

Evidence Based Acupuncture Training

Acupuncture in Physiotherapy



Western Medical Acupuncture for Musculoskeletal Pain Conditions

Course Handbook
Pre-course information



www.aacp.org.uk

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Pre requisites: Course participants are required to: show evidence of current HCPC registration; be a member of the CSP or demonstrate valid and adequate professional practice insurance; be able to practise acupuncture within a musculoskeletal clinical setting during the period of the course; provide a signed health screening form; give consent to receive repetitive needling (delivered by fellow participants and the tutor). Participants working in private practice or outside a registered NHS premises must have a licence to practise acupuncture (p4).

Short Course Descriptor: This course (divided between direct contact time; and self-directed learning) is designed to provide Physiotherapists with a basic level of acupuncture training.

The course provides a Western medical approach to acupuncture – grounded in current research evidence rather than in traditional Chinese philosophical thinking. This course does not cover the traditional Chinese medical approach to acupuncture, except where Western scientific theory and evidence can be used to explain concepts of traditional Chinese medicine (e.g. fascial planes and meridians).

Participants will be encouraged to critically evaluate their own clinical practice and where appropriate, challenge the current evidence base. This course is designed to provide participants with a rationale for using acupuncture as an additional treatment for the management of common musculoskeletal pain conditions. Topics covered include the laboratory and radiological research which is used to explain the mechanism of acupuncture analgesia; current evidence from acupuncture clinical trials research; and the non-specific ‘placebo’ effects associated with acupuncture analgesia. Participants will be introduced to the concept of myofascial trigger point pain, and it’s treatment with acupuncture dry needling.

Direct teaching will be split either into two three day sessions, separated by six weeks, or two consecutive two day sessions followed by six weeks then a final two day session.

Courses run with a maximum of 15 participants per tutor.

Course aims: The overall aim of the course is to enable the participant to demonstrate a level of knowledge, understanding and practical skill, which ensures the safe and appropriate delivery of acupuncture, primarily for musculoskeletal pain conditions, within a clinical setting.

Assessed Learning Outcomes (LO): By the end of the course the participant will be expected to be able to:

1. Demonstrate the safe application of acupuncture needling – in accordance with the Health and Safety regulations and within the scope of professional practice, and underpinned with an understanding of the contra-indications and precautions for the application of acupuncture.
2. Demonstrate an understanding of how acupuncture can be applied as an

integrated treatment in the physiotherapy management of certain musculoskeletal pain conditions.

3. Demonstrate an understanding of the specific and non-specific analgesic effects of acupuncture needling, with reference to the current best available evidence.
4. Provide evidence of clinical reasoning and reflective learning, based on one's own clinical practice.
5. Demonstrate an understanding of how to critically evaluate acupuncture research; to judge the applicability of the evidence to one's own clinical practice, and to translate evidence into clinical practice.

Knowledge and Understanding (LO1,2,3,4,5); Cognitive/intellectual skills (LO 2,4,5); Practical Skills (LO1,2,4)

Assessment Mode:

Summative. Practical skills competency test (LO1,2). Reflective diary– two clinical cases (LO 1,2,4); Written case study (max. 2,500 words) (LO1,2,3,4,5).

Formative. Written evaluation of safe practice (LO1,2).

Examples of recommended texts and resources:

British Medical Association (2000). Acupuncture: efficacy, safety and practice. Harwood academic publishers.UK. ISBN 90-5823-164-X

Hecker H-U, Steveling A, Peuker E, Kastner J, Liebchen K (2008). Color Atlas of Acupuncture. Body points, Ear points, Trigger points.2nd Edition. Thieme. Stuttgart. ISBN 978-3-13-125222-7.

Hempen C-H, Wortman Chow V (2006) Pocket Atlas of Acupuncture. Thieme Medical Publishers.

Lian Y-L, Chen C-Y, Hammes M, Kolster BC (2006). The Atlas of Acupuncture. An illustrated manual of acupuncture points. Konemann. ISBN 3-8290-2996-9.

White A, Cummings M, Filshie J (2008). An Introduction to Western Medical Acupuncture. Churchill Livingstone. Edinburgh, ISBN-13:978-0-443-07177-5

www.aacp.org.uk Acupuncture Association of Chartered Physiotherapy

Useful documents include: AACP guidelines for safe practice. AACP commissioning document.

www.medical-acupuncture.co.uk. British Medical Acupuncture Society (BMAS)

Useful websites and electronic databases for 'best available evidence' on acupuncture include:

- Cochrane library data base of systematic reviews.
- Pubmed, AMED & Web of Science
- NHS Evidence. <http://www.library.nhs.uk/CAM>
- Best available evidence (includes evidence other than clinical trials) <http://www.bestbets.org>
- AACP student membership entitles participants to access AACP electronic databases

Pre-course reading preparation

Participants should be familiar with their Hospital or Clinic's policy on the use of acupuncture. We recommend Chapters 3 to 5 of White A, Cummings M, Filshie J (2008) 'An Introduction to Western Medical Acupuncture', as pre-course reading on the neurophysiological mechanisms associated with acupuncture analgesia.

An adequate acupuncture policy, and a means for safe needle disposal, must be in place at the participant's place of work before they can carry out any acupuncture procedure. This is a prerequisite to all course participation.

You should note that it is a legal requirement that all allied health professionals using acupuncture within **private practice** in England and Wales are required to register with the Local Authority. Not to do so contravenes both the law and CSP rules of professional conduct. Contact the AACP webpage at www.aacp.org.uk for details of the legislation covering the licensing of acupuncture. The paper is entitled: Acupuncture in private practice – licensing requirements.

The legislation covering the licensing of acupuncture is:

Local Government Miscellaneous Provisions Act 1982 Part VIII, Acupuncture, Tattooing, Ear-Piercing and Electrolysis.

If you work in private practice you require:

- to licence your premises for acupuncture use
- a sharps and clinical waste contract
- a sink
- a needle policy

1.1 Course delivery

To achieve the learning objectives the following teaching strategies will be employed:

Contact study hours

- Supervised practical workshops - using the principle of 'watch, undertake, and then teach' (to consolidate learning).
- Formal lectures, using power point presentation.
- Informal discussion, using flip chart/white board to gather and develop ideas.
- Facilitated small group discussion to develop clinical reasoning skills and critically evaluate the evidence base.

Self-directed study hours

- Search e-sites for empirical evidence and patient experience of acupuncture.
- Access e- discussion forums.
- Reflective diary of own acupuncture clinical cases.

Support for course participants and their learning

- For the duration of the course, participants will have e-mail access to their tutor. The tutor is available to answer queries about individual clinical cases and will provide informal feedback on written course work. In the event that the tutor is unavailable (through illness or annual leave) another AACP tutor will be assigned to provide support.
- AACP student membership allows access to the AACP database of research papers and electronic libraries.
- Course participants can have access to the power point slides used in the formal teaching sessions to enable them to access hyperlinks to abstracts of research papers and relevant websites.

1.2 Documentation

Course documents will be supplied in a hard copy format. Documents include:

- This Pre-Course Handbook – providing an overview of the course, assessment guidelines, and template for a reflective diary.
- A Practical Workbook – providing information on safe acupuncture practice; a comprehensive guide to the meridians and acupuncture points which are considered to be relevant for treating musculoskeletal pain conditions; examples of case scenarios.

Power point presentations will be provided in hard copy format covering the latest evidence base and theoretical underpinning of acupuncture. The presentations will also be available in their original format, and can be sent to participants on request. These are copyright protected and should only be used by the participant

themselves. A number of the slides contain hyperlinks to research articles and relevant websites.

Programme structure detailing indicative content according to contact study hours, self-directed study and credit equivalences.					
Area of study (all at level 7)	Tutor: student ratio	Guideline contact study hours	Guideline self-directed study	Guideline Total study hours	Guideline Credit equivalence
Acupuncture research	n/a	8	42	50	5
Acupuncture point location	15:1	10	60	70	6
Integration of anatomy, physiology, microbiology and pathology	n/a	5	45	50	5
Needling skills including safe practice and patient management	15:1	10	50	60	6
History and philosophy of TCM	n/a	2	8	10	2
Clinical reasoning & integrated practice	15:1	8	52	60	6
Total		43	257	300	30

2 Timetables

2.1 Indicative content for three weekend format

Time	DAY 1	Time	DAY 2
8.45-9.15	Registration	9.00 (LO3)	Neurological Mechanisms 2. Supraspinal analgesia, affective and autonomic effects (L)
9.15	Welcome & Introductions Outline of the course & assessment methods	10.00	Needling points on the Stomach and Spleen meridians(P)
9.45 (LO2)	Origins and Evolution of Acupuncture (L)	(LO1)	
10.30 (LO3)	Neurological Mechanisms 1. Local effects and segmental analgesia (L)		
11.15	Coffee	11.00	Coffee
11.30 (LO1)	Safe Practice (L&D) Contraindications and precautions; adverse reactions; critical incidence. Introduction to the content of the Practical Workbook	11.30 (LO1,2,)	Application of Stomach and Spleen points to musculoskeletal conditions (P) Lower limb case scenarios
12.30	LUNCH	12.30	LUNCH
1.00 (LO1,2)	Mapping meridians & palpating points; safety and anatomy Familiarisation with acupuncture needles. Handling needles; needling technique; preparing patient(D&P)	1.00 (LO2,3)	Acupuncture for LBP – the evidence (L)
2.00 (LO1,2)	Demonstration of needling Needle points on the Lung and Large Intestine meridians (P)	1.45 (LO1,2)	Needle points on the Bladder meridian Relate to anatomy Lumbar and lower limb points (P)
3.00	Tea	3.00	Tea
3.15 (LO1,2)	Continue needling points on the Lung and Large Intestine meridians(P)	3.15 (LO1,2)	Continued practical Bladder meridian thoracic points Safety and anatomy (P)
4.15 (LO4)	Reflection/discussion/outline of Day 2	4.00 (LO1)	Surface mark points previously covered
4.30	Close	4.15	Summary of day & close

Key: L = keynote lecture; P = practical; D= facilitated group discussion; A = assessment; LO = learning outcome (page 2/3).

Time	DAY 3	Time	DAY 4
9.00 (LO2,3,5)	Acupuncture for neck pain and headaches – the evidence (L)	9.00 (LO3,5)	Neurological mechanisms 3. Acupuncture – no more than a theatrical placebo? (L&D)
9.30 (LO1,2,)	<p>Bladder meridian cervical points and revision of thoracic and lumbar points (P)</p> <p>Needle Huatuo jiaji points & discuss their application</p> <p>Needle points on the Kidney meridian (P)</p> <p>Needle upper limb points on the Small Intestine, and Triple Energiser meridians (P)</p>	9.30 (LO1,2)	<p>Needle points on the Gallbladder and Liver meridians (P)</p> <p>Discuss clinical application – segmental needling for lumbo-pelvic & hip pain conditions, plus headache.</p>
11.00	Coffee	11.00	Coffee
11.15 (LO1,2,3)	Continued practical Small Intestine meridian , upper limb points	11.15 (LO1)	<p>Clinical Competency test (A) – practical needling test and written evaluation to ensure safe practice</p> <p>Surface mark points on large intestine, lung, stomach, spleen, bladder and kidney meridians (P)</p> <p>Case scenario treatment planning (D)</p>
12.30	LUNCH	12.30	LUNCH
1.00 (LO2,3,5)	Treatment Dose (L&D)	1.00 (LO4)	Guidelines on writing reflective diaries (D)
2.00 (LO1)	Needle points on the Pericardium and Heart meridians (P)	1.15 (LO1)	<p>Needle points in the face and head GB, SI, ST, LI & Yintang. (P)</p> <p>Revision of points covered in first 3 days. Surface marking and needling. (P)</p>
3.00	Tea	2.30	Tea
3.15 (LO2,3,4,5)	Application in clinical practice – case scenarios Clinical reasoning (D)	2.45 (LO2,3,4)	Case scenario treatment planning (D) (opportunity to re-take practical test)
4.00 (LO2,3,4)	Reflection & discussion of case scenarios (D)	3.30 (LO4)	Reflection & discussion of case scenarios (D) Expectation of use of acupuncture between sessions.
4.30	Close	4.00	Close

Time	DAY 5	Time	DAY 6
9.00 (LO2,3)	(submit reflective diary) Myofascial trigger point pain an enigma –The theory and scientific evidence (L)	9.00 (LO2,3,5)	Electro-acupuncture –an introduction (L&P)
10.00 (LO2,3,5)	Acupuncture for myofascial trigger point pain – The evidence (L)	9.45 (LO1,2)	Practical application of electro- acupuncture (P) Needle points on the Conception vessel and Governor vessel meridians (P)
10.30 (LO1,2)	Needling of trigger points Fanning technique; sparrow pecking & superficial needling (P) Clinical application Needle muscles in the upper quadrant (P)		Revision of all points covered Surface mark all the points needed on the meridian. (P)
11.15	Coffee	11.00	Coffee
11.30 (LO3,5)	Needle muscles in the upper quadrant (P)	11.15 (LO1,2)	Open session for practical Points not covered; additional points; different needling techniques e.g. ‘surrounding the dragon’; ‘herringbone’ (P)
12.30	LUNCH	12.15	LUNCH
1.15 (LO1,2,4)	Needle muscles in the lower quadrant (P)	12.45 (LO2,3,5)	Current hot topics and latest research (L&D)
3.15	Tea	1.30	Case study what is expected – submission process AACP certificate and membership
3.30 (LO1,2,3)	Clinical application of MTrP needling(D) Case scenarios (D)	(LO1,2,3,4,5)	
		2.00 (LO2,3,4)	Case scenarios – small group work discussion and feedback. (D) Revision of all points covered Surface mark all the points needed on the meridian. (P)
4.15-4.30	Summary of day & close	3.00-3.30	Feedback & close

2.2 Indicative content for two, three day format

Time	DAY 1	Time	DAY 2
8.45-9.15	Registration	9.00 (LO3)	Neurological Mechanisms 2. Supraspinal analgesia, affective and autonomic effects (L)
9.15	Welcome & Introductions Outline of the course & assessment methods	10.00 (LO1)	Needling points on the Stomach and Spleen meridians(P)
9.45 (LO2)	Origins and Evolution of Acupuncture (L)		
10.30 (LO3)	Neurological Mechanisms 1. Local effects and segmental analgesia (L)		
11.15	Coffee	11.00	Coffee
11.30 (LO1)	Safe Practice (L&D) Contraindications and precautions; adverse reactions; critical incidence. Introduction to the content of the Practical Workbook	11.30 (LO1,2,)	Application of Stomach and Spleen points to musculoskeletal conditions (P)
12.30	LUNCH	12.30	LUNCH
1.15 (LO1,2)	Mapping meridians & palpating points; safety and anatomy Familiarisation with acupuncture needles. Handling needles; needling technique; preparing patient(D&P)	1.00 (LO2,3)	Acupuncture for LBP – the evidence (L)
2.00 (LO1,2)	Demonstration of needling Needle points on the Lung and Large Intestine meridians (P)	1.45 (LO1,2)	Needle points on the Bladder meridian Relate to anatomy Lumbar and lower limb points (P)
3.00	Tea	3.00	Tea
3.15 (LO1,2)	Continue needling points on the Lung and Large Intestine meridians(P)	3.15 (LO1,2)	Continued practical Bladder meridian thoracic points Safety and anatomy (P)
4.15 (LO4)	Reflection/discussion/outline of Day 2	4.00 (LO1)	Surface mark points previously covered
4.30	Close	4.15	Summary of day & close

Key: L = keynote lecture; P = practical; D= facilitated group discussion; A = assessment; LO = learning outcome (page 2/3).

Time	DAY 3	Time	DAY 4
9.00 (LO2,3,5)	Acupuncture for neck pain and headaches – the evidence (L)	9.00	(submit reflective diary) Recap and reflection (D)
9.30 (LO1,2,)	Continued practical Bladder meridian cervical points (P)	9.30 (LO3,5)	Neurological mechanisms 3. Acupuncture – no more than a theatrical placebo? (L&D)
	Needle Huatuo jiaji points & discuss their application (P)	10.00 (LO1,2)	Needling points on the Gallbladder and Liver meridians (P)
	Needle points on the Kidney meridian (P)		Discuss clinical application – segmental needling for lumbopelvic & hip pain conditions, plus headache (D).
	Needle upper limb points on the Small Intestine, and Triple Energiser meridians (P)		
11.00	Coffee	11.15	Coffee
11.15 (LO1,2,3)	Clinical Competency test (A) – practical needling test and written evaluation to ensure safe practice	11.30 (LO1)	Needle points on the Pericardium and Heart meridians (P)
	Surface mark points on large intestine, lung, stomach, spleen, bladder and kidney meridians (P)		
	Case scenario treatment planning (D)		
12.30	LUNCH	12.30	LUNCH
1.00 (LO2,3,5)	Treatment Dose (L&D)	1.00 (LO2,5)	Myofascial trigger point pain an enigma –The theory and scientific evidence (L)
2.00 (LO1)	Continued needling Small Intestine meridian , upper limb points (P)	2.00 (LO1)	Needle points in the face and head GB, SI, ST, LI & Yintang. (P)
3.00	Tea	3.00	Tea
3.15 (LO2,3,4)	Application in clinical practice – case scenarios Clinical reasoning (D) (opportunity to re-take practical test)	3.15 (LO1)	Revision of points covered in first 3 days. Surface marking and needling.
3.45 (LO4)	Guidelines on writing reflective diaries (D)	4.00 (LO2,4)	Reflection & Discussion of clinical experience (D).
4.00	Close	4.15	Close

Time	DAY 5	Time	DAY 6
9.00 (LO2,3)	Acupuncture for myofascial trigger point pain – The evidence (L)	9.00 (LO2,3,5)	Current hot topics and latest research (L&D)
10.00 (LO1,2)	Needling of trigger points Fanning technique; sparrow pecking & superficial needling (P) Clinical application Needle muscles in the upper quadrant (P)	10.00 (LO1,2)	Needle points on the Conception vessel and Governor vessel meridians (P) Revision of all points covered Surface mark all the points needed on the meridian. (P)
11.15	Coffee	11.00	Coffee
11.30 (LO3,5)	Needle muscles in the lower quadrant (P)	11.15 (LO1,2)	Open session for practical. Points not covered; additional points; different needling techniques e.g. 'surrounding the dragon'; 'herringbone' (P)
12.30	LUNCH	12.15	LUNCH
1.15 (LO1,2,4)	Electro-acupuncture –an introduction (L&P) Practical application of electro-acupuncture Needle muscles in the lower quadrant (P)	12.45 (LO1,2,3,4,5)	Case study what is expected – submission process AACP certificate and membership
3.00	Tea	1.45	Case scenarios – small group work discussion and feedback. (D)
3.15 (LO1,2,3)	Clinical application of MTrP needling(D) Case scenarios (D)	(LO2,3,4)	Revision of all points covered Surface mark all the points needed on the meridian. (P)
4.15-4.30	Summary of day & close	3.00-3.30	Feedback & close

3 Summative Assessment

3.1 Clinical Competency Test

3.1.1 Practical needling test

Participants will be instructed to needle an upper limb point and/or a lower limb point. They will needle either the course tutor or a fellow participant who has completed their competency test. Needling technique will be assessed as a pass or fail.

To obtain a pass, participants will be expected to:

- Insert needles (via a guide tube) using a sterile technique. Touching the shaft of the needle will incur an instant fail
- Demonstrate an awareness of anatomical structures at the site of needling
- Position the 'patient' in a safe, comfortable position
- Dispose of the needles safely
- Manage any adverse response in an appropriate manner

Marking grid for the practical needling test

Assessment criteria	Marks allocated
1. Patient Care (assuming screened for contra-indications)	
Clear and comprehensive explanation of the procedure	10
Warning re: potential side-effects	10
Positioning of patient	10
Communication with patient during needle insertion and stimulation	10
Explanation given to patient post treatment re: possible expected response	10

Maximum score 50/50. Convert to percentage. Pass > 60%

2. Needle technique	
Select appropriate length of needle	Pass or Fail
Preparing needle for insertion	Pass or Fail
Needle insertion (sterile technique)	Pass or Fail
Appropriate method of needle stimulation	Pass or Fail
Needle removal and disposal	Pass or Fail

All 5 components need to be passed to achieve accepted level of competency

If participants fail the practical needling competency test they will have the opportunity to re-take, following feedback from the course tutor and additional practice. The tutor will advise participants if they consider that additional supervision is required when first needling in clinical practice (provided by a colleague of the

participant, who practises acupuncture). This recommendation will be documented on the needling competency certificate. This certificate will be temporary and will only be valid for six months (the maximum time allowed for completion of all course work). A full certificate of needling competency will be issued alongside the AACCP Acupuncture in Physiotherapy certificate on successful completion of all course work. **(LO1,2).**

3.1.2 Written evaluation of competence for safe practice

The written evaluation consists of short answer questions aimed at assessing participants knowledge of safe acupuncture practice and their understanding of the precautions and contraindications associated with acupuncture needling. This will allow the tutor to assess whether or not they consider the participant competent enough to practise. **(LO1,2)**

3.2 Reflective diary

The reflective diary needs to include two clinical cases, ideally one spinal case and one peripheral case. All cases need to be anonymised.

Marking guidelines (weighting of the mark allocation)

Each clinical case will be expected to include:

- Evidence of adequate screening and informed consent (2).
- A demonstration of safe, appropriate application of acupuncture needling (including managing and reflecting on any critical incidents) (5)
- Rationale for using acupuncture, supported where possible by evidence (covered during the course) (5)
- Rationale for acupuncture point selection and treatment dose, based on patient presentation and acupuncture concepts e.g. local soft tissue effects, segmental inhibition, non-specific effects, trigger points, connective tissue planes, meridians (10)
- Rationale for any changes in treatment (8)
- Critical and balanced reflection (10)
- Identification of skills and knowledge that require further development, and a description of how these have or will be addressed (5)
- Critical evaluation of how each of the clinical cases has subsequently informed/alterd your clinical practice (5)

3.2.1 Reflective Diary Template (increase the size of each section as required)

Patient profile (i.e. age, gender, work, hobbies)

HPC

PMH

DH

What does the patient consider is their main problem?

What is the patient's expectation of physiotherapy/acupuncture at alleviating their pain?

Medical screening for acupuncture and informed consent

Acupuncture treatment

Includes points needled, stimulation, depth of insertion, length of treatment. Other treatment. Measured outcome, and how you dealt with adverse effects.

Rx	Selected points	Needling technique	'Dose'	Rx Response/ Adverse effects
1				
2				

First, provide an overall rationale for using acupuncture for this particular case – where appropriate use evidence to explain and support your thinking.

Second, provide rationale for point selection (related to acupuncture concepts) and 'dose'. Where possible, use evidence to explain and support your reasoning.

For each subsequent treatment, reflect on the effect of the previous treatment, including adverse events and non-analgesic response (e.g. patient energised or relaxed). Explain treatment modifications and reasons for modification based on the response, relating to acupuncture concepts (e.g. add in points with the same innervation as the affected area).

Also note any progression of non-acupuncture treatments, and the effect of acupuncture on analgesic use.

Skill and knowledge requiring further development	How these have/will be addressed

Finally provide a summary and critical evaluation of how this case has informed your clinical practice

(LO1,2,4)

3.2.2 Submitting and re-submitting the reflective diaries

Reflective diaries can be submitted either as a hard copy on the first day of the final weekends teaching, or via e-mail directly to the tutor. The pass rate is 50%. Marks and written feedback will be sent to participants via e-mail two weeks after submission.

If participants fail the assignment, they will be asked to re-submit one of the reflective cases along with the final case study. The tutor will provide guidance on what participants need to do to pass the assignment.

3.3 Case Study Report

The case study should be anonymous. All identifying information should be removed. If the participant considers submitting a case study for journal publication, written patient consent must be obtained.

It should not exceed 2,500 words. It must be written in Arial font with 1.5 line spacing. Each page should be numbered, with the name of the author in the footer.

The case study should comprise of:

- *Title page* including a description of the case, the author's name, and the word count.
- *Abstract* (approx 150 words)
- *Introduction* including an overview of the clinical condition being treated (e.g. OA knee); rationale for using acupuncture for that specific condition, with supporting evidence which indicates an appropriate review of the literature (approx 600 words).
- *Description of the case* including the patient profile, HPC, relevant PMH,SH, DH, clinical assessment and examination findings. Details of each treatment should be presented (include obtaining informed consent). The rationale for point selection and aspects of treatment 'dose' should be supported by sound clinical reasoning, and the best available evidence. Reliable and valid outcome measures should be used to measure treatment effect. (approx 1000 words)

N.B. the descriptions of the patient profile and each treatment session can be presented in table format, the content of which will be excluded from the overall

word count. Body charts used to record symptom presentation before and after treatment are also accepted

- *Discussion* including a summary of the case study; an acknowledgment of the limitations; a critical reflection the treatment used, and suggestions for alternative acupuncture approaches which may have been used producing a potentially different outcome. Highlight any implications for clinical practice or future research. (approx 700 words).
- *Acknowledgements*
- *Reference list*

(LO 1,2,3,4,5)

3.3.1 Referencing

Every knowledge statement should be referenced. The reference style required is Harvard. Appendix A (page 21) provides guidelines from the University of Exeter on Harvard referencing.

3.4 Marking guidelines

A case study will be expected to include:

- Rationale for using acupuncture, supported by relevant best available evidence
- Rationale for acupuncture point selection and treatment dose, based on patient presentation, clinical experience, and acupuncture concepts
- Outcome measures relevant to the clinical condition, and the 'symptom/s' being treated
- Critical and balanced reflection on the clinical case being reported
- Up to date and relevant referencing

Marks will be allocated for the overall presentation style, including correct citation of references; use of scientific language and correct notation; adherence to the word limit and adherence to the structural format required.

The case study should be supported by relevant literature, with marks allocated for critical analysis of this literature and an understanding of how the literature relates to the clinical case.

Marks for the case study will be structured according to standard Masters Level marking and CSP assessment criteria. Table 1 provides an example of the marking format.(Appendix p 21 shows the marking grid for the case study).

Table 1 Example of the marking framework

Classification	Criteria
70%+	Work of exceptional quality demonstrating a synthesis of clinical reasoning, research evidence and theoretical ideas, logically developed and incorporating statements made; originality of thought; evidence of wide independent reading/investigation.
Very Good 60-69%	Work of very good quality: evidence of synthesis of ideas from a variety of sources, including use of theoretical concepts and reflection on current developments in related research.
Good 50-59%	Work of good quality: evidence of coverage of agreed specification which incorporates sound and consistent analysis; sources of theoretical ideas and related research acknowledged in relation to the assignment; evidence provided of independent reading/investigation
Satisfactory 40-49%	Work of satisfactory standard: competent coverage of agreed specification; more descriptive than analytical; some connection of theoretical ideas and research to the assignment
Unsatisfactory 30-39%	Compensatable fail: agreed specification addressed with some coherence, structure and reference to basic relevant reading and/or experience; evidence of appropriate professional competence
Failure 0-29%	Failure: with regard to the agreed specification for the assignment including irrelevance; lack of coherence, clarity or structure; anecdotal work; failure to show evidence of professional competence

3.5 Submitting and re-submitting the case study report

The date for submission will be set at six weeks after the final teaching session. Submission will be done electronically to the tutors e-mail address. The tutor will return the marked scripts electronically within six weeks of the submission date, complete with feedback. Participants who fail this assignment will have one opportunity to re-take, with the re-submission date negotiated with the course

tutor(within six months of course completion).Students who fail a second time will not be eligible to register with the AACP. Re-submissions will be double marked by an independent assessor who is based in higher education.

Once all the course work has been successfully completed, the course tutor will inform the AACP. The AACP will post participants their course certificate along with information regarding membership of the AACP.

4 APPENDICES

Name		Tutor				
Course venue and dates		Marker				
Grade	0-29%	30-39%	40-49%	50-59%	60-69%	70%>
	Fail	Unsatisfactory	Satisfactory	Good	Very good	Excellent
Assessment criteria						
Overall presentation style which adheres to the required structural format including correct citation of references, use of scientific language, correct notation, & word count						
Demonstrate rationale for using acupuncture. Including a critical analysis of the literature used to support this rationale and demonstrating an understanding of how the literature relates to the clinical case						
Demonstrate rationale for acupuncture point selection and treatment dose, e.g. based on patient presentation, clinical experience, and acupuncture concepts						
Demonstrate use of outcome measures relevant to the clinical condition, or the 'symptom/s' being treated						
Demonstrate critical and balanced reflection on the case study, including an acknowledgement of its limitations, possible alternative approaches, implications for clinical practice and/or future research						
Comments						
Overall Mark	Marker signature			Date		

4.1 Harvard style of referencing

Guidelines from the University of Exeter

Accurate referencing

In order to have an accurate record of what you have researched and therefore an accurate reference, it is important that you write down the details of your sources as you study. When taking notes, use a separate page for each new book, journal article, or electronic source. At the top of each page, clearly record the following information for future reference.

For **books**, record:

- The author's or editor's name (or names)
- The year the book was published
- The title of the book
- If it is an edition other than the first
- The city the book was published in
- The name of the publisher

For **journal articles** record:

- The author's name or names
- The year in which the journal was published
- The title of the article
- The title of the journal
- The page number/s of the article in the journal
- As much other information as you can find about the journal, for example the volume and issue numbers

For **electronic resources**, try to collect the information on the left if it is available, but also record:

- The date you accessed the source
- The electronic address or email
- The type of electronic resource (email, discussion forum, www page, etc.)

Always reference

Direct quotations – this is when you copy another author's material word-for-word. You should show the reader that it is a direct quote by placing the material in inverted commas. Traditionally, double inverted commas have been used (“”) but it is now acceptable, and preferable to use single inverted commas (‘’). Sometimes it is difficult to avoid the direct quotation as the author's words may precisely describe the

point you are trying to make. However, do try to avoid the overuse of direct quotations; try to paraphrase the author's work where possible. Please note that when you use direct quotations, you must reproduce the author's words *exactly*, including all spelling, capitalisation, punctuation, and errors. You may show the reader that you recognise an error and that you are correctly quoting the author by placing the term 'sic' in brackets after the error.

Paraphrasing – this is when you take another author's ideas and put them into your own words. You are still copying someone else's work, so you must reference it. You do not need to use inverted commas when you paraphrase, but you must clearly show the reader the original source of your information.

Referencing in the text

Paraphrase

Phillips (1999) suggests that generational change is inevitable and continuous

Direct quote from a book or journal article with one author

When organising our time, Adair (1988) states that 'the centrepiece will tend to be goals and objectives'.

OR

When organising our time 'the centrepiece will tend to be goals and objectives' (Adair, 1988).

Direct quote from a book or journal article with more than one author

Morris et al (2000) state that 'the debate of these particular issues should be left to representative committees'

When you paraphrase, it will look much the same as the direct quotation examples, but without the inverted commas

By improving your posture you can improve how you communicate feelings of power and confidence (McCarthy and Hatcher, 1996).

Sometimes the author you are quoting from will quote another author to support his or her argument, much in the same way that you do when writing assignments. Sometimes you want to use the same quote that the author of the source has used. When you do this, use the format below

Eisenberg and Smith (in Bolton, 1986) agree that 'it is hard to assign general meaning to any isolated nonverbal sign'

Reference newspaper and magazine articles in the same way you would for other books and journals

The *Guardian* reported that twenty-nine inmates were participating in the programme ('Serving time', 1996).

Creating a reference list

Book with one author

Adair, J. (1988) *Effective time management: How to save time and spend it wisely*, London: Pan Books.

Book with two authors

McCarthy, P. and Hatcher, C. (1996) *Speaking persuasively: Making the most of your presentations*, Sydney: Allen and Unwin.

Book with three or more authors

Fisher, R., Ury, W. and Patton, B. (1991) *Getting to yes: Negotiating an agreement without giving in*, 2nd edition, London: Century Business.

Book – second or later edition

Barnes, R. (1995) *Successful study for degrees*, 2nd edition, London: Routledge.

Book by same author in the same year

Napier, A. (1993a) *Fatal storm*, Sydney: Allen and Unwin.

Napier, A. (1993b) *Survival at sea*, Sydney: Allen and Unwin.

Book with an editor

Danaher, P. (ed.) (1998) *Beyond the ferris wheel*, Rockhampton: CQU Press.

If you have used a chapter in a book written by someone other than the editor

Byrne, J. (1995) 'Disabilities in tertiary education', in Rowan, L. and McNamee, J. (ed.) *Voices of a Margin*, Rockhampton: CQU Press.

Books with an anonymous or unknown author

The University Encyclopedia (1985) London: Roydon

Journal article

Muller, V. (1994) 'Trapped in the body: Transsexualism, the law, sexual identity', *The Australian Feminist Law Journal*, vol. 3, August, pp. 103-107

Journal article with both volume and issue number

Muller, V. (1994) 'Trapped in the body: Transsexualism, the law, sexual identity', *The Australian Feminist Law Journal*, vol. 3, no. 2, August, pp. 103-107

Government publications

Department for Education and Employment (DfEE), (2001) *Skills for life: The national strategy for improving adult literacy and numeracy skills*, Nottingham: DfEE Publications.

Conference papers

Hart, G., Albrecht, M., Bull, R. and Marshall, L. (1992) 'Peer consultation: A professional development opportunity for nurses employed in rural settings', *InfrontOutback – Conference Proceedings*, Australian Rural Health Conference, Toowoomba, pp. 143 – 148.

Newspaper articles

Cumming, F. (1999) 'Tax-free savings push', *Sunday Mail*, 4 April, p. 1.

OR, IF THE AUTHOR IS UNKNOWN

'Tax-free savings push', *Sunday Mail* (4 April 1999), p. 3.

World Wide Web page

Young, C. (2001) *English Heritage position statement on the Valletta Convention*, [Online], Available: <http://www.archaeol.freeuk.com/EHPositionStatement.htm> [24 Aug 2001].

4.2 Example of health screening questionnaire



Health Screening Questionnaire

AACP Acupuncture in Physiotherapy Course

Name.....

As a course participant you are required to give and receive acupuncture needling – both from fellow participants, and from the course tutor (for demonstration purposes).

To safeguard your health and well-being during the course and to offer a safe and effective learning environment for both participants and tutors you are required to complete the following questionnaire. A completed questionnaire needs to be handed to the course tutor on day one of the course. Thank you.

The Acupuncture Association of Chartered Physiotherapists recommends, on guidance from the CSP, that this course is not appropriate for you if you are pregnant. The guidelines have been provided to help inform your decision on whether or not you wish to take part*.

The following can be contraindications or precautions for acupuncture. Please notify the tutor if any apply to you.

If you:

- are diabetic
- have epilepsy or history of fits (even if controlled by medication)
- have haemophilia or other diagnosed bleeding disorder
- are taking anticoagulants
- have an artificial cardiac pacemaker or Implantable Cardioverter Defibrillator (ICD)
- have a known blood-borne virus
- have a skin condition e.g. eczema
- are pregnant or trying to conceive

For additional information please see the acupuncture in physiotherapy leaflet enclosed

Answers to questions will remain confidential to the tutor on the course.

Do you know any reason why you should not receive acupuncture?	<i>Please state</i>
Are you receiving any medication that may affect your response to acupuncture?	
Have you experienced any adverse reaction to needles before (including injection) ?	
Do you have a known allergy to metal?	
*Are you pregnant or actively trying to conceive? If yes i) How is your current general health? ii) Do you have a history of miscarriage? iii) Have you had acupuncture before during pregnancy? If yes, did you experience any adverse effects?	i) ii) iii)
I give my consent to receive acupuncture needling from the course tutor and from fellow participants under tutor supervision	<i>Signature</i>

* There have been some concerns about the risks to pregnant physiotherapists who undertake Acupuncture Courses, in which the receipt of a significant amount of needling is an integral part of the tuition. The CSP Professional Practice Committee (PPC) have provided the following guidance:

- PPC advise that while there is no evidence either way concerning potential harmful effects on either the mother or the unborn child, it is judicious to err on the side of caution. PPC recommend that it is not advisable to allow a pregnant student to be repeatedly needled during a training programme.
- PPC would also remind members that it is the responsibility of course tutors to ensure that participants understand that: 'no evidence of harm does not mean no risk of harm'
- Course tutors are recommended to advise pregnant students not to take part in repeated needling.
- Course tutors have a duty of care to the course participant and to the unborn child and should ensure that participants appreciate the risk and advise that they defer training until they are no longer pregnant.

PPC would also politely remind members that it is the responsibility of the student to inform the tutor of their condition and to be ultimately responsible for their own wellbeing assuming the risks are known to students attending acupuncture courses.

4.3 Acupuncture and Hepatitis-B immunity

The Acupuncture Association of Chartered Physiotherapists document on Acupuncture and Hepatitis-B immunisation can be found at: www.aacp.org.uk.

In summary - Acupuncture and Hepatitis-B immunisation.

Exposure prone procedures (EPP) are those in which there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker.

AACP does not view acupuncture as constituting an EPP, however contact with body or blood fluids is a risk. Department of Health Guidelines require that practitioners provide evidence to their NHS trust of their Hepatitis-B surface antigen [HbsAg] status before undertaking EPP work.

To ensure protection to practitioners and patients the AACP recommend the following:

1. All AACP members should seek Hepatitis-B vaccine, administered intramuscularly at 0, 1 and 6 months, unless they already have evidence of up to date vaccination.
2. Immunity should be checked two months after the third dose. The result should be recorded and the practitioner should retain an up-to-date vaccination card.

(Refer to AACP document for details re: testing and maintaining immunity – safety guidelines).



www.aacp.org.uk