American Polarity Therapy Association (APTA)
Board Certified Polarity Practitioner (BCPP) Practice Analysis Report

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Scope of Work
The Certification Governing Council (CGC) of the American Polarity Therapy Association (APTA) retained the services of Deborah L. Schnipke, PhD of Virtual Psychometrics in 2017 to perform a practice analysis for the Board-Certified Polarity Practitioner (BCPP) certification program.

This report documents the procedures and results of the practice analysis study, which was conducted from February 2018 to April 2018. The practice analysis was conducted in three stages: (1) a focus group that reviewed and updated the major domains of practice of a polarity therapist, the tasks associated with the domains, and the knowledge applied in the performance of the tasks, (2) a validation survey that was sent to all polarity practitioners to provide feedback on the domains, tasks, and knowledge, and which was used to calculate preliminary test percentages for each domain and (3) a second focus group that reviewed the results of the validation survey and made the final decision about the test percentages.

Introduction
Polarity Therapy is a form of energy work that was developed by Randolph Stone, DO, ND, DC, (1888-1991). It is considered an art and science based on an integration of Western medicine with the energetic concepts integral to Eastern medical systems. Dr. Stone traveled widely, studying many of the traditional and indigenous practices of healing. In studying the various healing modalities around the world, he realized that all of them were founded on the idea of life energy. He founded Polarity Therapy as a way of working with and balancing these various polarized energy fields (Gilchrist, 1993).

Dr. Stone and his protégé, Pierre Pannetier trained many students in the polarity therapy wellness practice. A group of these students founded the American Polarity Therapy Association (APTA) in 1984 to insure the survival and integrity of polarity therapy and to establish the foundation for a profession. (from https://polaritytherapy.org/about/)

The first Standards for Practice were developed in 1989 to codify the body of knowledge for polarity therapy (APTA, 2017). As summarized by Gilchrist (1993): “The Standards for Practice summarizes a wide spectrum of concepts and techniques, including theory and principles of Polarity Therapy, anatomy and physiology (both orthodox and the energy model), polarity bodywork, communication and facilitation skills, energetic nutrition, self-help exercises and stretching postures for energy balancing, as well as guidelines for clinical supervision, business management, and professional ethics.”

APTA is the recognized professional organization for polarity therapists and is leading the way and setting standards for professional competency and ethics for all Polarity Therapy associations around the world (Gilchrist, 1993). APTA originally recognized two levels of

1 Dr. Schnipke’s biographical information is included in Appendix A.
professional polarity therapists: Associate Polarity Practitioner (APP), a beginner level of understanding of polarity therapy, and Registered Polarity Practitioner (RPP), bestowed upon the graduates of an approved training curriculum. Originally the RPP designation was considered sufficient for working with clients.

In 2009, interest in a new, formal certification program began. This new program, the Board-Certified Polarity Practitioner (BCPP), requires the highest level of training, including 125 hours of clinical supervision, and since 2012 has served as the cornerstone in the right to practice polarity therapy professionally. Because the new BCPP certification was not intended to interrupt anyone’s ability to earn a living, a grandfathering process was begun in 2011 for all RPPs who were members in good standing with APTA. Grandfathering was permanently ended on March 1, 2012, and no further grandfathering is permitted.

In 2009, the American Polarity Therapy Association (APTA) conducted the first practice analysis for the development and implementation of the new BCPP certification program. The study resulted in the identification of the major domains of practice of a polarity therapist, the tasks associated with the domains, and the knowledge applied in the performance of the tasks. The information was used to develop a content outline and test specifications for the certification examination. The content outline and test specifications have been used for the development of the examination since 2009. In 2014, APTA subject-matter experts (SMEs) determined that a new practice analysis study should be performed to ensure that the content outline and test specifications for the examination would remain up-to-date. During 2014-2015, APTA conducted of the practice analysis study; however due to an insufficient sample size for the validation survey, the content outline could not be satisfactorily validated. Thus, the CGC initiated a new practice analysis, which was conducted by Virtual Psychometrics from February-April 2018, as described in the present report.

**Polarity Therapy Designations**

APTA now defines several levels of polarity therapists (from [https://polaritytherapy.org/education/required-training/](https://polaritytherapy.org/education/required-training/) and [https://polaritytherapy.org/certification/](https://polaritytherapy.org/certification/)), including:

- **APP (Associate Polarity Practitioner):** a beginner’s understanding of polarity therapy with 155 hours of training, which does not qualify an individual to practice polarity therapy professionally

- **RPP (Registered Polarity Practitioner):** an intermediate, education-level of advanced understanding of polarity techniques with an additional 520 hours of training, which is not intended for independent polarity practice
• BCPP: Board Certified Polarity Practitioner, which requires the highest level of training including at least 675 hours of training and 125 hours of clinical supervision experience, and acts as the cornerstone in the right to practice polarity therapy professionally. The practice analysis covered in this report is intended for the BCPP level of practice.

In addition, there are 2 designations for educators of polarity therapy:

• ATM: Approved Training Manager
• RPE: Registered Polarity Educator

Certification Governing Council (CGC)
The Certification Governing Council (CGC) was established in 2016 as a standing committee within APTA. The CGC was established by the APTA Board of Directors (Board) under the authority of Article V, Section 1 of the APTA Bylaws.

The purpose of the Certification Governing Council (CGC), as the credentialing division of the APTA, is to serve the public by establishing and enforcing standards for certification, recertification, and the Code of Professional Conduct for Board Certified Polarity Practitioners and by issuing credentials to individuals who meet these standards. The mission of the APTA is to create an interactive community and expand the awareness of Polarity Therapy worldwide.

In establishing the CGC, the Board has empowered and authorized the CGC to function independently regarding the development and administration of the APTA’s BCPP certification program. The CGC is responsible for BCPP certification program governance and oversight and for developing, evaluating, and maintaining BCPP certification program policies and procedures.

The CGC has sole decision-making authority for all BCPP certification program policies regarding certification eligibility requirements; recertification requirements; examination development, administration, and scoring; BCPP certification program grievance and disciplinary policies; and, the appointment and oversight of subject matter expert (SME) committees. The CGC ensures that eligibility and recertification requirements, examination development and administration processes, and all certification program policies are related to and support the purpose of the BCPP certification program.

Scope of BCPP Certification
The Board-Certified Polarity Practitioner (BCPP) is an advanced-level certification that exists for those wishing to deliver accountable, professional polarity therapy services as active participants in the world-wide integrative health and wellness movement. The target audience includes those with sufficient training in polarity therapy, those practicing other energy modalities, bodywork or somatic practitioners, nurses, all healthcare professionals, and interested lay people who have a desire to provide polarity therapy in private practices, hospitals and healthcare settings. A BCPP may work throughout the world and with a wide
variety of clients, addressing the energetic imbalances created by various polarities in the emotional, mental and somatic bodies.

Certification as a Board-Certified Polarity Practitioner (BCPP) demonstrates to clients, employers, colleagues, and the public at large that a certified individual has met the highest standards of professional practice and have obtained objective validation of their expertise in helping clients through their polarity therapy practice by:

- Completing extensive education and training requirements through an APTA-approved training program of at least 675 hours of training and 125 hours of clinical supervision experience,
- Agreeing to adhere to the Code of Professional Conduct for Board-Certified Polarity Practitioners and uphold the highest standards of professional conduct while providing service to others,
- Affirming no history of felony convictions,
- Successfully passing a certification exam; and,
- Committing to ongoing professional development.

Individuals who are certified may use the letters BCPP after their name and their highest university degree. While the BCPP designation signifies the highest standard of education and training in the field of polarity therapy, it does not designate the individual as a licensed therapist. Requirements for providing licensed services are determined by individual state licensing boards.

**Practice Analysis Methodology**

Practice analysis (also referred to as job task analysis, task analysis, job analysis, or role delineation study) is used to validate certification examinations and provide a basis for defending the appropriateness of the examination content (Kane, 1997). By assessing what BCPPs do in their practice every 6 years, the practice analysis study ensures that the content specifications for the BCPP exam are current and relevant. Basing the certification exam on the practice analysis provides content validity evidence that the tasks addressed in the examination reflect actual practice necessary for successful performance. The *Standards for Educational and Psychological Testing* (2014), prepared jointly by the American Educational Research Association, the American Psychological Association and the National Council on Measurement in Education, state that for testing in professional and occupational credentialing: “To identify the knowledge and skills necessary for competent practice, it is important to complete an analysis of the actual work performed and then document the tasks and responsibilities that are essential to the occupation or profession of interest” (2014: p 175).
The practice analysis was conducted in three stages:

1. A content-outline focus group that met in two 2-hour web meetings in which they reviewed and updated the major domains of practice of a polarity therapist, the tasks associated with the domains, and the knowledge applied in the performance of the tasks.

2. A validation survey that was sent to all polarity practitioners to provide feedback on the domains, tasks, and knowledge, and which was used by the psychometrician to calculate preliminary test percentages for each domain.

3. A test-blueprint focus group that met in a 2-hour web meeting to review the results of the validation survey, determine the final content outline, and make the final decision about the test percentages.

These steps are described in additional detail in the following sections.

**Rationale for the Methodology**

The practice analysis utilized focus groups and a survey to develop and validate the content outline and determine the test percentages. Focus groups are useful for generating and discussing ideas, relying on the pooled judgments of a representative committee of subject matter experts (SMEs). Discussion ensues until consensus is reached on each topic under consideration. A focus group was used initially to update the existing test blueprint as discussed below.

Surveys allow data from numerous experts to be efficiently gathered and analyzed. Thus, a survey was used to collect data from a wide range of polarity practitioners to validate the results from the first focus group.

A second focus group reviewed the results of the validation survey and made the final decision about the test percentages, taking into account all of the data from the validation survey.
Focus Group

Members of Focus Group
As the first step, the CGC recruited a representative panel of 9 SMEs, shown in the table below, to participate in the review and update of the 2014 Polarity Therapy practice analysis.

Members of Practice Analysis Focus Group

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Credentials</th>
<th>Current Status</th>
<th>Years as PP</th>
<th>Setting</th>
<th>Country</th>
<th>Region</th>
<th>Age</th>
<th>Highest Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camille</td>
<td>Hammond</td>
<td>Female</td>
<td>RPP, BCPP</td>
<td>Part-time</td>
<td>20 or more</td>
<td>Private Practice</td>
<td>USA</td>
<td>Georgia</td>
<td>61-70</td>
<td>Master's degree</td>
</tr>
<tr>
<td>Colleen</td>
<td>Petruzzi</td>
<td>Female</td>
<td>BCPP</td>
<td>Full-time</td>
<td>3-5</td>
<td>Massage or Yoga Studio</td>
<td>USA</td>
<td>New York</td>
<td>51-60</td>
<td>Bachelor’s degree</td>
</tr>
<tr>
<td>Dianne</td>
<td>Pender</td>
<td>Female</td>
<td>RPP, BCPP</td>
<td>Part-time</td>
<td>20 or more</td>
<td>Private Practice and Corporate Wellness equally</td>
<td>Canada</td>
<td>British Columbia</td>
<td>61-70</td>
<td>Associate degree</td>
</tr>
<tr>
<td>James M</td>
<td>Malone</td>
<td>Male</td>
<td>BCPP</td>
<td>Part-time</td>
<td>11-19</td>
<td>Private Practice</td>
<td>USA</td>
<td>Virgin Islands</td>
<td>31-40</td>
<td>High School diploma</td>
</tr>
<tr>
<td>Johanna</td>
<td>Vine</td>
<td>Female</td>
<td>APP, RPP, BCPP</td>
<td>Part-time</td>
<td>11-19</td>
<td>Private Practice</td>
<td>USA</td>
<td>Ohio</td>
<td>41-50</td>
<td>Master’s degree</td>
</tr>
<tr>
<td>Julie</td>
<td>Chapman</td>
<td>Female</td>
<td>RPE, BCPP</td>
<td>Not currently</td>
<td>11-19</td>
<td>Private Practice</td>
<td>USA</td>
<td>North Carolina</td>
<td>51-60</td>
<td>Bachelor’s degree</td>
</tr>
<tr>
<td>Marlene</td>
<td>Perdan</td>
<td>Female</td>
<td>RPP, BCPP</td>
<td>Part-time</td>
<td>3-5</td>
<td>Private Practice</td>
<td>USA</td>
<td>Ohio</td>
<td>51-60</td>
<td>Master’s degree</td>
</tr>
<tr>
<td>Melissa</td>
<td>Staiger</td>
<td>Female</td>
<td>BCPP</td>
<td>Part-time</td>
<td>3-5</td>
<td>Private Practice</td>
<td>USA</td>
<td>New York</td>
<td>31-40</td>
<td>Master’s degree</td>
</tr>
<tr>
<td>Paul</td>
<td>Johnson</td>
<td>Male</td>
<td>APP, RPP, BCPP</td>
<td>Not currently</td>
<td>6-10</td>
<td>Private Practice</td>
<td>USA</td>
<td>Ohio</td>
<td>61-70</td>
<td>Bachelor’s degree</td>
</tr>
</tbody>
</table>

Focus Group Methodology and Results
To prepare for the focus group meetings, the psychometrician had several planning calls with the CGC Chair. Two 2-hour web-based meetings (February 27 and March 6, 2018) were held with the panel to review and update the existing content outline. In preparation for the first meeting, held on February 27, 2018, the panelists were provided with the information in Appendix B. The slides that were used to the guide the two web-based meetings are provided in Appendix C.

1st Focus Group Meeting (February 27, 2018)

The first focus group meeting consisted of several steps, as follows:

1. **Review background information** to set the stage for the practice analysis process.
   a. Review the test development process to orient the SMEs to the overall process and how the practice analysis fits in.
   b. Review an overview of the practice analysis process to see how the pieces fit together.
   c. Review the BCPP certification program specifications to remind the SMEs of the target audience for the exam, the level of practice expected, and so
2. **Review the major performance domains** to determine whether they reflect current practice, and if any domains were missing from the 2014 content outline. The domains are the principal areas of responsibility or activity that comprise the practice of polarity practitioners. They are the major headings in the outline format of the test specifications document. The domain categories were not changed, but the language was updated to make them grammatically parallel. The new domain names (with old names in parentheses) are:
   a. Prepare for the Session (was “Therapist’s Preparation”)
   b. Establish Therapeutic Rapport (unchanged)
   c. Assess the Client (was “Assessment”)
   d. Determine Treatment Strategy (was “Strategy”)
   e. Perform Treatment (was “Treatment”)
   f. Practice Ethically (was “Ethics”)

3. **Review the tasks** associated with each domain to determine whether they reflect current practice, and if any tasks were missing from the 2014 content outline. A task is defined as a specific, goal-directed activity or set of activities having a common objective or type of output. The set of tasks for each domain is intended to be exhaustive and mutually exclusive and cover all aspects of the polarity therapy profession. The committee made minor changes to the tasks, ensuring clarity of meaning and comprehensiveness. The domains and tasks delineate what characterizes proficient performance of BCPPs. The updated domains and tasks (with revisions marked with red for additions and strikethrough for deletions) from Meeting 1 are provided in Table 1.

### Table 1 – Updated Domains and Tasks (changes made during meeting 1 are shown in red and with strike through)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Therapist’s Preparation</strong></td>
<td><strong>Prepare for the Session</strong></td>
</tr>
<tr>
<td></td>
<td>T1. Establish a hygienic clinical area and an energetically and physically comfortable setting and hygienic clinical area.</td>
</tr>
<tr>
<td></td>
<td>T2. Promote and exercise self-awareness.</td>
</tr>
<tr>
<td></td>
<td>T3. Adopt a neutral attitude and state of alignment.</td>
</tr>
<tr>
<td></td>
<td>T4. Clear the energetic field.</td>
</tr>
<tr>
<td><strong>II. Establish Therapeutic Rapport</strong></td>
<td><strong>T5. Create a therapeutic relationship in which effective polarity therapy can take place.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>T6. Meet the client where their energy is focused and establish resonant rapport.</strong></td>
</tr>
<tr>
<td><strong>III. Assessment the Client</strong></td>
<td></td>
</tr>
</tbody>
</table>
T7. Obtain a health history/structural assessment, including contraindications.

T8. Determine client goals and preferences.

T9. Observe/measure client characteristics the client’s strengths and weaknesses in relation to the step-down of energy and the client’s strengths. This may include the following factors: mental, emotional, physical, structural, and energetic patterns.

IV. Determine Treatment Strategy

T10. Integrate assessment information and formulate a treatment strategy.

T11. Reassess and re-strategize as necessary.

V. Perform Treatment

T12. Establish a receptive field by assisting the client in becoming relaxed and comfortable in their physical body on the table or other venue.

T13. Make contact through presence, quality of touch, attitude, etc and neutrality.

T14. Create additional rapport and conduct further assessment through palpation and observation.

T15. Open the field and balance general energy dynamics.

T16. Listen and respond to energy directives from the client’s system by engaging specific details, lines of force, and harmonic relationships, etc. (This may include balancing energy currents, structure and function.)

T17. Re-assess through communication, touch, and energetic and somatic response to discern the response to effectiveness of the work.

T18. Acknowledge the therapeutic results.

T19. Integrate the session by closing the field.

T20. Demonstrate and lead the client through movements that have energetic applications and structural and functional benefits.

T21. Provide information and instruction to the client in stretching postures, energetic nutrition, and lifestyle behaviors.

T22. Guide the client to wholeness and well-being by listening and reflecting, loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, etc. and communication.

VI. Practice Ethically
T23. Polarity practitioners Conduct your their practice in a manner consistent with the best interests of the client and applicable codes of ethics and professional standards

Before adjourning, the panelists were told that in the second meeting they would have the opportunity to make additional changes to the domains and tasks, would review/update the knowledge statements, and would review demographic questions and rating scales for the validation survey. The panelists were asked to review the domains and tasks between meetings (the updates were emailed to them after the meeting).

2nd Focus Group Meeting (March 6, 2018)

The updated domains and tasks from Meeting 1, as well as the 2014 knowledge statements were disseminated to the panel for their review before the second meeting, held on March 6, 2018. The purpose of the second meeting to provide an opportunity to make any final revisions to the domains and tasks, to review/update the knowledge statements, and to review draft demographic/background questions and rating scales that would be used in the practice analysis validation survey.

1. Review Domains and Tasks from Meeting 1. A few changes were made to the domains and tasks as noted in Table 2 (with new revisions marked with red for additions and strikethrough for deletions).

Table 2 – Updated Domains and Tasks (changes made during meeting 2 are shown in red and with strike through)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Prepare for the Session</td>
<td>T1. Establish a hygienic clinical area and an energetically and physically comfortable setting.</td>
</tr>
<tr>
<td></td>
<td>T2. Promote and exercise self-awareness.</td>
</tr>
<tr>
<td></td>
<td>T3. Adopt a neutral attitude and state of alignment.</td>
</tr>
<tr>
<td></td>
<td>T4. Clear the energetic field.</td>
</tr>
<tr>
<td>II. Establish Therapeutic Rapport</td>
<td>T5. Create a therapeutic relationship in which effective polarity therapy can take place.</td>
</tr>
<tr>
<td></td>
<td>T6. Meet the client where they are energetically their energy is focused and establish resonant rapport.</td>
</tr>
<tr>
<td>III. Assess the Client</td>
<td>T7. Obtain a health history/structural assessment, including contraindications.</td>
</tr>
<tr>
<td>T8. Determine client goals/intentions and preferences.</td>
<td></td>
</tr>
<tr>
<td>T9. Observe/measure the client’s strengths and weaknesses in relation to the step-down of energy. This may include the following factors: mental, emotional, physical, structural, and energetic patterns.</td>
<td></td>
</tr>
</tbody>
</table>

### IV. Determine Therapeutic Plan Treatment Strategy

| T10. Integrate assessment information and formulate a therapeutic session plan treatment strategy. |
| T11. Reassess and re-strategize as necessary. |

### V. Perform Polarity Therapy Treatment

| T12. Establish a receptive field by assisting the client in becoming relaxed and comfortable in their physical body on the table or other venue. |
| T13. Make contact through presence, quality of touch, attitude, and neutrality. |
| T14. Create additional rapport and conduct further assessment through palpation and observation. |
| T15. Open the field and balance general energy dynamics. |
| T16. Listen and respond to energy directives from the client’s system by engaging specific details, lines of force, and harmonic relationships. (This may include balancing energy currents, structure and function.) |
| T17. Re-assess through communication, touch, and energetic and somatic response to discern the effectiveness of the work. |
| T18. Acknowledge the therapeutic results. |
| T19. Integrate the session by closing the field. |
| T20. After the session, guide the client to become conscious of his/her physical state of being and acknowledge the changes. Demonstrate and lead the client through movements that have energetic applications and structural and functional benefits. |
| T21. Provide information and instruction to the client in stretching postures, energetic food awareness nutrition, and lifestyle behaviors. |
| T22. Guide the client to wholeness and Support client well-being by listening and reflecting, maintaining loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, and communicating effectively. |

### VI. Practice Ethically

| T23. Conduct your practice in a manner consistent with the best interests of the client and applicable codes of ethics and professional standards. Follow the APTA code of ethics and professional standards. |
| T24. Set an intention(s) that is in the best interest of the client. |
2. **Review the knowledge statements** associated with the performance of each task to determine whether they reflect the knowledge necessary for current practice. The committee prepared the finalized knowledge statements while ensuring clarity of meaning and comprehensiveness. The updated knowledge statements (revisions marked with red for additions and strikethrough for deletions) are provided in Table 3. Table 3 also indicates in which Domains the knowledge statements are required, which were confirmed by the panelists in meeting 2.

### Table 3 – Updated Knowledge Statements (changes made during meeting 2 are shown in red and with strike through)

<table>
<thead>
<tr>
<th>ID</th>
<th>Knowledge/Ability Statements</th>
<th>Prepare for the Session</th>
<th>Establish Therapeutic Rapport</th>
<th>Assess the Client</th>
<th>Determine Therapeutic Plan</th>
<th>Perform Polarity Therapy</th>
<th>Practice Ethically</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-1</td>
<td>The three principles of energy movement</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-2</td>
<td>Sanitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-3</td>
<td>Hierarchy of consciousness</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-4</td>
<td>Ultrasonic core</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-5</td>
<td>Involution and evolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-6</td>
<td>Neutrality and unity (nonjudgmental and objective)</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-7</td>
<td>Etheric energy body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-8</td>
<td>Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership, resonance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-9</td>
<td>Components of a health history (e.g., APTA Health History and Intake Form)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-10</td>
<td>Step-down of energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-11</td>
<td>The five elements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-12</td>
<td>Energy centers (chakras)</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-13</td>
<td>Oval fields</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-14</td>
<td>Sensory and motor pranas</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Knowledge/Ability Statements</td>
<td>Prepare for the Session</td>
<td>Establish Therapeutic Rapport</td>
<td>Assess the Client</td>
<td>Determine Therapeutic Plan</td>
<td>Perform Polarity Therapy</td>
<td>Practice Ethically</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>-------------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>K-15</td>
<td>Triaxial, spatial relationships</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-16</td>
<td>The three primary currents</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-17</td>
<td>The three primary geometric relationships</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-18</td>
<td>The five mental passions and virtues</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-19</td>
<td>Correlation of energy status with mental, emotional and physical states</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-20</td>
<td>Pentamirus pattern</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-21</td>
<td>Anatomy and physiology (orthodox)</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-22</td>
<td>Anatomy and physiology (energy model)</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-23</td>
<td>Quality, rate, and tension of pulse (demonstrating the three principles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-24</td>
<td>Acute vs. chronic conditions</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-25</td>
<td>Structural relationships (leg length, sacral base position, vertebral tension)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-26</td>
<td>Vital centers and actions</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-27</td>
<td>The three nervous systems</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-28</td>
<td>The four areas of polarity therapy practice and their applications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-29</td>
<td>Contacts for elemental triads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-30</td>
<td>Contacts for the five-pointed star</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-31</td>
<td>Contacts for the six-pointed star</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-32</td>
<td>Contacts for spinal harmonics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-33</td>
<td>Contacts for perineal therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The panel reached consensus on the demographic and background questions as shown in Appendix D (screen shots of the survey), and the rating scales that would be used to collect validity evidence for the major domains, tasks, and knowledge statements. The rating scales that were decided are provided directly below.

**Task Rating Scales**

Please rate each task in the following 3 dimensions:

**Importance**: indicate how important this task is in YOUR practice of Polarity Therapy.
• Not important
• Somewhat important
• Important
• Very important
• Imperative

**Frequency**: indicate how frequently you perform this task in YOUR practice of polarity therapy.
• Never
• Sometimes
• Usually
• Most of the time
• Always

**Expectation**: indicate when you think a BCPP should be expected to have sufficient competence to perform the task effectively.
• It is not relevant in a polarity therapy practice.
• This could be learned AFTER beginning practicing.
• This must be learned PRIOR TO beginning practice.

**Domain Ratings**
The polarity therapy tasks that you just rated are arranged into 6 major practice domains. What percentage of the BCPP certification exam do you think should come from each practice domain? (Your percentages must add to 100.)

**Knowledge Statement Rating Scale**
When do you think a BCPP should be expected to have competence of this knowledge?
• It is not relevant in a polarity therapy practice.
• This could be learned AFTER beginning practicing.
• This must be learned PRIOR TO beginning practice.

**Validation Survey**
Virtual Psychometrics incorporated the domains, tasks, and knowledge statements that were updated by the focus group into a survey in SurveyMonkey using the demographics and rating scales decided by the focus group. The survey was reviewed by CGC members and by APTA staff, and a few minor grammatical issues were fixed. Screen shots of the final survey are provided in Appendix D.

The CGC was responsible for conducting the survey (sending invitations, reminders, etc.) The survey was open from March 26 to April 9, 2018.
**Survey Sampling Plan & Rationale**

As noted above in the “Polarity Therapy Designations” section, there are 3 levels of polarity therapists: the beginner APP level, the intermediate RPP level, and the advanced BCPP level. The APP and RPP levels are not sufficient for working with clients. Only the BCPP level is intended for working with clients. Thus, the target population for the BCPP exam is professional polarity practitioners who work with clients.

As noted in the most recent “NCCA Standards for the Accreditation of Certification Programs” (ICE, 2016 standards version) in the commentary for Standard 14 (Job Analysis) “Validation of the delineated domains, tasks, and associated knowledge and/or skills is typically accomplished by surveying current certificants and/or a representative sample of the population that is the intended target audience for the certification.”

Thus, the validation survey was sent to ALL professional polarity practitioners (279 individuals, most of whom are currently BCPPs). It was sent to all professional polarity practitioners, rather than a sample, because the total number is small. The survey was not sent to beginner or intermediate polarity practitioners since they are not in the target population and do not have sufficient knowledge about what professional polarity practitioners who work with clients actually do in practice. Note that many of the survey recipients have multiple designations, including the teaching designation: Registered Polarity Educator (RPE).

Data were collected in SurveyMonkey, and the results are discussed below.

**Results**

**Return Rate**

Of the 279 survey recipients, 194 (70%) opened the survey online, and all 194 provided at least some demographic information. However, 38 respondents did not rate any of the tasks at all and were removed from the data set for analysis, leaving 156 people in the analysis (for an effective response rate of 56% of the 279 total recipients). Of the 156 people, some did not respond to all items. The number of respondents (N) for each item is indicated in the tables in this report. Demographic information is provided in Tables 4-13 for both the analysis sample of 156 respondents, as well as the 279 survey recipients (where the data is available).

The 95% margin of error for the survey results is 5 (based on a sample of 156 from a population of 279), as calculated in Survey Monkey’s margin of error calculator.² The margin of error provides a confidence interval around the survey results. For example, if 60% of the sample responds “imperative,” a 5% margin of error means that between 55% and 65% of the total population think that the answer is “imperative.”

---

² [https://www.surveymonkey.com/mp/margin-of-error-calculator/](https://www.surveymonkey.com/mp/margin-of-error-calculator/)
Demographic and Background Information

The background and demographic questions were designed to collect data about the survey respondents’ credentials (i.e., certifications and licenses), status of their practice in polarity therapy, practice setting, years of experience, gender, age range, geographical location, and highest level of education. Tables 4-13 provide demographic and background information for the 279 survey recipients (first 2 columns of data) and for the analysis sample of 156 (last 2 columns of data).

As indicated in Table 4, the vast majority (>95%) of respondents are BCPPs. Most candidates hold multiple credentials.

<table>
<thead>
<tr>
<th>Credentials</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APP (Associate Polarity Practitioner)</td>
<td>Not available</td>
<td></td>
<td>31.41%</td>
<td>49</td>
</tr>
<tr>
<td>ATM (Approved Training Manager)</td>
<td>7.5%</td>
<td>21</td>
<td>8.33%</td>
<td>13</td>
</tr>
<tr>
<td>RPP (Registered Polarity Practitioner)</td>
<td>Not available</td>
<td></td>
<td>64.1%</td>
<td>100</td>
</tr>
<tr>
<td>RPE (Registered Polarity Educator)</td>
<td>25.8%</td>
<td>72</td>
<td>32.69%</td>
<td>51</td>
</tr>
<tr>
<td>BCPP (Board-Certified Polarity Practitioner)</td>
<td>95.0%</td>
<td>265</td>
<td>96.79%</td>
<td>151</td>
</tr>
<tr>
<td>None of these</td>
<td>Not available</td>
<td></td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>279</td>
<td>Total</td>
<td>156</td>
</tr>
<tr>
<td>Skipped</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As indicated in Table 5, the majority (>60%) of respondents currently practice polarity therapy part time.

<table>
<thead>
<tr>
<th>Status</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not currently practicing polarity therapy</td>
<td>10.31%</td>
<td>20</td>
<td>7.69%</td>
<td>12</td>
</tr>
<tr>
<td>I practice polarity therapy part-time</td>
<td>61.86%</td>
<td>120</td>
<td>62.82%</td>
<td>98</td>
</tr>
<tr>
<td>I practice polarity therapy full-time</td>
<td>27.84%</td>
<td>54</td>
<td>29.49%</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>194</td>
<td>Total</td>
<td>156</td>
</tr>
<tr>
<td>Not Available</td>
<td>85</td>
<td>Skipped</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As Demographics were not available for all survey recipients but are included for all recipients for whom there is data on any given demographic.

3 Demographics were not available for all survey recipients but are included for all recipients for whom there is data on any given demographic.
As indicated in Table 6, most respondents have been practicing for many years.

**Table 6 – How many years have you been practicing as a polarity therapist?**

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1</td>
<td>1%</td>
<td>3</td>
<td>2%</td>
<td>3</td>
</tr>
<tr>
<td>1-2</td>
<td>13%</td>
<td>37</td>
<td>5%</td>
<td>8</td>
</tr>
<tr>
<td>3-5</td>
<td>7%</td>
<td>19</td>
<td>8%</td>
<td>12</td>
</tr>
<tr>
<td>6-10</td>
<td>10%</td>
<td>28</td>
<td>16%</td>
<td>25</td>
</tr>
<tr>
<td>11-19</td>
<td>31%</td>
<td>87</td>
<td>32%</td>
<td>50</td>
</tr>
<tr>
<td>20 or more</td>
<td>29%</td>
<td>82</td>
<td>37%</td>
<td>57</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>256</td>
<td>Total</td>
<td>155</td>
</tr>
<tr>
<td>Not Available</td>
<td>23</td>
<td>Skipped</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

As indicated in Table 7, most polarity practitioners spend most of their time in private practice.

**Table 7 - In what setting do you spend MOST of your time practicing polarity therapy?**

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice</td>
<td>74.35%</td>
<td>142</td>
<td>75.32%</td>
<td>116</td>
</tr>
<tr>
<td>Clinic or Hospital</td>
<td>1.05%</td>
<td>2</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Teaching</td>
<td>5.24%</td>
<td>10</td>
<td>5.84%</td>
<td>9</td>
</tr>
<tr>
<td>Corporate Wellness</td>
<td>0.52%</td>
<td>1</td>
<td>0.65%</td>
<td>1</td>
</tr>
<tr>
<td>Massage or Yoga Studio</td>
<td>7.33%</td>
<td>14</td>
<td>8.44%</td>
<td>13</td>
</tr>
<tr>
<td>Other (please specify)*</td>
<td>11.52%</td>
<td>22</td>
<td>9.74%</td>
<td>15</td>
</tr>
<tr>
<td>Answered</td>
<td></td>
<td>191</td>
<td>Total</td>
<td>154</td>
</tr>
<tr>
<td>Not Available</td>
<td>88</td>
<td>Skipped</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

*Other practice setting (write-in)*

<table>
<thead>
<tr>
<th>Home Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>as needed</td>
</tr>
<tr>
<td>- some private clients as well as teaching APP &amp; RPP &amp; BCPP</td>
</tr>
<tr>
<td>Apartment</td>
</tr>
<tr>
<td>integrated into my group work with parents and babies and in my trainings related to Birth Psychology and Health</td>
</tr>
<tr>
<td>private practice when I do</td>
</tr>
<tr>
<td>My own private individual wellness practise and movement studio, under my own LLC.</td>
</tr>
<tr>
<td>research project P4K and self-healing</td>
</tr>
<tr>
<td>family &amp; friends</td>
</tr>
<tr>
<td>Private practice, Hospital, Spa</td>
</tr>
</tbody>
</table>

1/11/2019
Drug and Alcohol treatment centers
Giving to friends
None of the above
Private Practice and Corporate Wellness equally
My schools - Spa Tech Institute - 4 locations.
Salon
Workshops and individual sessions
At my current job
Wellness Salon with a Medical Esthetician

This is Ray Castellino here. I studied with Dr. Stone and Pierre Pannitier directly. I am a Founding APTA Board of Director and Past President of APTA. The polarity paradigm is central to all the work I do and teach. I teach PT in the context of my pre and pari-natal courses, Body Into Being and other workshops.

I have a Polarity school and wellness Inst. my private practice is here as well
Supervised private practice
Business
Currently not practicing. I had a private practice part time for a few years

As indicated in Table 8, about 1/3 of respondents are massage therapists, about ¼ of respondents do not practice under any other licenses/certifications, and about 50% wrote in numerous other licenses/certifications under which they practice.

Table 8 - What other licenses/certifications do you practice under? (check all that apply)

<table>
<thead>
<tr>
<th>Other Licenses/Certifications</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage Therapist</td>
<td>33.33%</td>
<td>62</td>
<td>34.67%</td>
<td>52</td>
</tr>
<tr>
<td>Naturopath (ND)</td>
<td>2.15%</td>
<td>4</td>
<td>2.0%</td>
<td>3</td>
</tr>
<tr>
<td>Nurse</td>
<td>4.84%</td>
<td>9</td>
<td>4.0%</td>
<td>6</td>
</tr>
<tr>
<td>None</td>
<td>25.81%</td>
<td>48</td>
<td>21.33%</td>
<td>32</td>
</tr>
<tr>
<td>Other (please specify)*</td>
<td>45.7%</td>
<td>85</td>
<td>50.67%</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>186</td>
<td>Total</td>
<td>150</td>
</tr>
<tr>
<td>Not available</td>
<td>93</td>
<td>Skipped</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

*Other licenses/certifications (write-in)

Cranial Sacral
YOga Instruction
Master Pedicurist, SRT, IET, Reiki Master
Reiki, therapeutic touch, Energy Interference of the DNA
Reiki II; Access Bars; Waldorf Educator
Reiki, Seikhim, Synergy Dance, Wholistic Memory Release
licensed clinical social worker, psychologist
LDT, ICF, WFR (Wilderness First Responder)
<p>| Somatic Experiencing Practitioner, Sound Health Facilitator, Visionary Leadership Coach, The Journey Method |
| CLC, Cht (Hypnotherapy specialty program, BCTA/NA |
| Cranial sacral |
| Lamaze Certified Childbirth Educator |
| Physiotherapist until I let go of my licence March 31st 2018 |
| BCCP |
| CHTP...Healing touch |
| Yoga Teacher |
| Natural Healthcare Practitioner, Naturopath (not ND) |
| Certified Advanced Rolfer CAR, Rolf Movement Practitioner RMP, Biodynamic Craniosacral Therapist |
| RCST, Somatic Experiencing Practitioner SEP, Board Certified Structural Integrator BCSI |
| RN &amp; BCPP |
| Licensed Creative Arts Psychotherapist |
| MD, SEP |
| RCST |
| Aquatic integration practitioner |
| Reflexology, Reiki, Relaxation Massage |
| Licensed Spiritual Healer |
| BCST |
| Master Teacher of Qi Gong, Tai Chi, Kung Fu, self-healing movement/dance |
| Energy Therapy Practitioner, 130 hours (Robert Waterman EdD, LPCC), Reiki Master (Laurie Grant) |
| Certified Yoga Instructor RYT500 |
| Cranio-Sacral |
| Multiple |
| Trauma Release Exercise coach, Meadows trained therapist |
| LCSW, Certified Sensorimotor Psychotherapist |
| Life Coach, Workshop Facilitator |
| Dental hygiene |
| Yoga Teacher Certification |
| RPT |
| L.Ac. |
| MLD/c Manual Lymphatic Drainage, HHP Holistic Health Practitioner, ER Elementary Reflexology |
| RCST |
| Certified to teach Infant massage to parents, Therapeutic Yoga |
| Physical Therapist Assistant |
| psychologist |
| acupuncture |</p>
<table>
<thead>
<tr>
<th>Clinical Social Worker, SEP, RCST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real estate</td>
</tr>
<tr>
<td>craniosacral</td>
</tr>
<tr>
<td>Reiki Master, Certified Vibrational Sound Coach, Holistic Health Practitioner, Corporate Wellness Coach, Holistic Health Advisor, Certified Aromatherapy Practitioner, Integrative Reflexology, Elemental Reflexology</td>
</tr>
<tr>
<td>Registered Psychotherapist (CO), BCST</td>
</tr>
<tr>
<td>Certified Yoga Teacher, Bach Foundation Registered Practitioner</td>
</tr>
<tr>
<td>Bach Flower Registered Practitioner / Personal Trainer</td>
</tr>
<tr>
<td>chiropractic</td>
</tr>
<tr>
<td>CYT</td>
</tr>
<tr>
<td>Medical Intuitive, Brain Gym Instructor,</td>
</tr>
<tr>
<td>Middendorf BreathExperience</td>
</tr>
<tr>
<td>Craniosacral Therapy from NY Polarity Wellness 1992</td>
</tr>
<tr>
<td>IAYT vertices Yoga Therapist</td>
</tr>
<tr>
<td>Shaman</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Shamanic practitioner</td>
</tr>
<tr>
<td>PhD</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
</tr>
<tr>
<td>healing consultant</td>
</tr>
<tr>
<td>DC, Retired</td>
</tr>
<tr>
<td>Occupational therapy</td>
</tr>
<tr>
<td>HHP Holistic Health Practitioner</td>
</tr>
<tr>
<td>Ayurvedic Practitioner</td>
</tr>
<tr>
<td>TRE Provider, Aromatherapist</td>
</tr>
<tr>
<td>CST, BFRP, BS Ed</td>
</tr>
<tr>
<td>Bio-energy masters certification</td>
</tr>
<tr>
<td>Integrative Manual Therapy</td>
</tr>
<tr>
<td>Brain Gym consultant, Certified Aromatherapist, Certified Reflexologist, Reiki Master, Certified Angel Card Reader, Certified Tapping Into Wealth Coach</td>
</tr>
<tr>
<td>Integrated Craniosacral Unwinding</td>
</tr>
<tr>
<td>Holistic Health Practitioner</td>
</tr>
<tr>
<td>Biodynamic Craniosacral Therapist</td>
</tr>
<tr>
<td>PhD in Sports Medicine, Board Certified Holistic Health Professional, BioEnergetics Health Practitioner</td>
</tr>
<tr>
<td>Was LMT do not need this now in Oregon and also CNA for a time. Studying nursing to be an md in my 20’s</td>
</tr>
<tr>
<td>Biodynamic Cranial Sacral Therapy, CCH (cand) Homeopath</td>
</tr>
<tr>
<td>Speech language pathologist</td>
</tr>
<tr>
<td>Reiki Master Teacher</td>
</tr>
<tr>
<td>Jin Shin Jyutsu, Reiki Master Teacher, RYSE03; Flower essence therapy</td>
</tr>
<tr>
<td>PTA</td>
</tr>
<tr>
<td>Reiki Master, Sound Coach (Tuning forks), Reflexology, Holistic Health Practitioner and Advisor</td>
</tr>
</tbody>
</table>
As indicated in Table 9, most respondents (>90%) are from the US.

### Table 9 - In what country do you live?

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>0.52%</td>
<td>1</td>
<td>0.64%</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>6.28%</td>
<td>15</td>
<td>5.77%</td>
<td>9</td>
</tr>
<tr>
<td>Israel</td>
<td>1.05%</td>
<td>1</td>
<td>0.64%</td>
<td>1</td>
</tr>
<tr>
<td>Japan</td>
<td>1.05%</td>
<td>1</td>
<td>0.64%</td>
<td>1</td>
</tr>
<tr>
<td>United States of America</td>
<td>91.1%</td>
<td>247</td>
<td>92.31%</td>
<td>144</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>265</strong></td>
<td><strong>Total</strong></td>
<td><strong>156</strong></td>
<td></td>
</tr>
<tr>
<td>Not Available</td>
<td></td>
<td>14</td>
<td>Skipped</td>
<td>0</td>
</tr>
</tbody>
</table>

As indicated in Table 10 and Figure 1, respondents are primarily from the Eastern, Midwest, Western, and South Western states.

### Table 10 - If you live in the US, in what state do you live?

<table>
<thead>
<tr>
<th>State</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>4.5%</td>
<td>11</td>
<td>4.3%</td>
<td>6</td>
</tr>
<tr>
<td>Arkansas</td>
<td>0.4%</td>
<td>1</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>California</td>
<td>10.9%</td>
<td>27</td>
<td>13.5%</td>
<td>19</td>
</tr>
<tr>
<td>Colorado</td>
<td>1.2%</td>
<td>3</td>
<td>2.8%</td>
<td>4</td>
</tr>
<tr>
<td>Connecticut</td>
<td>0.8%</td>
<td>2</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>1.2%</td>
<td>3</td>
<td>2.1%</td>
<td>3</td>
</tr>
<tr>
<td>Florida</td>
<td>1.2%</td>
<td>3</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Georgia</td>
<td>2.0%</td>
<td>5</td>
<td>2.8%</td>
<td>4</td>
</tr>
<tr>
<td>Hawaii</td>
<td>0.8%</td>
<td>2</td>
<td>1.4%</td>
<td>2</td>
</tr>
<tr>
<td>Illinois</td>
<td>1.2%</td>
<td>3</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Indiana</td>
<td>0.4%</td>
<td>1</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Louisiana</td>
<td>0.4%</td>
<td>1</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Maine</td>
<td>5.7%</td>
<td>14</td>
<td>5.0%</td>
<td>7</td>
</tr>
<tr>
<td>Maryland</td>
<td>2.0%</td>
<td>5</td>
<td>1.4%</td>
<td>2</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>11.3%</td>
<td>28</td>
<td>8.5%</td>
<td>12</td>
</tr>
<tr>
<td>Michigan</td>
<td>2.0%</td>
<td>5</td>
<td>1.4%</td>
<td>2</td>
</tr>
</tbody>
</table>

4 States with 0 respondents not shown.
New Hampshire  1.6%  4  1.4%  2
New Jersey    1.6%  4  0.7%  1
New Mexico    2.8%  7  2.1%  3
New York      8.9% 22 12.1% 17
North Carolina 4.5% 11  5.7%  8
Ohio          19.0% 47 19.2% 27
Oregon        2.4%  6  0.7%  1
Pennsylvania  2.0%  5  2.1%  3
Rhode Island  0.4%  1  0.0%  0
South Carolina 0.4%  1  0.7%  1
South Dakota  0.4%  1  0.7%  1
Texas         0.8%  2  0.7%  1
Utah          0.4%  1  0.0%  0
Vermont       0.8%  2  0.0%  0
Virginia      2.4%  6  3.6%  5
Washington    2.0%  5  1.4%  2
West Virginia 1.2%  3  1.4%  2
Wisconsin      1.2%  3  1.4%  2
Wyoming       0.4%  1  0.0%  0
Virgin Islands 0.4%  1  0.7%  1
Total         247

Skipped  14

Figure 1 - If you live in the US, in what state do you live? *(sample of 156)*
As indicated in Table 11, most respondents (about 80%) are 51 or older.

**Table 11 – What is your age?**

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>1.05%</td>
<td>2</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>31-40</td>
<td>7.37%</td>
<td>14</td>
<td>7.14%</td>
<td>11</td>
</tr>
<tr>
<td>41-50</td>
<td>13.16%</td>
<td>25</td>
<td>12.34%</td>
<td>19</td>
</tr>
<tr>
<td>51-60</td>
<td>26.84%</td>
<td>51</td>
<td>26.62%</td>
<td>41</td>
</tr>
<tr>
<td>61-70</td>
<td>42.11%</td>
<td>80</td>
<td>42.86%</td>
<td>66</td>
</tr>
<tr>
<td>71+</td>
<td>9.47%</td>
<td>18</td>
<td>9.74%</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>Total</td>
<td></td>
<td>154</td>
</tr>
<tr>
<td>Not Available</td>
<td>89</td>
<td>Skipped</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

As indicated in Table 12, the majority of respondents have a bachelor’s (about 34%) or master’s (about 25%) degree.

**Table 12 - What is your highest level of education?**

<table>
<thead>
<tr>
<th>Highest Level of Education</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School diploma or GED</td>
<td>19.37%</td>
<td>37</td>
<td>17.42%</td>
<td>27</td>
</tr>
<tr>
<td>Associate degree</td>
<td>15.18%</td>
<td>29</td>
<td>14.84%</td>
<td>23</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>32.98%</td>
<td>63</td>
<td>34.19%</td>
<td>53</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>24.61%</td>
<td>47</td>
<td>25.81%</td>
<td>40</td>
</tr>
<tr>
<td>Doctorate</td>
<td>7.85%</td>
<td>15</td>
<td>7.74%</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>191</td>
<td>Total</td>
<td></td>
<td>155</td>
</tr>
<tr>
<td>Not Available</td>
<td>88</td>
<td>Skipped</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

As indicated in Table 13, most (80%) of respondents are female.

**Table 13 – With which gender do you most identify?**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent (all)</th>
<th>Number (all)</th>
<th>Percent (sample)</th>
<th>Number (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>82%</td>
<td>230</td>
<td>81%</td>
<td>126</td>
</tr>
<tr>
<td>Male</td>
<td>17%</td>
<td>47</td>
<td>18%</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>2</td>
<td>1%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>Total</td>
<td></td>
<td>156</td>
</tr>
<tr>
<td>Not Available</td>
<td>0</td>
<td>Skipped</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
As shown in Tables 4-13, the percentages for the analysis sample (156 respondents) are similar to the data for the population (279 people).

**Task Ratings**

After answering the demographic/background questions, the survey respondents were asked to rate the importance and frequency of the 24 tasks that are associated with the major domains, as well as the expectation about when the task needs to be learned.

**Importance**

Table 14 shows the number of respondents who selected each response option for each task. The columns in blue highlighting in Table 14 show the ratings for importance, along with the mean rating (where Not important = 1 and Imperative = 5):

**Importance**: indicate how important this task is in YOUR practice of Polarity Therapy.
1. Not important
2. Somewhat important
3. Important
4. Very important
5. Imperative

Of the 24 tasks, 22 tasks have mean ratings for importance above 4 (Very important). Only 2 tasks have mean ratings below 4:
- “Acknowledge the therapeutic results“ with a mean rating of 3.8 (just below Very important) and
- “Provide information and instruction to the client in stretching postures, energetic food awareness, and lifestyle behaviors” with a mean rating of 3.7 (also just below Very important).

Thus, we may conclude that all 24 tasks are important enough to retain in the list.

**Frequency**

The columns in red highlighting in Table 14 show the ratings for frequency, along with the mean rating (where Never = 1 and Always = 5):

**Frequency**: indicate how frequently you perform this task in YOUR practice of polarity therapy.
1. Never
2. Sometimes
3. Usually
4. Most of the time
5. Always
Of the 24 tasks, 23 tasks have mean ratings for importance above 4 (Most of the time). Only 1 task has a mean rating below 4:

- “Provide information and instruction to the client in stretching postures, energetic food awareness, and lifestyle behaviors” with a mean rating of 3.9 (just below Most of the time).

Thus, we may conclude that all 24 tasks are frequent enough to retain in the list.

**Expectation**

The columns in green highlighting in Table 14 show the ratings for expectation, along with the mean rating (where Not relevant = 0 and must be learned PRIOR TO beginning practice = 2):

**Expectation**: indicate when you think a BCPP should be expected to have sufficient competence to perform the task effectively.

0. It is not relevant in a polarity therapy practice.
1. This could be learned AFTER beginning practicing.
2. This must be learned PRIOR TO beginning practice.

Of the 24 tasks, 22 tasks have mean ratings for expectation at or above 1.7 (closest to “this must be learned PRIOR TO beginning practice”). Only 2 tasks have mean ratings below 1.7:

- “Reassess and re-strategize as necessary” with a mean rating of 1.6 (closer to “this must be learned PRIOR TO beginning practice” than to “this could be learned AFTER beginning practice”) and
- “Acknowledge the therapeutic results” with a mean rating of 1.6 (also closer to “this must be learned PRIOR TO beginning practice” than to “this could be learned AFTER beginning practice”).

Thus, we may conclude that all 24 tasks are expected to be learned prior to beginning practice and should remain in the list.

Survey respondents had the opportunity to make comments on the tasks or their ratings within each domain while taking the survey. Their comments are shown in Appendix E.
### Table 14 – Task Ratings

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Prepare for the Session</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a hygienic clinical area and an energetically and physically comfortable setting.</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>46</td>
<td>100</td>
<td>156</td>
<td>4.6</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>16</td>
<td>124</td>
<td>4.9</td>
<td>0</td>
<td>3</td>
<td>130</td>
<td>133</td>
</tr>
<tr>
<td>Promote and exercise self-awareness.</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>55</td>
<td>95</td>
<td>156</td>
<td>4.6</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>40</td>
<td>100</td>
<td>4.7</td>
<td>0</td>
<td>18</td>
<td>114</td>
<td>132</td>
</tr>
<tr>
<td>Adopt a neutral attitude and state of alignment.</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>40</td>
<td>111</td>
<td>155</td>
<td>4.7</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>33</td>
<td>106</td>
<td>4.8</td>
<td>0</td>
<td>13</td>
<td>119</td>
<td>132</td>
</tr>
<tr>
<td>Clear the energetic field.</td>
<td>2</td>
<td>3</td>
<td>18</td>
<td>49</td>
<td>81</td>
<td>153</td>
<td>4.3</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>34</td>
<td>93</td>
<td>4.6</td>
<td>2</td>
<td>15</td>
<td>114</td>
<td>131</td>
</tr>
<tr>
<td><strong>2. Establish Therapeutic Rapport</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a relationship in which effective polarity therapy can take place.</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>54</td>
<td>90</td>
<td>154</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>26</td>
<td>112</td>
<td>4.8</td>
<td>0</td>
<td>20</td>
<td>110</td>
<td>130</td>
</tr>
<tr>
<td>Meet the client where they are energetically and establish resonant rapport.</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>58</td>
<td>88</td>
<td>153</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>35</td>
<td>100</td>
<td>4.7</td>
<td>0</td>
<td>16</td>
<td>114</td>
<td>130</td>
</tr>
<tr>
<td><strong>3. Assess the Client</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain a health history/structural assessment, including contraindications.</td>
<td>0</td>
<td>7</td>
<td>25</td>
<td>53</td>
<td>68</td>
<td>153</td>
<td>4.2</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td>36</td>
<td>85</td>
<td>4.4</td>
<td>1</td>
<td>10</td>
<td>119</td>
<td>130</td>
</tr>
<tr>
<td>Determine client goals/intentions and preferences.</td>
<td>0</td>
<td>3</td>
<td>21</td>
<td>63</td>
<td>66</td>
<td>153</td>
<td>4.3</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>29</td>
<td>101</td>
<td>4.7</td>
<td>0</td>
<td>18</td>
<td>112</td>
<td>130</td>
</tr>
<tr>
<td>Observe/measure the client’s strengths and weaknesses in relation to the step-down of energy. This may include the following factors: mental, emotional, physical, structural, and energetic patterns.</td>
<td>2</td>
<td>2</td>
<td>30</td>
<td>66</td>
<td>53</td>
<td>153</td>
<td>4.1</td>
<td>1</td>
<td>4</td>
<td>16</td>
<td>44</td>
<td>73</td>
<td>4.3</td>
<td>1</td>
<td>32</td>
<td>97</td>
<td>130</td>
</tr>
<tr>
<td><strong>4. Determine Therapeutic Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Integrate assessment information and formulate a therapeutic session plan.</td>
<td>Mean Importance</td>
<td>Mean Frequency</td>
<td>Expectation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Not important</td>
<td>4.0</td>
<td>1.6</td>
<td>0.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Somewhat important</td>
<td>3.8</td>
<td>1.5</td>
<td>0.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Important</td>
<td>4.2</td>
<td>1.9</td>
<td>0.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Very important</td>
<td>4.6</td>
<td>2.1</td>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Imperative</td>
<td>4.7</td>
<td>2.2</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reassess and re-strategize as necessary.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.3</td>
<td>0.8</td>
<td>1.0</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.1</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.4</td>
<td>1.7</td>
<td>0.9</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.4</td>
<td>1.9</td>
<td>1.0</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.7</td>
<td>2.0</td>
<td>1.3</td>
</tr>
</tbody>
</table>

5. Perform Polarity Therapy

<table>
<thead>
<tr>
<th>Assist the client in becoming relaxed and comfortable on the table or other venue.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.8</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.4</td>
<td>1.6</td>
<td>0.7</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.5</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.4</td>
<td>1.6</td>
<td>0.7</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.7</td>
<td>1.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make contact through presence, quality of touch, attitude, and neutrality.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.9</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.5</td>
<td>1.7</td>
<td>0.7</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.6</td>
<td>1.8</td>
<td>0.8</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.5</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>5. Always</td>
<td>5.1</td>
<td>2.0</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Create additional rapport and conduct further assessment through palpation and observation.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.6</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.3</td>
<td>1.6</td>
<td>0.9</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.5</td>
<td>1.7</td>
<td>0.9</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.5</td>
<td>1.7</td>
<td>1.0</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.8</td>
<td>2.0</td>
<td>1.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Open the field and balance general energy dynamics.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.5</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.3</td>
<td>1.5</td>
<td>0.7</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.4</td>
<td>1.6</td>
<td>0.8</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.4</td>
<td>1.6</td>
<td>0.8</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.6</td>
<td>1.8</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Listen and respond to the client’s energy system by observing and balancing the energy currents, lines of force and harmonic relationships.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.3</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.1</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.3</td>
<td>1.4</td>
<td>0.7</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.4</td>
<td>1.6</td>
<td>0.7</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.6</td>
<td>1.7</td>
<td>0.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Re-assess through communication, touch, and energetic and somatic response to discern the effectiveness of the work.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.2</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.0</td>
<td>1.4</td>
<td>0.8</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.3</td>
<td>1.5</td>
<td>0.8</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.3</td>
<td>1.5</td>
<td>0.9</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.6</td>
<td>1.7</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acknowledge the therapeutic results.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.6</td>
<td>1.1</td>
<td>0.9</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.3</td>
<td>1.4</td>
<td>0.9</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.5</td>
<td>1.5</td>
<td>0.9</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.3</td>
<td>1.3</td>
<td>0.9</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.7</td>
<td>1.6</td>
<td>1.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrate the session by closing the field.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.3</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.2</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.3</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.2</td>
<td>1.1</td>
<td>0.9</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.6</td>
<td>1.6</td>
<td>0.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After the session, guide the client to become conscious of his/her physical state of being and acknowledge the changes.</th>
<th>Mean Importance</th>
<th>Mean Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td>4.4</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4.2</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>3. Usually</td>
<td>4.3</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>4. Most of the time</td>
<td>4.3</td>
<td>1.1</td>
<td>0.9</td>
</tr>
<tr>
<td>5. Always</td>
<td>4.6</td>
<td>1.6</td>
<td>0.9</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Provide information and instruction to the client in stretching postures,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>energetic food awareness, and lifestyle behaviors.</td>
<td>0</td>
<td>10</td>
<td>48</td>
</tr>
<tr>
<td>Support client well-being by listening and reflecting, maintaining</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loving presence, exploring limiting belief systems, recognizing and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acknowledging unconscious material, and communicating effectively.</td>
<td>0</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>6. Practice Ethically</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow the APTA code of ethics and professional standards.</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Set an intention(s) that is in the best interest of the client.</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>
Domain Percentages

Domain Percentages were calculated two primary ways. The first way was by directly asking survey respondents “What percentage of the certification exam do you think should come from each of the 6 major practice domains?” after they completed the task ratings. (They could also provide optional comments about the percentages, which are shown in Appendix E.) The second way was by calculating the domain percentages using the task-level ratings.

Table 15 and Figure 2 show the results of the first method – asking the respondents directly what percentage of the exam they believe should come from each domain. They had just rated the tasks, so they knew what each domain included. As shown in Table 15 and Figure 2, there was a spread of domain percentage ratings, which was especially wide for “Perform Polarity Therapy,” ranging from 10 to 80% of the exam, and “Practice Ethically,” ranging from 0 to 75% of the exam. Focusing on the 10th and 90th Percentile columns of Table 15, it is seen that most respondents (the middle 80%, excluding the 10% of respondents with the lowest ratings for each domain and the 10% with the highest ratings for each domain) rated “Prepare for the Session” between 5-16% with a median of 10, “Establish Therapeutic Rapport” between 5-20% with a median of 15, “Assess the Client” between 10-25% with a median of 16.5, “Determine Therapeutic Plan” between 5-20% with a median of 15, “Perform Polarity Therapy” between 17-50% with a median of 30, and “Practice Ethically” between 5-22.5% with a median of 10.

**Table 15 – Domain Percentages (Direct Method)**

<table>
<thead>
<tr>
<th>Domain</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>10th Percentile</th>
<th>50th Percentile (Median)</th>
<th>90th Percentile</th>
<th>Current % in the field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for the Session</td>
<td>144</td>
<td>10.3</td>
<td>4.5</td>
<td>1</td>
<td>25</td>
<td>5</td>
<td>10</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>Establish Therapeutic Rapport</td>
<td>144</td>
<td>14.4</td>
<td>6.2</td>
<td>2</td>
<td>40</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Assess the Client</td>
<td>144</td>
<td>16.6</td>
<td>5.9</td>
<td>1</td>
<td>35</td>
<td>10</td>
<td>16.5</td>
<td>25</td>
<td>30%</td>
</tr>
<tr>
<td>Determine Therapeutic Plan</td>
<td>144</td>
<td>13.7</td>
<td>5.8</td>
<td>0</td>
<td>30</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>10%</td>
</tr>
<tr>
<td>Perform Polarity Therapy</td>
<td>144</td>
<td>30.8</td>
<td>14</td>
<td>10</td>
<td>80</td>
<td>17</td>
<td>30</td>
<td>50</td>
<td>50%</td>
</tr>
<tr>
<td>Practice Ethically</td>
<td>144</td>
<td>14.2</td>
<td>8.9</td>
<td>0</td>
<td>75</td>
<td>5</td>
<td>10</td>
<td>22.5</td>
<td>2%</td>
</tr>
</tbody>
</table>

For reference, the last column of Table 15 (in gray) shows the current test percentages for the test form that is currently in the field.
Figure 2 - What percentage of the certification exam do you think should come from each of the 6 major practice domains?

The mean task ratings for Importance, Frequency, and Expectation, shown in Table 14 and repeated in Table 16, were used to calculate task-level test percentages in several ways, as shown in Table 16. The first two data columns (in purple) show the mean combined task rating using an additive formula:

\[ \text{Mean Combined} = \text{Mean Importance} + \text{Mean Frequency} + 2.5 \times \text{Mean Expectation} \]

Mean expectation was multiplied by 2.5 to put it on the same scale (max=5) as the other rating scales. The next column “% Combined” indicates the percentage of the test that should come from that task, calculated by dividing the Mean rating by the sum of the mean ratings. Because there was very little variability in the task ratings (all were important, frequent, and expected to be learned prior to beginning practice), there was also very little variability in the task-level test percentages.

Task-level test percentages were also calculated based only on the importance ratings (blue columns), only on the frequency ratings (red columns), and only on the expectation ratings (green columns). In each case, the mean rating for the task was divided by the sum of the mean ratings, separately for importance, frequency, and expectation. Again, there is very little variability in the test percentages, regardless of method.

Task-level test percentages were also calculated based each task having a weight of 1, leading to an equal percentage for all tasks (orange columns). This was used to compare the percentages from the other methods to an equal-weight benchmark.
For all domains, the domain percentage (sum of the task percentages) is provided in the gray line above the tasks for that domain. In the last column of Table 16 (yellow), the direct percentages for the domains are included for easy reference.

Table 16 – Domain- and Task-Level Percentages (Calculated from Task Ratings)

<table>
<thead>
<tr>
<th>Task</th>
<th>Mean Combined</th>
<th>% Combined</th>
<th>Mean Importance</th>
<th>% Imp</th>
<th>Mean Frequency</th>
<th>% Freq</th>
<th>Mean Exp</th>
<th>% Exp</th>
<th>% N Tasks</th>
<th>% N tasks</th>
<th>% Direct</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare for the Session</td>
<td>17.3%</td>
<td>17.4%</td>
<td>17.2%</td>
<td>17.4%</td>
<td>16.7%</td>
<td>10.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a hygienic clinical area and an energetically and physically comfortable setting.</td>
<td>4.8</td>
<td>4.4%</td>
<td>4.6</td>
<td>4.4%</td>
<td>4.9</td>
<td>4.4%</td>
<td>2.0</td>
<td>4.5%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Promote and exercise self-awareness.</td>
<td>4.6</td>
<td>4.3%</td>
<td>4.6</td>
<td>4.4%</td>
<td>4.7</td>
<td>4.3%</td>
<td>1.9</td>
<td>4.3%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Adopt a neutral attitude and state of alignment.</td>
<td>4.7</td>
<td>4.4%</td>
<td>4.7</td>
<td>4.5%</td>
<td>4.8</td>
<td>4.3%</td>
<td>1.9</td>
<td>4.3%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Clear the energetic field.</td>
<td>4.5</td>
<td>4.2%</td>
<td>4.3</td>
<td>4.2%</td>
<td>4.6</td>
<td>4.1%</td>
<td>1.9</td>
<td>4.2%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>2. Establish Therapeutic Rapport</td>
<td>8.6%</td>
<td>8.7%</td>
<td>8.6%</td>
<td>8.6%</td>
<td>8.3%</td>
<td>14.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a relationship in which effective polarity therapy can take place.</td>
<td>4.6</td>
<td>4.3%</td>
<td>4.5</td>
<td>4.3%</td>
<td>4.8</td>
<td>4.4%</td>
<td>1.8</td>
<td>4.2%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Meet the client where they are energetically and establish resonant rapport.</td>
<td>4.6</td>
<td>4.3%</td>
<td>4.5</td>
<td>4.3%</td>
<td>4.7</td>
<td>4.3%</td>
<td>1.9</td>
<td>4.3%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>3. Assess the Client</td>
<td>12.3%</td>
<td>12.0%</td>
<td>12.2%</td>
<td>12.6%</td>
<td>12.5%</td>
<td>16.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain a health history/structural assessment, including contraindications.</td>
<td>4.5</td>
<td>4.1%</td>
<td>4.2</td>
<td>4.0%</td>
<td>4.4</td>
<td>4.0%</td>
<td>1.9</td>
<td>4.4%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Determine client goals/intentions and preferences.</td>
<td>4.5</td>
<td>4.2%</td>
<td>4.3</td>
<td>4.1%</td>
<td>4.7</td>
<td>4.2%</td>
<td>1.9</td>
<td>4.3%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Observe/measure the client’s strengths and weaknesses in relation to the step-down of energy. This may include the following factors: mental, emotional, physical, structural, and energetic patterns.</td>
<td>4.3</td>
<td>3.9%</td>
<td>4.1</td>
<td>3.9%</td>
<td>4.3</td>
<td>3.9%</td>
<td>1.7</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>4. Determine Therapeutic Plan</td>
<td>7.8%</td>
<td>7.9%</td>
<td>7.9%</td>
<td>7.5%</td>
<td>8.3%</td>
<td>13.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate assessment information and formulate a therapeutic session plan.</td>
<td>4.1</td>
<td>3.8%</td>
<td>4.0</td>
<td>3.9%</td>
<td>4.3</td>
<td>3.9%</td>
<td>1.7</td>
<td>3.8%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Reassess and re-strategize as necessary.</td>
<td>4.2</td>
<td>3.9%</td>
<td>4.2</td>
<td>4.0%</td>
<td>4.4</td>
<td>4.0%</td>
<td>1.6</td>
<td>3.7%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>5. Perform Polarity Therapy</td>
<td>45.1%</td>
<td>44.9%</td>
<td>45.2%</td>
<td>45.1%</td>
<td>45.8%</td>
<td>30.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist the client in becoming relaxed and comfortable on the table or other venue.</td>
<td>4.7</td>
<td>4.3%</td>
<td>4.4</td>
<td>4.3%</td>
<td>4.8</td>
<td>4.4%</td>
<td>1.9</td>
<td>4.4%</td>
<td>1</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Mean Combined</td>
<td>% Combined</td>
<td>Mean Importance</td>
<td>% Imp</td>
<td>Mean Frequency</td>
<td>% Freq</td>
<td>Mean Exp</td>
<td>% Exp</td>
<td>N Tasks</td>
<td>% N tasks</td>
<td>% Direct</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------------</td>
<td>--------</td>
<td>----------</td>
<td>-------</td>
<td>---------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>Make contact through presence, quality of touch, attitude, and neutrality.</td>
<td>4.9</td>
<td>4.5%</td>
<td>4.7</td>
<td>4.5%</td>
<td>4.9</td>
<td>4.4%</td>
<td>2.0</td>
<td>4.5%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Create additional rapport and conduct further assessment through palpation and observation.</td>
<td>4.4</td>
<td>4.1%</td>
<td>4.2</td>
<td>4.0%</td>
<td>4.6</td>
<td>4.2%</td>
<td>1.7</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Open the field and balance general energy dynamics.</td>
<td>4.5</td>
<td>4.1%</td>
<td>4.3</td>
<td>4.1%</td>
<td>4.5</td>
<td>4.1%</td>
<td>1.9</td>
<td>4.2%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Listen and respond to the client’s energy system by observing and balancing the energy currents, lines of force and harmonic relationships.</td>
<td>4.5</td>
<td>4.1%</td>
<td>4.4</td>
<td>4.2%</td>
<td>4.6</td>
<td>4.2%</td>
<td>1.8</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Re-assess through communication, touch, and energetic and somatic response to discern the effectiveness of the work.</td>
<td>4.4</td>
<td>4.1%</td>
<td>4.3</td>
<td>4.1%</td>
<td>4.6</td>
<td>4.2%</td>
<td>1.7</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Acknowledge the therapeutic results.</td>
<td>4.0</td>
<td>3.7%</td>
<td>3.8</td>
<td>3.7%</td>
<td>4.2</td>
<td>3.8%</td>
<td>1.6</td>
<td>3.7%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Integrate the session by closing the field.</td>
<td>4.6</td>
<td>4.3%</td>
<td>4.4</td>
<td>4.2%</td>
<td>4.7</td>
<td>4.3%</td>
<td>1.9</td>
<td>4.2%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>After the session, guide the client to become conscious of his/her physical state of being and acknowledge the changes.</td>
<td>4.3</td>
<td>4.0%</td>
<td>4.1</td>
<td>3.9%</td>
<td>4.4</td>
<td>4.0%</td>
<td>1.8</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Provide information and instruction to the client in stretching postures, energetic food awareness, and lifestyle behaviors.</td>
<td>4.0</td>
<td>3.7%</td>
<td>3.7</td>
<td>3.6%</td>
<td>3.9</td>
<td>3.5%</td>
<td>1.8</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Support client well-being by listening and reflecting, maintaining loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, and communicating effectively.</td>
<td>4.5</td>
<td>4.1%</td>
<td>4.4</td>
<td>4.2%</td>
<td>4.6</td>
<td>4.2%</td>
<td>1.8</td>
<td>4.0%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>6. Practice Ethically</td>
<td>9.0%</td>
<td>9.1%</td>
<td>8.9</td>
<td>9.0%</td>
<td>8.3%</td>
<td>8.3%</td>
<td>14.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow the APTA code of ethics and professional standards.</td>
<td>4.9</td>
<td>4.5%</td>
<td>4.8</td>
<td>4.6%</td>
<td>4.9</td>
<td>4.5%</td>
<td>2.0</td>
<td>4.5%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Set an intention(s) that is in the best interest of the client.</td>
<td>4.8</td>
<td>4.5%</td>
<td>4.7</td>
<td>4.5%</td>
<td>4.9</td>
<td>4.4%</td>
<td>2.0</td>
<td>4.5%</td>
<td>1</td>
<td>4.2%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Table 17 shows the Domain Percentages that are obtained by summing the task-level percentages in each domain. The first data column shows the number of tasks within each domain. The next 5 columns show the results for the combined ratings (% Combined), importance-only ratings (% Imp), frequency-
only ratings (% Freq), expectation-only ratings (% Exp), and based simply on the number of tasks within each domain with each task receiving equal weight (% N Tasks). The “% Direct” column repeats the means from Table 15 where survey respondents were directly asked what percentage of the exam they felt should come from each domain (% Direct). For reference, the last column of Table 17 shows the current test percentages for the test form that is currently in the field.

Table 17 – Domain Percentages (Calculated from Task Ratings)

<table>
<thead>
<tr>
<th>Domain</th>
<th>N Tasks</th>
<th>% Combined</th>
<th>% Imp</th>
<th>% Freq</th>
<th>% Exp</th>
<th>% N Tasks</th>
<th>% Direct</th>
<th>% Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare for the Session</td>
<td>4</td>
<td>17.3%</td>
<td>17.4%</td>
<td>17.2%</td>
<td>17.4%</td>
<td>16.7%</td>
<td>10.3</td>
<td>3%</td>
</tr>
<tr>
<td>2. Establish Therapeutic Rapport</td>
<td>2</td>
<td>8.6%</td>
<td>8.7%</td>
<td>8.6%</td>
<td>8.5%</td>
<td>8.3%</td>
<td>14.4</td>
<td>5%</td>
</tr>
<tr>
<td>3. Assess the Client</td>
<td>3</td>
<td>12.3%</td>
<td>12.0%</td>
<td>12.2%</td>
<td>12.6%</td>
<td>12.5%</td>
<td>16.6</td>
<td>30%</td>
</tr>
<tr>
<td>4. Determine Therapeutic Plan</td>
<td>2</td>
<td>7.8%</td>
<td>7.9%</td>
<td>7.9%</td>
<td>7.5%</td>
<td>8.3%</td>
<td>13.7</td>
<td>10%</td>
</tr>
<tr>
<td>5. Perform Polarity Therapy</td>
<td>11</td>
<td>45.1%</td>
<td>44.9%</td>
<td>45.2%</td>
<td>45.1%</td>
<td>45.8%</td>
<td>30.8</td>
<td>50%</td>
</tr>
<tr>
<td>6. Practice Ethically</td>
<td>2</td>
<td>9.0%</td>
<td>9.1%</td>
<td>8.9%</td>
<td>9.0%</td>
<td>8.3%</td>
<td>14.2</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 17 and Figure 3, the domain percentages are nearly identical based on task-level ratings, regardless of which rating question was used (% Imp - green, % Freq - brown, or % Exp – purple bars in Figure 3) or by combining them (% Combined, blue bars in Figure 3), and they were all very similar to the percentages based solely on the number of tasks within the domain (% N Tasks, yellow bars in Figure 3), indicating that the number of tasks within the domain was the primary driver of the rating-based percentages, rather than the ratings themselves. This is because the ratings were so similar across tasks (all tasks were rated as important, frequent, and expected to be learned prior to beginning practice).

The summed task-level ratings differ from the domain percentages where survey respondents were directly asked what percentage of the exam they felt should come from each domain (% Direct – red bars in Figure 3). When asked directly, respondents indicated fewer items should come from “Prepare for the Session” and “Perform Polarity Therapy” and more should come from the other four domains, as shown in Table 17 and Figure 3.
The final decision as to the domain percentages is the responsibility of the CGC-appointed test-blueprint task force, summarized below.

**Knowledge Statements**

The body of knowledge for polarity practitioners contains knowledge statements to flesh out the knowledge required for safe and effective polarity practice, to aid in item writing and other tasks. Although these statements are not used for determining test percentages, they were included in the survey so that they could be rated and validated. Thus, after providing test percentages for the domains, survey respondents were asked to rate the 46 knowledge statements. The question asked was “When do you think a BCPP should be expected to have competence of this knowledge?” The responses are shown in Table 18.

To calculate the mean rating, “not relevant” was coded as 0, “could be learned after” was coded as 1, and “must be learned before” was coded as 2. All knowledge statements were rated as needing to be learned prior to beginning practice as a BCPP on average (the lowest mean rating was 1.6, which is...
closer to “must be learned before”), thus based on the survey results, all knowledge statements are expected to be learned prior to beginning practice and should remain in the list. Survey respondents could also provide optional comments about the knowledge statements, which are shown in Appendix E.

Table 18 – Knowledge Statements

<table>
<thead>
<tr>
<th>Knowledge Statements</th>
<th>It is not relevant in a polarity therapy practice (coded 0)</th>
<th>This could be learned AFTER beginning practicing (coded 1)</th>
<th>This must be learned PRIOR TO beginning practice (coded 2)</th>
<th>N Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>The three principles of energy movement</td>
<td>0</td>
<td>5</td>
<td>129</td>
<td>134</td>
<td>2.0</td>
</tr>
<tr>
<td>Sanitation</td>
<td>1</td>
<td>5</td>
<td>128</td>
<td>134</td>
<td>1.9</td>
</tr>
<tr>
<td>Hierarchy of consciousness</td>
<td>2</td>
<td>26</td>
<td>104</td>
<td>132</td>
<td>1.8</td>
</tr>
<tr>
<td>Ultrasonic core</td>
<td>1</td>
<td>11</td>
<td>118</td>
<td>130</td>
<td>1.9</td>
</tr>
<tr>
<td>Involution and evolution</td>
<td>2</td>
<td>10</td>
<td>120</td>
<td>132</td>
<td>1.9</td>
</tr>
<tr>
<td>Neutrality and unity (nonjudgmental and objective)</td>
<td>1</td>
<td>2</td>
<td>129</td>
<td>132</td>
<td>2.0</td>
</tr>
<tr>
<td>Etheric energy body</td>
<td>0</td>
<td>6</td>
<td>126</td>
<td>132</td>
<td>2.0</td>
</tr>
<tr>
<td>Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership, resonance)</td>
<td>0</td>
<td>7</td>
<td>125</td>
<td>132</td>
<td>1.9</td>
</tr>
<tr>
<td>Components of a health history (e.g., APTA Health History and Intake Form)</td>
<td>0</td>
<td>18</td>
<td>113</td>
<td>131</td>
<td>1.9</td>
</tr>
<tr>
<td>Step-down of energy</td>
<td>0</td>
<td>7</td>
<td>125</td>
<td>132</td>
<td>1.9</td>
</tr>
<tr>
<td>The five elements</td>
<td>0</td>
<td>0</td>
<td>131</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>Energy centers (chakras)</td>
<td>0</td>
<td>3</td>
<td>128</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>Oval fields</td>
<td>0</td>
<td>15</td>
<td>117</td>
<td>132</td>
<td>1.9</td>
</tr>
<tr>
<td>Sensory and motor pranas</td>
<td>2</td>
<td>28</td>
<td>101</td>
<td>131</td>
<td>1.8</td>
</tr>
<tr>
<td>Triaxial, spatial relationships</td>
<td>2</td>
<td>30</td>
<td>98</td>
<td>130</td>
<td>1.7</td>
</tr>
<tr>
<td>The three primary currents</td>
<td>0</td>
<td>3</td>
<td>128</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>The three primary geometric relationships</td>
<td>0</td>
<td>13</td>
<td>116</td>
<td>129</td>
<td>1.9</td>
</tr>
<tr>
<td>The five mental passions and virtues</td>
<td>3</td>
<td>33</td>
<td>95</td>
<td>131</td>
<td>1.7</td>
</tr>
<tr>
<td>Correlation of energy status with mental, emotional and physical states</td>
<td>0</td>
<td>17</td>
<td>115</td>
<td>132</td>
<td>1.9</td>
</tr>
<tr>
<td>Pentamirus pattern</td>
<td>4</td>
<td>40</td>
<td>86</td>
<td>130</td>
<td>1.6</td>
</tr>
<tr>
<td>Anatomy and physiology (orthodox)</td>
<td>1</td>
<td>15</td>
<td>115</td>
<td>131</td>
<td>1.9</td>
</tr>
<tr>
<td>Anatomy and physiology (energy model)</td>
<td>0</td>
<td>2</td>
<td>129</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>Quality, rate, and tension of pulse (demonstrating the three principles)</td>
<td>3</td>
<td>42</td>
<td>86</td>
<td>131</td>
<td>1.6</td>
</tr>
<tr>
<td>Acute vs. chronic conditions</td>
<td>0</td>
<td>19</td>
<td>112</td>
<td>131</td>
<td>1.9</td>
</tr>
<tr>
<td>Knowledge Statements</td>
<td>It is not relevant in a polarity therapy practice (coded 0)</td>
<td>This could be learned AFTER beginning practicing (coded 1)</td>
<td>This must be learned PRIOR TO beginning practice (coded 2)</td>
<td>N Responses</td>
<td>Mean Rating</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Structural relationships (leg length, sacral base position, vertebral tension)</td>
<td>0</td>
<td>19</td>
<td>111</td>
<td>130</td>
<td>1.9</td>
</tr>
<tr>
<td>Vital centers and actions</td>
<td>1</td>
<td>20</td>
<td>109</td>
<td>130</td>
<td>1.8</td>
</tr>
<tr>
<td>The three nervous systems</td>
<td>0</td>
<td>10</td>
<td>120</td>
<td>130</td>
<td>1.9</td>
</tr>
<tr>
<td>The four areas of polarity therapy practice and their applications</td>
<td>2</td>
<td>9</td>
<td>120</td>
<td>131</td>
<td>1.9</td>
</tr>
<tr>
<td>Contacts for elemental triads</td>
<td>0</td>
<td>7</td>
<td>124</td>
<td>131</td>
<td>1.9</td>
</tr>
<tr>
<td>Contacts for the five-pointed star</td>
<td>1</td>
<td>9</td>
<td>119</td>
<td>129</td>
<td>1.9</td>
</tr>
<tr>
<td>Contacts for the six-pointed star</td>
<td>1</td>
<td>13</td>
<td>115</td>
<td>129</td>
<td>1.9</td>
</tr>
<tr>
<td>Contacts for spinal harmonics</td>
<td>0</td>
<td>23</td>
<td>107</td>
<td>130</td>
<td>1.8</td>
</tr>
<tr>
<td>Contacts for perineal therapy</td>
<td>0</td>
<td>31</td>
<td>100</td>
<td>131</td>
<td>1.8</td>
</tr>
<tr>
<td>Contacts for the two branches of the autonomic nervous system</td>
<td>0</td>
<td>17</td>
<td>114</td>
<td>131</td>
<td>1.9</td>
</tr>
<tr>
<td>General balancing techniques</td>
<td>0</td>
<td>3</td>
<td>128</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>Process-oriented session</td>
<td>2</td>
<td>30</td>
<td>98</td>
<td>130</td>
<td>1.7</td>
</tr>
<tr>
<td>Spatially-oriented session</td>
<td>1</td>
<td>27</td>
<td>101</td>
<td>129</td>
<td>1.8</td>
</tr>
<tr>
<td>Energy tracing session</td>
<td>2</td>
<td>29</td>
<td>99</td>
<td>130</td>
<td>1.7</td>
</tr>
<tr>
<td>The three modes of touch</td>
<td>0</td>
<td>3</td>
<td>126</td>
<td>129</td>
<td>2.0</td>
</tr>
<tr>
<td>Contraindications of touch</td>
<td>0</td>
<td>5</td>
<td>126</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>Chakra balancing techniques</td>
<td>2</td>
<td>18</td>
<td>111</td>
<td>131</td>
<td>1.8</td>
</tr>
<tr>
<td>Stretching postures (including benefits and precautions)</td>
<td>0</td>
<td>23</td>
<td>108</td>
<td>131</td>
<td>1.8</td>
</tr>
<tr>
<td>Energetic food awareness</td>
<td>1</td>
<td>20</td>
<td>110</td>
<td>131</td>
<td>1.8</td>
</tr>
<tr>
<td>Instructional techniques</td>
<td>4</td>
<td>43</td>
<td>83</td>
<td>130</td>
<td>1.6</td>
</tr>
<tr>
<td>APTA Standards for Practice and Education and Code of Ethics</td>
<td>2</td>
<td>4</td>
<td>124</td>
<td>130</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Answered: 134

Skipped: 22
Test Blueprint Meeting

The CGC recruited 8 SMEs to serve on the test blueprint committee, as shown in Table 19. In preparation to review and finalize the content outline and test specifications, a draft copy of this practice analysis report was sent to the test blueprint committee in advance of a web-conference meeting. The test blueprint committee was asked to review the report in advance of the meeting, which was a 2-hour web-based meeting held on Tuesday, April 17, 2018. The slides that were used to guide the meeting are shown in Appendix F.

Table 19 – Test Blueprint Committee Members

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Credentials</th>
<th>Current Status</th>
<th>Years as PP</th>
<th>Setting</th>
<th>Country</th>
<th>Region</th>
<th>Age</th>
<th>Highest Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina</td>
<td>Ross</td>
<td>Female</td>
<td>RPP, RPE, BCPP</td>
<td>Not currently</td>
<td>11-19</td>
<td>Private Practice</td>
<td>USA</td>
<td>North Carolina</td>
<td>51-60</td>
<td>Doctorate</td>
</tr>
<tr>
<td>Dianne</td>
<td>Pender</td>
<td>Female</td>
<td>RPP, BCPP</td>
<td>Part-time</td>
<td>20 or more</td>
<td>Private Practice and Corporate Wellness equally</td>
<td>Canada</td>
<td>British Columbia</td>
<td>61-70</td>
<td>Associate degree</td>
</tr>
<tr>
<td>James M</td>
<td>Malone</td>
<td>Male</td>
<td>BCPP</td>
<td>Part-time</td>
<td>11-19</td>
<td>Private Practice</td>
<td>USA</td>
<td>Virgin Islands</td>
<td>31-40</td>
<td>High School diploma</td>
</tr>
<tr>
<td>Julie</td>
<td>Chapman</td>
<td>Female</td>
<td>RPE, BCPP</td>
<td>Not currently</td>
<td>11-19</td>
<td>Private Practice</td>
<td>USA</td>
<td>North Carolina</td>
<td>51-60</td>
<td>Bachelor’s degree</td>
</tr>
<tr>
<td>Marlene</td>
<td>Perdan</td>
<td>Female</td>
<td>RPP, BCPP</td>
<td>Part-time</td>
<td>3-5</td>
<td>Private Practice</td>
<td>USA</td>
<td>Ohio</td>
<td>51-60</td>
<td>Master’s degree</td>
</tr>
<tr>
<td>Morgan</td>
<td>Jackson</td>
<td>Male</td>
<td>RPP, BCPP</td>
<td>Not currently</td>
<td>20 or more</td>
<td>Formerly Private Practice</td>
<td>USA</td>
<td>North Carolina</td>
<td>61-70</td>
<td>Doctorate</td>
</tr>
<tr>
<td>Nadine</td>
<td>Feighan</td>
<td>Female</td>
<td>APP, RPP, BCPP</td>
<td>Part-time</td>
<td>6-10</td>
<td>Private Practice</td>
<td>USA</td>
<td>Ohio</td>
<td>61-70</td>
<td>Master’s degree</td>
</tr>
<tr>
<td>Ricky</td>
<td>Cullipher</td>
<td>Male</td>
<td>APP, RPP, BCPP</td>
<td>Not currently</td>
<td>6-10</td>
<td>At my current job</td>
<td>USA</td>
<td>Arizona</td>
<td>51-60</td>
<td>Associate degree</td>
</tr>
</tbody>
</table>

The test blueprint meeting consisted of several steps, as follows:

1. Review background information to set the stage for the practice analysis process.
   a. Review the test development process to orient the SMEs to the overall process and how the practice analysis fits in.
   b. Review the BCPP certification program specifications to remind the SMEs of the target audience for the exam, the level of practice expected, and so forth.

2. Review demographic data from the validation survey
3. Review task ratings and comments from the validation survey
4. Review direct domain percentages (where survey respondents were asked directly what percentage of the exam they thought should come from each domain) and comments on the percentages
5. Review task-based percentages
6. Review all domain-based percentages
7. Determine if any changes (additions or deletions) are needed in content outline
8. Decide on final test percentages
9. Review knowledge statements and determine if any changes (additions or deletions) are needed

After reviewing the demographic and background questions, the test blueprint committee believed that the respondent group was representative of the population. Based on a review of the summary data for the task ratings (Table 14), the committee decided to retain all task statements, as they were rated high on importance [mainly rated as “very important” (coded 4) or “imperative” (coded 5) with an average of 4.3], high on frequency [mainly rated as “most of the time” (coded 4) or “always” (coded 5) with an average of 4.6], and are expected to be learned before beginning practice as a polarity therapist [mainly rated as “This must be learned PRIOR TO beginning practice” (coded 2), rather than “This could be learned AFTER beginning practicing” (coded 1) or not relevant (coded 0), with an average of 1.8].

The test blueprint committee also decided to retain all knowledge statements, as the average ratings indicated that all of the knowledge was expected to be learned before beginning practice as a polarity therapist [mainly rated as “This must be learned PRIOR TO beginning practice” (coded 2), rather than “This could be learned AFTER beginning practicing” (coded 1) or not relevant (coded 0), with an average of 1.9].

The test blueprint committee reviewed the comments on the tasks, domains, and knowledge statements (Appendix E), and decided that the content outline should not undergo additional revision based on the comments. Therefore, the committee finalized the content outline as stated in the practice analysis survey, as shown in Tables 20-21.
## Final Domains and Tasks

**Table 20 – Final Domains and Tasks**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Task</th>
</tr>
</thead>
</table>
| **I. Prepare for the Session** | T1. Establish a hygienic clinical area and an energetically and physically comfortable setting.  
T2. Promote and exercise self-awareness.  
T3. Adopt a neutral attitude and state of alignment.  
T4. Clear the energetic field. |
| **II. Establish Therapeutic Rapport** | T5. Create a therapeutic relationship in which effective polarity therapy can take place.  
T6. Meet the client where they are energetically and establish resonant rapport. |
| **III. Assess the Client** | T7. Obtain a health history/structural assessment, including contraindications.  
T8. Determine client goals/intentions and preferences.  
T9. Observe/measure the client’s strengths and weaknesses in relation to the step-down of energy. This may include the following factors: mental, emotional, physical, structural, and energetic patterns. |
| **IV. Determine Therapeutic Plan** | T10. Integrate assessment information and formulate a therapeutic plan.  
T11. Reassess and re-strategize as necessary. |
| **V. Perform Polarity Therapy** | T12. Establish a receptive field by assisting the client in becoming relaxed and comfortable in their physical body on the table or other venue.  
T13. Make contact through presence, quality of touch, attitude, and neutrality.  
T14. Create additional rapport and conduct further assessment through palpation and observation.  
T15. Open the field and balance general energy dynamics.  
T16. Listen and respond to energy directives from the client’s system by engaging specific details, lines of force, and harmonic relationships. (This may include balancing energy currents, structure and function.)  
T17. Re-assess through communication, touch, and energetic and somatic response to discern the effectiveness of the work.  
T18. Acknowledge the therapeutic results.  
T19. Integrate the session by closing the field. |
<table>
<thead>
<tr>
<th>Domain</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T20. Demonstrate and lead the client through movements that have energetic applications and structural and functional benefits.</td>
</tr>
<tr>
<td></td>
<td>T21. Provide information and instruction to the client in stretching postures, energetic food awareness, and lifestyle behaviors.</td>
</tr>
<tr>
<td></td>
<td>T22. Support client well-being by listening and reflecting, maintaining loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, and communicating effectively.</td>
</tr>
</tbody>
</table>

**VI. Practice Ethically**

|        | T23. Follow the APTA code of ethics and professional standards. |
|        | T24. Set an intention(s) that is in the best interest of the client. |

## Final Knowledge Statements

### Table 21 – Final Knowledge Statements

<table>
<thead>
<tr>
<th>ID</th>
<th>Knowledge/Ability Statements</th>
<th>Prepare for the Session</th>
<th>Establish Therapeutic Rapport</th>
<th>Assess the Client</th>
<th>Determine Therapeutic Plan</th>
<th>Perform Polarity Therapy</th>
<th>Practice Ethically</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-1</td>
<td>The three principles of energy movement</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-2</td>
<td>Sanitation</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-3</td>
<td>Hierarchy of consciousness</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-4</td>
<td>Ultrasonic core</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-5</td>
<td>Involution and evolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-6</td>
<td>Neutrality and unity (nonjudgmental and objective)</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-7</td>
<td>Etheric energy body</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K-8</td>
<td>Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership, resonance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-9</td>
<td>Components of a health history (e.g., APTA Health History and Intake Form)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K-10</td>
<td>Step-down of energy</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K-11</td>
<td>The five elements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-12</td>
<td>Energy centers (chakras)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-13</td>
<td>Oval fields</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K-14</td>
<td>Sensory and motor pranas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-15</td>
<td>Triaxial, spatial relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Knowledge/Ability Statements</td>
<td>Prepare for the Session</td>
<td>Establish Therapeutic Rapport</td>
<td>Assess the Client</td>
<td>Determine Therapeutic Plan</td>
<td>Perform Polarity Therapy</td>
<td>Practice Ethically</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>K-16</td>
<td>The three primary currents</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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</tr>
<tr>
<td>K-17</td>
<td>The three primary geometric relationships</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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</tr>
<tr>
<td>K-18</td>
<td>The five mental passions and virtues</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-19</td>
<td>Correlation of energy status with mental, emotional and physical states</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K-20</td>
<td>Pentamirus pattern</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
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<tr>
<td>K-21</td>
<td>Anatomy and physiology (orthodox)</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-22</td>
<td>Anatomy and physiology (energy model)</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-23</td>
<td>Quality, rate, and tension of pulse (demonstrating the three principles)</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
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</tr>
<tr>
<td>K-24</td>
<td>Acute vs. chronic conditions</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-25</td>
<td>Structural relationships (leg length, sacral base position, vertebral tension)</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-26</td>
<td>Vital centers and actions</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-27</td>
<td>The three nervous systems</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>K-28</td>
<td>The four areas of polarity therapy practice and their applications</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-29</td>
<td>Contacts for elemental triads</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>K-30</td>
<td>Contacts for the five-pointed star</td>
<td></td>
<td></td>
<td>Y</td>
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<td></td>
</tr>
<tr>
<td>K-31</td>
<td>Contacts for the six-pointed star</td>
<td></td>
<td></td>
<td>Y</td>
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<td></td>
</tr>
<tr>
<td>K-32</td>
<td>Contacts for spinal harmonics</td>
<td></td>
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</tr>
<tr>
<td>K-33</td>
<td>Contacts for perineal therapy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K-34</td>
<td>Contacts for the two branches of the autonomic nervous system</td>
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<td></td>
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</tr>
<tr>
<td>K-35</td>
<td>General balancing techniques</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K-36</td>
<td>Process-oriented session</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>K-37</td>
<td>Spatially-oriented session</td>
<td></td>
<td></td>
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<tr>
<td>K-38</td>
<td>Energy tracing session</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K-39</td>
<td>The three modes of touch</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Knowledge/Ability Statements

<table>
<thead>
<tr>
<th>ID</th>
<th>Knowledge/Ability Statements</th>
<th>Prepare for the Session</th>
<th>Establish Therapeutic Rapport</th>
<th>Assess the Client</th>
<th>Determine Therapeutic Plan</th>
<th>Perform Polarity Therapy</th>
<th>Practice Ethically</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-40</td>
<td>Contraindications of touch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>K-41</td>
<td>Chakra balancing techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>K-42</td>
<td>Stretching postures (including benefits and precautions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>K-43</td>
<td>Energetic food awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>K-44</td>
<td>Instructional techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
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<tr>
<td>K-45</td>
<td>APTA Standards for Practice and Education and Code of Ethics</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Final Test Percentages

The test blueprint committee reviewed the potential test percentages based on the results of the practice analysis study and compared them to the current test specifications (% Current) as shown in Table 22. The final percentages (Final %) decided by the test blueprint committee are shown in the final column of Table 22. The rationale for each domain:

1. Prepare for the Session: 8%, which is higher than the current value (3%), but lower than the direct percent (10.3) and the task-based percentages (around 17%) because this domain has limited content so there is not much about which to ask. Only a few questions are needed for each task to see if the candidate understands the tasks.

2. Establish Therapeutic Rapport: 7%, which is higher than the current value (5%), but lower than the direct percent (14.4) and the task-based percentages (around 8-9%) because this domain has limited content so there is not much to ask about. Only a few questions are needed for each task to see if the candidate understands the tasks.

3. Assess the Client: 15%, which is lower than the current value (30%), lower than the direct percent (16.6) and higher than the task-based percentages (around 12-13%). The committee noted that the plan often changes when actually working with a client, so the assessment, though important, is overridden by the plan as it unfolds over the course of the session(s). Thus, the current value of 30% is too high. The direct and task-based domain ratings are more appropriate, and the final value is between them.

4. Determine Therapeutic Plan: 15%, which is higher than the current value (10%), higher than the direct percent (13.7%), and higher than the task-based percentages (around 8%). This is a rich domain with many aspects. More questions per task are needed to determine if the candidate understands the tasks adequately.

5. Perform Polarity Therapy: 50%, which is the same as the current value (50%), higher than the direct percent (30.8%), and higher than the task-based percentages (around 45%). This is the heart of the BCPP exam. It is a rich domain with many aspects. More questions per task are needed to determine if the candidate understands the tasks adequately.
adequately.
6. Practice Ethically: 5%, which is higher than the current value (2%), but lower than the direct percent (14.2) and the task-based percentages (around 9%) because this domain has limited content so there is not much about which to ask. Although ethics is an extremely important topic, it is also extremely difficult to write good questions on ethics. Ethics is also dealt with by requiring candidates to agree to adhere to the APTA Standards for Practice and the Code of Professional Conduct as part of the application process.

Table 22 – Domain Percentages, including Final Decision

<table>
<thead>
<tr>
<th>Domain</th>
<th>N</th>
<th>Tasks</th>
<th>% Combined</th>
<th>% Imp</th>
<th>% Freq</th>
<th>% Exp</th>
<th>% N Tasks</th>
<th>% Direct</th>
<th>% Current</th>
<th>Final %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare for the Session</td>
<td>4</td>
<td>17.3%</td>
<td>17.4%</td>
<td>17.2%</td>
<td>17.4%</td>
<td>16.7%</td>
<td>10.3</td>
<td>3%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>2. Establish Therapeutic Rapport</td>
<td>2</td>
<td>8.6%</td>
<td>8.7%</td>
<td>8.6%</td>
<td>8.5%</td>
<td>8.3%</td>
<td>14.4</td>
<td>5%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>3. Assess the Client</td>
<td>3</td>
<td>12.3%</td>
<td>12.0%</td>
<td>12.2%</td>
<td>12.6%</td>
<td>12.5%</td>
<td>16.6</td>
<td>30%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>4. Determine Therapeutic Plan</td>
<td>2</td>
<td>7.8%</td>
<td>7.9%</td>
<td>7.9%</td>
<td>7.5%</td>
<td>8.3%</td>
<td>13.7</td>
<td>10%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>5. Perform Polarity Therapy</td>
<td>11</td>
<td>45.1%</td>
<td>44.9%</td>
<td>45.2%</td>
<td>45.1%</td>
<td>45.8%</td>
<td>30.8</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>6. Practice Ethically</td>
<td>2</td>
<td>9.0%</td>
<td>9.1%</td>
<td>8.9%</td>
<td>9.0%</td>
<td>8.3%</td>
<td>14.2</td>
<td>2%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

The final content outline and percentages were reviewed and approved by the CGC at the CGC meeting on 10-23-2018.

Summary

Using practice analysis data as a basis for developing the content outline and test specifications, as well as for all subsequent exam development, will contribute to the validity of the BCPP examination. As described in this report, a focus group of 9 SMEs updated the prior list of domains, tasks, and knowledge statements required for safe and effective practice as a professional polarity therapist. A survey was used to gather data from a larger group of experts (156 respondents provided ratings for an effective response rate of 56% of the 279 total recipients of the survey).

The survey data were used to validate the domains, tasks, and knowledge statements. Based on the results, it was recommended that all tasks and knowledge statements be retained in the
final body of knowledge. Potential test percentages for each domain were calculated in several ways based on the survey data.

To finalize the content outline and test percentages (i.e., the final test blueprint), the CGC-selected the test blueprint committee of 8 SMEs who reviewed all the data in this report, including the comments, and took into consideration the practical aspect of test development. All domains, tasks, and knowledge statements in the content outline were determined to be important, frequent, and necessary to know before beginning practice as a polarity therapist, based on the results of this practice analysis. Therefore, the test blueprint committee decided to keep all tasks, domains, and knowledge statements as shown in Tables 20-21.

When determining the final domain percentages, it was important for the test blueprint committee to consider how many questions would be needed to adequately assess each task and whether it would be possible to develop a sufficient number of test questions to meet the test percentages, especially if a domain/task was limited in scope. Therefore, the scope and depth of the subject matter was also taken into consideration when finalizing the test weights. The test blueprint committee unanimously agreed on the percentages shown in the final column of Table 22, and the final percentages were approved by the CGC at the CGC meeting on 10-23-2018.

References


Appendix A. Deborah L. Schnipke, Ph.D.

Deborah L. Schnipke, PhD  
Virtual Psychometrics  
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dschnipke@virtualpsychometrics.com  
www.linkedin.com/in/deborahschnipke

Dr. Schnipke has over 20 years of experience working in measurement, providing psychometric expertise for all aspects of the test development process in a variety of fields, especially within certification and licensure testing. Her work includes conducting job task analyses studies (focus groups and surveys), developing test specifications, training item writers and reviewers, performing classical and IRT item and test analyses, assembling balanced test forms, conducting standard setting meetings, scaling and equating test forms, investigating test security breaches, providing guidance and psychometric services for third-party accreditation, auditing testing programs for adherence to psychometric standards, and performing differential item functioning analyses, timing analyses, etc. She has conducted and published research on a variety of topics, including job task analyses, item selection algorithms, adaptive testing, response time analyses, differential item function, test security, test design, etc. She is invested in ensuring that exams are reliable, valid, and fair, and in compliance with industry standards, such as the AERA/APA/NCME standards and NCCA accreditation standards. She has experience as a speaker, reviewer, discussant, and author for major psychometric journals and conferences.

Before co-founding Virtual Psychometrics, Dr. Schnipke was the Director of Research and Development for Promissor where she was instrumental in ensuring the psychometric integrity of the CATSystem® test development and delivery software. Prior to that she was a Research Scientist at the Law School Admission Council where she oversaw operational statistical procedures related to Law School Admission Test (LSAT) and conducted research on a variety of psychometric topics, especially as related to computer-administered testing.

Dr. Schnipke received her Ph.D. and M.A. in Quantitative Psychology, specializing in psychometrics, from Johns Hopkins University under the tutelage of Dr. Bert F. Green, Jr. She received B.S. with a double major in psychology and statistics at Bowling Green State University.
Appendix B. Info for Focus Group SMEs before first meeting

Thank you for agreeing to participate in the focus group for the practice analysis study.

The American Polarity Therapy Association (APTA) is conducting a practice analysis study to update the content outline for the certification examination for polarity practitioners. The study will result in updating the major domains of practice of a polarity therapist, the tasks associated with the domains, and the knowledge applied in the performance of the tasks. This information is used to update the content outline and test specifications for the certification examination. It is the foundation for the polarity therapy certification examination – it is used to guide item development and the test forms since all items must correspond to a defined area of the content domain, and the number of items on each test form must the test weights that are developed from the practice analysis study.

The most recent practice analysis study was conducted in 2014, and the results of that study will be used as the starting point for the 2018 study. The 2018 study will consist of two phases: a focus group will update the domains, tasks, and knowledge statements and create the content outline, and a validation study that will gather data from a much larger number of polarity therapies about the importance and frequency of each content area to update the content outline and its test percentages.

During the meetings, you will have the opportunity to work with your colleagues to revise the domains, tasks, and knowledge statements that define the content of the certification exam to ensure that it is comprehensive and accurately reflects current practice. Your task in the focus group is to “brainstorm” with other polarity practitioners until consensus is reached on each point under investigation or discussion. We will also review (and update if needed) the certification program specifications (purpose, description of the job/job role, job titles, target audience, eligibility requirements) and certification examination specifications (item types used, test delivery modality, test delivery channel, total administration time, total number of items, annual volume estimate).

We are planning to have 2 two-hour web meetings to reach consensus on any changes/updates to the domains, tasks, and knowledge.

Before the first meeting, please review Table 1, which provides the domains and tasks for Polarity Therapy, and the content outline which provides the same domains and tasks, but also includes the knowledge applied by polarity practitioners in the practice of their profession.

As you review the domains, tasks, and knowledge, please consider the following questions:

1. Are the tasks comprehensive, up-to-date and accurate? If not, please provide suggestions to make them comprehensive, up-to-date and accurate.
2. Are any tasks missing from the document? If so, please indicate the missing tasks in the associated domain of practice.
3. Are the knowledge statements comprehensive, up-to-date and accurate? If not, please provide suggestions to make them comprehensive, up-to-date and accurate.
4. Are any knowledge statements missing from the document? If so, please indicate the missing
knowledge statements in the associated domain of practice.
5. Is a major domain of practice missing from the document? If so, indicate the major domain of practice, the tasks associated with the major domain, and the knowledge statements.

In preparation for the meeting, it would be helpful to write responses to the above-mentioned questions and have them available during the web conference.

Table 1. Major Domains and Tasks

<table>
<thead>
<tr>
<th>Major Domains &amp; Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Therapist’s Preparation for the Session</strong></td>
</tr>
<tr>
<td>T1 Establish an energetically and physically comfortable and hygienic clinical area.</td>
</tr>
<tr>
<td>T2 Promote and exercise self-awareness.</td>
</tr>
<tr>
<td>T3 Adopt a neutral attitude and state of alignment.</td>
</tr>
<tr>
<td>T4 Clear the energetic field.</td>
</tr>
<tr>
<td><strong>II. Establish Therapeutic Rapport</strong></td>
</tr>
<tr>
<td>T5 Create a therapeutic relationship in which effective polarity therapy can take place.</td>
</tr>
<tr>
<td>T6 Meet the client where their energy is focused and establish resonant rapport.</td>
</tr>
<tr>
<td><strong>III. Assessment</strong></td>
</tr>
<tr>
<td>T7 Obtain a health history.</td>
</tr>
<tr>
<td>T8 Determine client goals.</td>
</tr>
<tr>
<td>T9 Observe/measure client characteristics in relation to the step-down of energy and the client’s strengths.</td>
</tr>
<tr>
<td><strong>IV. Strategy</strong></td>
</tr>
<tr>
<td>T10 Integrate assessment information and formulate a treatment strategy.</td>
</tr>
<tr>
<td>T11 Reassess and re-strategize as necessary.</td>
</tr>
<tr>
<td><strong>V. Treatment</strong></td>
</tr>
<tr>
<td>T12 Establish a receptive field by assisting the client in becoming relaxed and comfortable in their physical body on the table or other venue.</td>
</tr>
<tr>
<td>T13 Make contact through presence, quality of touch, attitude, etc.</td>
</tr>
<tr>
<td>T14 Create additional rapport and conduct further assessment through palpation.</td>
</tr>
<tr>
<td>T15 Open the field and balance general energy dynamics.</td>
</tr>
<tr>
<td>T16 Listen and respond to energy directives from the client’s system by engaging specific details, lines of force, harmonic relationships, etc. (This may include balancing energy, structure and function.)</td>
</tr>
<tr>
<td>T17 Re-assess to discern the response to the work.</td>
</tr>
<tr>
<td>T18 Acknowledge the therapeutic results.</td>
</tr>
<tr>
<td>T19 Integrate the session by closing the field.</td>
</tr>
<tr>
<td>T20 Provide information and instruction to the client in:</td>
</tr>
<tr>
<td>T21 Demonstrate and lead the client through movements that have energetic applications and structural and functional benefits</td>
</tr>
<tr>
<td>T22 Guide the client to wholeness and well-being by listening and reflecting, loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, etc.</td>
</tr>
<tr>
<td><strong>VI. Ethics</strong></td>
</tr>
<tr>
<td>T23 Polarity practitioners conduct their practice in a manner consistent with the best interests of the client and applicable codes of ethics and professional standards</td>
</tr>
</tbody>
</table>
Polarity Therapy Content Outline - December 2014
Domains, Tasks, and Knowledge for Polarity Therapy

This document represents a delineation of the tasks (T) performed and knowledge (K) applied by polarity practitioners in the practice of their profession. Polarity therapy is a health profession that embodies multiple modalities including energetic bodywork, counseling and communication. The effective application of polarity therapy knowledge and skill elicits health, well-being and the fulfillment of potential.

(Note: This delineation of tasks and knowledge is not intended to imply a strict chronology or linearity in the practice of polarity therapy. Observations made and information gathered throughout the course of work with clients may result in the performance or re-performance of specific tasks as deemed necessary by the therapist.)

Domain I – Therapist’s Preparation for the Session
T-1 Establish an energetically and physically comfortable and hygienic clinical area.
T-2 Promote and exercise self-awareness.
T-3 Adopt a neutral attitude and state of alignment.
T-4 Clear the energetic field.

The safe and effective performance of these tasks requires knowledge of:
K-1 The three principles of energy movement
K-2 Sanitation
K-3 Hierarchy of consciousness
K-4 Ultrasonic core
K-5 Involution and evolution
K-6 Neutrality and unity
K-7 Etheric energy body

Domain II – Establish Therapeutic Rapport
T-1 Create a therapeutic relationship in which effective polarity therapy can take place.
T-2 Meet the client where their energy is focused and establish resonant rapport.

The safe and effective performance of this task requires knowledge of:
K-1 The three principles of energy movement
K-8 Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership)
K-3 Hierarchy of consciousness
K-47? Resonance
A-1 Ability to be nonjudgmental and objective

Domain III - Assessment
T-1 Obtain a health history.
T-2 Determine client goals.
T-3 Observe/measure client characteristics in relation to the step-down of energy and the client’s strengths. This may include the following factors:
   a. Mental
   b. Emotional
   c. Physical
   d. Structural
   e. Energetic patterns

The safe and effective performance of these tasks requires knowledge of:
   K-1 The three principles of energy movement
   K-3 Hierarchy of consciousness
   K-4 Ultrasonic core
   K-5 Involuition and evolution
   K-7 Etheric energy body
   K-8 Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership)
   K-9 Components of a health history (e.g., APTA Health History and Intake Form)
   K-10 Step-down of energy
   K-11 The five elements
   K-12 Energy centers (chakras)
   K-13 Oval fields
   K-14 Sensory and motor pranas
   K-15 Triaxial, spatial relationships
   K-16 The three primary currents
   K-17 The three primary geometric relationships
   K-18 The five mental passions and virtues
   K-19 Correlation of energy status with mental, emotional and physical states
   K-20 Pentamirus pattern
   K-21 Anatomy and physiology (orthodox)
   K-22 Anatomy and physiology (energy model)
   K-23 Quality, rate and tension of pulse (demonstrating the three principles)
   K-24 Acute vs. chronic conditions
   K-25 Structural relationships (leg length, sacral base position, vertebral tension)
   K-26 Vital centers and actions
   K-27 The three nervous systems

**Domain IV – Strategy**

T-1 Integrate assessment information and formulate a treatment strategy.
T-2 Reassess and re-strategize as necessary.

The safe and effective performance of this task requires knowledge of:
K-1 The three principles of energy movement
K-3 Hierarchy of consciousness
K-4 Ultrasonic core
K-5 Involution and evolution
K-6 Neutrality and unity
K-7 Etheric energy body
K-8 Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership)
K-9 Components of a health history (e.g., APTA Health History and Intake Form)
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K-24 Acute vs. chronic conditions
K-25 Structural relationships (leg length, sacral base position, vertebral tension)
K-26 Vital centers and actions
K-27 The three nervous systems
K-28 The four areas of polarity therapy practice and their applications

**Domain V - Treatment**

**A. Bodywork**

T-1 Establish a receptive field by assisting the client in becoming relaxed and comfortable in their physical body on the table or other venue.

T-2 Make contact through presence, quality of touch, attitude, etc.

T-3 Create additional rapport and conduct further assessment through palpation.

T-4 Open the field and balance general energy dynamics.

T-5 Listen and respond to energy directives from the client’s system by engaging specific details, lines of force, harmonic relationships, etc. (This may include balancing energy, structure and function.)

T-6 Re-assess to discern the response to the work.

T-7 Acknowledge the therapeutic results.

T-8 Integrate the session by closing the field.

**B. Education**
T-9 Provide information and instruction to the client in:
   a. Stretching postures.
   b. Energetic nutrition
   c. Lifestyle behaviors

C. Stretching Postures
   T-10 Demonstrate and lead the client through movements that have energetic applications and structural and functional benefits.

D. Communication and facilitation
   T-11 Guide the client to wholeness and well-being by listening and reflecting, loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, etc.

The safe and effective performance of these tasks requires knowledge of:

K-1 The three principles of energy movement
K-2 Sanitation
K-3 Hierarchy of consciousness
K-4 Ultrasonic core
K-5 Involution and evolution
K-6 Neutrality and unity
K-7 Etheric energy body
K-8 Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership)
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K-25 Structural relationships (leg length, sacral base position, vertebral tension)
K-26 Vital centers and actions
K-27 The three nervous systems
K-28 The four areas of polarity therapy practice and their applications
K-29 Contacts for elemental triads
K-30 Contacts for the five-pointed star
K-31 Contacts for the six-pointed star
K-32 Contacts for spinal harmonics
K-33 Contacts for perineal therapy
K-34 Contacts for the two branches of the autonomic nervous system
K-35 General balancing techniques
K-36 Process oriented session
K-37 Spatial oriented session
K-38 Energy tracing session
K-39 The three modes of touch
K-40 Contraindications of touch
K-41 Chakra balancing techniques
K-42 Process oriented polarity therapy bodywork techniques
K-43 Stretching postures (including benefits and precautions)
K-44 Energetic nutrition
K-45 Instructional techniques

**Domain VI - Ethics**

T-1 Polarity practitioners conduct their practice in a manner consistent with the best interests of the client and applicable codes of ethics and professional standards.

The safe and effective performance of this task requires knowledge of:

K-46 APTA Standards for Practice and Education and Code of Ethics
Appendix C. Slides from the Practice Analysis Focus Group Meeting

1. Polarity Therapy Practice Analysis Focus Group Meeting

2. Agenda
   - Introductions
   - Ground rules
   - Understand how practice analysis fits into test development process
   - Review typical Test Development Process & Possible BCPP Process
   - Review Practice Analysis Process
   - Review BCPP Certification Program Specifications
   - Do Practice Analysis Tasks
   - Finish next Tuesday
   - Preview/update validation survey
   - Review demographic questions and rating scales for validation survey

3. Introductions
   - Name
   - Background (brief)
   - Any prior experience with test development

4. Ground Rules
   - Everyone’s opinion matters
   - Everyone is expected to participate
   - Don’t be a yes-man - If something doesn’t seem quite right, bring it up
   - Express disagreement respectfully
   - Express agreement clearly and concisely (do chat is fine)
   - I may not yet or ask you to summarize if needed
   - SBC/venue goals: consensus on all domains, tasks, and knowledgeability statements, etc.

5. Typical Test Development Process

6. Possible BCPP Test Development Process
Practice Analysis Process

- Practice analysis focus group (the group)
  - Review of practice assessment
  - Review of polity outline for use
  - Specific areas of job description (knowledge, skills, and abilities)
  - Identify the specific skills required to perform each task
  - Separated over the intervals and tasks
  - Used to determine if the skills are critical in the organization
  - Validation survey
  - Gather data from larger number of polity practitioners to validate updated content
  - Collect data in test format, for each content area (mock testing)
  - Test Blueprint Focus Group
  - Review survey results and test percentages
  - Measure test percentages for items (test blueprint)
  - Measure certification examination specifications
  - Review minimum competency standards, factors, and limitations

BCPP Certification Program Specifications (Review)

- Program: The Board Certified Polity Practitioner (BCPP) is an advanced level certification that is available to those seeking to achieve accountability, professional recognition, and increased job opportunities. The certification is designed for practitioners in a variety of settings including healthcare organizations, hospitals, clinics, and independent practice.

- Target Audience: The target audience includes those with sufficient training in polity therapy, those practicing polity therapy in a variety of settings, and those interested in advancing their careers in the field.

- Eligibility Requirements: To become eligible for the BCPP and to sit for the Polity Therapy Certification Exam, candidates must meet the following requirements:
  - Hold a current and valid certification in polity therapy.
  - Hold a degree in polity therapy.
  - Have a minimum of three years of experience in polity therapy.

- Examination Specifications (Review)

  - Item Type: multiple choice
  - Test delivery mode: paper and pencil
  - Test delivery locations: clinics, authorized tester, and approved venue
  - Total administration time: 3 hours
  - Total number of items: 100 scored items
  - Maximum time per item: 15-30
  - Language: English only

Stakeholders

- Who has an interest in the certification of BCPP? What is their interest in the practice analysis and certification program?
  - Test developers
  - Practitioners
  - Certification program
  - Current BCPPs
  - New applicants
  - Polity practitioners
  - Medical professionals
  - Industry stakeholders

- Considering the stakeholders and their interests today, everyone appreciates not only the value of the practice analysis, but also which professional activities are most crucial to include in the process.

Update Content Outline

- Ultimate objective: obtain and document the job-relatedness of the content of the certification examination

- Consider:
  - What is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?
  - How easy is the current content outline for test development?

- (Use Excel file for domains, tasks, & knowledge statements)
Appendix D. Screen Shots of the Validation Survey

The Certification Governing Council (CGC) of APTA is inviting you to participate in this short survey. **If you respond within 3 days (by 9pm Saturday, March 24, 2018), you will be entered into a drawing for a $100 Visa gift card.** Everyone who responds by **April 15th, 2018** will receive a gift as a token of our appreciation from the CGC and APTA. You must complete the survey in its entirety in order to be entered in the drawing and to get the gift.

The results of the survey will be used to write the exam questions to qualify for the designation of Board Certified Polarity Practitioner (BCPP). The survey will only take about 10-20 minutes to complete, enough time for you to be thoughtful in your answers, yet not over think each one.

Polarity Therapy has changed my life, and I'm betting it has changed your life too. You and your completion of this survey are very important to the future of our profession and the expansion of Polarity Therapy. We appreciate your expertise and time.

Thank you,

**Julie Chapman, BCPP, CGC Chair**

Certification Governing Council

- Dr. Christina Ross, BCPP, CGC Vice-Chair
- Morgan Jackson, PhD, BCPP
- Carin Massey, BCPP
- Nadine Feighan, BCPP
- Marlene Perdant, BCPP
- Cathie Drumh, BCPP
- Johanna Vine, BCPP
- Jan Hoag Armstrong, BCPP Public Member
Polarity Therapy Survey

Demographic Questions

To ensure that we have a representative sample of polarity therapists, please fill out the following demographic questions:

1. Which of the following credentials do you hold? (check all that apply)
   - [ ] APP
   - [ ] ATM
   - [ ] RPP
   - [ ] RPE
   - [ ] BCPP
   - [ ] None of these

2. Which of the following best describes your current status as a polarity therapist?
   - [ ] I am not currently practicing polarity therapy
   - [ ] I practice polarity therapy part-time
   - [ ] I practice polarity therapy full-time

3. How many years have you been practicing as a polarity therapist?
   - [ ] Less than 1
   - [ ] 1-2
   - [ ] 3-5
   - [ ] 6-10
   - [ ] 11-19
   - [ ] 20 or more
4. In what setting do you spend MOST of your time practicing polarity therapy?
   - Private Practice
   - Clinic or Hospital
   - Teaching
   - Corporate Wellness
   - Massage or Yoga Studio
   - Other (please specify)

5. What other licenses/certifications do you practice under? (check all that apply)
   - Massage Therapist
   - Naturopath (ND)
   - Nurse
   - None
   - Other (please specify)

6. In what country do you live?

7. If you live in the US, in what state do you live?

8. What is your age?
   - Under 30
   - 31-40
   - 41-50
   - 51-60
   - 61-70
   - 71+
9. What is your highest level of education?
- High School diploma or GED
- Associate degree
- Bachelor’s degree
- Master’s degree
- Doctorate

10. With which gender do you most identify?
- Female
- Male
- Other

Powered by SurveyMonkey
See how easy it is to create a survey.
There are 24 tasks that have been identified as important for polarity therapists, spread among 6 major practice domains.

The 6 major practice domains are:
1. Prepare for the Session
2. Establish Therapeutic Rapport
3. Assess the Client
4. Determine Therapeutic Plan
5. Perform Polarity Therapy
6. Practice Ethically

Please rate each task in the following 3 dimensions:

- **Importance**: indicate how important this task is in YOUR practice of Polarity Therapy
- **Frequency**: indicate how frequently you perform this task in YOUR practice of polarity therapy.
- **Expectation**: indicate when you think a BCPP should be expected to have sufficient competence to perform the task effectively.

**The drop-down options for all tasks are:**

**Importance**
- Not important
- Somewhat important
- Important
- Very important
- Imperative

**Frequency**
- Never
- Sometimes
- Usually
- Most of the time
- Always

**Expectation**
- It is not relevant in a polarity therapy practice.
- This must be learned PRIOR TO beginning practice.
- This could be learned AFTER beginning practicing.
### 11. Prepare for the Session

<table>
<thead>
<tr>
<th>Importance</th>
<th>Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a hygienic clinical area and an energetically and physically comfortable setting.</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Promote and exercise self-awareness.</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Adopt a neutral attitude and state of alignment.</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Clear the energetic field.</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

Comments about these tasks (optional):

### 12. Establish Therapeutic Rapport

<table>
<thead>
<tr>
<th>Importance</th>
<th>Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a relationship in which effective polarity therapy can take place.</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Meet the client where they are energetically and establish resonant rapport.</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

Comments about these tasks (optional):
<table>
<thead>
<tr>
<th>13. Assess the Client</th>
<th>Importance</th>
<th>Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain a health history/structural assessment, including contraindications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine client goals/intentions and preferences.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe/measure the client’s strengths and weaknesses in relation to the step-down of energy. This may include the following factors: mental, emotional, physical, structural, and energetic patterns.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments about these tasks (optional).

<table>
<thead>
<tr>
<th>14. Determine Therapeutic Plan</th>
<th>Importance</th>
<th>Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate assessment information and formulate a therapeutic session plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassess and re-strategize as necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments about these tasks (optional).
### 15. Perform Polarity Therapy

<table>
<thead>
<tr>
<th>Importance</th>
<th>Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist the client in becoming relaxed and comfortable on the table or other venue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make contact through presence, quality of touch, attitude, and neutrality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create additional rapport and conduct further assessment through palpation and observation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open the field and balance general energy dynamics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listen and respond to the client's energy system by observing and balancing the energy currents, lines of force and harmonic relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-assess through communication, touch, and energetic and somatic response to discern the effectiveness of the work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledge the therapeutic results.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate the session by closing the field.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After the session, guide the client to become conscious of his/her physical state of being and acknowledge the changes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provide information and instruction to the client in stretching postures, energetic food awareness, and lifestyle behaviors.

Support client wellbeing by listening and reflecting, maintaining loving presence, exploring limiting belief systems, recognizing and acknowledging unconscious material, and communicating effectively.

Comments about these tasks (optional).

16. Practice Ethically

<table>
<thead>
<tr>
<th>Importance</th>
<th>Frequency</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow the APTA code of ethics and professional standards.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments about these tasks (optional).
The polarity therapy tasks that you just rated are arranged into 6 major practice domains. What percentage of the BCPP certification exam do you think should come from each practice domain? (Your percentages must add to 100.)

17. What percentage of the certification exam do you think should come from each of the 6 major practice domains?

<table>
<thead>
<tr>
<th>Domain</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for the Session</td>
<td></td>
</tr>
<tr>
<td>Establish Therapeutic Rapport</td>
<td></td>
</tr>
<tr>
<td>Assess the Client</td>
<td></td>
</tr>
<tr>
<td>Determine Therapeutic Plan</td>
<td></td>
</tr>
<tr>
<td>Perform Polarity Therapy</td>
<td></td>
</tr>
<tr>
<td>Practice Ethically</td>
<td></td>
</tr>
</tbody>
</table>

18. Comments about the Percentages (optional)

[Box for comments]
The options in the drop-down menus for the Knowledge Statements (below) are:

- It is not relevant in a polarity therapy practice.
- This must be learned PRIOR TO beginning practice.
- This could be learned AFTER beginning practicing.

### 19. Knowledge Statements

<table>
<thead>
<tr>
<th>Knowledge Statements</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The three principles of energy movement</td>
<td></td>
</tr>
<tr>
<td>Sanitation</td>
<td></td>
</tr>
<tr>
<td>Hierarchy of consciousness</td>
<td></td>
</tr>
<tr>
<td>Ultrasonic core</td>
<td></td>
</tr>
<tr>
<td>Involution and evolution</td>
<td></td>
</tr>
<tr>
<td>Neutrality and unity (nonjudgmental and objective)</td>
<td></td>
</tr>
<tr>
<td>Etheric energy body</td>
<td></td>
</tr>
<tr>
<td>Techniques for establishing rapport (e.g., attentive listening, compassionate contact, receptivity/leadership, resonance)</td>
<td></td>
</tr>
<tr>
<td>Components of a health history (e.g., APTA Health History and Intake Form)</td>
<td></td>
</tr>
<tr>
<td>Step-down of energy</td>
<td></td>
</tr>
<tr>
<td>The five elements</td>
<td></td>
</tr>
<tr>
<td>Energy centers (chakras)</td>
<td></td>
</tr>
<tr>
<td>Ovaal fields</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Status</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Sensory and motor pranas</td>
<td></td>
</tr>
<tr>
<td>Triaxial, spatial relationships</td>
<td></td>
</tr>
<tr>
<td>The three primary currents</td>
<td></td>
</tr>
<tr>
<td>The three primary geometric relationships</td>
<td></td>
</tr>
<tr>
<td>The five mental passions and virtues</td>
<td></td>
</tr>
<tr>
<td>Correlation of energy status with mental, emotional and physical states</td>
<td></td>
</tr>
<tr>
<td>Pentamirus pattern</td>
<td></td>
</tr>
<tr>
<td>Anatomy and physiology (orthodox)</td>
<td></td>
</tr>
<tr>
<td>Anatomy and physiology (energy model)</td>
<td></td>
</tr>
<tr>
<td>Quality, rate, and tension of pulse (demonstrating the three principles)</td>
<td></td>
</tr>
<tr>
<td>Acute vs. chronic conditions</td>
<td></td>
</tr>
<tr>
<td>Structural relationships (leg length, sacral base position, vertebral tension)</td>
<td></td>
</tr>
<tr>
<td>Vital centers and actions</td>
<td></td>
</tr>
<tr>
<td>The three nervous systems</td>
<td></td>
</tr>
<tr>
<td>The four areas of polarity therapy practice and their applications</td>
<td></td>
</tr>
<tr>
<td>Contacts for elemental tracts</td>
<td></td>
</tr>
<tr>
<td>Contacts for the five-pointed star</td>
<td></td>
</tr>
<tr>
<td>Contacts for the six-pointed star</td>
<td></td>
</tr>
<tr>
<td>Contacts for spinal harmonics</td>
<td></td>
</tr>
<tr>
<td>Contacts for perineal therapy</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Options</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Contacts for the two branches of the autonomic nervous system</td>
<td></td>
</tr>
<tr>
<td>General balancing techniques</td>
<td></td>
</tr>
<tr>
<td>Process-oriented session</td>
<td></td>
</tr>
<tr>
<td>Spatially-oriented session</td>
<td></td>
</tr>
<tr>
<td>Energy tracing session</td>
<td></td>
</tr>
<tr>
<td>The three modes of touch</td>
<td></td>
</tr>
<tr>
<td>Contraindications of touch</td>
<td></td>
</tr>
<tr>
<td>Chakra balancing techniques</td>
<td></td>
</tr>
<tr>
<td>Stretching postures (including benefits and precautions)</td>
<td></td>
</tr>
<tr>
<td>Energetic food awareness</td>
<td></td>
</tr>
<tr>
<td>Instructional techniques</td>
<td></td>
</tr>
<tr>
<td>APTA Standards for Practice and Education and Code of Ethics</td>
<td></td>
</tr>
</tbody>
</table>

20. Comments about the Knowledge Statements (optional)

[Blank field for comments]
Thank you for participating in this survey. Your input is highly valued and is crucial to the validity of the BCPP certification program.

To receive your thank-you gift, please enter your name and email below.

21. Name

22. Email

Prev  Done
Appendix E - Comments

Survey respondents had the opportunity to make comments on the tasks or their ratings within each domain while taking the survey, as well as on the domain percentages and knowledge statements. The task-level comments are grouped by domain.

In reviewing respondents' comments, it is important to remember that the tasks and the knowledge required for safe and effective practice, are intended to be descriptive of the practice of certification-level polarity practitioners as a whole. Consequently, specific job duties/tasks and knowledge as reported or commented on by some respondents may vary due to the respondents’ more limited perspective or may be based upon individual practices or the demands of a specific clientele served.

### Domain 1. Prepare for the Session

<table>
<thead>
<tr>
<th>Comment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In order to uphold the integrity of the work, we must First embody these practices for ourselves and especially before, during and after any work with a client. In my opinion is is unethical not too. We want the highest vibration and the highest level of cleanliness. We must always act responsibly for our own safety, Clients' safety and this applies not only hygienically speaking but energetically as well.</td>
</tr>
<tr>
<td>2</td>
<td>I believe that key concepts are to be taught before beginning practice. And, mastery is a process that has to happen in clinical practice (ideally with supervision).</td>
</tr>
<tr>
<td>3</td>
<td>I think that all four of these tasks are important to learn before beginning practice for the art of Polarity therapy to grow in the practitioner.</td>
</tr>
<tr>
<td>4</td>
<td>Come from the state of wellness</td>
</tr>
<tr>
<td>5</td>
<td>Although I have the highest level of expectation in the areas above, I also accept my own humanity and realize that not everything can always be perfect. This level of expectation is something that I continually strive for.</td>
</tr>
<tr>
<td>6</td>
<td>Some things take “practice” and can be learned the more we work with clients</td>
</tr>
<tr>
<td>7</td>
<td>Creating the ambience of your working environment sets up the setting for the healing work to be done.</td>
</tr>
<tr>
<td>8</td>
<td>Of course these things must be taught, but it takes a long time to develop fully, so prior and during practicing it will be learned.</td>
</tr>
<tr>
<td>9</td>
<td>all but the first I rate as Imperative. RE the first...there are times when one may be in another setting that may not be ideal however the work can be very effective</td>
</tr>
<tr>
<td>10</td>
<td>&quot;Beginning practice&quot; means one has already completed training; this is something that is imperative to learn as a student</td>
</tr>
<tr>
<td>11</td>
<td>All of this is important and you definitely learn about it and should learn about it in Polarity Training, however, your REALLY learn about it when you first start seeing clients</td>
</tr>
<tr>
<td>12</td>
<td>not exactly sure what you mean by clear the energetic field. do you mean the space? i clear that as needed. Also, i'm not quite sure what you're looking for in the expectation field because of course they have to know something about everything on this list before they start to practice, master it?, really understand it all? not so much, because that can only be learned through experience.</td>
</tr>
<tr>
<td>13</td>
<td>These are foundational to any session.</td>
</tr>
<tr>
<td>14</td>
<td>Holding one's space for practice and oneself in energetic clarity and alignment is most important to work clearly and effectively with energy.</td>
</tr>
<tr>
<td>15</td>
<td>Expectation: Must be learned but not mastered for we go deeper through practicing and it's a life long journey.</td>
</tr>
<tr>
<td>16</td>
<td>It is important to offer a clear space and energetic field so as to be available for what the client brings to the table. It is the goal. When I choose always, there are times when it doesn't get done. However, having a regular routine makes it less of an issue.</td>
</tr>
<tr>
<td>17</td>
<td>Over the years I have developed the ability to hold both neutral alignment and human compassion in a therapeutic balance.</td>
</tr>
<tr>
<td>18</td>
<td>This is expected of any energy-work therapist: without it the practice will most likely fail.</td>
</tr>
<tr>
<td>19</td>
<td>Listening to how energy blockages respond to clearing an energetic system can take a few sessions.</td>
</tr>
<tr>
<td>20</td>
<td>Important!!</td>
</tr>
<tr>
<td>21</td>
<td>I believe that conducting a session from a neutral state of alignment is learned in part through practice. Sometimes while I am working, I am moving in and out of neutrality. I think this is natural. I am always working to be aligned but this too is a practice.</td>
</tr>
<tr>
<td>22</td>
<td>I actually think all the tasks above are imperative, but I didn't want to sound too perfectionistic.</td>
</tr>
<tr>
<td>23</td>
<td>? 2: self awareness for the practitioner is 'always' for the client 'most of the time' with goal for always. There are those who may need a few treatments before having the trust and courage to practice self awareness.</td>
</tr>
<tr>
<td>24</td>
<td>The first question should be taken for granted. That ones a no brained!</td>
</tr>
<tr>
<td>25</td>
<td>They are important to building a strong foundation which other tasks based on.</td>
</tr>
<tr>
<td>26</td>
<td>These are all very important and set the stage for practicing and maintaining a safe space for self and other.</td>
</tr>
<tr>
<td>27</td>
<td>I think these tasks are all very important, but we are all human &amp; sometimes the situation doesn't allow you to like clear the energetic field.</td>
</tr>
<tr>
<td>28</td>
<td>The 1st two are personal patterns that I believe should be developed prior to bringing clients into our space. If not learned prior it is too easy to fall into bad habits that will be difficult to change later. However, the last two I think develop as we bring clients into our space and work with these aspects.</td>
</tr>
<tr>
<td>29</td>
<td>I wasn't clear about this last question. Who's energetic field - mine or the patient? Before or after session?. Not clear.</td>
</tr>
<tr>
<td>30</td>
<td>Comfort, safety and neutrality are paramount.</td>
</tr>
<tr>
<td>31</td>
<td>These are all very important</td>
</tr>
<tr>
<td>32</td>
<td>I expect a new practitioner would grow into deeper understanding of what these mean and how to accomplish them; I think these topics should be introduced in the educational process, and then they could mature over time in actual practice.</td>
</tr>
<tr>
<td>33</td>
<td>These are all important competencies, I work out of different spaces and often cannot &quot;get things to my liking&quot; I do believe it is important to explain to clients their have a part in this, however, I always assess the situation, what will the client will hear and follow up on? I do not start right in with ,you &quot;need&quot; to change your diet and do x,y,z.</td>
</tr>
<tr>
<td>34</td>
<td>The must is tough to follow. To learn the above in school and continue in practice is what works best for me. It's a practice.</td>
</tr>
</tbody>
</table>
Specific questions:
1. "hygienic area/comfortable setting": Clean is professional. Comfortable is considerate but relative, and after all, the session space is not a lounge. I have done Polarity Therapy in many (including emergency) environments which were neither hygienic or comfortable but the work was still very effective.

4. "Clear the energetic field". If that means be sure the therapy environment - including the energetics of the space, is attended to with consciousness (in a myriad of ways), then Yes, I do that - that's part of holding good space for the client.

General statement: By saying that a task should be learned PRIOR TO beginning one's practice, I mean that these topics should be covered and resourced for students, and that they should have practice doing and show a basic competence doing these things before they start their practices. I am also saying that they will continue to grow in resource, creativity, and greater competency as they see clients and grow in experience.

While there may be some students who have not learned to do any of the above until they come to Polarity Therapy, I consider all of these practices imperative in order to establish a successful therapy practice and hopefully things that people do generally in life. All of these bring such depth to the experience of living as well.

I do think there are exceptions. I have been known to practice PT "in the field" where you just do the best you can with the circumstances. That being said, when you can manage the environment, that is ideal.

I work to establish a safe space for the energy to be in and then to balance the different elements but I don't do anything specific to clear the field of the room before or after, beyond wash my hands thoroughly before and after and prepare myself for the session beforehand by planning for and becoming neutral.

The self awareness piece is ongoing and always growing, so the choices aren't that relevant.

My work comes from my Heart and Soul and my Intention to all-ways to work with Clarity of Thought and Mind as a Clear and Neutral Channel for the Love of Life.

All these are vital to keep the practitioner present fresh and clear. And to give the best opportunity for one's client to receive the best session each time.

I don't know what “clear the energetic field” means and I've been doing this work almost 20 years. I could make some guesses but this language is vague and sounds like it might mean different things to different people.

In your survey it’s unclear if you mean “these are important to learn before beginning to practice” whether that means prior to practicing professionally (and on what level - APP, RPP, BCPP?) or prior to practicing as a student practitioner practicing on test clients. I have answered as if they need to be learned prior to practicing as a BCPP since this is for that exam.

In the future you might clarify what level of practice you’re asking about.

I also think these skills (ie self awareness/alignment, presence) continue to develop and deepen over time so there is not really a single point where they are “learned” rather it is a process that goes on and is refined once it has begun.

Not trying to be nit picky but this is why it’s hard to have standardized tests about Polarity! There are a lot of variables. I applaud you guys for doing this work!!! Thankyou.
There must be an ongoing awareness that the capacities to do each of the above also increases in time. While "they must be learned PRIOR to beginning practice" - the development continues "AFTER beginning practice" This is another way of saying the practitioner continues to grow going forward.

not sure what the last refers to. my field? client's field? field in the room?

Developing neutrality is the absolute responsibility of the schools ..and the curriculum must be develop from Day 1 when teaching basic session ...rarely done in schools but a MUST

These tasks will improve overtime as the inner development of the person spiritually develops. Except for the first priority. This is a must right off the bat!

**Domain 2. Establish Therapeutic Rapport**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practitioners must always be aware of boundaries and communication here and know the scope of their practice as well as the energetic container that must be established. There must be mutual trust in a way the client feels safe and comfortable without fear of judgement.</td>
</tr>
<tr>
<td>2</td>
<td>A great deal of this is in the mode of learning by doing.</td>
</tr>
<tr>
<td>3</td>
<td>Sensitivity to energy flow is essential for any encounter.</td>
</tr>
<tr>
<td>4</td>
<td>Same comment as in 11. Also, these tasks happen in the beginning, mostly, and then are maintained and revisited throughout the course of sessions.</td>
</tr>
<tr>
<td>5</td>
<td>Ideally this is an established skill...that said it is often best learned through practice.</td>
</tr>
<tr>
<td>6</td>
<td>These are NOT separate - they are aspects of the same thing: meeting the client where they are; &quot;beginning practice&quot; means one has already completed training - this is something that is imperative to learn as a student.</td>
</tr>
<tr>
<td>7</td>
<td>All of this is important and you definitely learn about it and should learn about it in Polarity Training, however, your REALLY learn about it when you first start seeing clients.</td>
</tr>
<tr>
<td>8</td>
<td>Resonant rapport takes time to learn with experience.</td>
</tr>
<tr>
<td>9</td>
<td>These things can be learned prior, however takes TOB to really learn to master.</td>
</tr>
<tr>
<td>10</td>
<td>While learning how to create effective an relationship with clients may be an ongoing learning experience over the course of a practitioner's &quot;career,&quot; fundamental skills should be taught and established prior to beginning to practice.</td>
</tr>
<tr>
<td>11</td>
<td>The more these things are possible the more effective the work. It is a two way process and sometimes it will take time to get there.</td>
</tr>
<tr>
<td>12</td>
<td>These are crucial. No safety in the connection and there is no session.</td>
</tr>
<tr>
<td>13</td>
<td>It is rare that a client appears unready to receive the gentle therapeutic offerings of Polarity Therapy. I adjust my offerings to their comfort level as we go along.</td>
</tr>
<tr>
<td>14</td>
<td>While I think these skills are imperative and should be explored prior to practicing, I also feel one does not truly understand how to establish these skills until in the therapeutic setting as a professional.</td>
</tr>
<tr>
<td>15</td>
<td>Without establishing rapport the session will not feel complete.</td>
</tr>
<tr>
<td>16</td>
<td>This is expected of any energy-work therapist: without it the practice will most likely fail.</td>
</tr>
<tr>
<td>17</td>
<td>One does continually learn and grow.</td>
</tr>
<tr>
<td>18</td>
<td>Once again, I feel that rapport is a skill that is built through practice.</td>
</tr>
<tr>
<td>19</td>
<td>While resonance and relationship must be learned prior to starting a practice, there's no question that they will develop and mature through the art of practicing itself. So I would</td>
</tr>
</tbody>
</table>
Domain 3. Assess the Client

It is important to verify Health history, other assessments/observations w/ct prior to any session w/new ct’s to gain a clear picture and w/existing ct’s as this may have changed. We must always be mindful of what will best support our clients taking into account their goals/intentions as well as monitoring patterns that may evolve over time as we work with
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>our clients we may have a better understanding and learning as as practitioners to know how best to work with our clients. Some of this may only be achieved after beginning our practice w/a particular ct as they may present/manifest differently each time. Though knowing the Step Down Process is imperative before beginning any Polarity Therapy w/any client as well as being observant of this process throughout the session.</td>
</tr>
<tr>
<td>2</td>
<td>See above comment for # 12.</td>
</tr>
<tr>
<td>3</td>
<td>some assessment is often learned very well the more we practice</td>
</tr>
<tr>
<td>4</td>
<td>Assessments are very helpful, however I have worked in many healing arts environments and they are not used as much as I would like.</td>
</tr>
<tr>
<td>5</td>
<td>Sorry to be so &quot;imperative&quot; about the answers but I believe these are important!</td>
</tr>
<tr>
<td>6</td>
<td>I have them set an intention for themselves.</td>
</tr>
<tr>
<td>7</td>
<td>Thorough assessments happens in the beginning, and then in lesser ways each session. I'm confused about must learn prior to practice? Does that mean it taught or not taught during school? Some of these only start making sense when a student starts practicing. By practice, do you mean professional practice after certification, or practice during the Polarity education? Same comment as 11 on that. Also, sometimes means to me in beginning and as needed.</td>
</tr>
<tr>
<td>8</td>
<td>All need to be learned prior and will be improved with the experience with real clients</td>
</tr>
<tr>
<td>9</td>
<td>I suppose that these are necessary if one has to fill out re-imbursement forms. They should be part of the energetic relationship between client and practitioner - not as cerebral/mentally distant as is presented here.</td>
</tr>
<tr>
<td>10</td>
<td>As a practitioner, we try to get this information, but sometimes the client is a tough egg to crack and doesn't necessarily give you the info you need</td>
</tr>
<tr>
<td>11</td>
<td>These things can be learned prior, however takes TOB to really learn to master</td>
</tr>
<tr>
<td>12</td>
<td>Assessing the client is important yet there are times that someone needs a short polarity session and the assessment may be just that the client has a particular pain or issue that may not require a full assessment. This is a large and important topic though and one develops these skills more effectively with practice.</td>
</tr>
<tr>
<td>13</td>
<td>these are important part of the equation but as we know there are sometimes huge gaps between where the client is at mentally and consciously and what is really going on and blocked, because of old patterns, beliefs, outside pressures,....</td>
</tr>
<tr>
<td>14</td>
<td>It can take time for the client to bring to light his or her strengths and weaknesses in relation to the step-down of energy. Each client has a unique path towards healthy integration.</td>
</tr>
<tr>
<td>15</td>
<td>This is ideal but not practical with all clients in all cases. Some clients do not expect this or actively resist it: their time pressure often cited.</td>
</tr>
<tr>
<td>16</td>
<td>Goals may be determined in my experience with clients after energy has been unblocked and they experience relaxation or piece of mind.</td>
</tr>
<tr>
<td>17</td>
<td>These skills are very important to understanding the whole person</td>
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<tr>
<td>18</td>
<td>Because I integrate other modalities in my work, I'm not always evaluating my clients in relation to the step down theory of energy. But I am always evaluating their strengths and weaknesses.</td>
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<tr>
<td>19</td>
<td>This takes practice.</td>
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<tr>
<td>20</td>
<td>This is hard to answer in a linear question format. There are degrees of observation skills that grows with years in practice. The basic skill of 'presence' should be taught before beginning practice.</td>
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<tr>
<td>21</td>
<td>This last question may not be evident right away. Repor and resonance will reveal the strengths and weaknesses.</td>
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<td>22</td>
<td>These tasks create the framework for the client's healing.</td>
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<td>23</td>
<td>Clients come for many reasons, some short term and some long term. I personally work with new clients on the reason they came to see me - so determining their goals is very important. It is not necessarily important that I do a complete health history and/or structural assessment - that may or may not come later. I am careful not to overwhelm my new clients especially when they are new to bodywork and Polarity. This is a part of meeting them where they are at and not scaring them off.</td>
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<tr>
<td>24</td>
<td>Effective intake can aid the establishment of a resonant therapeutic relationship and help find out where clients need to be “met”.</td>
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<tr>
<td>25</td>
<td>These are all very important</td>
</tr>
<tr>
<td>26</td>
<td>An adept practitioner can pick up a lot quickly. The most important aspect of the session is the results as well as the clients session experience. How that is obtained is up to the practitioner.</td>
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<tr>
<td>27</td>
<td>Again, same comment as in 12</td>
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<td>28</td>
<td>I think there is some time pressure in sessions that affects how much attention is on past history vs. how much attention is on present conditions. These assessment items are very extensive, but not how I currently practice. I do an assessment, but it is likely to be spontaneous and less systematic than this sounds.</td>
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<tr>
<td>29</td>
<td>Practitioners should be looking for all of the above, if you don't know where you are going...however, Practitioners should also be flexible following the energy, I have often started down one &quot;road&quot; and changed directions.</td>
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<tr>
<td>30</td>
<td>It's all a balance.</td>
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<td>31</td>
<td>3. &quot;Observe/measure client relative to step-down...&quot; Of course, this is an important part of our work (and includes both the step-down and involutionary/evolutionary phases.) And, as it is phrased above, to me, it sounds very Mental and potentially disassociated from the client in real time. I think that students should be exposed to practice and clinical supervision where these patterns are observed, illuminated, assessed, and explored with resources developed in being able to recognize patterns and choosing relevant therapeutic plans. For practitioners, additional supervision/mentoring/skill development continues to be helpful. During the session, however, no mental analysis is more important than trusting and following the rapport and spontaneous intelligent outworking of the client's own evolution, whether I understand it in the moment or not.</td>
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<td>32</td>
<td>Clearly, I am a gray person here. I think language like always is tricky. Sometimes you have to work with what you have in front of you. Accord, alignment, full understanding are great, but as we know, things get revealed in the session as their unconscious becomes conscious, or as things come to the surface.</td>
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<td>33</td>
<td>The practitioner should be trained in all these things beforehand but you actually learn by working on people.</td>
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<tr>
<td>34</td>
<td>There are circumstances in which we may be working with a person in emergency setting where we have no possibility of knowing their intentions, goals etc...</td>
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<tr>
<td>35</td>
<td>All these are vital to keep the practitioner present fresh and clear. And to give the best opportunity for ones client to receive the best session each time.</td>
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<tr>
<td>36</td>
<td>Complete Health history, structural assessment and contraindications are actually 3 separate things but they’re grouped together here. I don’t need a complete health history to do an effective initial session; sometimes the intake unfolds over a series of sessions</td>
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1/11/2019
where more health history is revealed as we build a relationship. Structural assessment happens on some level in every session I do. Contraindications are essential and need to be learned on the first session. I've answered “imperative” on that first question but that only applies to contraindications.

“Observe clients strengths and weaknesses” is not something I would say I really do. I take exception to this question. I think we need to take care with language and how we characterize the work at hand. To observe a client’s strengths and weakness sounds judgmental and paternalistic. If a client is traumatized and has PTSD symptoms, for example, that is not a weakness—it the nervous system’s own protection against the traumatic stressor and actually a function of the HEALTH of the individual’s energy / their resilience. Many of the “weaknesses” we may observe are actually survival mechanisms and perfectly normal given the client’s history. If we are coming from a perspective of wholeness and honoring the body’s ability to heal itself, what might be perceived as a weakness by the outside world or even the client himself could be a very compassionate aspect of nature that is protecting the individual and helping him or her survive. Our work is about getting out of pathologizing the individual, not adding to that. So I have answered negative on this question.

I think the essence of this question is “Observe mental, emotional, physical, structural and energetic patterns, and find a correlation between these patterns and the step down of energy.” This I do every session; it just is not about observing the client’s strength and weakness.

As for the other two related questions, the following is applicable. There must be an ongoing awareness that the capacities to do each of the above also increases in time. While "they must be learned PRIOR to beginning practice" - the development continues "AFTER beginning practice" This is another way of saying the practitioner continues to grow forward.

Unless we teach the expert skills of Energetic ad Elemental Assessment we do not get Polarity ..should be completely part of the Standards ..not just understanding the elements but assessing everything via elements

The third one will improve overtime as the practitioner realizes how to read all the energetic signs needed to understand the client.

Sometimes you can't do all of this the first session or it takes time to achieve it.

Domain 4. Determine Therapeutic Plan

This knowledge is unique to each client and by the time a practitioner has achieved BCPP status there should have been enough clinical practice sessions to effectively evaluate, reassess and strategize. All skills that will continue to develop based on the initial practice sessions required for learning these foundational techniques with our Practicim clients over multiple sessions w/same ct.

Again, skills to be mastered through clinical practice

...as above

Determine Therapeutic Plan <= this is an ongoing learning process

Stay in tune with the client/patient.

Same comments as 11 and 13
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<td>7</td>
<td>Teaching the theory before practice...I believe the reality is these skills need true experience with actual clients to be able to do them well.</td>
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<td>8</td>
<td>This is all about 3rd party reimbursement strategies - WAAAYYYY to cerebral/mental and not at all in any way an energetic relationship to the client.</td>
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<td>9</td>
<td>Obviously, the health history assessment done at initial session is the most lengthy one, but I ask about changes or areas of concern at each visit.</td>
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<td>10</td>
<td>Sometimes you think you know what you are going to do with a client and then it shifts once they are actually on the table.</td>
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<td>11</td>
<td>Sometimes the ideal session plan is to simply follow what's happening as the system guides us. While reassessment is always important, sometimes it IS the therapeutic session plan.</td>
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<td>12</td>
<td>These things can be learned prior, however takes TOB to really learn to master.</td>
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<td>13</td>
<td>I find, for my practice, that I always reassess during the session but strategizing isn't always a part of my approach. I tune into a strategy, but then I also follow what &quot;leads&quot; me or &quot;guides&quot; me through the rapport with the clients' energy. The mind is not always the best way to approach anything (including Polarity Therapy), but it is one tool among many.</td>
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<td>14</td>
<td>The most important is to remain open to what is rather than project my expectations as a therapist over the client's expectations...</td>
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<td>15</td>
<td>Wise decision-making is an art as well as a science.</td>
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<td>16</td>
<td>These practices will be refined by the practitioner as experience is gained.</td>
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<td>17</td>
<td>I often tell people that I may have had a particular treatment plan in mind and then did completely different work based upon what the person presented that day.</td>
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<td>18</td>
<td>In the early days of my practice, I would always formulate a plan. Then I discovered that my clients would come in with different crises and I could never really follow the plan. So I have a basic overview but I've become more flexible over the years.</td>
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<td>19</td>
<td>Requires balance between form and intuition. Listening to messages from body guides plan of action.</td>
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<td>20</td>
<td>It helps to see where progress is being made.</td>
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<td>21</td>
<td>Some clients come for one time only or irregularly so this is not always relevant.</td>
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<tr>
<td>22</td>
<td>Sets the intention. Important to be present to what happens “in the moment”.</td>
</tr>
<tr>
<td>23</td>
<td>These are all very important.</td>
</tr>
<tr>
<td>24</td>
<td>I don't create formal plans, instead I observe and make a fresh interpretation at the start of each session.</td>
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<tr>
<td>25</td>
<td>See my answer above, reassess and strategizes as necessary.</td>
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<tr>
<td>26</td>
<td>Plan and let go.</td>
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<tr>
<td>27</td>
<td>Also very important in the therapeutic plan is trusting in the client's innate intelligence and healing power, and always following its lead as it presents.</td>
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<td>28</td>
<td>I think it is very important to move with the energy of the session. Plans are lovely, life and energy often require flexibility.</td>
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<td>29</td>
<td>Even with a plan, another course of action may arise during a session and we must follow our intuition and be flexible enough to alter our plan.</td>
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<tr>
<td>30</td>
<td>All these are vital to keep the practitioner present fresh and clear. And to give the best opportunity for one's client to receive the best session each time.</td>
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<tr>
<td>31</td>
<td>In my work the “plan” arises out of the energy itself and reveals to me what is needed, and that continues to evolve organically during the session and is informed by the client’s feedback. So I am in service of that energetic plan moment to moment and often gain a clear picture by the end of the session. I am not externally assessing and diagnosing...</td>
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intellectually and creating a treatment plan that I follow to a T based on limited information at the beginning of the session. I know this is splitting hairs but I do think this is what makes or work different from western medicine. The nature of assessment in this work is more organic.

As for the other three related questions, the following is applicable. There must be an ongoing awareness that the capacities to do each of the above also increases in time. While "they must be learned PRIOR to beginning practice" - the development continues "AFTER beginning practice" This is another way of saying the practitioner continues to grow going forward.

Polarity is a process oriented system and diverse reactions occur ..which if you assess via the elements practitioner can become astute in defining what to do as Energy shifts ...needs focus to understand that process. Using pulse work helps with this aspect.

This is ongoing each session with the person.

### Domain 5. Perform Polarity Therapy

| 1 | Re (Q1) assisting the client in becoming relaxed on the table or other venue; for me it is less about assisting the client to become relaxed and more about reflecting, honoring and addressing what is going on for the client that is preventing them from becoming relaxed. |
| 2 | If one is able to listen and maintain a neutral presence, I think intuition will come into play. I think it is important to refrain from a rigid checklist with each session. When one is just learning, I do think it is important to become well-versed in the basics. |
| 3 | some could be learned after -- the more we practice |
| 4 | I always focus on doing my best work. |
| 5 | same as 11 |
| 6 | It is difficult to say that all these skills and abilities can be learned prior to beginning practice. Our ability to integrate the body mind and spirit of our beautiful polarity principles takes actual practice with actual clients beyond the peer and student work. Solid mentoring programs can help here |
| 7 | Some of these are WAAAAAY too cerebral and either the take client out of the relationship or force something onto the client And again, "learned prior to practice" means learn while a student |
| 8 | I feel like every client is different so you wouldn't necessarily do some of the the last things with everyone and you really get this experience when meeting with clients on the regular |
| 9 | These are all areas that students need to learn during training but much of this section I feel is gained more effectively as one does more and more sessions. Its a process and not something that will automatically be easy during the beginning years even. I learn more every session I do and that is what makes this work so beautiful. |
| 10 | there are some points that are what a polarity session is about so I chose: to be learned before beginning practicing. obviously there is a learning curving and as it is called "practice", the learning comes as the sessions are given and the years go by. To me the last task on this list requires a deeply matured therapist as if done too early on, the enthusiasm on the "new" polarity therapist can be overpowering to the system of the client on the table. Energetically, the overstepping of a boundary is more powerful than with just stepping on a toe. |
Some clients come for a certain limited goal, so I attune to them and will offer stretching postures, energetic food awareness, and lifestyle ideas tailored to their present willingness to engage.

These are mostly essential to a successful practice (i.e. to effective results for clients). But not all clients wish all of this, expect it, or always have the time for it. These practices and the skills necessary for them must be taught prior to beginning to practice, but they will be honed only with experience.

Allowing 48 hrs for clients to report on changes and/or acknowledge changes is imperative.

This set of questions is extremely important and I believe that with time we get better and better. I have been practicing for more than 40 years and know this to be true.

Most of the above is imperative or very important. Again, in the early days of my practice, I used to give stretches and food suggestions, but I found that clients rarely did them, so I eventually tapered off.

Some of these questions are becoming redundant. Asking basic principles with different wordage. ?10 is most of the time based on client's readiness.

What's important about this last question is when and how to acknowledge unconscious material

It is important to establish relationship with client and reinforce their progress.

Not all of these need to be done in very session. With long term clients it is a relationship that builds over time and there is correct timing for all things. This takes us back to the beginning which is to establish an energetically and physically comfortable setting and adopt a neutral attitude and state of alignment. If we push clients too much/too fast we will shut them done versus open them up. It is something new Polarity Practitioners need to be aware of so we draw them in versus scare them away.

Some clients want a tune up, and do not want to create a clinical relationship so I have put important, however, I think the polarity therapist should have these capabilities.

These ideals are all imperative and certainly very important. Not always the reality that a session allows.

These are all very important

Same comment as in 12

Even though it is part of Polarity, I'm not really in to giving out "homework" such as exercises, foods etc. It just seems a little bit too much like prescribing, too much in the PT, OT, dietetic realm, and you have to make sure the client really understands it's from an energy perspective.

Every client is different, I, again, assess for myself, how much information I want to share, of course, I let the client talk.

When I am responding with AFTER, it is mainly because I can see those things being better learned with experience.

1. "client relaxed and comfortable": with the exception of basic comfort needs (that would affect the client's ability to do their work, e.g. low back issues that might become worse without accommodation, I am not overly focused on if he/she is "comfortable" or especially, "relaxed". I am focused on the client coming as they are (however that is in the present
moment), and I do check in with them to empower them to ask for what they need -- or what they "think" they need. I consider all of that part of their presentation for the session, and rather than "fixing it", consider it relative to their current place in the moment and game for possible exploration and new awareness.

4. "open field, balance general energy dynamics" - not sure what those terms mean. Relating with, cultivating rapport, resonance, and more opening in the field - yes. Relating to energy dynamics, working with them appropriately and then balancing - Yes.

7. "Acknowledge therapeutic results": Verbally or non-verbally, definitely energetically - as I am aware. Particularly, encouraging therapeutic movement as it is going on.

8. "Integrating the session by closing the field": not sure what that term means. Use integrative techniques throughout and especially at the end of a session, with the body, in the field, and then within myself after I have withdrawn from the client's field so that they may integrate on their own in their own intelligent way. I don't think of this as "closing their field", however, but more of the withdrawal of my influence and restoration of their sovereign field and resources.

9. "Guide the client to physical awareness" - yes, to the degree necessary for them to be safe. Acknowledge the changes - no, not usually. I view the client as in an integrating and unfolding process, and intentionally don't over-engage them in any analysis after the session so that they may maintain the potency of their process.

10. "Provide instruction in postures, food, lifestyle changes": yes, but not a lecture. More like homework to try, if appropriate and helpful. Sometimes, this comes up in more detail during the session.

While I realize I have responded most of the time with:"This must be learned prior to beginning practise, I think the fundamentals must be learned prior to practise and expanding the awareness and understanding comes after beginning practise.

I find that sometimes clients need to digest their session without too much further input. I always leave an open line of communication in case something comes up, but often let them decide how much they want at the end of the session. Losing the float and engaging the mind again can be a disservice, in my opinion.

All these are vital to keep the practitioner present fresh and clear. And to give the best opportunity for ones client to receive the best session each time.

I don’t know what “open the field” or “balance general energy dynamics” means. People use different language for different phenomena. In my work I usually spend the opening of the session trying to find neutral state, waiting for the client to settle into a state where they are not activated and are able to receive the work, and where I can sense better into the energy field and its intelligence. Some people call this the “holistic shift” in craniosacal
work, or “finding patient’s neutral” in osteopathy. I think that’s what you mean here- but you might specify a little clearer what phenomena you’re asking about here because I’m not sure. Same with “closing the field.” I don’t do anything along those lines other than find a good ending point, wash my hands, and then reestablish a relationship with the client when I return on a more social level. I don’t do any ritual etc to "close the field.”

As for the other four related questions, the following is applicable. There must be an ongoing awareness that the capacities to do each of the above also increases in time. While "they must be learned PRIOR to beginning practice" - the development continues "AFTER beginning practice" This is another way of saying the practitioner continues to grow going forward. There has to be a fluidity as to how to go forward and when to and how to share and respond.

Practically saying things like Open Field and balance energy dynamic needs refined and defined ...first have to understand the field concept. We need to ground polarity in a system of Energetic evaluation and Elemental assessment to know when the elements are in balance. We are out in the Ethers when it comes to building true practice competencies ..by using vague concepts ..and trainees do not get it ..

All these are basics before starting a practice. Will improve through practicing. Remember this is a practice. Always room for improvement. Always.

Although most of this should be taught prior you don't really know how to do it until you've been practicing awhile. Also - although I know it's part of Polarity I don't like giving exercises and "nutrition" info because it's just too much like prescribing and gets into the PT, OT, dietetics realms.

### Domain 6. Practice Ethically

1. I would invite the client to think about intentions prior to a session. These can be shared or not, depending on the client's wishes.
2. I feel it's important for the client to set the intent, not the practitioner.
3. These are all significant and relevant.
4. same as 11
5. again that the intention be of ethical-respect of the patient's inner wisdom, pace and rhythm as we know its power energetically but lets be very cautious and refrain from being too "mental"/controlling of the process.
6. I always start my sessions by internally (or verbally) asking for what is in the best interest of the client.
7. Again: learn to do this prior to practicing professionally, but expect to hone with experience.
8. Again, VERY important
9. Ethics are not optional!
10. Critically important
11. The reason I love Polarity Therapy is because we do have a code of ethics and professional standards in place, I believe this sets us apart from "all the crap" out there!
12. My 4 principles of practice are Permission, Intention, Presence and Awareness
13. All these are vital to keep the practitioner present fresh and clear. And to give the best opportunity for ones client to receive the best session each time.
14. The APTA standards are poorly written and terribly confusing. The ethics code is solid. (It was borrowed from the psychiatrists I think). In any case it is important to have guidelines and
standards for our work but the standards as written I don’t have great respect for because they are muddled and confusing and not relevant in many areas to the work.

As for the other five related questions, the following is applicable. There must be an ongoing awareness that the capacities to do each of the above also increases in time. While “they must be learned PRIOR to beginning practice” - the development continues "AFTER beginning practice" This is another way of saying the practitioner continues to grow going forward.

Do we have enough ethics training ?? Especially the ethics of Energy ?

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My initial thought: Questions - especially in the domains with a smaller % - should be very focused on the most important orientations, intentions, and skills so that Polarity is represented as a unified field that includes integrity and a commonality of purpose and focus that can support diversity of creative relating/interacting with the dynamic, creative, healing, ever-evolving life force within each person.

Needs to be more focused on performing polarity therapy above all the others

Equal attention to each domain

I put very little value on a therapeutic plan for an individual session since the session dynamics often unfold in unexpected ways.

The practice domains are equally important.

This was unclear as so much depends on who the person is and why they have sought energy work. Most folks are highly anxious in our world so being aware, calm and present is imperative. I didn’t not do well with the accuracy of these percentages. Too hard to gauge as they all carry such a weight maybe each is a hundred percent.

Preparation once you’ve done it for a while is quick but essential. I didn’t like this division - it’s too many aspects which diminish ethics and assessing and practice. Doesn’t give a fair overview of my experience. They all get 100% of my attention of importance.

Practice ethically is not something that is ever less than 100%

I don’t like to determine as if planned ahead of time because the process is one of discovery and following the spirit as the body respond

Build practical competence

These kind stuff of categories are very rigid. They are are 100% important all of them

Knowledge Statements

1. All of the knowledge statements have to be learned before they engage on a client. That is what the schools are for. Higher standards of knowledge makes a better therapist and better results for the client.

2. Becoming a Polarity Therapy Practitioner is definitely an organic process. My comments are specific to BCPP certification

3. I’m having trouble the the "Expectation" I’d have preferred to answer questions about things that should be learned to be an APP, to be an RPP, to learn to be a BCPP.

4. All significant especially at the BCPP level.

5. I disagree with this distinction of Prior or after or don't understand it. Can't answer these. See comments on 11

6. I'm curious about these questions. Are they not the basis of what is taught for someone to get their RPP?

It seems that a BCPP would have this knowledge

7. This survey needs to define - AT THE VERY BEGINNING OF THE SURVEY - just what it means to learn before practice and after practice - most of these statements are what should be learned in class - that is, they should be well learned before one undertakes professional
I do not consider class to be 'practice' - class is class (during which, yes one 'practices' but it is a learning practice not a professional practice')

I think it is super important that a BCPP knows all of this prior to having a process - it the application on a client that then becomes tricky, hence my answers on the previous pages. Yes, they should know all these concepts but actually applying them to real live people in an effective way - that is something that often comes after a person begins his or her practice.

Isn't most of this the APP level? Doesn't everyone teach this?

While all of these are important, there are def some you learn along the way after starting practice.

Basic knowledge of Polarity schools

I assume that you mean "instructional techniques" for clients during sessions and for home practice. Instructional techniques for teaching Polarity to other practitioners can be learned after certification is awarded.

If this is truly about COMPETENCE it is unrealistic to expect full/mature competence before beginning practice. Knowledge should be gained before practicing but will be honed and made second-nature only after a therapist has real experience in DOING IT.

I think it would be preferable for everything on this list to be learned prior to beginning practice and should be included in the basic training. I know that I have learned a lot simply through practice. There were some things in the standards I had never been exposed to prior to studying for the exam and I was still able to practice polarity ethically. I am always learning and studying! So if the answers here are any indication of what should be taught, I would say it should all be taught prior to practice, but if some of it is not retained or fully understood until it is learned through private practice, I think that is ok too.

Since you've basically described the training program, wouldn't all these things HAVE to be learned prior to graduation and practice?

I am not familiar with the wording of statements I did not respond to.

My answer is based on RPE education. Instructional techniques can be learned after practicing Polarity as a RPP/BCPP.

These items have considerable overlap. Note that I think the Jim Said material (three geometries, process- and spatial- sessions, etc.) should be secondary, not primary. They make the work so mentally complex and they are valid but not essential. I think the Standards for Practice are unnecessarily complex, and I have yet to experience a student not feeling daunted after a first reading. I think the simplicity of Polarity Therapy (Three Principles/Five Elements) should be in the foreground. Also, this list does not give much about "communication/facilitation" aspects of Polarity. Finally, we currently have incorporated Stephen Porges' Polyvagal Theory into our programs, so the autonomic nervous system has three branches, not two.

Instructional Techniques? in regards to teaching students or working with clients? I did not learn many of these in my training’s, learned through hands on experience and reading/studying.

I suddenly realize that I'm not sure what the phrases "this must be learned PRIOR to beginning practice" and "this could be learned AFTER beginning practicing" mean in this context. Does this mean someone should not be recognized as a BCPP or have a Practice until they've studied and shown competency in all things X, or does it mean that students/Practitioners...
may practice with other students, but need competency in X before they introduce it to their clients in their Practice? or something else...?

Many of these skills are APP level skills, so obviously it's possible to begin practicing work - and even have a Practice - in the areas of Ultrasonic Core, Step down, 3 principle, 5 Elements and Chakras, Basic Communications/Nutrition/Easy stretching-movement ("polarity exercise"), involution/evolution, beginning assessment, integration skills, practitioner skills, ethics, clinical practice and supervision, case studies-- and then learn the more advanced work including all system, organ, and structural work (more advanced RPP work). In fact, that's a great way to begin learning by doing, while growing deeper in the work. A BCPP should certainly have been exposed to and have a basic understanding/experience of the fundamentals of everything mentioned above, and a working knowledge and basic competency to offer a particular kind of work to clients. Of course, we "practice" polarity therapy, much as as doctors "practice medicine", and are always learning more by "practice".

I am going to interpret this as having a PRACTICE at a new BCPP Level.

Note: for the items I marked as "could be learned after beginning practice":

1. Polarity-style pulse reading would be awesome to have in a BCPP curriculum as an assessment tool; I didn't have access to that and would have loved it. My guess is that access to instructors that still know that way is limited. At the very least, I deeply wish that pulse-reading was taught as continuing education, along with opportunities for clinical supervision in that technique.

2. Instructional techniques...what does that mean? how to teach energy exercise (etc) to a client?? Without receiving direct instruction as to how to do that, I think a practitioner's best way to do that is to learn it themselves and then demonstrate with the client doing it also.

<p>| 22 | &quot;Prior to beginning practice&quot; to me means after obtaining BCPP credentials. |
| 23 | I think all of these things are important. I also know you have to start somewhere. I think an APP will have some of these things under their belt and can start practicing basic sessions that will enrich their further study. |
| 24 | BCPP level is acknowledging that APP and RPP information is understood. As BCPP we should be modeling this and furthering our education beyond this. |
| 25 | This provides a great summary of the whole field of Polarity Therapy! Well done! And re: the questions about weighting of questions on the exam: my percentages also apply to degrees of emphasis in the training as well. This questionnaire has gotten me thinking further: many people come to Polarity from other modalities, or have the professional experience where they have already learned these skills. They could perhaps be exempted from training modules that would be a repeat of what they already know, and be given a cost reduction. We might attract other professionals who don't want to reinvent the wheel. Just a thought. |
| 26 | The 4 principles I require to begin practicing polarity healing are Permission, Intention, Presence and Awareness. |</p>
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<tr>
<td>27</td>
<td>For BCPP level all of the above should be learned, understood, and practiced with competency and confidence.</td>
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<tr>
<td>28</td>
<td>This all must be solidified in the clinical supervision hours as in an internship before independent practicing fully as a practitioner.</td>
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| 29 | My pet peeve is the “three pulses”. A perfect example of APTA’s standards being out of sync with people’s actual practices. I have yet to find a single teacher, including students of Dr Stone’s, who actually assess these three energetic pulses or teach them. Why do they continue to be in our standards and on our exam? Puzzling to me.  

AGAIN THANK-YOU TO THE COMMITTEE DOING THIS WORK!!! I am cranky in my responses but deeply appreciate what you are doing and would join you if I could (I’m prohibited by ICE NCCA standards since I teach). I am very grateful you are making this happen. It is not an easy job you are helping to lift up our profession. Thank you thankyou thankyou!! |
| 30 | There was a continuing education PLAN/PROGRESSION going forward some of these could be deferred to after however, each is critical to a practice - and because the discussion is only on BCPP with no looking forward I have chosen to say must be "learned PRIOR to beginning practice." Once again ones integration of each of these in one's practice will develop over time. |
| 31 | The statements are some what confusing. By stating that maybe learned within the session after it has started means that the knowledge is assessed knowledge but you must already know the basis of assessing before you start the session. So in order to be board certified you must be knowledgeable of all things first. How you use them in an individual session and when they come into play is all part of becoming proficient. Each person looks for different things particularly at different time John Chitty will look for different things than John Carroll. Both are things that have worked for us. Ultimately it's the healing that the customer experiences which is that is the most important. |
| 32 | they should have knowledge of all of these, and as they practice the knowledge will deepen. |
| 33 | If we could get the schools to wit directly with the standards would be great ..schools are the essence of it all ..apts needs to monitor and do more training with schools .. |
| 34 | Basics and some advanced understandings all needed to practice well |
| 35 | To call yourself a Polarity Therapist you must be aware of all of this. It is like having a tool box. If you are missing a screwdriver you can sub in something else but it is not the same. You need to go into every session complete |
| 36 | unclear- the 5 mental passions and virtues and instructional techniques...? |
| 37 | Things like establishing rapport can be taught prior but takes years sometimes to really develop. Also - not a fan of instructional techniques, makes us seem like doctors. |
Appendix F. Slides from the Test Blueprint Meeting

Slide 1:
BCPP Test Blueprint Meeting
Deborah L. Schipke, PhD
Psychometric Consultant
4/17/18

Slide 2:
Agenda
- Ground Rules
- The Big Picture (the Exam Development Cycle)
- Review validation survey results
- Usable test blueprint
- Review/Adept exam specifications

Slide 3:
Ground Rules
- Everyone’s opinion matters
- Everyone is expected to participate
- Don’t be a yes man - if something doesn’t seem quite right, bring it up
- Express disagreement respectfully
- Express agreement clearly and concisely (no chit is free)
- If you cut you off or ask you to summarize it needed
- Ultimate goal is consensus on test percentages, specifications, etc.

Slide 4:
The Exam Development Cycle
Assisted programs are expected to document the completion of the essential steps in the exam development cycle, subject to the extent of the exam development tasks in the eight modules but all should be addressed.

Slide 5:
Exam Specifications
- Item types used: multiple choice
- Test delivery: computerized, authorized proctor in approved venue (e.g., school, college)
- Total administration time: 3 hour
- Total number of items: 1500 items
- Annual volume estimate: 15-25, expected to go up soon
- Language: English only
- Test delivery: handheld, paper and pencil
- Scoring Method: Automated scoring
- Score is intended to measure cognitive abilities & knowledge
- Established level of practice: advanced

Slide 6:
Validation Survey
- Return rate
- 279 survey respondents
- 114 (41%) opened the survey online, and 114 provided at least some demographic information
- 38 respondents did not rate any of the items at all and were removed from the data set for the analysis, leaving 186 people in the analysis (for an effective response rate of 53% of the 285 total respondents)
- Demographic (reviewed in Excel)
- Test ratings (reviewed in Excel)