverse event that is potentially life-threatening.

Working with children check: a screening process involving a check of a person's police records to confirm that they have not committed or been prosecuted for offences that may make them unsafe to work with children.

3. Scope of practice

A myotherapist will only assess, treat and manage a patient's health in ways, and for aspects of health, that are within their scope of practice.

A myotherapist's scope of practice includes assessments and treatments for which they have been adequately trained, and for which they have maintained their currency of skills and knowledge.

A myotherapist is expected to:

- Recognise the limits of their scope of practice, and only make assessments and carry out treatments that are within it.
- Refer patients who present with health conditions outside their scope of practice, to other appropriate health professionals.
- Manage their scope of practice by maintaining, deepening and extending their skills and knowledge, so they can provide the best treatment.

4. Professional development

A myotherapist will maintain and extend their professional skills and knowledge, meeting the requirements to maintain and document professional development stated by the Rules of Association and, in detail, by the Association's [professional development policy](#).

5. Information and advertising

A myotherapist will advertise their services honestly and not advertise or claim skills or qualifications that they do not in fact possess.

A myotherapist will only use the title 'Doctor' or its abbreviation in any professional communication, advertising or stationery if they have

- A medical degree or professional doctorate in a health profession, or
- A doctor of philosophy in a discipline and on a research topic that are directly relevant to their myotherapy practice.

A myotherapist may use the initials MA, the name of the Association in full, and the logo of the Association, in advertising themselves as a myotherapist, subject to any conditions specified by the Association's Board of Directors.

5.1. Fees

A myotherapist will display their fees for services in their practice premises and bring the fee for a treatment to the patient's attention as part of obtaining informed consent.

Where the myotherapist advertises a fee it must be accurate and the advertisement will disclose any conditions attached to the fee.

6. Respect for patients

A myotherapist will at all times respect a patient's rights and dignity.

They will provide advice and treatment in a manner that respects a patient's age, belief

systems, cultural background and cultural sensitivities, gender, race and sexual orientation, and any other attribute that is protected by anti-discrimination legislation.

They will not make disrespectful comments about a patient on social media, even where the comment does not identify the patient.

7. Professional boundaries

A myotherapist will avoid entering into a personal or business relationship with their patients. In particular, a myotherapist will not:

- Enter into an intimate or sexual relationship with a patient under their care, or
- Ask a patient to give, lend or bequeath money or gifts that will benefit the myotherapist directly or indirectly, or
- Interact with a patient, with whom they did not have a family or personal relationship before they became a patient, on social media, other than on accounts or pages that are restricted to professional practice/clinical matters.

For a myotherapist to enter a sexual or other personal relationship with someone who has been their patient is likely to be inappropriate if the former patient is still vulnerable to or influenced by the professional relationship.

8. Assessment

A myotherapist will assess each patient to develop their plan of treatment and health management. Assessment will involve gathering a history of the patient's condition and any treatment the patient has already had for it, and considering the patient's views of it.

Where a patient is of age, the myotherapist will only gather information from another person as part of their assessment with the patient's consent.

Where a myotherapist concludes that the patient has a notifiable disease, they must report it to the relevant health authorities.

8.1. Assessment of minors

A myotherapist will have a currently valid working with children check for any state or territory in which they are practising.

A myotherapist will report to the state or territory child protection authority, any abuse of a patient under 18, of which they become aware.

9. Informed consent

A myotherapist will gain the patient's informed consent to treatment before administering it.

Informed consent involves:

- The myotherapist explaining, in terms that the patient can understand, the treatment, its purpose, likely consequences, risks and possible adverse effects, and any additional cost of the treatment on top of the normal session fee; also alternatives to the treatment and their benefits and risks
- The myotherapist checking that the patient has understood the explanation
- The myotherapist not exerting any pressure on the patient to give the consent, but asking for consent in such a way that the patient has enough time to consider their response and is free to decline
- The patient agreeing to receive the treatment, and
- The patient being able to withdraw their consent at any time, in which case the myotherapist will cease the treatment.

The patient's agreement can be verbal, but the myotherapist needs to record it in their notes of the session.

Where, however, a treatment involves risk of a severe adverse event, the myotherapist will obtain the patient's written consent. This may be a single written consent for a series of the same treatment.

The patient may wish to involve their family, carer or others in decisions about management or treatment: the myotherapist will facilitate this.

9.1. Minors

Where the patient is aged from 14 to 18, and is legally a minor in the relevant state or territory, the myotherapist will obtain the informed consent of both the patient and their parent or guardian.

Where the patient is aged under 14, the informed consent of the patient's parent or guardian is sufficient.

9.2. Incapacitated patients

Where the patient lacks the mental capacity to give informed consent, the myotherapist will obtain the informed consent of whoever is legally appointed to make such decisions for the patient. Where the myotherapist is uncertain whether the person has legal authority to give consent, they will consult the relevant guardianship authority.

If a patient who is not a minor is disoriented or confused to the point where they cannot give informed consent, and there is no person with legal authority to give consent on the patient's behalf, the myotherapist will not proceed with treatment.

9.3. Translation

Where the patient is deaf or has insufficient understanding of the language spoken by the myotherapist, the myotherapist will arrange for a sufficiently qualified interpreter to interpret between the myotherapist and the patient, so that informed consent can be obtained.

The Deaf Society interpreters [web page](#) provides details of Deaf Society certified interpreters and a contact for advice about arranging an interpreter. Remote interpreting via videoconference is available.

10. Draping

Myotherapy assessment and treatment may make it necessary for a patient to be unclothed or partly unclothed. For such situations, the myotherapist will develop and follow a draping protocol that will:

- Enable the patient to undress before treatment and dress again after treatment, in private
- Preserve the patient's modesty and minimise the risk of embarrassment or unease
- Minimise the need for the patient to remove garments unnecessarily.

The myotherapist will explain before starting the assessment or treatment which parts of the patient's body will need to be unclothed, and will ask for and obtain the patient's informed consent to this: see the section on informed consent above.

11. Treatment

A myotherapist's treatment will be based on their assessment of the patient's health needs.

A myotherapist will only carry out treatments or recommend products that they have reasonable grounds for believing will be effective in improving or relieving the condition for which they are treating the patient.

11.1. Treatment of minors

A myotherapist will not treat a patient under the age of 18 without the patient's parent, guardian or some other third person present, such as another staff member of the myotherapist's practice, or a family member or friend of the patient.

12. Invoices and receipts

For each payment received from a patient, a myotherapist will issue an accurate receipt with enough details for the patient to make a health fund claim: see the receipt guidelines on the Association's website.

A myotherapist will keep a copy of each invoice and receipt that they issue.

13. Records

A myotherapist will keep detailed, secure, confidential records of their assessment and treatment of a patient's health condition. They will:

- Record only information that is needed for assessment, treatment and management of the patient's health within their scope of professional practice
- Take clinical notes during each consultation, written in English
- Physically or digitally sign each clinical notes entry in the record
- Only add to or correct the record, and not erase any part of it
- Retain these records for at least seven years after the end of treatment, and
- Dispose of the records in such a way that there is no risk of breaching the patient's privacy, but
- After disposal of a patient's record, keep a record of the patient's name, period the record covered and the date on which it was disposed of.

These records will include correspondence with and notes of any discussion with another health practitioner about the patient.

13.1. Disclosure of patient information

A myotherapist will only share a patient's personal details or health information with another person where

- The patient authorises this in writing
- The disclosure is necessary to prevent a risk to the patient's safety (such as a medical emergency), or
- The disclosure is required by law.

These restrictions on disclosure also apply to personal details of a patient's parent or guardian included in the patient record.

13.2. Patients' access to their records

A myotherapist will provide a patient with access to or a copy of their records of the patient's assessment and treatment, if the patient requests this in writing. Where the patient is a minor according to the definition of the relevant state or territory, the myotherapist must also receive the written consent of the patient's parent or guardian before they provide the patient with access to or a copy of the records.

13.3. Transfer of records

A myotherapist will promptly transfer a patient's records to another health practitioner, when the patient requests this in writing.

14. Safety

A myotherapist will practise in such a way as to minimise risks to patients' safety. To this end, they will:

- Have a current first aid qualification approved for this purpose by the Association's Board of Directors
- Have sufficient first aid supplies on their premises to provide first aid for possible adverse events arising from their practice
- Not practise when they are under the influence of alcohol or drugs
- If they are taking prescribed medication, seek advice on its effects from the prescribing health practitioner or dispensing pharmacist, and refrain from practising in circumstances where their capacity to practise safely may be impaired
- Not practise if they have a physical or mental impairment, disability, condition or disorder that is likely to impair their professional judgement or place patients at risk of harm, and
- If they have a mental or physical impairment, disability, condition or disorder that is likely to impair their professional judgement or place patients at risk of harm, seek advice from a suitably qualified health practitioner on whether and how to modify their practice so they can practise safely, or whether to cease practising.

The section on dry needling below states additional safety requirements specific to that mode of treatment.

15. Adverse events

Where an unexpected adverse event occurs, the myotherapist will:

- Administer first aid or obtain emergency assistance as appropriate
- Promptly and fully disclose the adverse event to the patient and explain its consequences
- Acknowledge any distress on the patient's part and provide support
- Review the circumstances that led to the event and put measures in place to avoid recurrence.

Where a severe adverse event occurs arising from their treatment, the myotherapist will promptly inform their professional indemnity insurer.

16. Hygiene

A myotherapist will be familiar with and comply with the Australian Guidelines for the Prevention and Control of Infection in Health Care. The remainder of this section summarises some key requirements of those guidelines.

A myotherapist will minimise the risk of transmitting infections to patients by:

- Not treating a patient who is acutely ill with an infectious disease
- Not treating patients when they themselves have a disease that could be transmitted to patients by direct or indirect contact (such as 'flu, an upper respiratory tract infection, gastroenteritis, novel coronavirus or a highly contagious skin infection)
- Maintaining a high level of personal hygiene: namely:
- Ensuring their clothes are clean and their hair is short or restrained so it does not come into contact with a patient
- Washing their hands thoroughly with antiseptic handwash and drying them on a single-use paper towel, or cleaning their hands thoroughly with an anti-bacterial hand rub, before any contact with a patient, and
- Ensuring any broken skin on their hands or arms is dressed
- Keeping their practice premises at a high standard of cleanliness
- Storing linen used in their practice so it remains clean, and laundering or disposing of linen as it becomes soiled
- Keeping lubricants in contamination-proof containers
- Cleaning equipment that comes into contact with the patient, such as reflex hammers, stethoscopes and tuning forks, after each patient, and
- Being familiar with and following any other requirements of national infection control guidelines or hygiene regulations for health professions and relevant state or territory regulations for health professions.

Where a myotherapist has been diagnosed with a health condition that can be passed on to patients, they must ensure that they practise in such a way that they do not place patients at risk.

The section on dry needling below states additional hygiene requirements specific to that type of treatment.

17. Premises

A myotherapist will maintain their professional premises so that they are safe, in good repair, comfortably warm, well-lit and ventilated, and project an image of professionalism.

They must make reasonable adjustments to ensure that the premises and their services are accessible to people with disabilities, such as ensuring the premises and facilities are wheelchair-accessible.

Patients must:

- Have access to a toilet and handbasin in an area that is kept clean and tidy
- Be able to discuss their health with the myotherapist or their staff without risk of being overheard by others
- Be able to preserve their modesty before, during and after treatment.

18. Collaboration with other health practitioners

A myotherapist will collaborate with other health professionals to ensure optimal care for patients.

They will not attempt to dissuade a patient from:

- Seeking or continuing to receive medical treatment, or.
- Seeking a second opinion from another health practitioner.

A myotherapist will encourage their clients to inform their treating medical practitioner (if any) of the myotherapy treatment provided.

18.1 Patients under treatment for serious conditions

Where a patient is being treated by a medical specialist for a serious health condition, and has not been referred to the myotherapist by the specialist, the myotherapist must consider whether myotherapy treatment may be contra-indicated for the patient's condition.

Where this may be the case, the myotherapist will seek the patient's permission to confer with the treating specialist as to whether myotherapy treatment is advisable.

18.2 Referrals

A myotherapist will only refer a patient to another health practitioner for treatment if they have reasonable grounds to believe that the treatment is within the other practitioner's scope of practice.

On referral, provided the patient has authorised the disclosure, they will provide the other practitioner with sufficient information to ensure continuity of the patient's care.

They will not accept or offer financial inducements or gifts as part of arrangements with other health providers to refer patients.

Where another health practitioner refers a patient to a myotherapist, the myotherapist will

- Assess the patient and, where the other practitioner's instructions in the referral are consistent with their own professional judgment, scrupulously carry out the instructions, and
- Inform the other practitioner promptly and in reasonable detail of the treatment and its outcomes.

Where, however, the other practitioner's instructions are inconsistent with the myotherapist's professional judgement within their scope of practice, they will discuss the matter with the other practitioner, to endeavour to adjust the terms of the referral. They may decline to treat if they cannot reach agreement with the other practitioner.

18.3. Concerns about another health practitioner

Where a myotherapist forms a belief, on reasonable grounds, that another health practitioner has placed or is placing clients at serious risk of harm, they must refer the matter to the relevant state or territory health complaints authority.

19. Maintain the reputation of the profession

A myotherapist will avoid behaviour that would bring the profession into disrepute, such as criminal behaviour.

A myotherapist who is a member of the Association will avoid denigrating patients, their carers, family or guardians, or other health professionals, whether verbally, in writing or by statements on social media, whether these identify the persons or not.

20. Self-care and fitness to practise

A myotherapist will monitor their own health and levels of fatigue, and ensure that they do not practise unless they can do so effectively and safely.

Where they know or suspect they have a health condition or impairment that could impair their professional judgement or performance, or pose a risk to the health of patients, they will consult a doctor or other health practitioner as appropriate to determine whether they can modify their practice to continue safely, or will need to cease practising.

Where a myotherapist believes that another myotherapist is too unwell to practise safely or is practising while their professional judgement or performance is impaired by alcohol, drugs or fatigue, they will:

- Advise the other myotherapist to cease practising until they can do so safely
- Support the colleague to seek treatment, and
- If not confident that the other myotherapist will practise safely, seek advice from the Association.

20.1 Self-treatment

Where a myotherapist treats themselves, their spouse, de facto partner, their own child or a child of their spouse or de facto partner, they must not attempt to claim a private health insurance rebate for the treatment.

21. Ending a professional relationship

The relationship between a myotherapist and a patient may become ineffective or compromised, and the myotherapist may need to end the relationship.

In these cases, the myotherapist will inform the patient of their decision to end the relationship and facilitate the transfer of their care to another appropriate health practitioner, including (with the patient's authorisation) transfer of all patient records.

Similarly, where a myotherapist has to move or close their practice, they will inform their patients and offer to facilitate arrangements for their continued care, and transfer their records to other appropriate health practitioners.

22. Research

Where a myotherapist conducts research with human subjects, they will do so responsibly, safely and ethically. To this end, they will:

- Submit the research protocol for approval by a human research ethics committee and, once the committee has approved the research protocol, follow it
- Provide participants with enough information that they can understand the purpose, process and any risks of the research, and can give informed consent (see the section on informed consent above)
- Ensure confidentiality and privacy of research participants' personal and health information
- Only proceed with participants who have given their informed consent to participate in the research
- Monitor the research for adverse events or unexpected outcomes and address these promptly
- Respect participants' right to withdraw from the research at any time without giving reasons
- Be honest in publishing research findings, and
- Where there are multiple researchers, attribute authorship of research publications honestly and fairly.

23. Insurance

The Association provides full members and remedial massage members with professional indemnity, public liability and products liability insurance for their myotherapy practice.

Members will ensure they are familiar with the scope of coverage of the Association's insurance.

Where a member wishes to use a treatment outside of the scope of the Association's insurance coverage, they will first contact the Association to discuss whether the treatment can be included in the Association's insurance coverage.

Where the treatment cannot be included in the Association's insurance coverage, they will have separate professional indemnity and products liability insurance for that treatment either through the relevant professional association, or as an individual.

24. Dry needling

This section of the code of practice states additional requirements for dry needling as a mode of treatment in myotherapy.

Dry needling is not acupuncture. A myotherapist will only describe their use of needles as acupuncture where they are applying acupuncture treatment under a separate endorsement as an acupuncturist by one of the health profession boards that endorses acupuncturists.

Where the state or territory in which the myotherapist practises has skin penetration legislation, or requires practitioners to comply with another state's skin penetration legislation, the myotherapist must be familiar with and comply with the legislation's requirements.

24.1 Training and professional development

To use dry needling, a myotherapist must have achieved a statement of attainment in the units of competency in dry needling and related infection control procedures that were required to complete the Advanced Diploma of Myotherapy or equivalent qualification, at the time the myotherapist qualified to practise as a myotherapist or added dry needling to their scope of practice.

They must have completed the units with a training provider approved by the Association (see the list on the [Association website](#) professional development page), and they must have provided evidence of the unit statements of attainment to the Association (by uploading to their membership dashboard at <https://www.myotherapy.org.au/login>).

After completing the units, to continue using dry needling, the myotherapist must have continuing professional development in dry needling, including at least four hours every three years of dry needling professional development. The professional development must be with a trainer delivering a program on behalf of the Association or providing a program endorsed or approved by the Association. Visit our website www.myotherapy.org.au and visit Professional Development to learn more.

24.2 Informed consent

When seeking a patient's informed consent to dry needling, a myotherapist will also explain any alternatives to the dry needling treatment and their benefits and risks.

Where the patient is pregnant, the myotherapist, as part of the informed consent process, will explain current research on the risk of pregnancy complications from dry needling compared to the risk of pregnancy complications in general.

24.3 Hygiene

The room where dry needling takes place must be kept very clean.

The myotherapist will wear single-use sterile gloves for a dry needling patient session, where:

- The myotherapist or patient has broken skin
- They anticipate excessive bleeding, or
- The relevant state or territory legislation on dry needling or health practitioner hygiene requires gloves to be used when inserting acupuncture needles.

The Australian Immunisation Handbook 2018 does not require wiping the skin with an antiseptic such as an alcohol wipe, unless the skin is visibly not clean.

Where, however, the patient is immune compromised, the myotherapist will seek the patient's informed consent to wipe the skin with a single-use antiseptic swab or wipe before inserting needles.

Where the myotherapist applies an antiseptic wipe or swab, they will allow the antiseptic to dry completely before inserting needles.

The myotherapist will:

- Perform dry needling in a room with walls and floors of a non-permeable, easily cleaned material.
- Have easy access to a handbasin that is used only for handwashing, before and during the treatment.
- Wash their hands thoroughly before each needling session and again during the session if anything occurs that may compromise their hands' cleanness, and dry them thoroughly with a single-use paper towel before touching anything.
- Not touch the shaft of needles during treatment.
- Not re-insert a needle already inserted during treatment.
- Dispose of any needles, swabs or wipes and sterile guide tubes used, after each use.
- Dispose of any other needles that have been exposed to the air, after the patient session.
- Dispose of cotton swabs/balls that have been in contact with blood in a plastic-lined clinical bin, and
- Ensure that linens contaminated with blood or other body fluids are washed in bleach before re-use.

Local councils may have requirements for premises in which dry needling is performed: myotherapists are advised to make themselves familiar with these.

24.4 Safety

A myotherapist will dispose of needles by placing them in a sharps container that complies with Australian Standard AS4031 or AS/NZ4261, and dispose of full sharps containers in accordance with the requirements for disposal of such containers in the relevant state or territory.

The myotherapist will remain within hearing distance of the patient during treatment so they can monitor the patient and the patient can contact them immediately; or, if they have to leave the patient briefly, the myotherapist will provide the patient with a way of summoning them.

24.5 Avoiding tattooing

If it is necessary to mark the patient's skin before inserting needles (e.g., for training purposes), the myotherapist will use only betadine and not ink for marking, to avoid tattooing the patient. In these cases, the myotherapist will test for an allergic reaction to iodine by applying the betadine on a small area of the patient's skin before using it more extensively.

24.6 Adverse events

A myotherapist who uses dry needling will be prepared and equipped to manage adverse events. They should follow the guidelines on management of adverse reactions to dry needling, on the Association's website.

24.7 Record-keeping

The myotherapist will include a record of each dry needling procedure in the patient's records

25. Complaints and disciplinary action

25.1 Informal/verbal complaints

Where a patient, their carer or guardian makes an informal, verbal complaint to a myotherapist, the myotherapist will:

- Arrange to discuss the complaint with the complainant
- Treat the complainant courteously and respectfully
- Ensure they have understood the complainant's concerns
- Make a written record of the discussion and provide a copy to the complainant to ensure this record is correct
- Offer an apology if warranted, and
- Try to agree a solution with the complainant.

25.2 *Written complaints to a myotherapist*

Where a patient, their carer or guardian makes a written complaint to a myotherapist, the myotherapist will:

- Promptly seek advice from the professional indemnity insurer, and advise the Association of the complaint, and then
- Respond promptly and courteously in writing,

The written response to the complaint will address the points of the complaint, if possible offer a solution to the complainant's concerns, offer an apology if warranted, and inform the complainant of their option of submitting a complaint to the Association and/or to the state/territory health complaints authority if they are not satisfied with the response.

25.3 *Written complaints to the Association or state/territory health complaints authority*

Where anyone believes that a member of the Association has failed to comply with this code of practice, the Association encourages them initially to address the matter with the member concerned, to seek a resolution.

Complainants are also welcome to phone the Association at 03 9418 3913 to discuss their concerns confidentially with a member of the Association's staff or Board of Directors. Where, however, the person is dissatisfied with the member's response to their complaint, or prefers to complain directly to the Association, the Association encourages them to submit a written complaint by email to admin@myotherapy.org.au.

Complainants have the option at any time of raising a complaint in relation to a myotherapist with the relevant state/territory health complaints authority. See our web page of state/territory codes of practice and [complaints authorities](#).

The Association Rules of Association state the processes by which the Association will:

- Consider complaints about a member;
- Where appropriate, take disciplinary action; and
- Consider a member's appeal against a disciplinary decision.

26. References

The following texts provided models for aspects of this code of practice.

- American Academy of Physical Medicine and Rehabilitation Position Statement on Dry Needling, June 2012
- Association of Massage Therapists, Massage Therapy Code of Practice, 2012
- Australian Commission on Safety and Quality of Health Care, Australian Guidelines for the prevention and control of infection in healthcare, National Health and Medical Research Council, 2010
- Australian Society of Acupuncturists, Guidelines for Safe Acupuncture and Dry Needling Practice, June 2018
- Code of Conduct for General Health Services (Victoria)
- Council of Australian Governments Health Council, Final Report: A National Code of Code for Health Care Workers, April 2015.
- Institute of Registered Myotherapists of Australia, Code of Practice, March 2001.
- Massage and Myotherapy Australia, Code of Ethics and Standards of Practice, undated, but after September 2016.
- Massage and Myotherapy Australia, Position Statement, Myofascial Dry Needling, March 2017
- MDA National, Health Records
- Myotherapy Association of Australia, Code of Ethics, March 2001
- Myotherapy Association of Australia, draft dry needling position statement

- Myotherapy Association of Australia, submission to Private Health Australia, 30 May 2019
- Nathan Ulph, Advanced Dry Needling Workbook, 2019
- National Health and Medical Research Council, National Guidelines for the Prevention and Control of Infection in Health Care 2019.
- Physiotherapy Board of Australia, Code of Conduct, March 2014
- Victorian Equal Opportunity and Human Rights Commission, Guideline for General Practitioners: Complying with the Equal Opportunity Act 2010 when providing services, 2013

Appendix 1

Myotherapy Association Australia code of practice

This is a summary of the full code of practice, which is published at www.myotherapy.org.au. The full code defines key terms below such as 'informed consent', 'myotherapy', 'patient', 'practise' and 'scope of practice'.

The code's purpose is to ensure that members practise myotherapy safely, responsibly and ethically, and thus maintain the good reputation of the profession and the Association.

The Association expects its members to comply with the code as a condition of membership. It also expects that, where a member employs others in their practice, they will ensure those others also comply with the code.

Where a patient, their carer or guardian believes a member of the Association has breached the requirements of the code of practice, the Association encourages them to make a complaint, either to the myotherapist concerned, or directly to the [Association](#) and/or to the health complaints authority for the relevant state or territory.

Complaints about unregistered professions

The [National Code of Conduct for health care workers](#) sets minimum standards of conduct and practice for all unregistered health care workers who provide a health service. Under this code, you can complain about incompetent or impaired health care workers, or those behaving in exploitative, predatory or illegal ways.

Summary of the code of practice

1. A myotherapist will only assess, treat and manage a patient's health in ways, and for aspects of health, that are within their scope of practice.
2. A myotherapist will advertise their services honestly and not advertise or claim skills or qualifications that they do not in fact possess.
3. A myotherapist will at all times respect a patient's rights and dignity.
4. A myotherapist will avoid entering into a personal, sexual or business relationship with their patients.
5. A myotherapist will assess each patient to develop their plan of treatment and health management. Assessment will involve gathering a history of the patient's condition and considering the patient's views of it.
6. A myotherapist will gain the patient's informed consent to treatment before administering it. Where the patient is aged from 14 to 18, and is legally a minor in the relevant state or territory, the myotherapist will obtain the informed consent of both the patient and their parent or guardian. The myotherapist will not assess or treat a minor without another person present.
7. A myotherapist's treatment will be based on their assessment of the patient's health needs.
8. A myotherapist will keep detailed, secure, confidential records of their assessment and treatment of a patient's health condition. They will provide a patient with access to or a copy of their records of the patient's assessment and treatment, if the patient requests this.
9. A myotherapist will only share a patient's personal details or health information with another person where the patient authorises this, or to prevent immediate risk to the patient's safety, or where the disclosure is required by law.

10. A myotherapist will practise in such a way as to minimise risks to patients' safety and minimise the risks of infection or disease transmission.
11. A myotherapist will maintain their professional premises so that they are safe, in good repair, comfortably warm, well lit and ventilated, and project an image of professionalism.
12. A myotherapist will collaborate with other health professionals to ensure optimal care for patients.
13. A myotherapist will avoid behaviour that would bring the profession into disrepute.
14. A myotherapist will monitor their own health and levels of fatigue, and ensure that they do not practise unless they can do so effectively and safely.
15. Where a myotherapist conducts research with human subjects, they will do so responsibly, safely and ethically.



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