Western Medical Acupuncture for Musculoskeletal Pain Conditions Foundation Course

AACP Pre-Course Information and Practical Workbook

Final Version 3.5 January 2020

Dear Delegate,

On behalf of the AACP, I am delighted to welcome you to our Level 7 Post Graduate AACP Acupuncture Foundation Course and hope that you enjoy and are inspired by your studies.

I am sure you are very excited about starting your course and studying acupuncture and I would like to take this opportunity to advise you that while you are studying acupuncture with the AACP you will have our full support. Not only during your educational period, but also after you have qualified as part of your AACP membership. Therefore, if you have any concerns or are apprehensive about your studies or your practice please do not hesitate to contact us.

Our tutors take pride in their work as educators and are passionate about passing on their knowledge of acupuncture. Our AACP accredited tutors have said “teaching the foundation course is extremely rewarding.” “No one course is ever the same and there is always something interesting to keep you on your toes.” “You meet some great people and you get to teach them a fantastic new skill, which leaves most wondering what on earth they did before they learnt it!”

We have a fantastic support network of tutors and as a trainee member of the AACP you will have access to our website and Journals to assist you in your studies.

We look forward to teaching you and if you have any questions unanswered please feel free to contact the AACP or your tutor.

I hope you have an inspirational course.

With best wishes,

Jonathan Hobbs
Chairman, AACP

Course Handbook Contents

Plagiarism and how to Avoid it

Academic Integrity and Avoiding Plagiarism

The AACP expects all tutors and trainees to act with the highest standards of academic integrity. Academic Misconduct (cheating) is an attempt to obtain for you or for another an un-permitted advantage which may or may not result in a higher mark than your or his/her abilities would otherwise secure. It can occur both under exam conditions and in coursework. Suspected incidents are investigated and, if proven, will result in the trainee being penalised. Actions range from the issue of a verbal/ written reprimand to the cancellation of marks and disqualification from any further attempt.

Although the AACP realises that most trainees are aware of the need to avoid plagiarism, we ask that you take a few minutes to read the guide on our website, which also includes a full Harvard Referencing Guide. https://www.aacp.org.uk/page/32/plagiarism

Plagiarism is a particularly common form of Academic Misconduct. It is the unacknowledged representation of the work of another person or organisation as the student's own. This can include lecture notes, hand-outs, presentations, and applies to work of other students. It includes downloading from the internet.

You are plagiarising if you:

- Copy the work of another;
- Include in your work, material which has been directly copied from the internet, books or journals;
- Closely paraphrase the work of another by changing a few words or altering the order of presentation;
- Quote phrases from another's work;
- Deliberately present another's concept as your own;
- Submit a piece of work wholly or in part which you have previously submitted for credit for another module or programme (self-plagiarism).

It is perfectly acceptable and indeed proper to draw on the work of others and the material found in texts in books, journals and the internet, however it must be referenced appropriately. One means by which to avoid plagiarism is to include, in all cases and without exception, a formal reference, normally in the Harvard style, though other systems are used for specific disciplinary areas. Investing the effort to understand and use referencing skills effectively will mean that you can utilise the material that is useful to your academic work. You can normally expect to improve your marks with the adoption of good referencing practices since this is regarded as 'good academic practice'.

You need to make sure that your work is not plagiarised. To avoid plagiarism, remember the following advice:

- Take the time to learn how to reference properly, understand the rules of good citation practice, and be systematic in its use;
- When taking notes from any source, remember to write down all the bibliographic details at the time (author, date, title, publisher, location). This will enable you to locate the specific reference you need more easily when you come to write up your assignment;
- When making notes, identify your own ideas from the ideas of others, so you do not inadvertently conflate your original concepts with the arguments and thoughts of other writers in your final piece of work;
- Don't be afraid to use your own words. Elegant academic writing comes with many years of practice. You are not expected to write as professionally as the authors of the books and journals you have read. Even in very competent undergraduate work, plagiarised passages can normally be discerned by markers as 'a different voice';

- A good way to use others' work effectively is to try and develop your own ideas about the piece you are writing and use the thoughts and arguments of others to support your ideas or to offer an alternative position. It is not good academic practice to draw on notes, articles and books, without including some elements of your own original thought.

The AACP takes cases of plagiarism very seriously. The penalty applied to those against whom an allegation has been proved depends on the severity of the plagiarism. There are a range of penalties which include the cancellation of a candidate's marks for a piece of assessed work in the least severe case, to the disqualification of the candidate from any future assessment/examination in the most severe case.

Extenuating Circumstances

Extenuating circumstances is the term used for circumstances outside your control which have adversely affected your academic performance or prevented you from attending an examination. Examples might include ill health, bereavement, or eviction from your accommodation. You can find more about extenuating circumstances on https://www.aacp.org.uk/page/66/mitigation

Always contact your Tutor for advice. Cases for extenuating circumstances must be submitted on the appropriate form available from the webpage and accompanied by evidence. Please note that computer problems do **not** constitute extenuating circumstances so you should ensure that you back up your data as you go, and that the storage device that you select is secure.

Please be advised that an Extenuating Circumstances claim cannot be considered once marks have been given for any work submitted.

1 Course Information

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.

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 its treatment with 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)
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 AACP trainee membership entitles you to access AACP electronic databases. Useful documents include: AACP guidelines for safe practice, AACP Evidence and Commissioning Resource and past AACP Journals.

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

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 (2018) '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. Look in the documents section of the AACP webpage at www.aacp.org.uk for details of the legislation covering the licensing of acupuncture. 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 trainee 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 online which cover the evidence base and theoretical underpinning of acupuncture. 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 of the Course

Area of Study (Level 7)	Tutor: Student Ratio (Max)	Guideline Contact Study Hours	Guideline Self Directed Study	Guideline Total 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, safe practice & 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	N/A	43	257	300	30

2 Timetables

2.1 Indicative Content for Three Weekend Format

Time	DAY 1	Time	DAY 2
08:45	Registration	**09:00** **(LO3)**	Neurological Mechanisms 2. Supraspinal analgesia, affective and autonomic effects (L)
09:15	Welcome & Introductions Outline of the course & assessment methods.		
09:45	Origins and Evolution of Acupuncture (L)	**10:00** **(LO1)**	Needling points on the Stomach and Spleen meridians (P)
10:30	Neurological Mechanisms 1. Local effects and segmental analgesia (L)		
11:15	**Refreshments**	**11:00**	**Refreshments**
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**
13:00 **(LO1,2)**	Mapping meridians & palpating points; safety and anatomy Familiarisation with acupuncture needles. Handling needles; needling technique; preparing patient (D&P)	**13:00** **(LO2,3)**	Acupuncture for LBP – the evidence (L)
14:00 **(LO1,2)**	Demonstration of needling Needle points on the Lung and Large Intestine meridians (P)	**13:45** **(LO1,2)**	Needle points on the Bladder meridian Relate to anatomy Lumbar and lower limb points (P)
15:00	**Refreshments**	**15:00**	**Refreshments**
15:15 **(LO1,2)**	Continue needling points on the Lung and Large Intestine meridians (P)	**15:15** **(LO1)**	Continued practical Bladder meridian thoracic points Safety and anatomy (P)
16:15 **(LO4)**	Reflection/discussion Outline of Day 2	**16:00** **(LO1)**	Surface mark points previously covered.
16:30	**Close**	**16:15**	**Summary of Day and Close**

Time	DAY 3	Time	DAY 4
09:00	Acupuncture for neck pain and headaches – the evidence (L)	**09:00**	Neurological mechanisms 3. Acupuncture – no more than a theatrical placebo? (L&D)
09:30 (LO1,2)	Bladder meridian cervical points and revision of thoracic and lumbar points Needle Huatuo Jiaji points & discuss their application Needle points on the Kidney meridian Needle upper limb points on the Small Intestine, and Triple Energiser meridians (P)	**09:30 (LO1,2)**	Needle points on the Gallbladder and Liver meridians (P) Discuss clinical application – segmental needling for lumbo-pelvic & hip pain conditions, plus headache.
11:00	**Refreshments**	**11:00**	**Refreshments**
11:15 (LO1,2,3)	Continued practical Small Intestine meridian, upper limb points	**11:15 (LO1)**	Clinical Competency test (A) Practical needling test and written evaluation to ensure safe practice 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**
13:00 (LO2,3,5)	Treatment Dose (L&D)	**13:00 (LO4)**	Guidelines on writing reflective diaries (D)
14:00 (LO1)	Needle points on the Pericardium and Heart meridians (P)	**13:15 (LO1)**	Needle points in the face and head GB, SI, ST, LI & Yintang. (P) Revision of points covered in first 3 days. Surface marking and needling. (P)
15:00	**Refreshments**	**15:00**	**Refreshments**
15:15 (LO2,3,4,5)	Application in clinical practice – case scenarios Clinical reasoning (D)	**14:45 (LO2,3,4)**	Case scenario treatment planning (D) (opportunity to re-take practical test)
16:00 (LO2,3,4)	Reflection & discussion of case scenarios (D)	**15:30 (LO4)**	Reflection & discussion of case scenarios (D) Expectation of use of acupuncture between sessions.
16:30	**Close**	**16:00**	**Close**

Time	DAY 5	Time	DAY 6
09:00 (LO2,3)	Submit reflective diary. Myofascial trigger point pain an enigma –The theory and scientific evidence (L)	**09:00 (LO2,3,5)**	Electro-acupuncture – an introduction (L&P)
10:00 (LO2,3,5)	Acupuncture for myofascial trigger point pain – The evidence (L)	**09:45 (LO1,2)**	Practical application of electro-acupuncture (P) Needle points on the Conception vessel and Governor vessel meridians (P) Revision of all points covered Surface mark all the points needled on the meridian. (P)
10:30	Needling of trigger points Fanning technique; sparrow pecking & superficial needling (P) Clinical application. Needle muscles in the upper quadrant (P)		
11:15	**Refreshments**	**11:00**	**Refreshments**
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**
13:15 (LO1,2,4)	Electro-acupuncture –an introduction (L&P) Practical application of electro-acupuncture. Needle muscles in the lower quadrant.	**12:45 (LO1, 2,3,4,5)**	Case study what is expected – submission process AACP certificate and membership
15:00	**Refreshments**		
15:15 (LO1,2,3)	Clinical application of MTrP needling (D) Case scenarios (D)	**13:45 (LO2,3,4)**	Case scenarios – small group work discussion and feedback. (D) Revision of all points covered Surface mark all the points needled on the meridian. (P)
16:15	**Summary of Day and Close**	**15:00**	**Feedback and Close**

Key: L = keynote lecture; P = practical; D= facilitated group discussion; A = assessment; LO = learning outcome

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

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 AACP 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 Case Studies

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 to each bullet point for each case study. 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 possibly 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/altered your clinical practice (5)

Notes:

Use the marking and feedback form to structure your submission.

3.2.1 Reflective Diary Template (use as a guide and amend as required): Acupuncture Treatment

Patient Profile (i.e. gender, work, hobbies).

HPC

PMH

DH

SH

What specific goals does the patient want to achieve via their physiotherapy/acupuncture treatment?

OE

SH

Clinical Diagnosis:
Subjective Markers:
Objective Markers:

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.				

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 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.

Word count for the case study is 2500 +/- 10% words. The study 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.

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 25 shows the marking grid for the case study).

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 as instructed by the tutor. 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 an opportunity to resubmit the assignment to the tutor in response to detailed comments to remedy areas that needed further development, with the re-submission date negotiated with the course tutor (within six months after the final teaching session). 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.

Mitigating circumstances may lead to a postponement of any submission date in deliberation with the tutor. However, any such date should lie within the six months after the final teaching session.

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.

To obtain top marks, ensure that you answer all of the bullet points.

4. Appendices

4.1 Marking and Feedback Form Reflective Case Studies

Assessment Criteria (breakdown of allocated marks)	**Case Studies Description**	
Each Case	**Case 1**	**Case 2**
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 (5)		
Rationale for acupuncture point selection and treatment dose, based on patient presentation, clinical experience, and acupuncture concepts (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/altered your clinical practice (5)		
Mark /50 Pass Mark = 50%		
Comments:		
Overall Result /100% **(average of 2 cases)**	**Classification: Pass/Fail**	
Participant Name:	**Marker:**	**Date:**

4.2 Marking and Feedback Form – Clinical Case Study

Name:								
Course Venues and Dates:								
Grade	**0-29% Fail**	**30-39% Unsatisfactory**	**40-49% Satisfactory**	**50-59% Good**	**60-69% Very Good**	**70% > Excellent**		**Tutor:** **Marker:**
Assesment Criteria								
Overall presentation style which adheres to the required structural format including correct citation of references, use of scientific language, correct notation and word count								**Date:**
Demonstrates 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								
Demonstrates rationale for acupuncture point selection and treatment dose, e.g. based on patient presentation, clinical experience, and acupuncture concepts								
Demonstrates use of outcome measures relevant to the clinical condition, or the 'symptom/s' being treated								
Demonstrates 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:**	

4.3 Marking Sheet – Practical Competency Test

Assesment Criteria	Total Marks	Breakdown of Allocation
Patient Care (assuming screened for contra-indications)		
Clear and comprehensive explanation of the procedure	/3 /2 /3 /2	Provide a realistic account of the possible benefits (3) Supported with evidence (2) An explanation of the needling process to include needle insertion; expected needle sensation; how needle will be stimulated (3) Verbal consent obtained (2)
Warning re: Potential Side-Effects	/5 /5	A clear explanation of the possible adverse effects, especially lightheaded, faint and fatigued, nausea. (5) Clear statement that the 'patient' should let the clinician know if they start to experience any of these sensations (5)
Positioning of the Patient	/5 /5	The patient should be positioned for comfort (5) To allow easy re-positioning (i.e. into recovery position) if experience vaso-vagal response (5)
Communication with patient during needle insertion and stimulation (prompts provided by tutor; question how would modify treatment if patient 'strong reactor' or 'weak reactor')	/10	Ask patient to relay what they are feeling when the needle is stimulated; react to the patient's response by stimulating needle more or less; observe skin, needle reaction locally; observe any autonomic change (10)
Explanation given to patient post treatment re: possible expected response. (Question from tutor re: treatment plan if patient comes back, better, worse or same)	/5 /5	Clear explanation given as to possible adverse response immediately post treatment e.g. temporary increase in pain; drowsy – safe to drive (5); Ask patient to monitor their symptoms over next few days and report any change at their next appointment (5)
Maximum score 50/50. Convert to percentage. Pass > 60% **Result /50 %**		

4.4 Marking Sheet – Needling Technique

Needling Technique		
Select appropriate length of needle (Question from tutor – what structure are you needling into?)	Pass or Fail*	Insert to appropriate depth being mindful of anatomical structures at the point of insertion. Allow half the shaft of the needle to show. NEVER needle up to the handle.
Preparing needle for insertion	Pass or Fail	Shaft of needle not touched
Needle insertion (aseptic technique)	Pass or Fail	Wash hands prior to needling; if shaft of needle is touched, needle should be discarded and process re-started.
Appropriate needle stimulation	Pass or Fail	Guided by patient response
Needle removal and disposal	Pass or Fail	Safely to avoid needle stick injury and into sharps box
* circle response All 5 components need to be passed to achieve accepted level of competency (LO1,2)		
Comments:		
Participant Name:	Marker:	Date:

Make sure you use a clean needling technique!

4.5 Acupuncture and Hepatitis-B Immunity

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.

The full Hepatitis-B immunisation. Guidelines can be found in the document section on the AACP website aacp.org.uk.

In summary, 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)

4.6 Acupuncture in Pregnancy for Patients

Acupuncture is a safe treatment to receive in uncomplicated pregnancy. It is important to fully clinically reason the acupuncture treatment, taking into account the physiological and anatomical differences in a pregnant patient.
It is essential that the clinician has the clinical competence to deliver acupuncture to a pregnant patient to ensure it lies within one's personal scope of practice.

Precautions Specific to Acupuncture in Pregnancy:

- Historical acupuncture texts describe 'forbidden' points in pregnancy, however there is no scientific evidence to support this notion.
- Traditionally 'forbidden' points (LI4, SP6, BL60, BL67) should be considered with caution.
- Strong sympathetic effect, as associated with very strong needle stimulation (especially in LI4) should be avoided in pregnancy
- Sacral foramina points (BL31, 32, 33, 34) and abdominal points should be avoided.
- Ensure that there is no past history of obstetric abnormality such as miscarriage and that the patient is in a state of good health.

Notes:

Foundation Course Workbook Contents

Foundation Course Workbook Contents

1. Safe Practice

1.1 Guidelines of Safe Practice

The Acupuncture Association of Chartered Physiotherapists (AACP) publishes guidelines for safe practice (www.aacp.org.uk). This document is copyright protected so cannot be included in the workbook. However, copies of the document will be available to you during your time on the course, though the document cannot be copied further. All aspects of safe practice are covered via a keynote lecture, group discussion, and practical skills sessions.

Notes:

1.2 Contraindications and Precautions

Within the context of this course the following are considered as absolute contraindications to acupuncture needling:

- Infected, thin or fragile skin
- Poorly controlled epilepsy or history of unexplained convulsions
- Valvular heart disease
- Spontaneous bleeding or bruising
- Poorly controlled diabetes
- Acute haemorrhagic stroke
- Unstable heart conditions e.g. CCF, arrhythmias
- Overanxious, or confused patients
- Unwilling patients either because of needle phobia or personal (religious) beliefs
- Pacemaker (electro-acupuncture)

Notes:

Precautions:

- Diabetes – impaired skin sensation; unstable blood sugar
- Pregnancy (see Pre-Course Handbook chapter 4.6)
- Peripheral vascular disease or impaired sensation
- Haemophilia, thrombocytopenia or anticoagulant therapy (AVOID needling into joints) Factor 2/ Prothrombin deficiency. Patients with a Factor2 level of 25% and above are safe to needle, however needle with caution with levels of 25-55%. It is not advisable to needle with levels below 25%.
- Immunosuppressive diseases e.g. SLE, AIDS, Splenectomy, Chemotherapy (extra attention to hygiene)
- Previous seizure induced by an invasive medical procedure
- Known metal allergy, especially stainless steel or nickel
- Hepatitis
- Previous malignancy
- Hyper/hypotension
- Patients without a clear diagnosis (may mask serious pathology)
- Frail or anxious patient (likely strong autonomic effect)
- Strong previous reaction to acupuncture

Notes:

Forbidden points: Any points in an area of swelling e.g. lymphoedema; acute haematoma; acute RA. Unhealthy skin or varicosities. Nipple & breast tissue. Umbilicus. Infants fontinelles. External genitalia. AACP document potentially hazardous points as those in the mid-clavicular line e.g. ST points and around the lateral rib cage e.g. LR 13 risk of traumatic pneumothorax; GV 16 &GV15 risk of puncture to medulla oblongata. Be aware of the position of the kidneys when needling the lumbar region. (LO1)

1.3 Preparation for Acupuncture Treatment

1.3.1 The environment needs to:

- Be clean and private with good light and good access.
- Allow adequate time to carry out procedures safely.
- Have adequate support from other staff and colleagues.
- Have a facility to dispose of needles close by.
- Ensure the patient is adequately supported on a firm surface (preferably prone or supine position).
- Licensing of premises will sometimes be required, and it is good practice to work from a room which contains a washbasin with hot and cold running water, soap and paper towels.

1.3.2 The practitioner needs to ensure they:

- Wash their hands before and after each treatment.
- Cover any cuts and abrasions (on their hands) before treatment.
- Have the knowledge and skill to treat the patient safely and appropriately.
- Discuss with the patient that the benefits of the treatment (to the best of their knowledge) outweigh the risks.
- Have a clear treatment plan.
- Have considered the effects acupuncture may have on any other conditions the patient may have.
- Know the anatomical structures relevant to the selected points and are aware of any associated precautions required when needling.
- Have adequate support or know how to respond in the event of an adverse reaction
- Are adequately insured.
- Ideally have hepatitis B immunisation.

1.3.3 The patient needs to:

- Be adequately informed of the benefits and risks of receiving acupuncture i.e. they should be given:
  1. A realistic account of the possible benefits (quoting research or clinical evidence where appropriate);
  2. The known risks of acupuncture for their condition;
  3. Alternative treatments for the condition.

- Be made aware of what is involved and informed of the possible immediate effects of needling. The explanation should include:
  1. The procedure of insertion (+/- demonstration)
  2. The procedure of stimulation
  3. The likely sensations to felt at and around the needle (i.e. De Qi)
  4. A warning about possible transient symptoms they may experience during or after needling, such as lightheaded, faint, fatigued, energised 'high', and there may be an initial increase in their pain. Reassured that these are common reactions, and frequently there is little or no adverse effect experienced.

- Have anatomical landmarks which are easily identifiable e.g. ribs/scapula which allows accurate location of points.
- Give consent prior to treatment, which is documented in the case notes. Example of a consent form and health screening form can be found on pages 110/110.

For safety reasons:

- Patients should be allowed adequate time to rest and recover safely after treatment.
- Clinicians should remain within the area of the patient throughout the session.

1.3.4 Fainting and Convulsions

Occasionally people can react to an invasive medical technique by having a convulsion. The mechanism underlying this response is not clear, though it is thought that a sudden vagal stimulation to the heart may be involved. People who faint during treatment and cannot be laid down quickly enough can suffer a mild anoxic convulsion. If patients have a history of unexplained convulsion, acupuncture is not advised. (White et al. (2008) Chapter 11 'An Introduction to Western Medical Acupuncture').

AACP guidelines recommend that physiotherapists maintain first aid training, (updated every 12 months). If a patient feels faint, nauseous or is experiencing sudden sweats, remove all needles immediately and put them in the recovery position if needed, maintaining a clear airway, and allow them to recover slowly. A relevant incident form must be completed, and the incident needs to be recorded as an adverse event in the patient's notes.

Discussion topics:

Why might a patient be unsuitable for acupuncture?

How might you predict which patients are likely to be strong reactors to acupuncture (i.e. prone to fainting or convulsion)?

(LO1, 3)

Always refer to the contraindications and precautions check list before considering acupuncture treatment.

2 Needling Acupuncture Points

2.1 Introduction to Meridians and Acupuncture Points

You will come across terms such as Qi and Yin and Yang when reading acupuncture texts. These concepts are based in ancient Chinese medicine and are difficult to translate into a Western medical model. These concepts are described here, simply to explain how acupuncture points are named and numbered.

- Qi refers to the potential for action. People are born with a certain amount of qi which can be replenished with food and air. Disease occurs when qi is disturbed through 'excess', 'deficiency' or 'blockage'. This could be interpreted in relation to pain by acute inflammation, chronic pain/ degenerative disease, mechanical dysfunction.
- The qi circulates in 12 channels of energy called meridians (jing-luo). Each of these meridians are governed by an organ, and they are mirrored on the right and left side of the body. The 12 meridians are: Lung, Large Intestine, Stomach, Spleen, Heart, Small Intestine, Bladder, Kidney, Pericardium, Triple Energiser, Gallbladder and Liver. At certain points along these channels are the acupuncture points (acupoints). There are two additional meridians which run up the centre of the body – the Conception Vessel ventrally and the Governor Vessel dorsally. In traditional Chinese acupuncture (TCA), acupoints have individual names and specific actions, which include treating the organ related to the meridian. Acupuncture points are numbered according to the direction in which the qi is believed to flow along the meridian.
- Extra acupoints are named points which are not located on a meridian.
- Ah Shi points are transient, un-named tender points which are often needled to treat pain.
- The balance of opposites is fundamental to TCA. These are represented as yin and yang. The original meaning of yang is the sunny side of the mountain and yin the shaded side of the mountain. An imbalance of yin and yang is believed to cause illness, and treatment by acupuncture is aimed at redressing this imbalance. This may be interpreted as homeostasis in WMA.

Central to the philosophy of traditional Chinese medicine is a holistic approach to health and wellbeing, an approach adopted by many Western healthcare practitioners, i.e. observing the association between lifestyle changes such as diet, stress, activity levels (psychosocial model) and disease or pain perception.

(LO2, 3)

2.1.1 Locating Acupuncture Points

- The patient should be positioned so that they feel relaxed and comfortable. Patients should be made aware that if they move the area of the body which is being needled, this can stimulate the needles further (sudden forceful movements can cause needles in situ to bend and may be painful).
- Acupuncture points are located with the aid of anatomical landmarks. The position of the points, in relation to anatomical landmarks, is measured in Chinese inches or cun. The cun is a proportional measurement which varies from person to person. One cun is the distance between the transverse crease of the PIP and DIP joints of the middle finger when the finger is flexed.
- Many points are in hollows or depressions on the body. Light palpation can sometimes identify an area where the palpating finger appears to stick to the skin. Some claim that acupuncture points can be identified as areas of lower electrical skin resistance, though supporting evidence is lacking.

2.1.2 Acupuncture Needles

The most commonly used needles are stainless steel, some of which are silicone coated (e.g. SeirinTM needles). The needles have a solid shaft and a coiled handle with a loop on top. Some needles have plastic handles. Needles are available in different lengths and thicknesses (gauge). The length of needle should be selected according to the build of the patient, location of the point, and intended depth of insertion. Needles should be inserted in a direction which reduces the risk of damage to underlying organs, major nerves and major blood vessels.

Half of the shaft of the needle should remain exposed. **NEVER** insert the needle as far as the handle.

Length and gauge of commonly used needles: Length – Standard use. 25mm, 30mm, 40mm and 50mm. 15mm or 25mm for facial points and 75mm to 100mm for gluteal needling. Gauge – 0.12mm to 0.35mm. Standard use.0.25mm or 0.30mm.

2.1.3 Methods of Insertion

- Consent has been obtained (signed consent commonly required in all NHS Trusts).
- The patient is told what they might feel when the needles are inserted, how many needles will be used, and how long the treatment will last. Normal needle sensations range from a dull ache, heavy sensation, warmth, pins and needles, itching and numbness. These are described under the umbrella term - De Qi. The patient should be instructed to tell you if they experience a sharp pain on needle insertion, as this indicates the needle has either touched a nerve; a richly innervated blood vessel wall or a fascial layer. In such cases the needle should be withdrawn slightly and repositioned or removed all together and the point re-needled using a fresh needle.
- The patient is positioned comfortably in lying, having previously been informed about the procedure they will receive.
- Patients should be informed that whilst they can move when the needles are in situ, this may lead to an increase in the needle sensation De Qi and may increase the risk of bruising.
- Cleaning the skin with an alcohol wipe is not essential unless the skin is dirty (however, check your local health practice regulations).
- Needles are usually applied via a guide tube, apply the tube against the skin in the direction you wish to insert the needle through the skin. Release the needle from the tube, tap the end of the handle to pierce the skin. Remove the guide tube carefully, NEVER touch the shaft of the needle, insert the needle touching only the handle. If you accidentally touch the needle shaft remove the needle, dispose of it in a sharps container and prepare a new needle. Count the number of needles that you use. Collect the guide tubes and packaging from those needles in a small tray, this will reduce the risk of leaving needles in a patient.

2.1.4 Methods of Stimulation

Once the needle is at the required depth it should be gently lifted and rotated, flicked or scratched (coiled metal handle) to produce the de qi sensation. Eliciting this sensation indicates type II and type III muscle afferents are being stimulated. How often the needles are stimulated will depend on the state of the tissues in the condition being treated and, on the personality, or general health state of the patient.

2.1.5 Needle Removal

Ensure that there is a sharps box close and that cotton wool swabs are available in case of bleeding. Remove the needle by gently pulling it out of the skin. Dispose of the needle immediately in the sharp's container. If bleeding occurs apply pressure with the cotton wool. Dispose of the cotton wool in a clinical waste bag.

2.1.6 Complications of Needling

- Needle stick injury – follow your Trust policy for needle stick injury. Private practitioners should seek advice from their GP or A&E department (all practitioners should have some sort of policy for this).
- Broken needle – with single use needles this is rare. Mark the point of entry and seek immediate help via A&E. Needles should be removed under imaging to ensure the entire needle has been removed.
- Stuck needle – usually due to muscle spasm around the needle. Gently massage around the needle to relax the muscle and gently ease the needle out.
- Bent needle – if you suspect a needle may have bent due to a patient suddenly moving (e.g. sudden extension of the lumbar spine as a reflex movement to a sudden, strong needle sensation) do not attempt to stimulate the needle further. Allow time for the patient to relax then ease the needle out.
- Infection – avoid needling over thin, fragile or infected skin. Always use a sterile needling technique. Allergic reactions are rare but, especially on the first treatment, observe the reaction around the point. If skin becomes red, itchy and raised, remove the needles and review later.
- Bruising –certain points are more prone to bleeding. Prepare the patient by warning them in advance and provide reassurance if it does occur.

(LO1)

3 Practical Application

3.1 Indications for Acupuncture

- When starting out it is advised that you avoid treating complicated conditions or complex patients; patients with serious co-morbidities; and patients with non-specific musculoskeletal pain where serious underlying pathology is suspected. It is professionally irresponsible to treat pain in patients where serious pathology is suspected but where diagnostic investigations have yet to be carried out (i.e. could be masking pain).
- Ensure the patient has had a full musculoskeletal assessment and examination. It is unethical to deny a patient another intervention which has been shown to be the current best practice.
- Within the context of physiotherapy practice, acupuncture should be used in conjunction with pain management advice. If pain is preventing compliance with an exercise programme, acupuncture can be used with the aim of relieving pain sufficiently to allow exercise to take place.

3.2 Treatment Regime – Rules of Acupuncture in WM

- Local points – points in or near the area of pain. (Related to dermatomes/myotomes sclerotomes)
- Local and distal points (extra segmental) – usually largely local with one distal.
- Points along the same meridian.
- Opposite points – equivalent points on the opposite side of the body e.g. amputees, acutely inflamed or swollen limb or joint.
- Formulae/Point combinations – e.g. 4 gates.

3.3 Documenting Treatment

For every treatment you should record:

- All points needled.
- Needle stimulation technique (covered in practical).
- Needling time.
- Immediate effects on the patient in relation to de qi sensation, and the points at which de qi is experienced; or if the patient experiences an overall de qi effect (e.g. when needling points in the leg, the whole limb can feel heavy).
- Any adverse effects.
- Evaluation of the effects of subsequent treatments.
- An appropriate validated outcome measure e.g. for pain severity and pain distress.

3.3.1 World Health Organisation (WHO) Standard Nomenclature for the 14 Main Meridians:

Meridian Name	Alphabetic Code
Lung Meridian	LU
Large Intestine Meridian	LI
Stomach Meridian	ST
Spleen Meridian	SP
Heart Meridian	HT
Small Intestine Meridian	SI
Bladder Meridian	BL
Kidney Meridian	KI
Pericardium Meridian	PC
Triple Energizer Meridian	TE
Gallbladder Meridian	GB
Liver Meridian	LR
Governor Vessel	GV
Conception Vessel	CV

Notes:

Meridian Name	Alternative Abbreviations
Lung Meridian	L; Lu
Large Intestine Meridian	Li; CO; Co (colon)
Stomach Meridian	S; St
Spleen Meridian	Sp
Heart Meridian	H; HE; Ht; HE
Small Intestine Meridian	Si
Bladder Meridian	B; Bl; UB (Urinary Bladder)
Kidney Meridian	K; Ki
Pericardium Meridian	P; HC; Hc (Heart Constrictor)
Triple Energizer Meridian	TH (Triple Heater); TW (Triple Warmer); TB (Triple Burner); SJ (Sanjiao)
Gallbladder Meridian	Gb; G
Liver Meridian	LIV; Liv; Le; Lv
Governor Vessel	Gv; DU (Du Mai)
Conception Vessel	Cv; REN (Ren Mai)

Examples of Documentation Using Abbreviations:

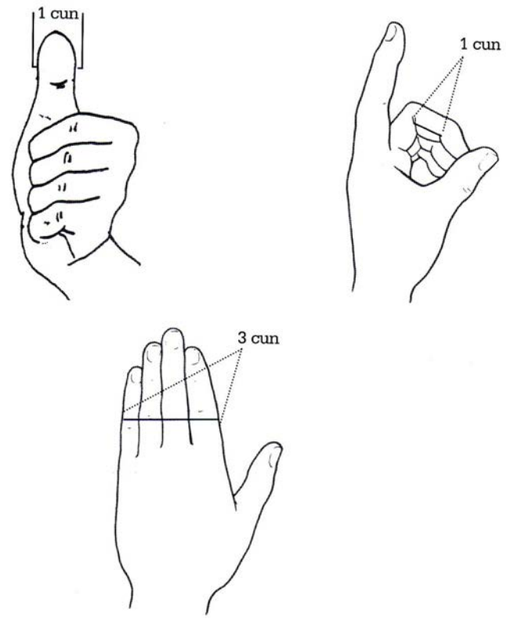
LI 4, LI 10, LI 11 right (Acupuncture points Large Intestine 4, 10 and 11 needled in the right arm).
ST 44, ST 36, ST 34, SP 9, and SP 10 right; LR3/3. (Acupuncture points Stomach 44, 36 and 34 needled in the right leg, along with Spleen 9 and 10. Liver 3 acupuncture point needled bilaterally.

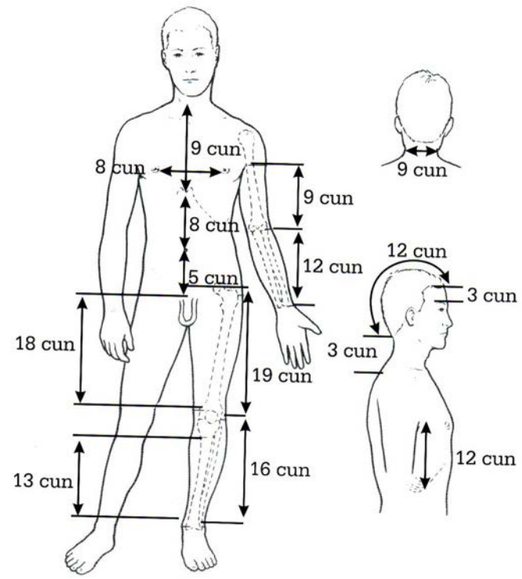
(LO1,2,4)

Notes:

3.4 Locating Acupuncture Points

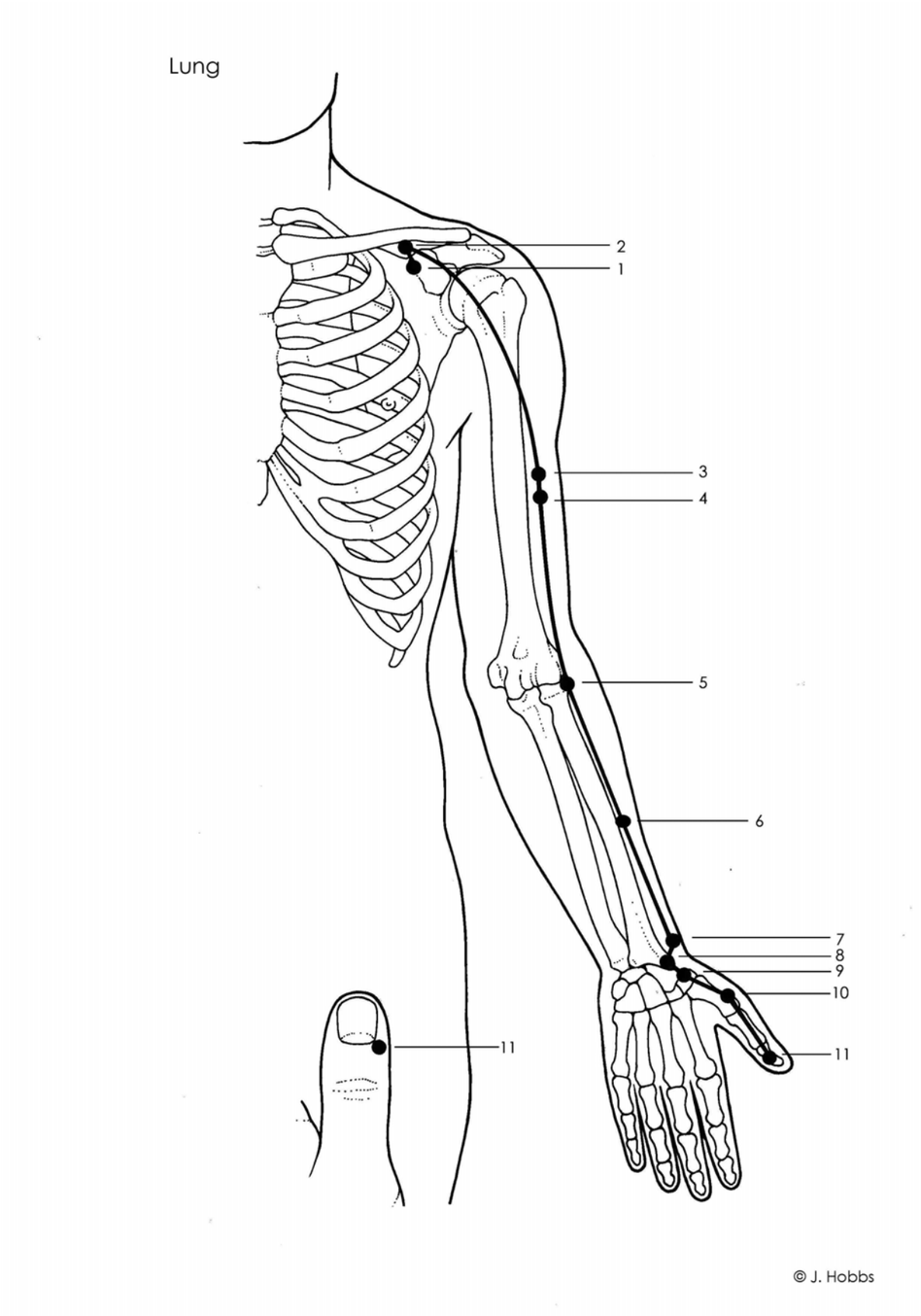
In traditional Chinese acupuncture the body is divided into areas that are proportionally related to each other. The method of measuring these divisions is based on the cun.





4 Meridians and Acupuncture Points

4.1 Lung Meridian (LU)



Lung Meridian - 11 Acupoints

Yin Meridian
Paired with Large Intestine Meridian

Course Origin - 2 cun lateral to the nipple line, on the lateral aspect of the chest, descending on the antero-lateral aspect of the arm, passing over the dorsal thenar eminence, ending at the lateral corner of the thumb nail base.

Clinical Application: Regional pain conditions around the elbow & wrist. Distal points for neck and shoulder pain conditions (segmental innervation).

Points to Needle

LU5 (Chize)

Location: Cubital crease of the elbow in a dip lateral to the bicep tendon.

Segment: C5/C6 M C5/C6 D

Needling: Perpendicular to the skin into brachioradialis, 1-2.5cm depth 25 or 40mm needle**.**

LU7 (Lieque)

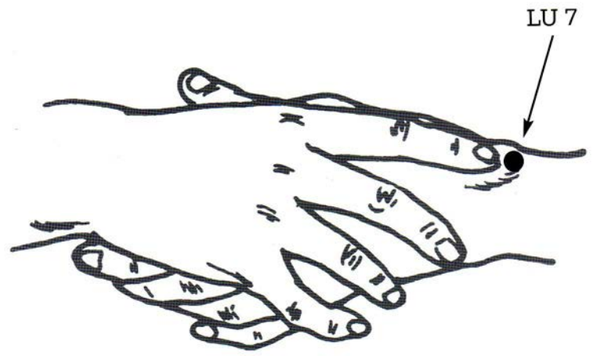
Location: Lateral aspect of the radial styloid 1.5 cun proximal to the wrist crease, between the abductor pollicis longus and brachioradialis tendons.

Segment: C7/C8 M C6 D

Needling: Pinch up the skin over the point, with the other hand needle obliquely proximally or distally into connective tissue space, 0.5 to 1cm depth 25mm needle.

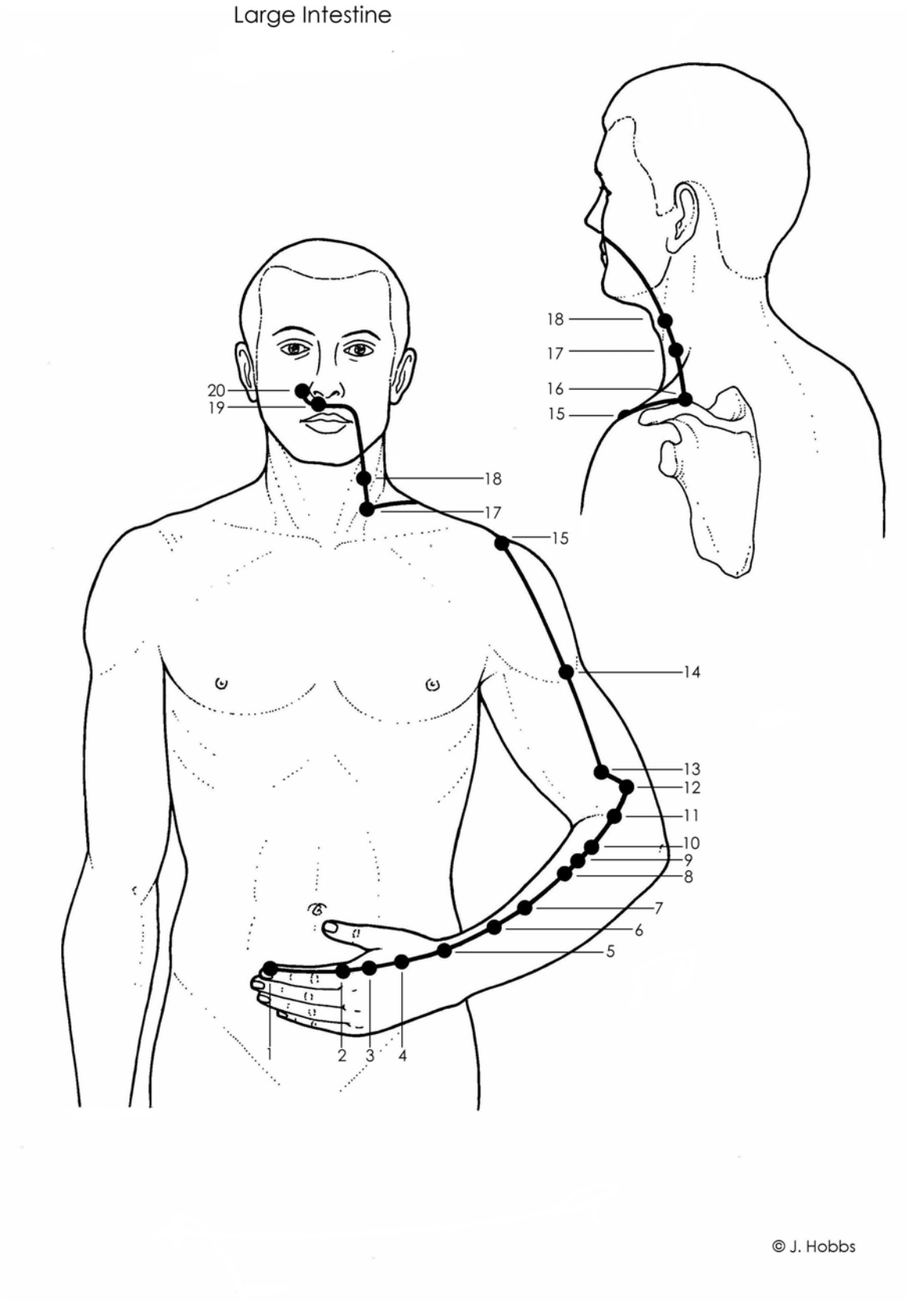
Precautions: Cephalic vein

Additional Applications: Respiratory and skin conditions



A Masterclass in the Lung Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 28, No 2.

4.2 Large Intestine Meridian (LI)



Large Intestine Meridian - 20 Acupoints

Yang Meridian
Paired with Lung Meridian

Course Origin - lateral nail base of the index finger, ascending the lateral forearm and upper arm, passing across the front of the glenohumeral joint, front of the neck, ending on the opposite side of the nose lateral to ala nasi.

Clinical Application: Regional pain conditions around the shoulder, elbow & thumb. Distal points for neck and shoulder pain conditions (segmental innervation).

Points to Needle

LI4 (Hegu)

Location: Dorsal aspect of the hand, in the middle of the first web space; or the highest point of adductor pollicis when the thumb is adducted.

Segment: C8/T1 M C6/C7 D*

Needling: Perpendicular to the skin or angled towards 2nd metacarpal into adductor pollicis 1cm depth, 25mm needle.

Precaution: Radial artery at the apex of the 1st web space. Can cause a strong vaso-vagal response.

Additional Applications: Headache; master point for pain; relaxation – bilateral combined with LR 3 'the 4 gates'.

LI5 (Yangxi)

Location: In the anatomical snuff box.

Segment: C6/C7 D

Needling: Perpendicular to the skin into connective tissue 0.5cm depth, 25mm needle.

LI10 (Shousanli)

Location: 2 cun distal to LI 11.

Segment: C5/6/7 M C5/6 D

Needling: Perpendicular to the skin into extensor carpi radialis longus or supinator muscle, 1-2cm depth 30 or 40mm needle.

* M = myotome; D= dermatome

LI11 (Quchi)

Location: Lateral end of the cubital crease when the elbow is flexed, halfway between the bicep tendon and the lateral epicondyle.

Segment: C5/C6 M &D

Needling: Perpendicular to the skin into extensor radialis longus, 2-3cm depth 40mm needle.

Additional Applications: Immunomodulation - bilateral combination with ST36.

LI14 (Binao)

Location: Between the insertion of deltoid and the long head of biceps, in a depression on a line from LI 11 to LI 15.

Segment: C5/6 M & D

Needling: Perpendicular to the skin into connective tissue plane 2-3cm depth, 40mm needle.

LI15 (Jianyu)

Location: Antero-inferior to the anterior tip of the acromion, in a dip between the anterior and mid-fibres of deltoid.

Segment: C5 M C4 D

Needling: Oblique directed downwards into anterior deltoid or oblique directed upwards under acromion towards supraspinatus insertion. Insert the needle slowly 2-3cm feeling for changes in tissue resistance, 40mm needle.

Additional Notes: TE14 lies posterior and inferior to the acromion and combined with LI15 form the 'eyes of the shoulder'.

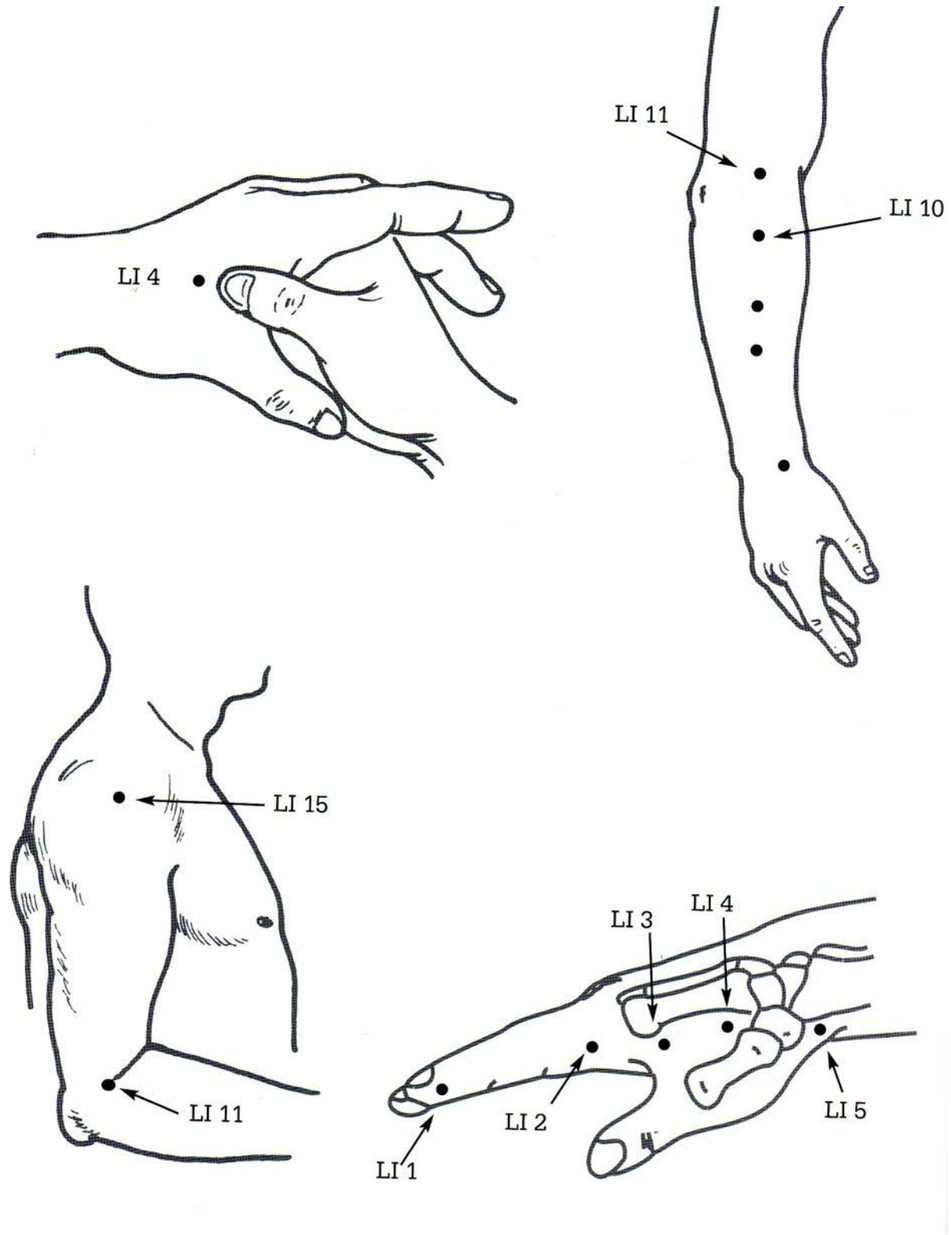
LI 16 (Jugu)

Location: In the depression between the lateral end of the clavicle and the upper part of the scapular spine.

Segment: C3 to C6 M C3 D

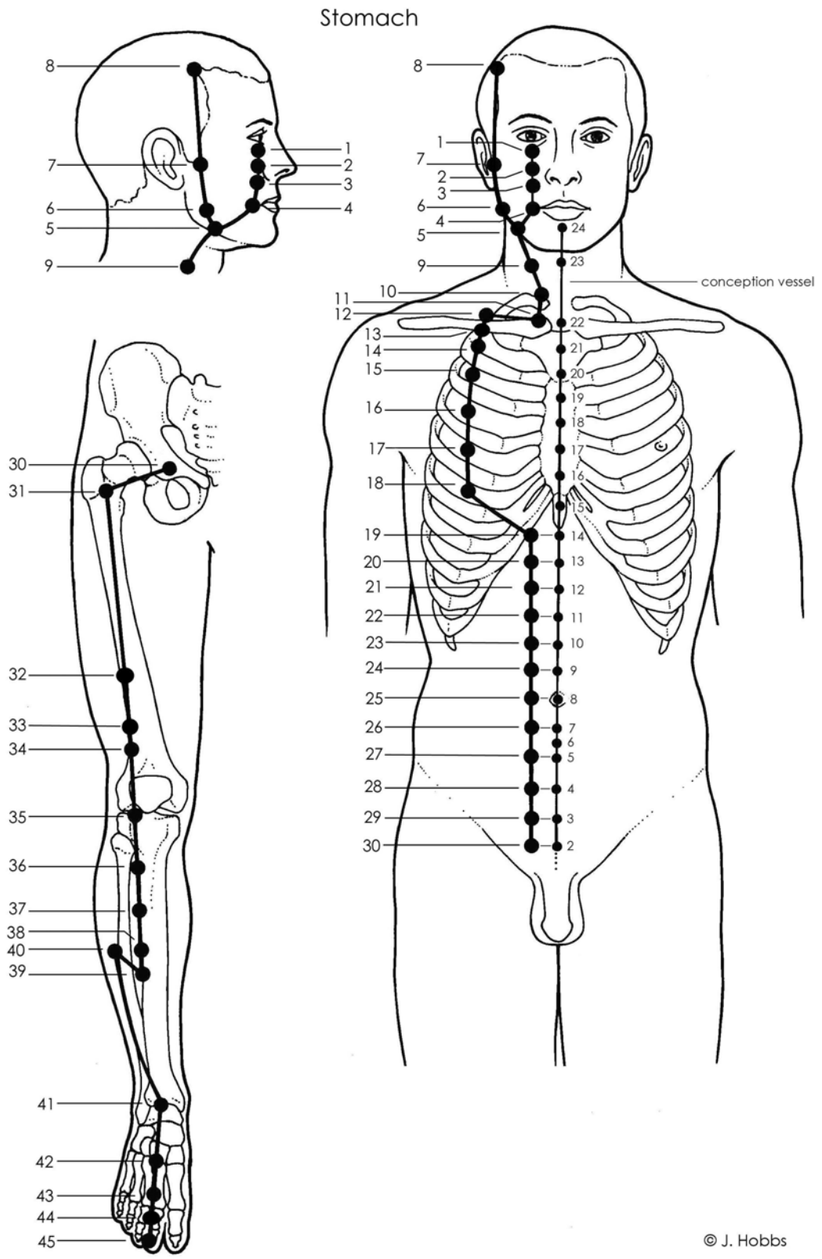
Needling: Perpendicular to the skin into supraspinatus, 0.5-1cm depth 25mm needle.

Additional Notes: Local point for A/C joint pathology.



A masterclass in the Large Intestine Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 28, No 2.

4.3 Stomach Meridian (ST)



Stomach Meridian - 45 Acupoints

Yang Meridian
Paired with Spleen Meridian

Course Origin - below the centre of the eye, travelling around and up the outside of the face to the hair line, then descending the anterior aspect of the neck, following a line through the nipple (4 cun lateral to the midline of the sternum) and descending to the abdomen moving 2 cun lateral to the midline. It continues to descent the anterolateral aspect of the leg, ending at the lateral nail base of the 2nd toe.

Clinical Application: Regional pain conditions around the knee and ankle. Facial pain e.g. TMJ. Distal points for low back pain conditions (segmental innervation).

Points to Needle

ST 7 (Xianguan)

Location: Depression on the lower border of the zygomatic arch, anterior to the condyloid process of the mandible, can be located with patient side lying with mouth closed.

Segment: Mandibular division trigeminal nerve.

Needling: Perpendicular to the skin into lateral pterygoid, 0.5 cm depth, 25mm needle.

Additional Applications: Dental pain; neuralgia.

ST8 (Touwei)

Location: 0.5 cun dorsal to the corner of the hairline, directly above ST7.

Segment: Ophthalmic and maxillary division trigeminal nerve.

Needling: Perpendicular or Transverse insertion into epicranial tissues, 0.5cm depth, 25mm needle

Precautions: Temporal artery.

Additional Applications: Headache, migraine.

ST 34 (Lian qui)

Location: 2 cun superior to the lateral margin of the patella.

Segment: L3/4 M L2/3 D

Needling: Perpendicular to the skin into vastuslateralis.2-3cm depth, 40mm needle.

ST35 (Dubi)

Location: Hollow on the lateral aspect of the patella tendon directly over the joint line, with the knee partly flexed.

Segment: L3/L4 M L3 to L5 D

Needling: Oblique and upwards towards the patella tendon into the knee capsule tissue (with the knee partly flexed) 1-2cm depth, 25 or 40mm needle.

Precautions: Avoid needling into the knee joint. Potential to introduce intra-articular infection. NEVER needle in patients with a total knee replacement.

Xiyan (MN-LE-16)

Location: Hollow on the medial aspect of the patella tendon directly over the joint line, with the knee partly flexed.

Segment: L3/L4 M L3 to L5 D

Needling: Oblique and upwards towards the patella tendon into the knee capsule tissue (with the knee partly flexed) 1-2cm depth, 25 or 40mm needle.

Precautions: AVOID needling into the knee joint. Potential to introduce intra-articular infection. NEVER needle in patients with a total knee replacement.

Additional Notes: Extra point M-LE-16 combined with ST35 form the 'eyes of the knee'.

ST 36 (Zusanli)

Location: 3 cun inferior to the knee joint, 1 fingerbreadth lateral to the lower border of the tibial tuberosity, in the middle of the upper 1/3rd of tibialis anterior.

Segment: L4/L5 M & D

Needling: Perpendicular to the skin into tibialis anterior, 2-3cm depth, 40 mm needle.

Precautions: Can produce a strong needle sensation.

Additional Applications: Homeostatic point, immunomodulation; central effects. Abdominal problems. Combined with LI11 bilaterally for immunomodulation.

ST 38 (Tiaokou)

Location: 5 cun inferior to ST36 in a depression between tibialis anterior and the tibia.

Segment: L4/5 M & D

Needling: Perpendicular to the skin into tibialis anterior/connective tissue plane, 0.5 to 1.5 cm depth, 40mm needle.

Additional Notes: Advocated for shoulder adhesive capsulitis.

ST41 (Jiexi)

Location: Mid-point of the talo-crural joint at the transverse malleolar crease, between the tendons of Extensor Digitorum and Extensor Hallucis Longus.

Segment: L5/S1M & D

Needling: Perpendicular to the joint towards the joint capsule. 0.5-1cm depth; 25mm needle.

Precautions: AVOID needling into the ankle joint.

ST44 (Neiting)

Location: 0.5 cun proximal to the web space between the 2nd and 3rd metatarsals.

Segment: L5/S1 M & D

Needling: Perpendicular to the skin into 2nd dorsal interossei. 0.5cm depth; 25mm needle.

Additional applications: Primary analgesic point for lower quadrant. Distal point for headaches; trigeminal neuralgia; tooth ache; non-specific stomach pains.

Extra point

Heding (M-LE-27)

Location: In a depression at the midpoint of the superior border of the patella.

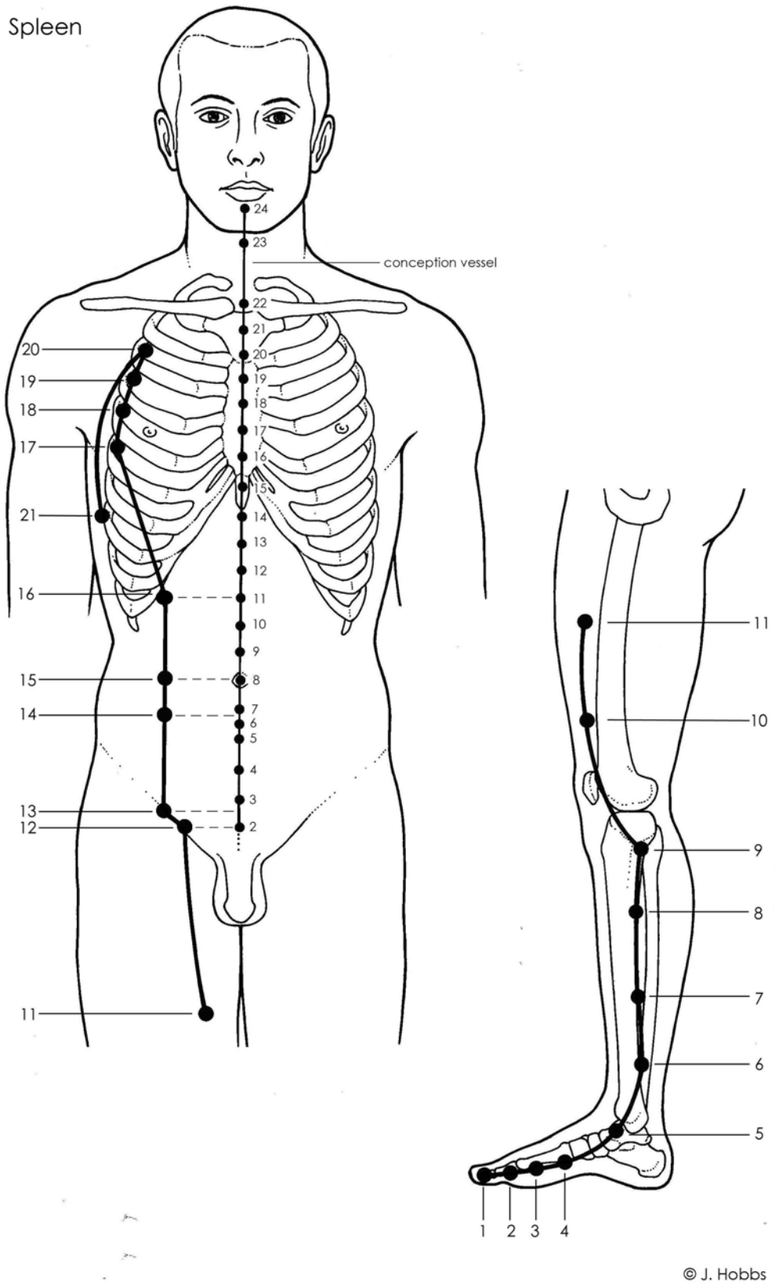
Segment: L3/L4 M & D

Needling: Oblique towards the patella into quadriceps tendon/connective tissue, 0.5 -1cm depth, 25mm needle.

Notes:

A Masterclass in the Stomach Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Autumn 2014.

4.4 Spleen Meridian (SP)



Spleen Meridian - 21 Acupoints

Yin Meridian
Paired with Stomach Meridian

Course Origin - the medial nail point of the big toe, ascending the medial aspect of the leg emerging in the abdomen 4 cun lateral to the mid-line. It ascends then descends the thorax, ending in the 6thintercostals space on the mid axillary line.

Clinical Application: Regional pain in the lower limb; segmental points for lower lumbar pain.

Points to Needle

SP 3 (Taibai)

Location: Medial side of foot in a depression proximal and inferior to the head of the first metatarsal.

Segment: L4/S1/S2 D

Needling: Perpendicular to the skin into connective tissue 0.5cm depth; 25mm needle.

SP 6 (Sanyinjiao)

Location: 3 cun superior to the most prominent point on the medial malleolus, on the medial border of the tibia.

Segment: S1/S2 M L4/S1/S2 D

Needling: Perpendicular to the skin into flexor digitorum longus. 1-2.5cm depth; 40mm needle.

Additional Applications: Gynaecological and menstrual disorders; major point for central effects.

SP 9 (Yinlingquan)

Location: In a hollow inferior to the medial tibial condyle on a level with the tibial tuberosity.

Segment: L2 to L4 M L3 D

Needling: Perpendicular to the skin into connective tissue space. 1-2.5cm depth; 40mm needle.

Additional Applications: Gynaecological, menstrual and urological disorders.

SP 10 (Xuehai)

Location: 2 cun proximal to the superior-medial border of the patella.

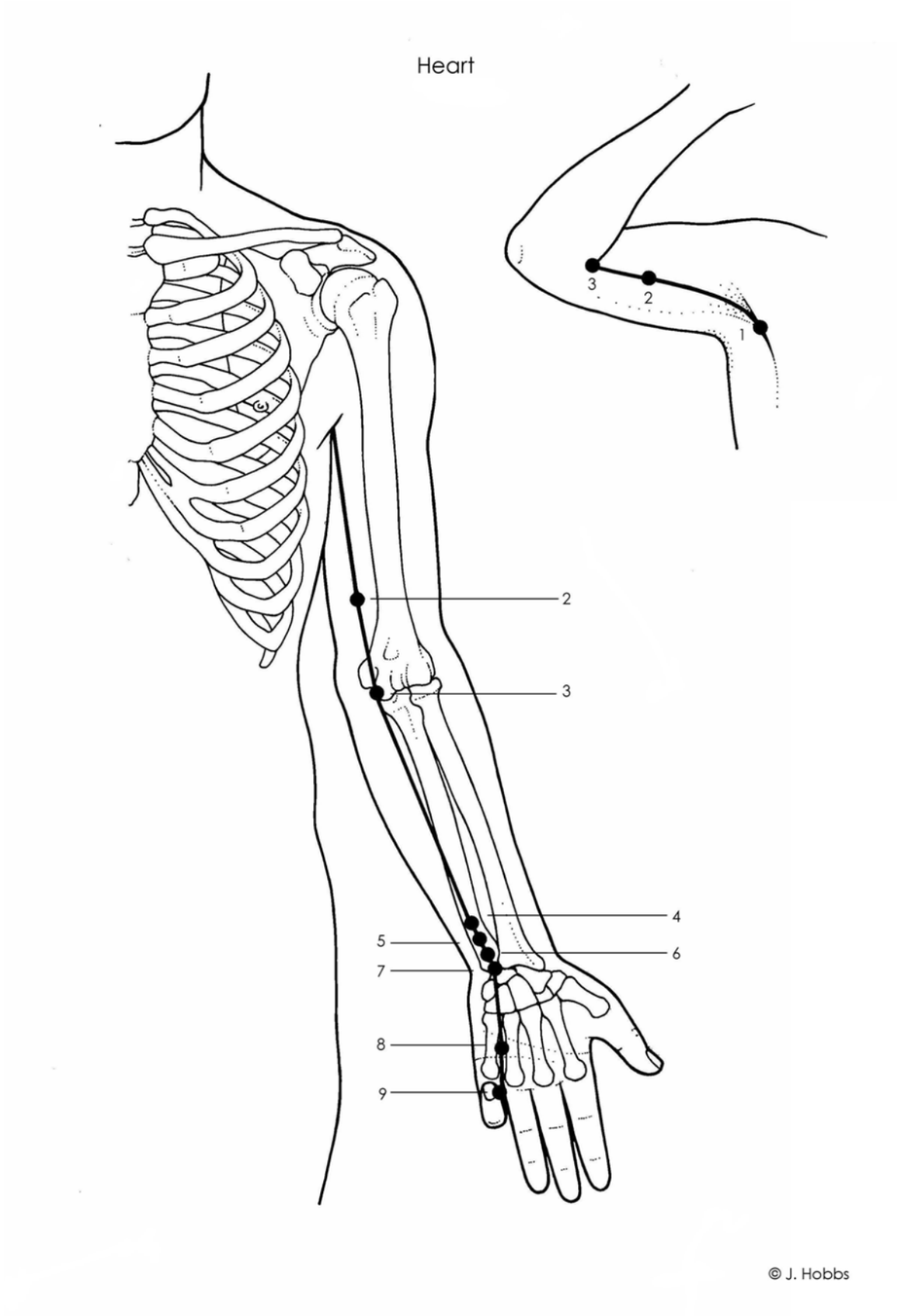
Segment: L2 to L4 M L3 D

Needling: Perpendicular to the skin into vastus medialis 1.5-2.5cm depth; 40 mm needle.

Additional Applications: Itchy skin, lower limb circulation.

A Masterclass in the Spleen Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 29, No 1.

4.5 Heart Meridian (HT)



Heart Meridian - 9 Acupoints

Yin Meridian
Paired with Small Intestine

Course Origin - In the axilla, descending the anteriomedial aspect of the arm, ending on the medial corner of the little fingernail bed.

Clinical Application: Wrist, radio-ulna, and elbow joint conditions.

Points to Needle

HT 3 (Shaohai)

Location: Medial end of the transverse cubital crease, when the elbow is bent.

Segment: C5 to T1 M T1 D

Needling: Perpendicular to the skin into pronator teres. 1-2cm depth; 40mm needle.

Precautions: Be aware of the proximity of the brachial artery.

Additional Applications: In TCA the point is associated with circulation and blood flow, therefore needling is indicated when there is numbness in the forearm and hand. In TCA the heart relates to mental stability and illness, therefore the point can also be used for relieving anxiety and depression.

HT 7 (Shenmen)

Location: Transverse crease of the wrist, in a depression on the lateral side of the tendon of flexor carpi ulnaris.

Segment: C8/T1 M & D

Needling: Perpendicular to the skin or medial to lateral on the medial aspect of the wrist. Shallow 0.5mm depth; 25mm needle.

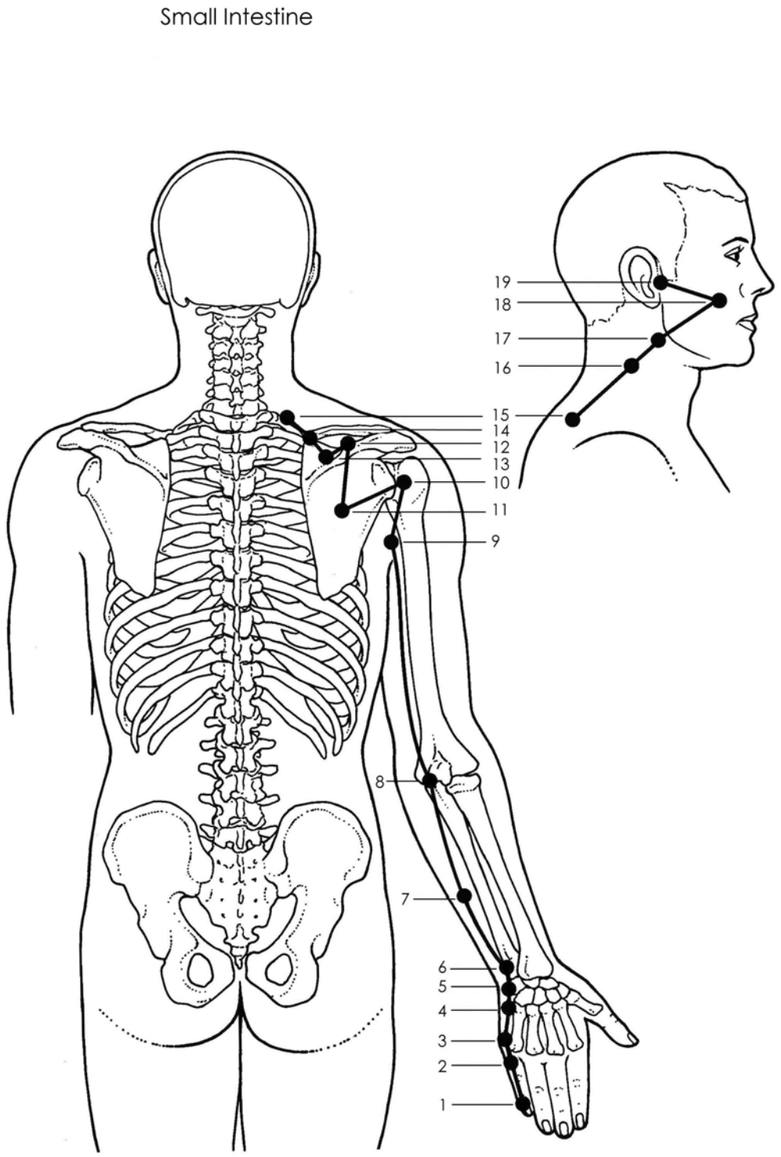
Precautions: Strong central effect.

Additional Applications: In TCA used for insomnia, and to reduce anxiety and stress.

Notes:

A Masterclass in the Heart Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 28, No 1.

4.6 Small Intestine Meridian (SI)



Small Intestine Meridian - 19 Acupoints

Yang Meridian
Paired with Heart Meridian

Course Origin - Lateral corner of the little fingernail bed, ascending the posterior aspect of the forearm and arm to the posterior aspect of the glenohumeral joint, then zigzagging over the scapular, ascending the neck, ending in front of the tragus of the ear.

Clinical Application: Upper limb pain conditions; posterior shoulder pain; cervical referral (segmental innervation); facial neuralgia.

Points to Needle

SI 3 (Houxi)

Location: At the end of the main transverse crease of the palmer aspect of the little finger when the hand is clenched.

Segment: T1 M C8 D

Needling: Perpendicular to the skin towards the thumb (with the hand in a fist but relaxed) into connective tissue; 0.5cm depth; 25mm needle.

Precautions: Prone to bleeding

Additional Applications: Distal point for neck pain if reduced range of movement; occipital headaches; combine with BL62 bilaterally for autoimmune disorders.

SI 9 (Jianzhen)

Location: 1 cun superior to the posterior axillary crease, when the arm is by the side of the body.

Segment: C5 to C7 M T3/T4 D

Needling: Perpendicular to the skin into teres major; 2-3cm depth; 40mm needle.

SI 10 (Naoshu)

Location: Directly above SI 9 in a depression on the lower border of the spine of the scapula.

Segment: C5/C6 M

Needling: Perpendicular to the skin or oblique and laterally towards the shoulder into infraspinatus; 1-2.5cm depth; 25 or 40mm needle.

SI 11 (Tianzong)

Location: A third of the way down on a line drawn from the mid-point of the spine of the scapula to the inferior angle.

Segment: C5/C6 M

Needling: Obliquely to the skin into infraspinatus; 1-1.5cm depth; 25 or 40mm needle.

Precautions: Do not needle perpendicularly or deeply (refer to skeletal anomalies, safety in acupuncture).

SI 12 (Bingfeng)

Location: Directly above SI 11 in the suprascapular fossa, approximately 1 cun above the middle of the superior border of the spine of the scapula.

Segment: C3 to C6 M

Needling: Oblique medial or lateral into supraspinatus; 1-2cm depth; 25mm needle.

Precautions: Do not needle deeply unless you are sure of the position of the scapula.

SI 13 (Quyuan)

Location: Tender point at the medial end of the suprascapular fossa.

Segment: C3 to C6 M

Needling: Obliquely towards the spine of the scapula into supraspinatus; 1-2cm depth; 30 or 40mm needle.

Precautions: Do not needle deeply unless you are sure of the position of the scapula.

SI 14 (Jianwaishu)

Location: 3 cun lateral to the tip of T1 spinous process.

Segment: C3 to C5 M

Needling: Oblique towards the spine into levator scapulae; 1-2cm depth; 25 or 40mm needle.

Precautions: Do not needle deeply unless you are certain of the position of the scapula.

SI 15 (Jianzhongzhu)

Location: 2 cun lateral to the tip of C7 spinous process.

Segment: C3/C4 M & D

Needling: Oblique towards the spine into upper trapezius. 1-2cm depth; 25 or 40mm needle.

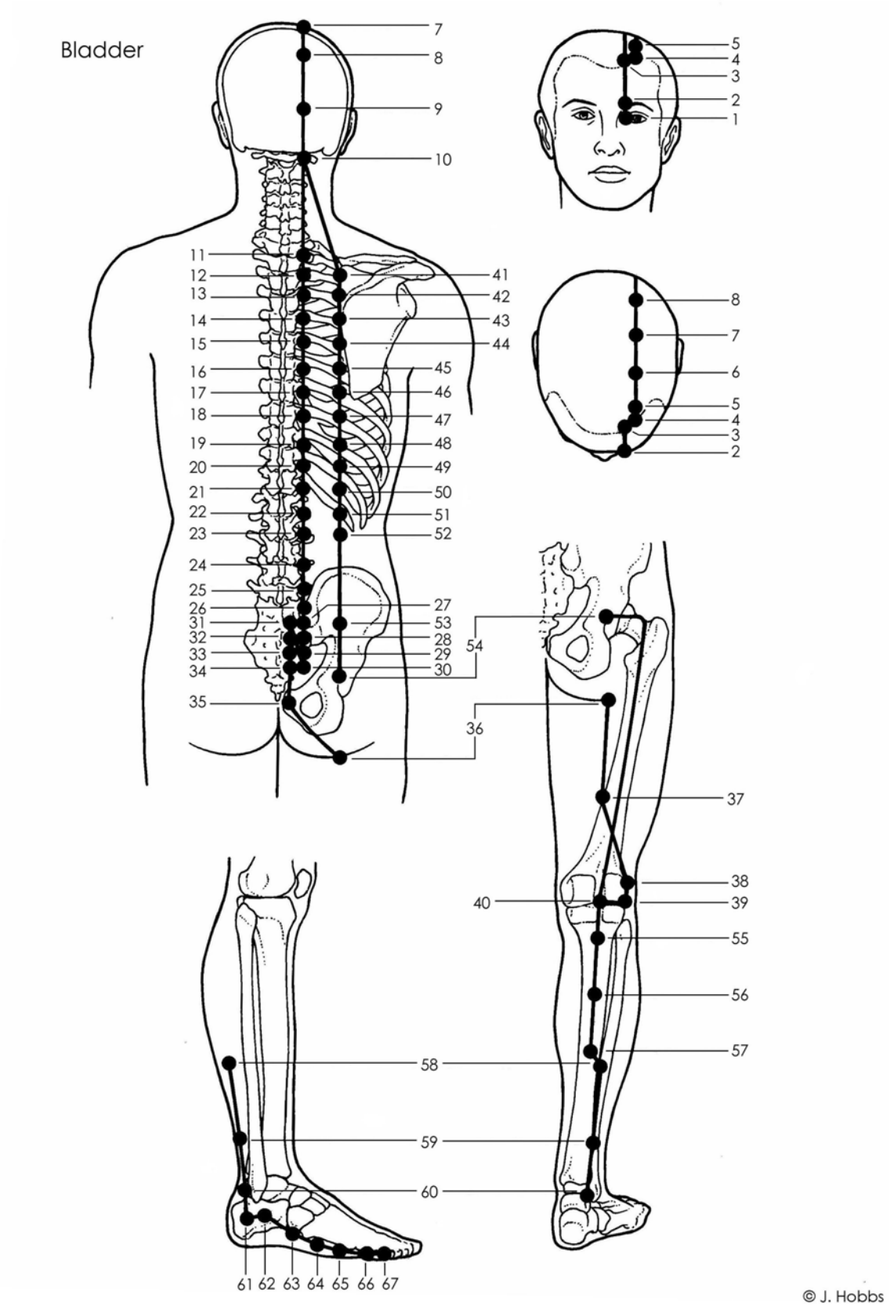
Precautions: Be aware of the needle angulation in relation to the pleura.

Additional Applications: Asthma, bronchitis, respiratory disorders.

Notes:

A Masterclass in the Small Intestine Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 27, No 2.

4.7 Bladder Meridian (BL)



Bladder Meridian - 67 Acupoints

Yang Meridian
Paired with Kidney Meridian

Course Origin - the inner canthus of the eye, ascending the forehead and passing over the top of the head and down to the occiput, 0.5cun from the mid-line, where it divides into two channels. The outer channel descends from T2 to S4, 3 cun lateral to the mid-line. The inner channel descends from T1 to S4, 1.5 cun lateral to the mid-line. The inner channel then ascends from S4 to the first sacral foramen and descends again to 0.5 cun lateral to the coccyx. It re-emerges at the mid-point of the gluteal fold and passes down the posterior aspect of the thigh to the mid-point of the knee crease where it joins again with the lateral channel.

The combined meridian then descends between the medial and lateral bellies of gastrocnemius, moving laterally to the mid-line of the leg, passing inferior to the lateral malleolus along the lateral border of the foot, to end at the fifth toe, 0.1 cun lateral to the nail bed.

Clinical Application: Local pain in the face and head; occipital headache and cervical pain. Low back and referred leg pain.

Several the inner channel points are Back Shu points which according to traditional Chinese methods, have a direct effect on the corresponding organ when needled. The location of the sympathetic chain may provide a Western scientific explanation for acupunctures effect on organ function.

Back Shu & Influential Points:

BL 11 Influential point for Bone
BL 13 Lung
BL 14 Pericardium
BL 15 Heart
BL 17 Influential point for Blood
BL 18 Liver
BL 19 Gallbladder
BL 20 Spleen
BL 21 Stomach
BL 22 Triple Energizer
BL 23 Kidney
BL 25 Large Intestine
BL 27 Small Intestine
BL 28 Bladder

Points to Needle

BL 10 (Tianzhu)

Location: 1.3 cun lateral to the midline at C1/C2 level.

Segment: C1 to C5 M C3 D

Needling: Oblique insertion towards the lamina of C2 into subcutaneous tissue or obliquus inferior. 0.5 cm depth; 25mm needle.

Additional Applications: Migraine headache; suboccipital headaches.

BL 11 (Dazhu)

Location: 1.5 cun lateral to the lower border of T1 spinous process.

Segment: C4/C5 M C4 to T1D

Needling: Oblique towards the spine into subcutaneous tissue or rhomboid minor. 0.5-1.0cm depth; 25mm needle.

Precautions: Do not needle deeply as you need to be aware of the needle angulation relative to the pleura.

Additional Applications: Influential point for bone, therefore osteoporosis; pain from upper limb fractures. Dyspnoea.

BL 14 (Jueyinshu)

Location: 1.5 cun lateral to the lower border of T4 spinous process.

Segment: T3/T4 M

Needling: Oblique towards the spine into erector spinae muscles.1-2cm depth; 25mm needle.

Precautions: BEWARE – pleura.

Additional Applications: The location of the sympathetic chain should be noted Back shu point for the pericardium.

BL 17 (Geshu)

Location: 1.5cun lateral to the lower border of T7 spinous process.

Segment: T6/7 M

Needling: Oblique towards the spine into erector spinae muscles.1-2cm depth; 25mm needle.

BL 23 (Shenshu)

Location: 1.5 cun lateral to the lower border of L2 spinous process.

Segment: T12/L1 M

Needling: Oblique towards the spine into erector spinae muscles 2cm depth; 40mm needle.

Precautions: Be aware of internal organs e.g. kidneys.

Additional Applications: Back Shu point for kidneys in TCA. Kidneys control bone and qi in TCA, therefore recommended point for elderly people with LBP who present with arthritic or osteoporotic pathology (co-morbidity – incontinence).

BL 24 (Qihaishu)

Location: 1.5 cun lateral to the lower border of L3 spinous process.

Segment: L1/L2 M

Needling: Perpendicular or oblique towards the spine into erector spinae muscles.2cm depth; 40mm needle.

BL 25 (Dachangshu)

Location: 1.5 cun lateral to the lower border of L4 spinous process.

Segment: L2/L3 M

Needling: Perpendicular or oblique towards the spine into erector spinae muscles.2cm depth; 40mm needle.

Additional Applications: Back Shu point for large intestine. Low back pain. IBS.

BL 26 (Guanyuanshu)

Location: 1.5 cun lateral to the lower border of L5 spinous process.

Segment: L3/L4 M

Needling: Perpendicular or oblique towards the spine into erector spinae muscles.2cm depth; 40mm needle.

BL 27 (Xiaochangshu)

Location: Between 1st and 2nd sacral vertebrae 1.5 cun from the midline.

Segment: L4 M

Needling: Perpendicular to the skin into erector spinae or multifidus.

Additional Applications: Back Shu point for small intestine.

BL 28 (Pangguangshu)

Location: Between 2nd and 3rd sacral vertebrae 1.5 cun from the midline.

Segment: L5 M

Needling: Perpendicular to the skin into erector spinae or multifidus.

Additional Applications: Back Shu point for bladder, bladder disorders e.g. cystitis.

BL 57 (Chengshan)

Location: 8 cun distal to BL40, midway between the popliteal crease and heel in a hollow between the bellies of gastrocnemius.

Segment: S1/S2 M & D

Needling: Perpendicular to the skin into musculotendinous junction 1-1.5cm depth; 40 mm needle.

Additional Applications: Calf pain (local injury or spinal referral).

BL 60 (Kunlun)

Location: The acupuncture point is equidistant from the most prominent part of the lateral malleolus and the posterior aspect of the Achilles tendon.

Segment: L5/S1 D

Needling: Perpendicular to the skin needle into connective tissue space. 0.5 -1cm depth toward KI 3; 25mm needle.

Additional Applications: Distal point for leg and back pain; TA injuries; ankle pain.

BL 62 (Shenmai)

Location: 0.5 cun distal to the lateral malleolus in palpable groove.

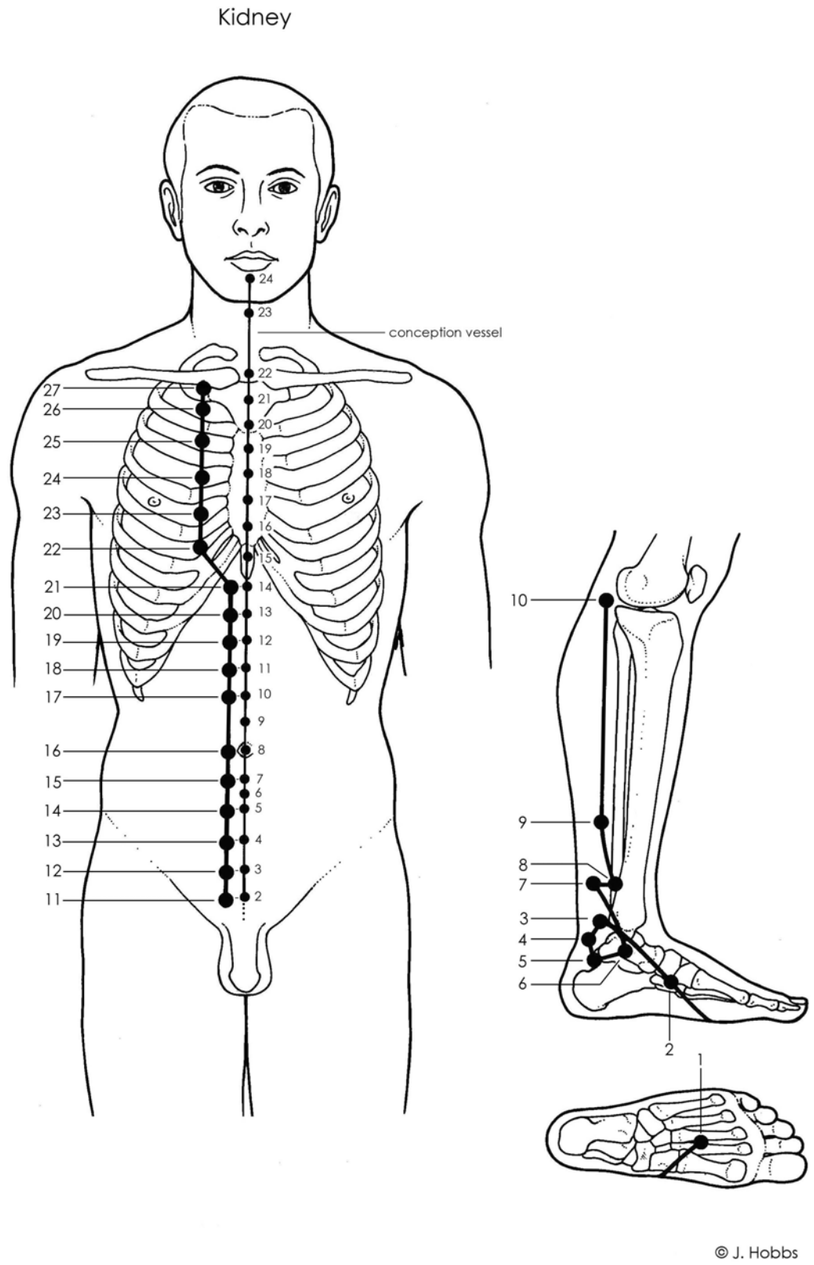
Segment: L5/S1 D

Needling: Oblique towards the tip of the lateral malleolus into connective tissue; 0.5cm depth; 25mm needle.

Additional Applications: Distal point for LBP, headaches and vertigo. TCM formulae – combine BL62 with SI3 bilaterally to treat autoimmune disorders; combination opens GV meridian.

Notes:

4.8 Kidney Meridian (KI)



Kidney Meridian - 27 Acupoints

Yin Meridian
Paired with Bladder Meridian

Course Origin - sole of the foot, passing along the medial aspect of the ankle, circling the malleolus and ascending the medial aspect of the leg to the knee, ascending the medial aspect of the thigh into the groin, emerging 0.5 cun lateral to the mid-line, ascending the abdomen to the thorax, 2 cun from the mid-line, ending just below the clavicle.

Clinical Application: Distal point for leg pain (local and referred).

Points to Needle

KI 3 (Taixi)

Location: Halfway between the most prominent part of the medial malleolus and the Achilles tendon.

Segment: S2 M L4/S2 D

Needling: Perpendicular to the skin towards BL60 into connective tissue space; 0.5cm depth; 30mm needle.

Additional Applications: Urogenital problems; menstrual problems; anxiety; major point for central effects.

KI 6 (Zhaohai)

Location: 1 cun directly below the tip of the medial malleolus.

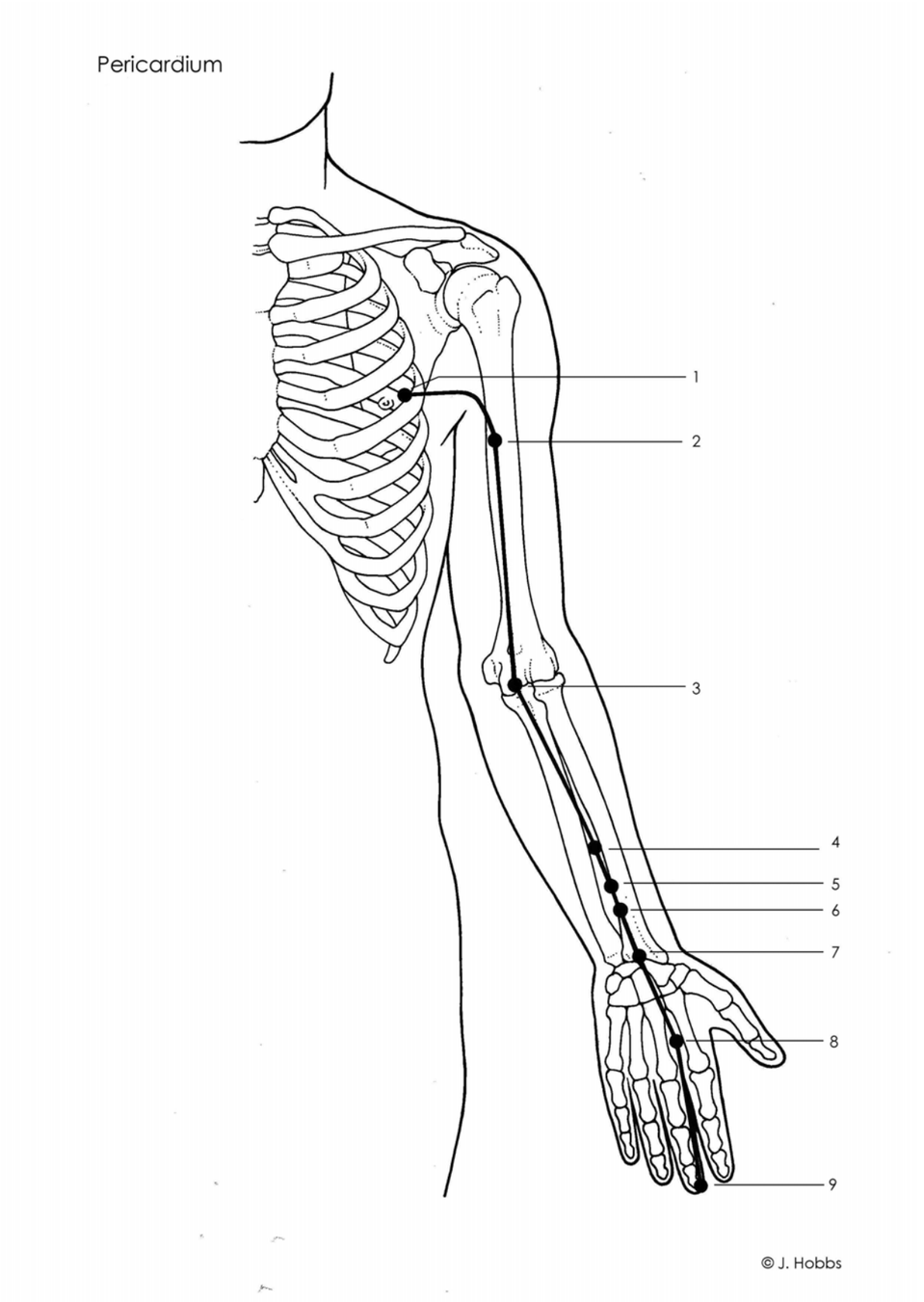
Segment: L4/S2 D

Needling: Oblique towards the tip of the malleolus subcutaneous. 0.5cm depth; 25mm needle.

Notes:

A Masterclass in the Kidney Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 27, No 2.

4.9 Pericardium Meridian (PC)



Pericardium Meridian - 9 Acupoints

Yin Meridian
Paired with Triple Energizer

Course Origin - 1 cun lateral to the nipple, passing into the anterior aspect of the arm, descending along the midline to the forearm and palm, ending at the tip of the middle finger.

Clinical Application: Upper limb pain conditions.

Points to Needle

PC 6 (Neiguan)

Location: 2 cun proximal to the transverse wrist crease, between palmaris longus and flexor carpi radialis.

Segment: C7/C8 M C6/C8/T1 D

Needling: Oblique towards the elbow into flexor digitorum superficialis. 1-1.5cm depth; 25mm needle.

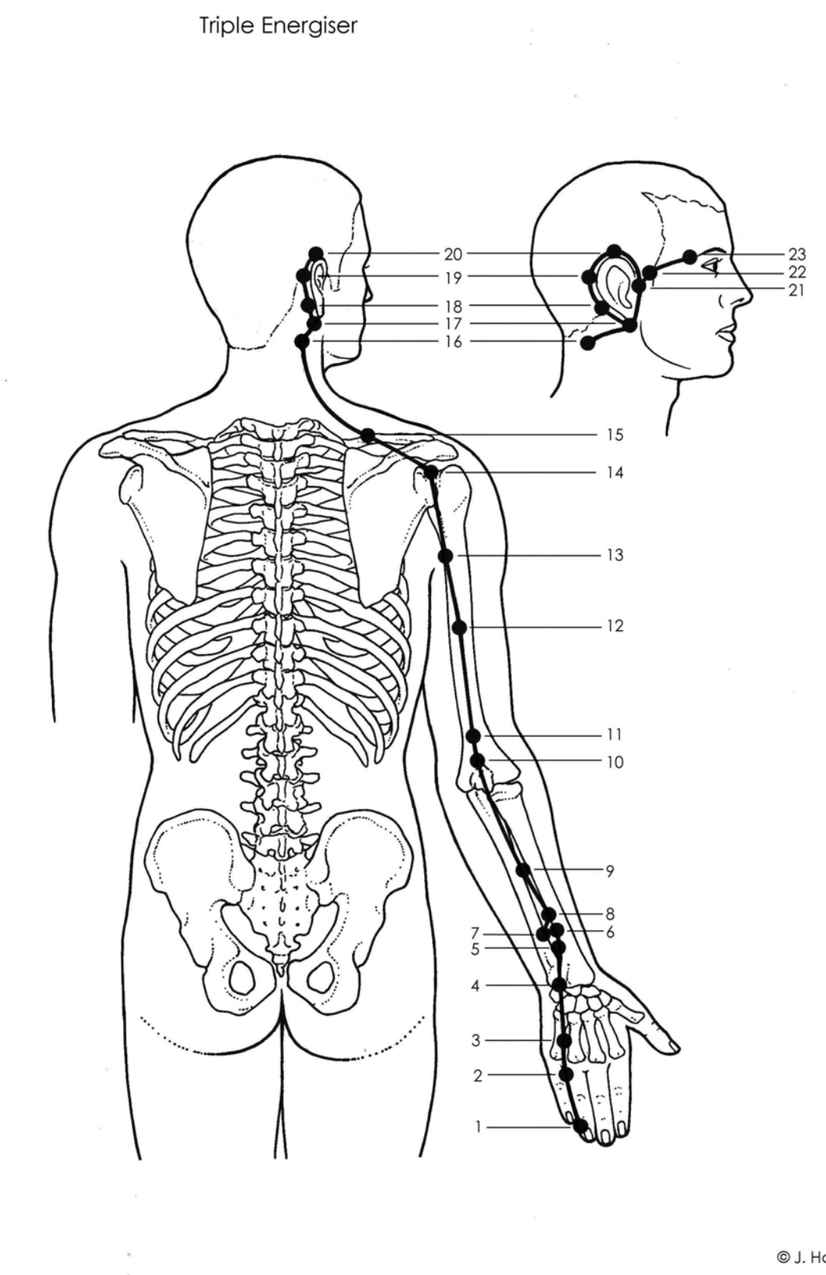
Precautions: Be aware of the location of the median nerve.

Additional Applications: Nausea. Vomiting, agitation, insomnia.

Notes:

A Masterclass in the Pericardium Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 29, No 2.

4.10 Triple Energiser Meridian (TE)



Triple Energiser Meridian - 23 Acupoints

Yang Meridian
Paired with Pericardium

Course Origin - medial corner of the ring fingernail bed, ascending the posterior aspect of the forearm and arm, across the posterior aspect to the shoulder to ascend the lateral side of the neck, winding around the back of the ear, ending at the lateral corner of the eye.

Clinical Application: Upper limb joint conditions affecting the wrist, elbow and shoulder. Pain referral from structures of the lower cervical spine.

Points to Needle

TE 4 (Yangchi)

Location: Depression on the transverse crease of the dorsal aspect of the wrist between extensor digitorum longus and extensor minimi digiti.

Segment: C7/C8 M C6 to C8 D

Needling: Perpendicular to the skin into connective tissue.0.5cm depth; 25mm needle.

Additional Applications: Wrist pain; in TCA used to relax tendons.

TE 5 (Waiguan)

Location: Midpoint of the ulna and radius, 2 cun proximal to the transverse wrist crease and TE 4.

Segment: C7/C8 M C6 to C8 D

Needling: Perpendicular to the skin 1-2cm depth; 25mm needle.

Additional Applications: Distal point for shoulder pain; local for forearm pain; major point for central effects. In TCA, distal point for temporal headaches, and relaxes tendons.

TE 10 (Tianjing)

Location: With the elbow flexed, in the depression 1 cun proximal to the olecranon.

Segment: C6 to C8

Needling: Perpendicular to the skin 0.5-1.0cm depth 40mm needle.

TE 14 (Jianliao)

Location: Depression between the middle and posterior fibres of deltoid, posterolateral and inferior to the posterior tip of the acromion.

Segment: C3/C4 D C5/C6 M

Needling: Oblique upwards towards the acromion or downwards away from the acromion. 1.5 – 2cm depth; 25 or 40mm needle.

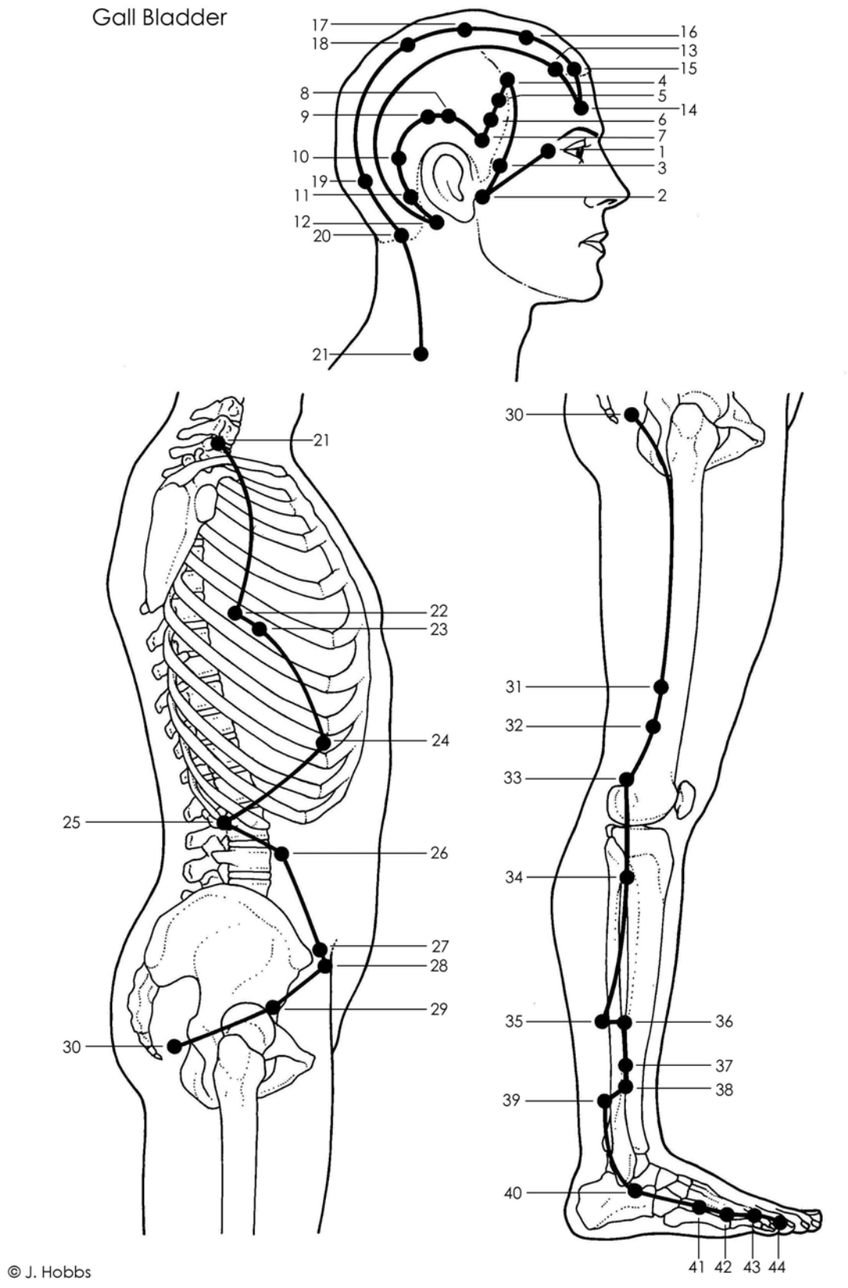
Precautions: Needling into the joint.

Additional Applications: Forms the posterior ‘eye of the shoulder’ when combined with LI 15 anteriorly.

Notes:

A Masterclass in the Triple Energizer Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Spring 2014.

4.11 Gallbladder Meridian (GB)



Gallbladder Meridian - 44 Acupoints

Yang Meridian
Paired with Liver Meridian

Course Origin - outer corner of the eye, to the tragus of the ear, ascending and descending over the side of the head, descending into the thorax and lateral aspect of the abdomen, the lateral aspect of the leg, ending on the lateral side of the nail bed of the 4th toe.

Clinical Application: Headache and migraine; TCA (right sided migraine and headaches) muscular disorders especially around the neck/ shoulder girdle; ITB.

Points to Needle

GB 14 (Yangbai)

Location: 1 cun above the midpoint of the eyebrow in a small depression.

Segment: Facial nerve myotome (ophthalmic branch trigeminal nerve, dermatome).

Needling: Perpendicular or *Oblique towards the eyebrow into frontalis. 0.5-1cm depth; 25mm needle.

Precautions: *Supraorbital artery.

Additional Applications: Frontal headaches; trigeminal neuralgia; combine with LR 3 for migraine.

GB 20 (Fengchi)

Location: Depression between trapezius and sternocleidomastoid just below the occiput.

Segment: C1/C2 M C2/C3 D

Needling: Oblique towards the opposite eye.1-2cm depth; 25mm needle.

Additional Applications Occipital headache, pain region of upper trapezius.

GB 21 (Jianjing)

Location: Midway between GV 14 and the acromion at the highest point of trapezius.

Segment: C3/C4 M C3 D

Needling: Perpendicular to the skin anterior to posterior or posterior to anterior into upper trapezius. 1-2.5cm; 25 or 40mm needle.

Precautions: BEWARE – the pleura between the 1st and 2nd rib. In TCA contraindicated in pregnancy.

Additional Applications: Headache, neck pain and stiffness, anxiety.

A Masterclass in the Gall Bladder Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 27, No 1.

GB 30 (Huantiao)

Location: 1/3rd of the way from the highest point of the greater trochanter to the sacral hiatus.

Segment: L5 to S2 M L2/L3 D

Needling: Perpendicular to the skin towards the symphysis pubis into area of gluteus medius/piriformis 3-6cm depth; 75-100 mm needle.

Precautions: Needling the sciatic nerve.

Additional Applications: Hip pain e.g. OA, back pain, lateral leg pain, sciatic pain.

GB 31 (Fengshi)

Location: Midpoint on the lateral aspect of the thigh, 7 cun above the lateral popliteal crease.

Segment: L5/S1 M

Needling: Perpendicular to the skin into ITB.2-3cm depth; 40mm needle.

Additional Applications: Distal point for hip pain. ITB tension and lateral thigh pain.

GB 34 (Yanglingquan)

Location: Depression anterior and inferior to the fibula head.

Segment: L5/S1 M L5 D

Needling: Perpendicular to the skin into peroneus longus.

Precautions: The common peroneal nerve.

Additional Applications: In TCA influential point for muscles and tendons; neural dynamic dysfunction related to the common peroneal nerve; knee pain; distal point for lower lumbar and sacroiliac pain, and headaches. Homeostatic point in TCA, and strong relaxation point.

GB 39 (Xuanzhong)

Location: 3 cun superior to the prominence of the lateral malleolus, in a depression between the posterior border of the fibula and tendons of the peroneus muscle. *

Segment: L5/S1 M & D

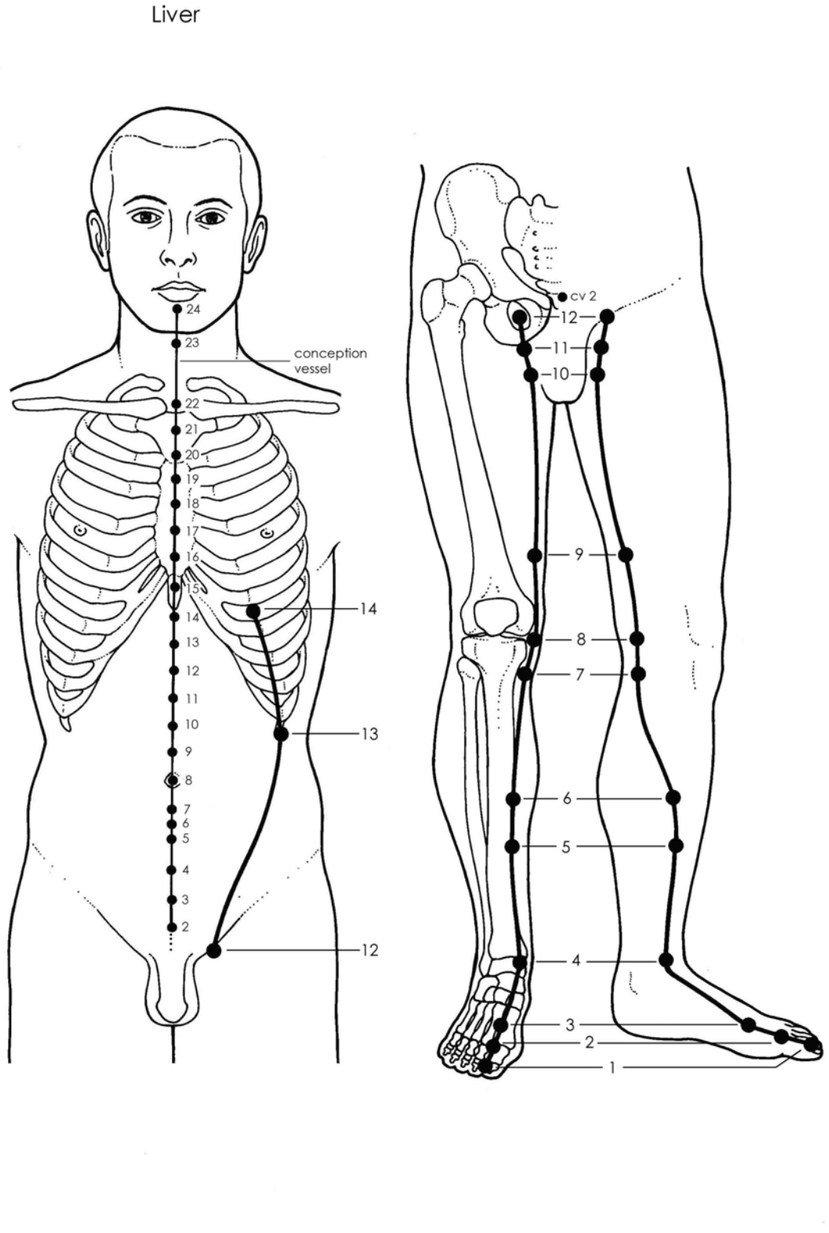
Needling: Perpendicular to the skin into peroneus brevis.

Additional Applications: In TCA influential point for bone marrow which equates to neurological weakness in the West.

**Note: Location is said to be at the anterior edge of the fibula in some textbooks.*
However, Chinese literature often localizes the point at the posterior edge at the fibula.
The Colour Atlas of Acupuncture, (H.-U.Hecker et Al, 2008), gives both and suggests that either could be used after palpating for sensitivity.

Notes:

4.12 Liver Meridian (LR)



Liver Meridian - 14 Acupoints

Yin Meridian
Paired with Gallbladder Meridian

Course Origin - lateral corner of the nail bed of the big toe, ascending the foot and leg medially, then ascending the abdomen ending at the 6th intercostal space on the lateral chest wall.

Clinical Application: TCA – eye disorders, urogenital and menstrual disorders, migraine headaches (left sided).

Points to Needle

LR 3 (Taichong)

Location: 2 cun proximal to the margin of the web between the big and 2nd toe.

Segment: S2/S3 M L4/L5 D

Needling: Perpendicular to the skin into the 1st dorsal interossei. 25 mm needle.

Precautions: Dorsalis pedis artery. Thought to reduce blood pressure – caution re: fainting.

Additional Applications: Combined with LI 4 bilaterally forms the '4 gates' producing a calming effect, used for anxiety and stress. Bilaterally for painful or heavy menstruation; hot flushes. Central effects.

Notes:

A Masterclass in the Liver Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 29, No 2.

4.13 Extra Points

Huatuojiaji points

Location: 0.5 cun lateral to the depression below the spinous processes of the 12 thoracic and five lumbar vertebrae.

Segment: T1 to L5 M T1 to L5 D related to each spinal level.

Needling: Perpendicular- oblique insertion towards the spine into multifidus, 1-2 cm depth.

Weiguanxiashu

Location: 1.5 cun lateral to the lower border of the spinous process of the 8th thoracic vertebra.

Segment: T7/T8 M

Needling: Oblique towards the spine into erector spinae muscles.1-2cm depth; 25mm needle.

Additional Notes: Point introduced by Sun Si-Miao as Back Shu point for pancreas. Used in TCA for diabetes type symptoms.

BL 52 (Zhishi)

Location: 3 cun lateral to the midline level with the lower border of the spinous process of L2 and level with BL 23

Segment: T12/L1 M

Needling: Oblique towards the spine.

Precautions: Risk of injuring kidney if needle deep and perpendicular.

BL 53 (Baohuang)

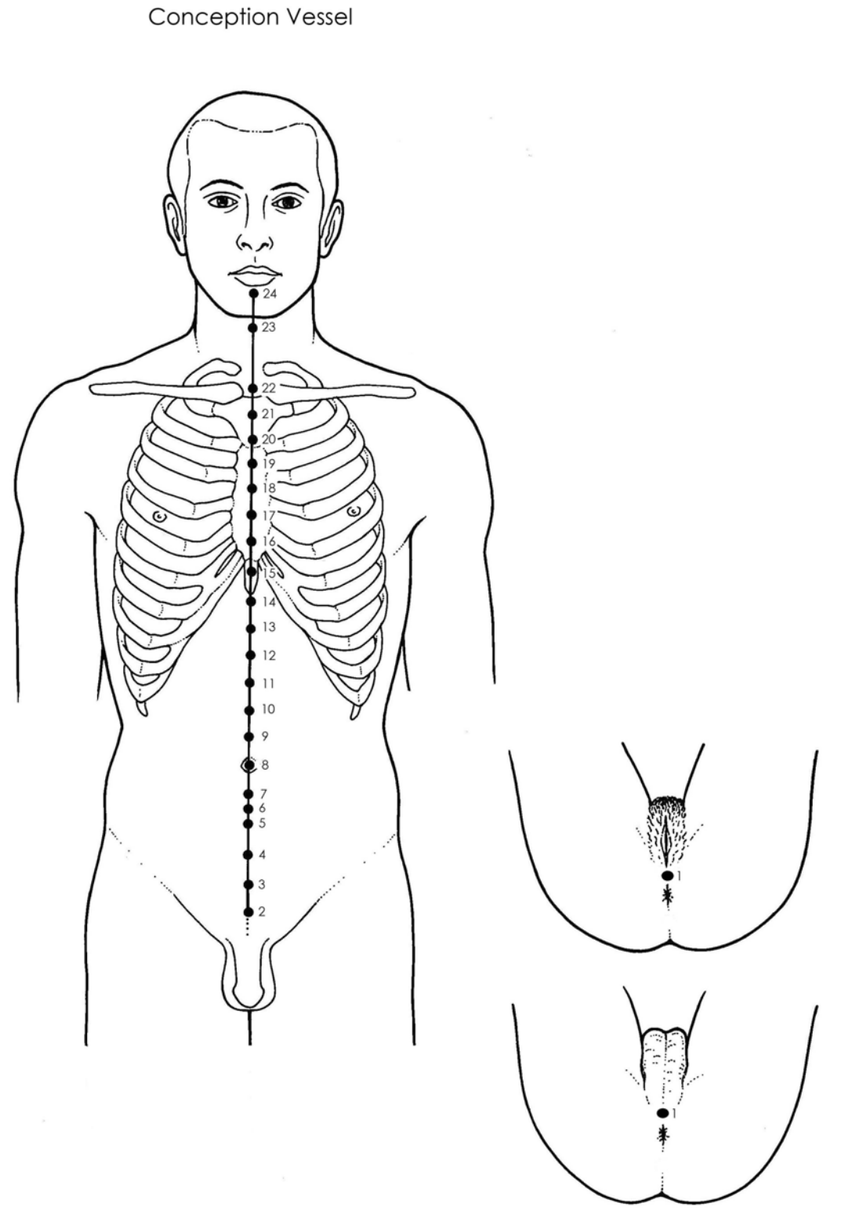
Location: 3 cun lateral to the midline level with the spinous process of the second sacral vertebrae and level with BL 28

Segment: L5 to S2 M

Needling: Perpendicular to the skin 1-1.5 cm

A Masterclass in the Bladder Meridian with further detailed information is published in the AACP Journal Acupuncture in Physiotherapy, Volume 28, No 1.

4.14 Conception Vessel Meridian (CV)



Conception Vessel Meridian - 24 Acupoints

Yin Meridian
Paired with Governor Vessel Meridian

Course Origin - Perineum anterior to the anus, ascends the anterior midline of the body via the umbilicus, the sternum to a depression below the lower lip.

Clinical Application: Upper lumbar and thoracic pain conditions if a patient cannot lie prone or on their side, along with relevant segmental peripheral points. Relaxation, due to the influence on the autonomic nervous system.

Points to Needle

CV 4 (Guanyuan)

Location: 3 cun inferior to the umbilicus and 2 cun superior to the pubic symphysis.

Segment: T11/T12 M & D

Needling: Perpendicular to the skin into the linea alba. 1-2cm depth; 25 or 40mm needle, depending on the depth of the adipose tissue in target area.

Precautions: Do not needle through the abdominal wall. Be aware of the location of the bladder.

Additional Applications: Urological and gynaecological problems e.g. bladder instability and menstrual disorders.

CV 12 (Zhongwan)

Location: Midway between the umbilicus and the lower border of the xiphisternum.

Segment: T8 M & D

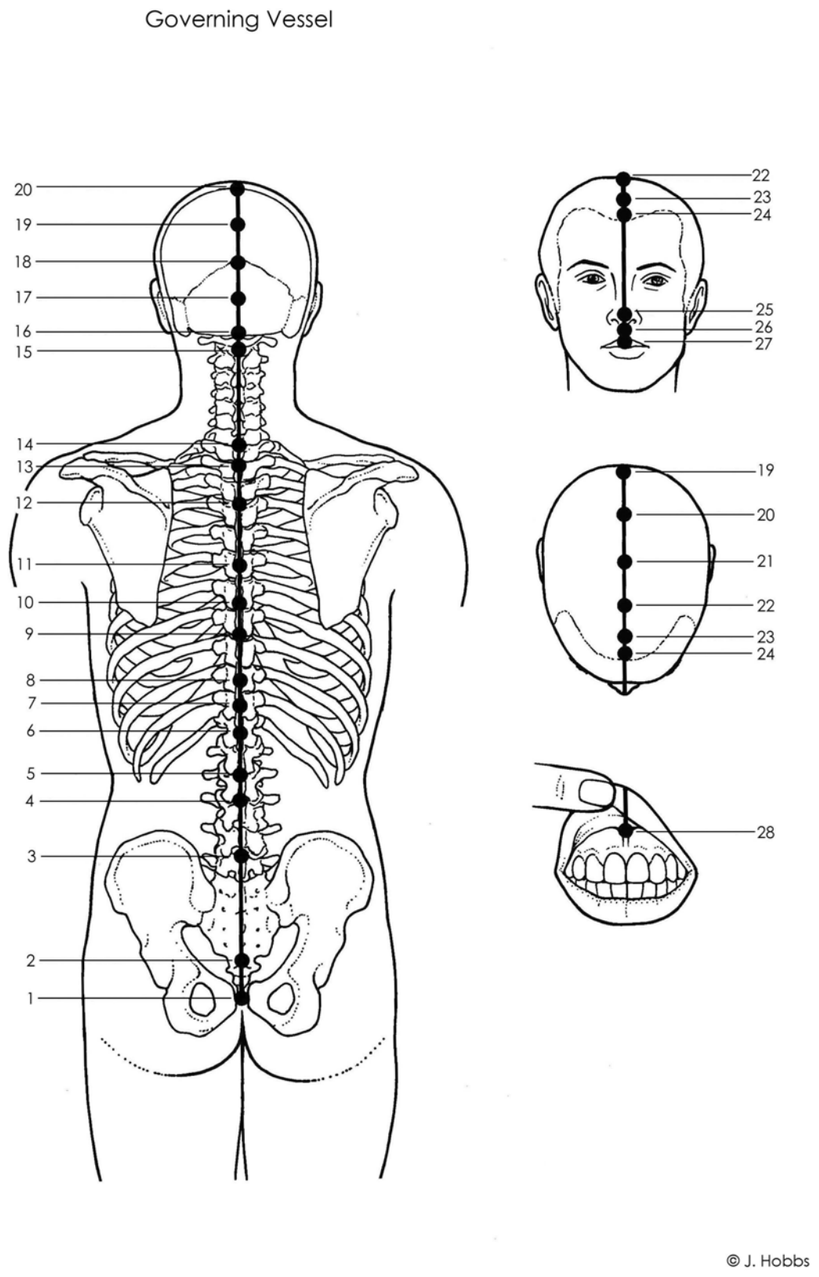
Needling: Perpendicular to the skin into the linea alba. 1-2cm depth; 25 or 40mm needle, depending on the depth of the adipose tissue in target area.

Precautions Do not needle through the abdominal wall.

Additional Applications: Nausea and Vomiting

Notes:

4.15 Governor Vessel Meridian (GV)



Governor Vessel Meridian - 28 Acupoints

Yang Meridian
Paired with Conception Vessel Meridian

Course Origin - in the lower abdomen and emerges in the perineum, ascending the midline of the spine, over the head, ending between the upper lip and the gum.

Clinical Application: Spinal conditions. In TCA the governor vessel governs the six yang meridians.

Points to Needle

GV 3 (Yaoyangguan)

Location: Below the tip of L4 spinous process.

Segment: L4 M T11/T12 D

Needling: Perpendicular to the skin or oblique in a cephalic direction into the interspinous ligament. 1cm depth; 25 or 40mm needle.

Additional Applications: In TCA used to strengthen the back and the legs, and atrophy in the leg muscles.

GV 14 (Dazhui)

Location: Below the tip of C7 spinous process.

Segment: C8 M C4/C5/T1 D

Needling: Perpendicular to the skin or oblique in a cephalic direction into the interspinous ligament. 1cm depth; 25 or 40mm needle.

Additional Applications: Postural neck pain C/T junction; TCA used for asthma and eczema.

GV 20 (Baihui)

Location: Centre of the top of the head in line with the midpoint of the earlobes.

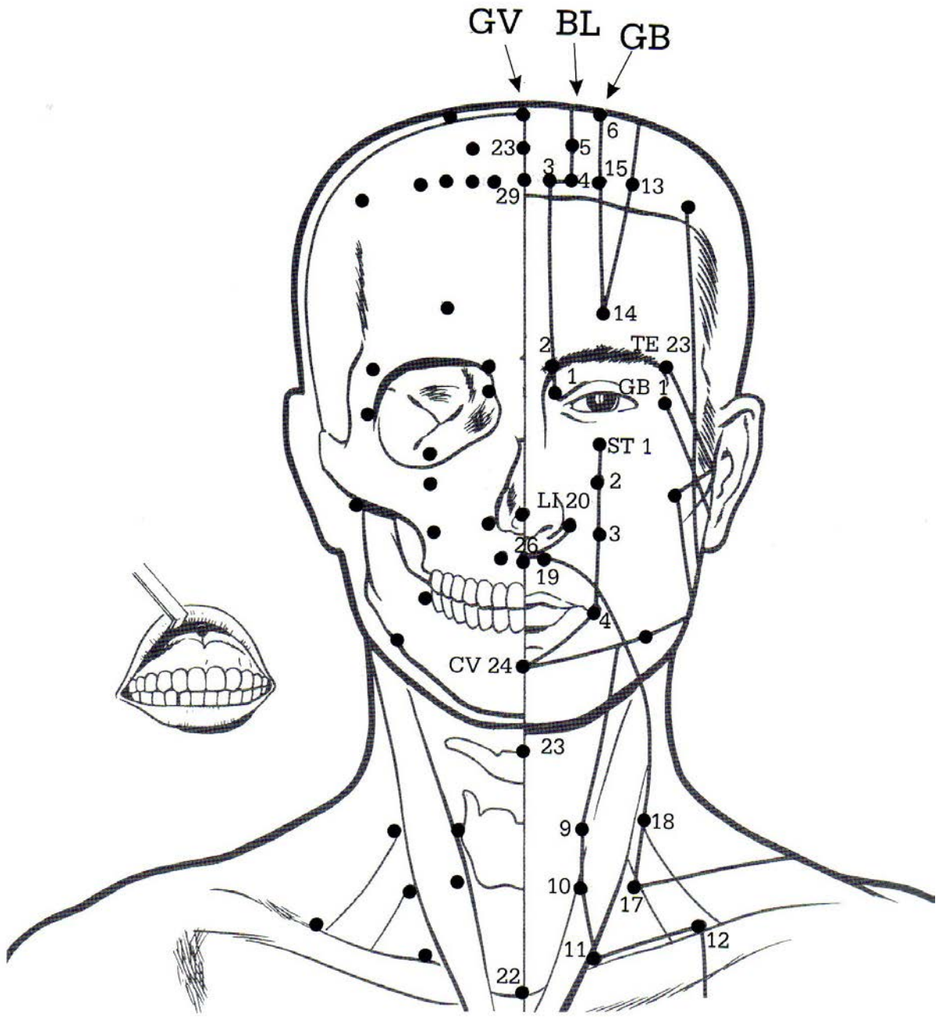
Segment: C1 D

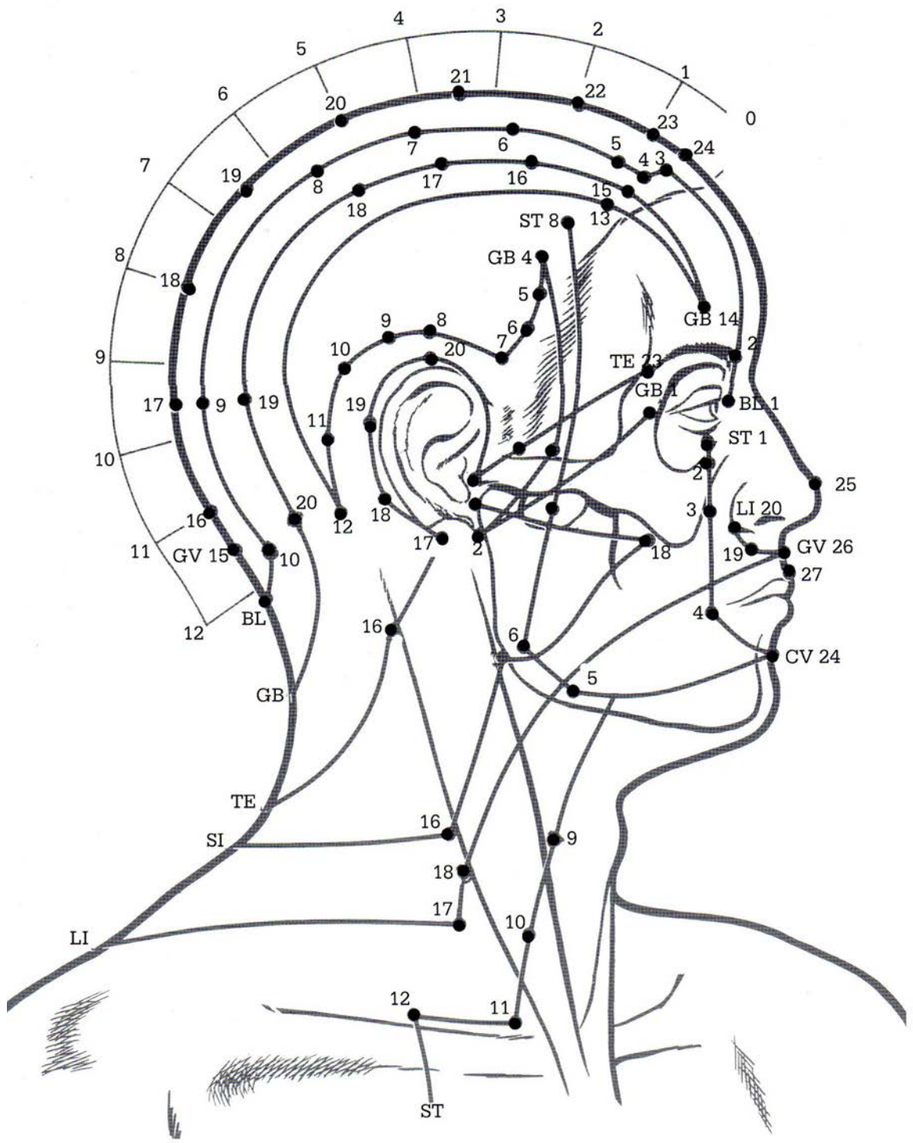
Needling: Transverse insertion 0.5-1.0cm depth.

Additional Applications: In TCA it calms the spirit, lets off steam; dizziness, heaviness in the head.

5 Points in Relation to Regions of the Body

5.1 Face and Neck




ST 8
GB 4
GB 14
TE 23
GB 1
BL 1
ST 1
LI 20
GV 26
CV 24
GV 15
BL
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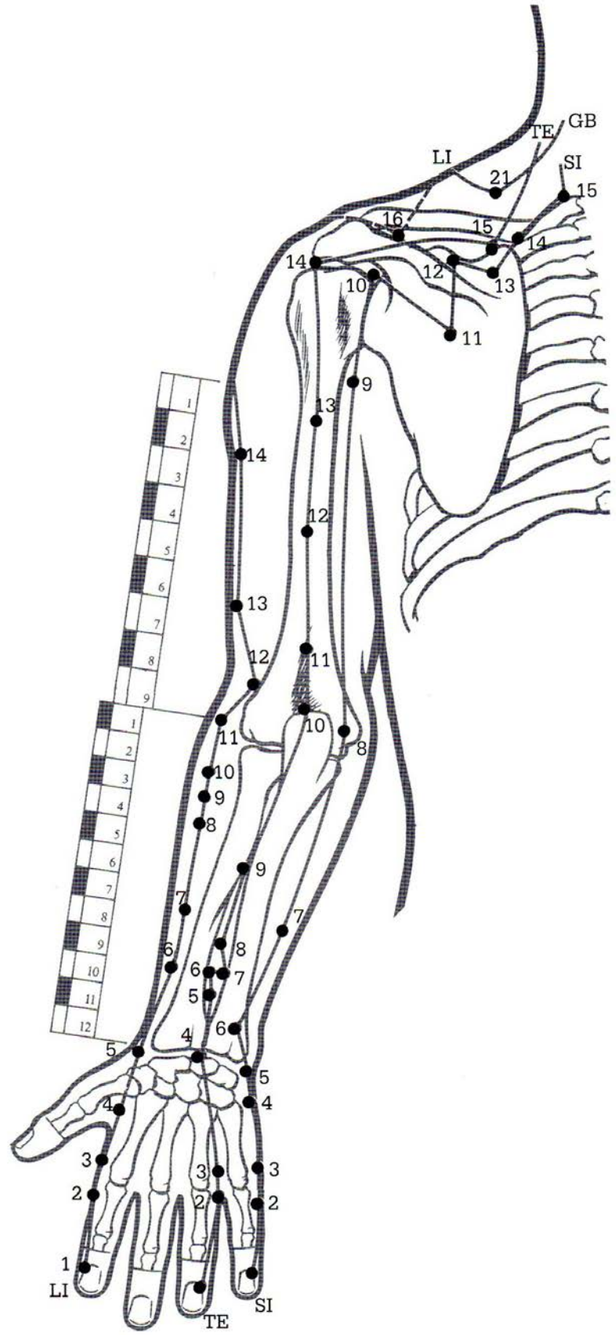
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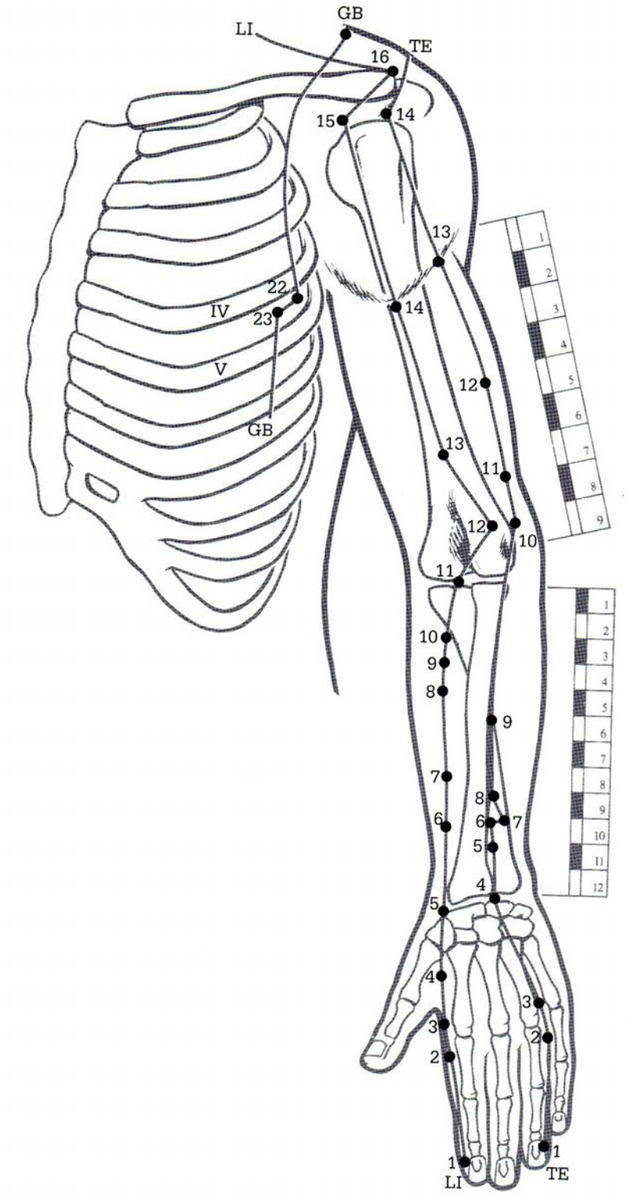
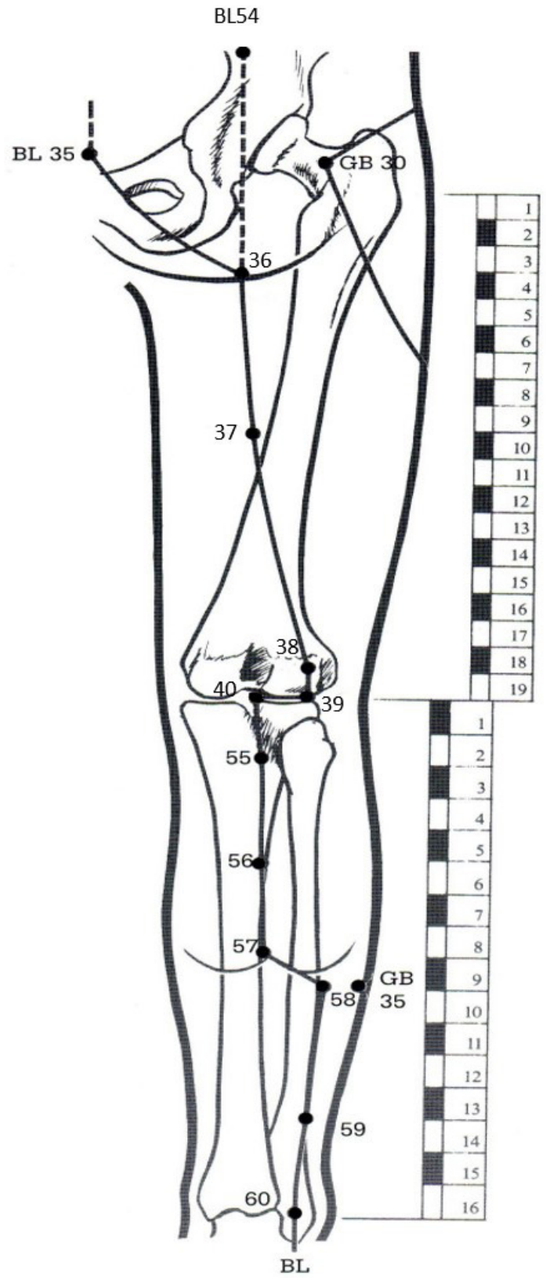
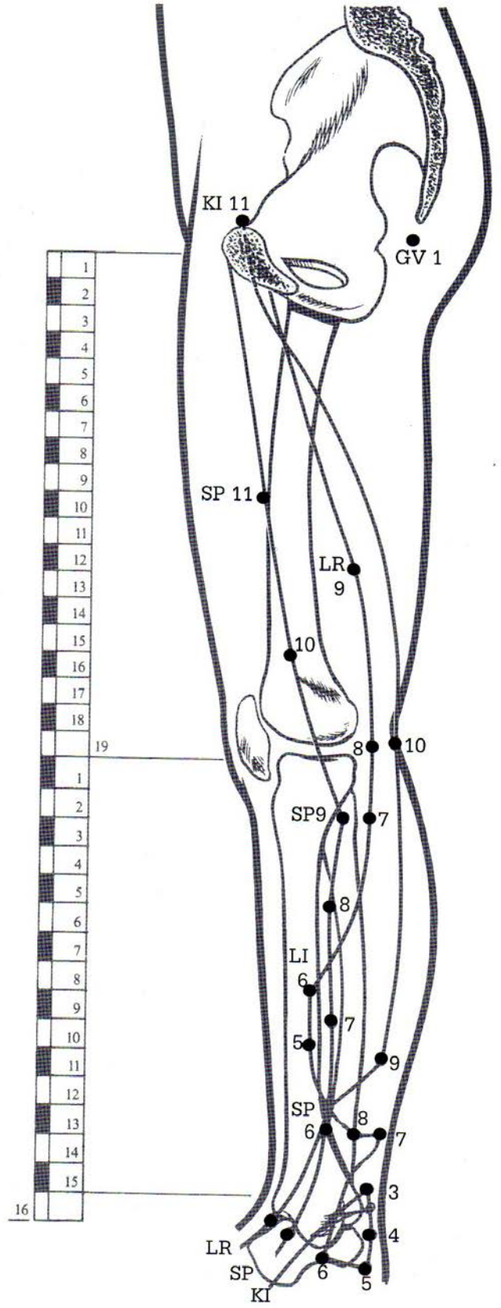


5.3 Lower Limb




KI 11
GV 1
SP 11
LR 9
10
8
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SP9
7
8
LI 6
5
7
9
SP 6
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3
4
LR
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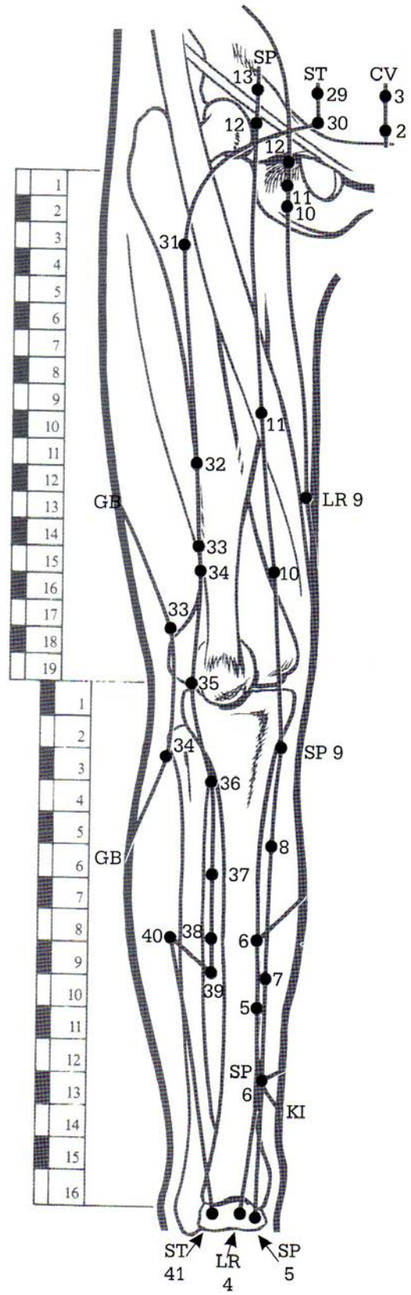
KI
6
5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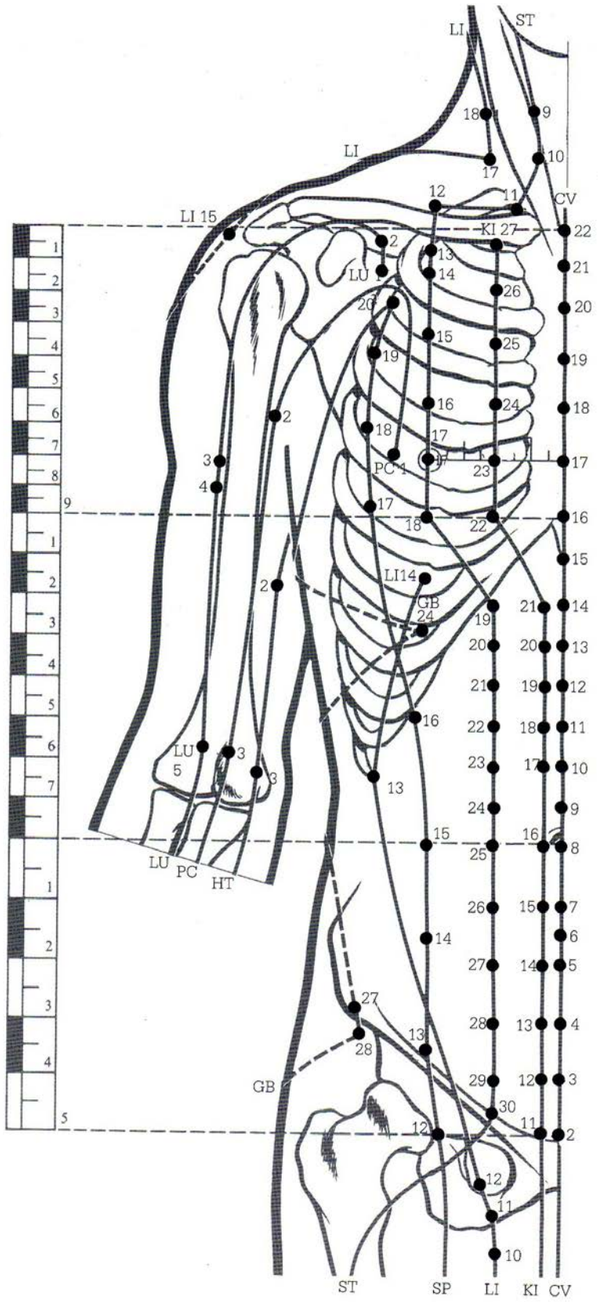
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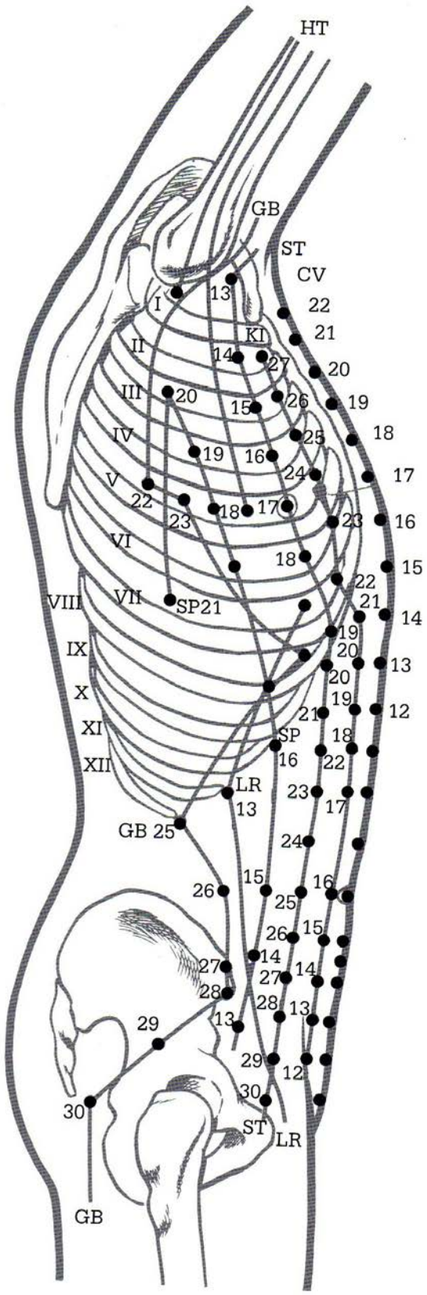
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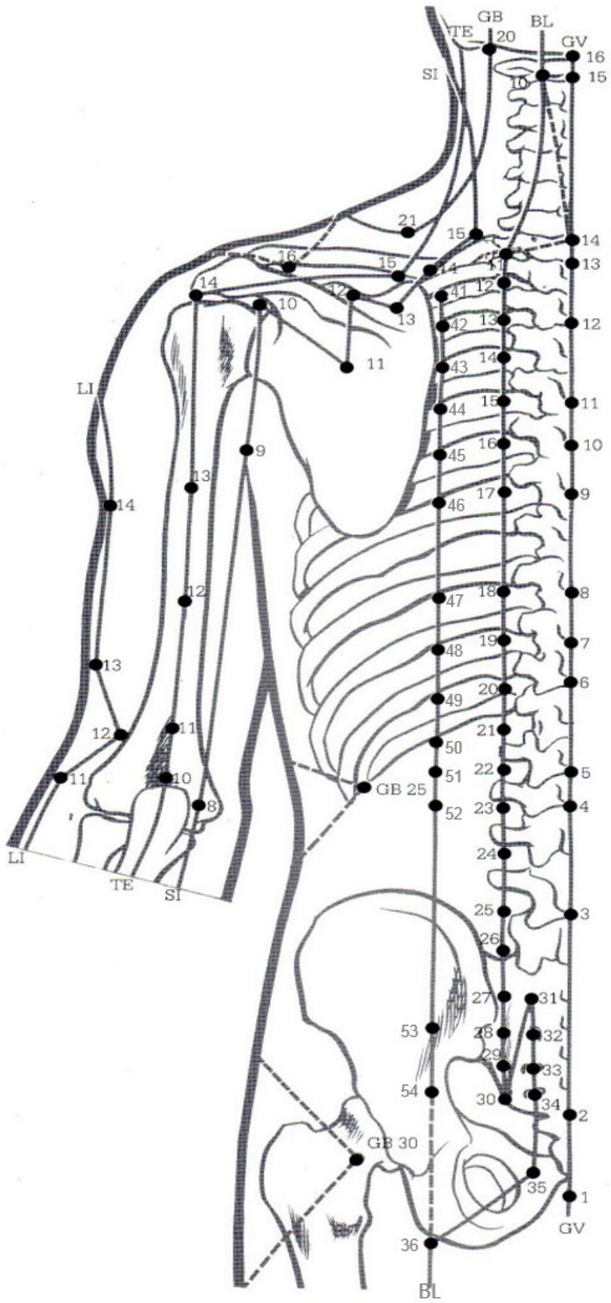
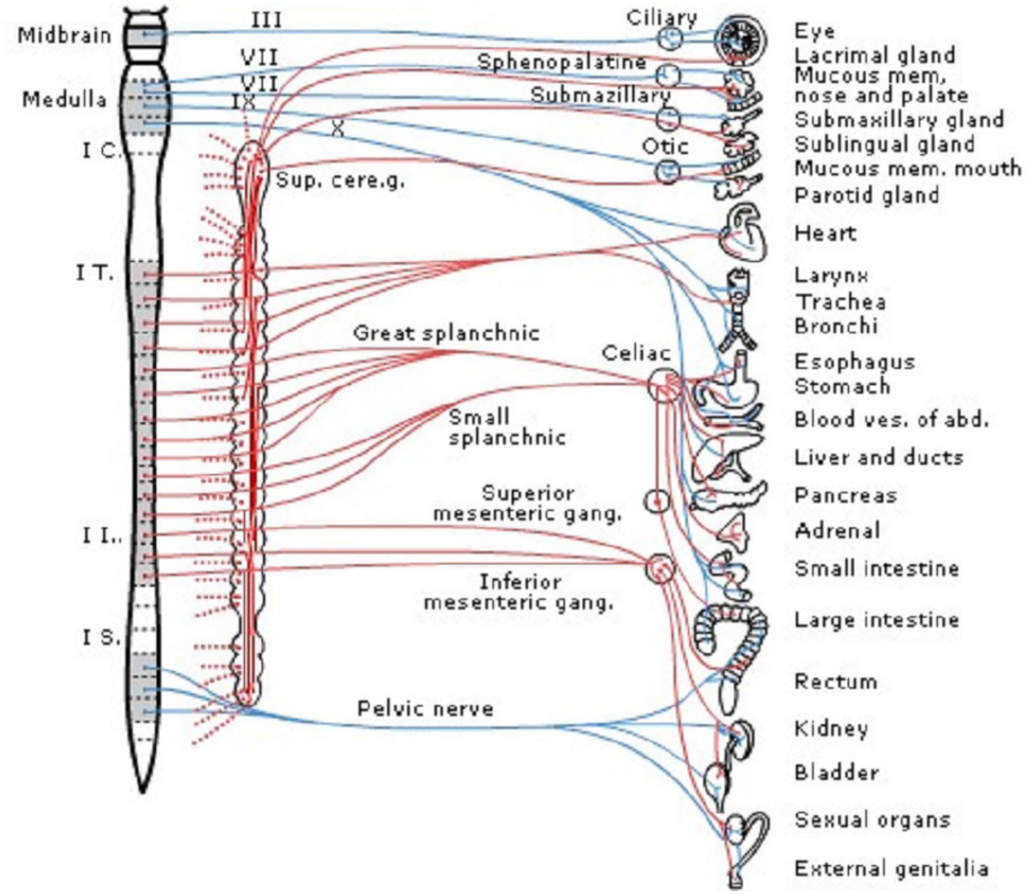
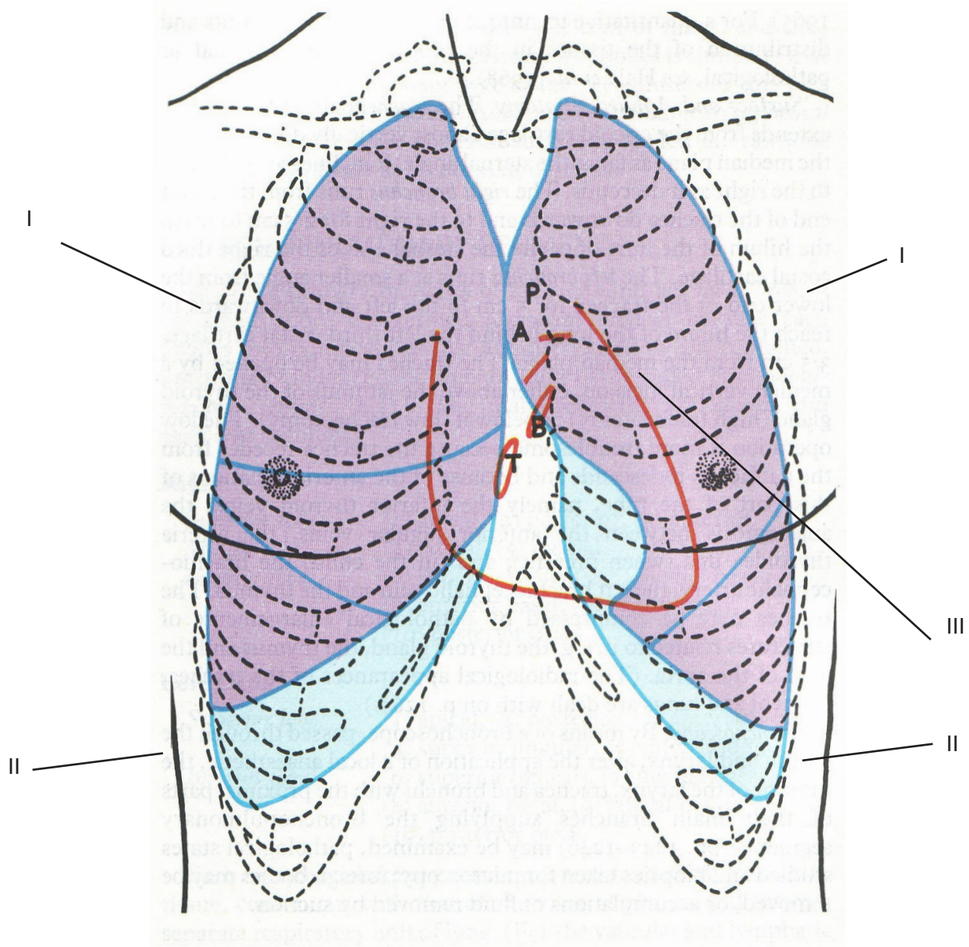


6 The Efferent Pathways of the Autonomic Nervous System (after Meyer and Gottlieb)



The parasympathetic pathways are represented by lines III, VII, IX, X and the Pelvic Nerve.

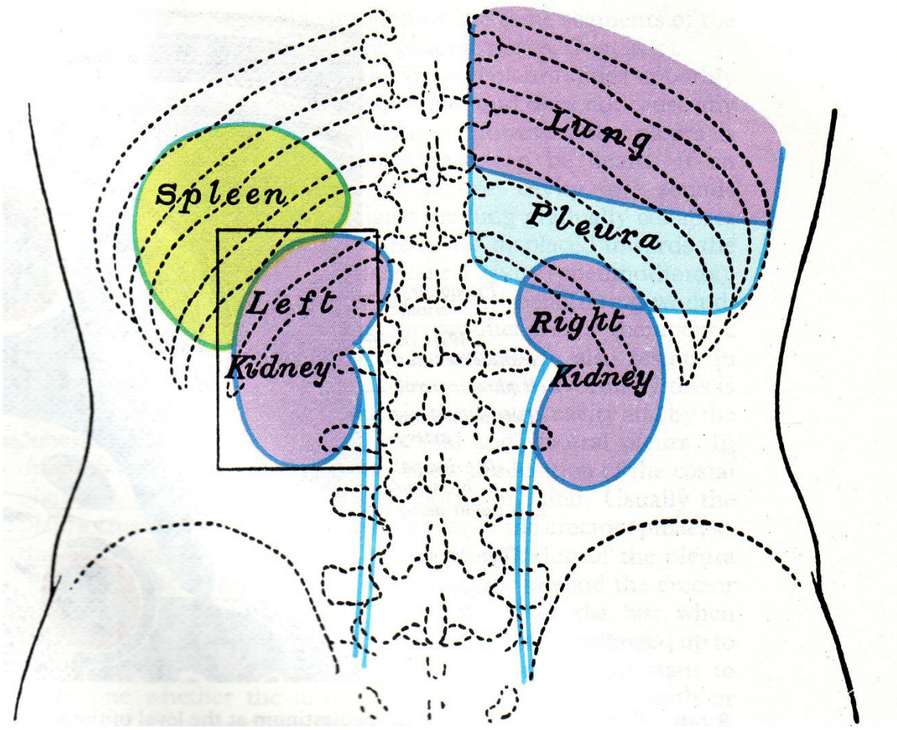
The other lines represent the sympathetic pathways.
The dotted lines indicate postganglionic rami to the cranial and spinal nerves.



Ventral aspect of the thorax, showing surface projections.

Skeletal, pulmonary (I), pleural (II) and cardiac outline (III)

A.Orifice of aorta. B. Left atrioventricular (mitral) orifice. P. Orifice of pulmonary trunk. T. Right atrioventricular (tricuspid) orifice.



The lower limits of the lung and pleura, posterior view. The lower portions of the lung and pleura are shown on the right side.

References:

White A, Cummings M, Filshie J, 2nd Edition (2018). An Introduction to Western Medical Acupuncture. Elsevier. Edinburgh, ISBN-978-0-7020-7318-2

Acupuncture drawings by kind permission from Jon Hobbs and taken from the ‘Introductory Course’ manual, previously run by the AACP. Published as a reference tool in June and November 2001.

Anatomical drawings - illustrations published in early editions of Grey’s Anatomy.

1. 40-year-old man with three-month history of tennis elbow. One steroid injection – little help. No other treatment.

Treatment plan combining acupuncture with physiotherapy.

2. 65-year-old woman with low back pain radiating across whole of the lower back. Also complaining of aching and stiffness across the base of her neck and suffering from 'arthritic' pains in her knees from time to time.

Clinically reason an acupuncture treatment plan based primarily on Western Medicine but acknowledging TCA concepts.

3. 36-year-old man with signs of CRPS in his hand, extending to the elbow following traumatic injury leading to the limb being immobilised for ten weeks. Signs of circulatory and trophic changes, hyperalgesia and allodynia.

Clinically reason an acupuncture treatment plan to complement other therapy modalities, consider Bradnam's concept of layering, and consider why acupuncture may make him worse.

4. 45-year-old man with non-specific subacromial pain syndrome, aggravated by redecorating the house. Keen squash player, unable to play at present.

Treatment plan combining acupuncture with physiotherapy.

5. 70-year-old woman with chronic osteoarthritis affecting both knees. Pain severely limiting the amount she can mobilise. Reluctant to have surgery as on medication for asthma, and high blood pressure.

Devise a progressive treatment plan of acupuncture combined with physiotherapy. Use research evidence to support your acupuncture 'dose' and predicted outcome.

6. 25-year-old touch weight bearing following compound fracture tib and fib. Oedema around the ankle joint with loss of sensation locally. Complaining of pain around the ankle joint, into the calf to behind the knee.

Plan and progress treatment assuming the swelling improves within two to three weeks.

9 Example Consent Form:

Patient name: **Patient D.O.B.:**

Acupuncture in Physiotherapy Consent Form

Intended benefits of treatment:

- Reduction of pain
- Alleviation of muscle spasm and tension
- Facilitation of the healing process
- Induction of local and general relaxation
- Promotion of general well-being
- Improvement of sleep pattern

Possible adverse effects:

The following are the known (based on research evidence) possible adverse effects associated with acupuncture, your physiotherapist will discuss these with you and explain if you are at any enhanced risk.

- Bleeding and Bruising (3%)
- Mild aggravation of symptoms (3%, of which 70-85% show subsequent improvement)
- Mild Pain at the needle site (1%)
- Drowsiness (1%)
- Dizziness (0.6%)
- Pain not at needle site (0.5%)
- Nausea (0.3%)
- Feeling faint (0.3%)
- Stuck or bent needle (0.1%)
- Headache (0.1%)
- Allergy or infection (up to 0.2%)
- Pneumothorax (0.0002%/ less than 2 per 1 million)

Although acupuncture in an established procedure, there may be other adverse effects that have not been recorded. If you experience any of the above or notice anything unusual about your health following your treatment, then you should contact your physiotherapist or GP straight away.

Statement of Consent

I confirm I have read, understood and have had the opportunity to ask questions related to the information on this form and the leaflet titled 'Ask your Physiotherapist about Acupuncture' produced by the Acupuncture Association of Chartered Physiotherapists. Specifically, I understand what the treatment is likely to involve, the intended benefits and possible adverse effects, therefore I give consent to having acupuncture treatment. I understand I can withdraw from the treatment at any time. I agree not to disturb the needles during the treatment period and will ask for assistance if I have any concern.

Patient signature: **Date:**

Patient name (print in full):

I confirm that I have explained to the patient the above information and have witnessed them sign this consent form.

Physiotherapist signature: **Date:**

Physiotherapist name (print in full):

10 Example Health Screening Form

Acupuncture in Physiotherapy Health Screening Form

You will need to answer the following questions honestly and to the best of your ability. This is to ensure that you will not be subjected to any enhanced risk of adverse effects prior to acupuncture treatment.

Health Questions	Yes	No
Do you suffer from diabetes?		
Have you ever experienced an epileptic seizure?		
Have you ever fainted?		
Do you have any heart problems?		
Do you have a pacemaker or any other electrical implant?		
Do you have any problems with your circulation such as Deep Vein Thrombosis, Pulmonary Embolism or a bleeding or clotting disorder?		
Are you receiving anticoagulation therapy?		
Do you have, or have you ever suffered from any form of cancer?		
Are you aware of any blood borne viruses such as HIV, AIDS, or Hepatitis?		
Do you have any allergies? (specifically, to metal or alcohol wipes)		
Are you pregnant or trying to conceive?		
Do you have a phobia to needles?		
Have you ever experienced any adverse effect to previous needling procedures such as acupuncture or injections?		
Have you eaten/ will you eat within 2 hours prior to your acupuncture treatment?		
Further information:		

Declaration
I confirm I have answered the questions honestly and to the best of my knowledge. I know of no reason that I should not have acupuncture treatment.

Patient signature: **Date:**
Patient name (print in full):

Physiotherapist (witness) signature: **Date:**
Physiotherapist name (print in full):

11 Pneumothorax from Acupuncture

This document sets out the avoidable nature of pneumothorax that may occur through the negligent application of needles. It highlights practice issues associated with litigation claims arising from the use of needles near the apex of the lung.

Background:

- Acupuncture use can be associated with personal injury to a patient when incorrectly or negligently applied. The most common injury reported to the aacp is iatrogenic pneumothorax.
- Pneumothorax is a collection of air in the pleural cavity and causes collapse of the lung on that side. Signs and symptoms include sudden onset of chest pain and a varying degree of shortness of breath depending on the size of the lung collapse.1
- Iatrogenic pneumothorax is an avoidable risk associated with needle use and is an unacceptable consequence associated with the negligent use of needles near the apex of the lung.
- In all reported cases, the physiotherapist has either admitted, or been proven to be, clinically negligent. The patient suffering experienced as a result of the pneumothorax could have been totally avoided with proper care and application of the modality.

Risks of Latrogenic Pneumothorax:

Needle Placement: Standard needling may present avoidable risks when needling over the thorax.2 In particular:

1. GB21 - Gall Blabber 21 and surrounding areas. The apex of the lung is below this area.
2. LU1 - Lung 1 and surrounding areas. Avoid deep perpendicular insertion.
3. Some trigger points in Trapezius muscle in the upper thoracic region also lie over superficial lung tissue.

Patients: You should take particular care when treating smokers, tall people, those with an underlying lung condition such as asthma, COPD, tuberculosis, sarcoidosis, cystic fibrosis, malignancy, and idiopathic pulmonary fibrosis, and those with a family history of any type of pnuemothorax1.

Acupuncture/dry-needling Use and Litigation:

- The adverse effects of negligent application of acupuncture is often clear visible personal injury; therefore, patients may seek to bring a claim for clinical negligence.
- The most common basis of a claim is that the practitioner failed to demonstrate appropriate anatomical knowledge and/or failed to correctly identify the relevant acupuncture point and/or failed to place the needles correctly. Patients may also claim appropriate checks were not provided during and immediately after treatment.
- There have been 9 successful negligence claims against members for causing a pneumothorax from acupuncture since 2012.
- Over £89,500.00 has been paid out in damages and legal costs for these claims to date. 6 claims have yet to close and this figure paid may rise. All 9 claims were avoidable.

Clinical Challenge:

You must provide a 'reasonable standard of care' to your patient. This means:

- You must ensure that you are educated, trained and competent to provide acupuncture.
- You must be able to make professional judgment on the choice of acupuncture points by balancing your anatomical knowledge, the patient's condition and the desired outcome of treatment with understanding the risks that certain acupuncture points, and surrounding areas, pose to patients.
- You must be able to accurately identify the location of acupuncture points that have specific risks of causing iatrogenic pneumothorax and consider whether their use is reasonable.
- You must be able to demonstrate responsible and logical clinical reasoning when deciding to use acupuncture points, or associated areas, that are linked with iatrogenic pneumothorax.
- You must explain the risks and benefits of any specific acupuncture points that are associated with a particular risk of pneumothorax in order for the patient to give informed consent to treatment. You must record this discussion in your records in case your treatment choice is ever challenged.

Key messages for members:

Iatrogenic pneumothorax from acupuncture application is an entirely avoidable risk;

- Notifications are too frequent and the AACP believes these can be avoided.
- You must have an appropriate knowledge of both surface and underlying structural anatomy when you use needles.
- You must be able to correctly identify the point location of the needle sites you use.
- You must consider the appropriateness of using of needle points sited directly above the apex of the lung and around the upper thorax in general.
- You must make sure you check for cautions and contraindications when selecting and using needle points.

You must keep clear records that clearly evidence patient safety, including your judgment on:

- Relevant patient history
- Point selection and rationale
- Supervision provided whilst on treatment
- How patients can summon assistance and follow up advice and/or action if an adverse event occurs.

References:

1. Pneumothorax (2014) Patient.co.uk http://patient.info/doctor/pneumothorax-pro [Accessed 15.04.16]
2. UCLH Acupuncture Safety Chart (2016) http://www.acupuncturesafety.org.uk/safety-chart.html [Accessed 15.04.16

Notes:

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