

Livewell Southwest

**Acupuncture Policy for Physiotherapists in  
Livewell Southwest**

Version No. 2.7  
Review: April 2019

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Acupuncture Clinical Interest Group and  
Professional Lead**

**Asset Number: 712**

## Reader Information

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	Physiotherapy 2013 White A, Hayhoe S, Hart A, Ernst E. (2001) Adverse events following acupuncture: prospective survey of 32 000 consultations with doctors and physiotherapists. BMJ.323(7311):485-486.
<b>Associated documentation</b>	To be read in conjunction with the Livewell Southwest Consent Policy, Infection Control Policy, Inoculation Injury Policy and Sharps Disposal Policy.
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### Document review history

Version no.	Type of change	Date	Originator of change	Description of change
1	Original document	2002	Original joint policy	Joint policy between Livewell Southwest and South Hams and West Devon PCT
2	Re-write	2008	Kim Elgood, Locality Manager	Original document re-written for Livewell Southwest.
2:1	Updated	2008	Kim Elgood, Locality Manager	Updates made to v2
2:2	Updated	21/07/08	S Edmunds	Format changes and asset registration
2:3	Updated	08/11/2010	Author	Minor amendments
2:4	Reviewed	Dec 2012	PRG	Review date extended, no other changes made.
2:5	Updated	November 2012	Liz Bombier	New LSW logos, formatting.
2.6	Updated	September 2015	Acupuncture Clinical Interest Group & Professional Lead	Review of policy, minor amendments, assimilation with South Hams & West Devon Acupuncture for Physiotherapists policy
2.7	Updated	June 2016	Acupuncture Clinical Interest Group and Physiotherapy Clinical Lead	Minor amendments

Contents		Page
1	<a href="#">Introduction</a>	5
2	<a href="#">Purpose</a>	5
3	<a href="#">Duties</a>	5
4	<a href="#">Minimum qualifications criteria to practice acupuncture</a>	7
5	<a href="#">Consent</a>	7
6	<a href="#">Documentation</a>	7
7	<a href="#">Referrals</a>	8
8	<a href="#">Contraindications/precautions</a>	8
9	<a href="#">Procedure for acupuncture</a>	9
10	<a href="#">Monitoring compliance and effectiveness</a>	14
11	<a href="#">Training and Continuing Professional Development</a>	14
Appendix A	<a href="#">Information leaflet</a>	16
Appendix B	<a href="#">Acupuncture treatment flowchart</a>	17
Appendix C	<a href="#">Checklist and Consent form</a>	18
Appendix D	<a href="#">Outcome measures</a>	20
Appendix E	<a href="#">What to do if someone answers yes to a checklist item</a>	22
Appendix F	<a href="#">Approved Nomenclature</a>	23

# Acupuncture Policy for Physiotherapists in Livewell Southwest

## 1. Introduction

Acupuncture is an accepted extended scope of practice for registered physiotherapists as an adjunct treatment for pain relief. It is a recognised and important treatment therapy for the benefit of patients referred for Physiotherapy within Livewell Southwest (LSW).

This policy applies to all physiotherapists who are employed within LSW.

**Note:** Throughout this document, acupuncture points may be described by their abbreviated Western names for example LI4 for Large Intestine 4. For the list of approved nomenclature, see ([Appendix F](#))

## 2. Purpose

- 2.1 This acupuncture policy has been developed to ensure the safe and effective practice of acupuncture by physiotherapists and to ensure that patients are given enough information to make an informed decision about opting for acupuncture treatment.
- 2.2 Acupuncture treatment will be offered by a Chartered Physiotherapist with current Health and Care Professions Council registration who has a recognised qualification in acupuncture.
- 2.3 Chartered Physiotherapists carrying out acupuncture shall only practice to the extent that they have established and maintained their ability to work safely and competently in delivering acupuncture and shall ensure that they have appropriate professional liability for that practice. (Quality Assurance Standards Chartered Society of Physiotherapy 2013)

## 3. Duties

The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

The **Locality Managers** will support and enable operational managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their services.

The **Professional Lead** has a responsibility to implement and monitor the use of this policy within the Livewell Southwest.

These responsibilities include:

- 3.1 Ensuring that a register of Chartered Physiotherapists qualified or training to carry out acupuncture is held, accurate and updated on a regular basis

- 3.2 Ensuring that equipment / resources necessary for the safe practice of acupuncture, as outlined in this policy, are available.
- 3.3 Ensuring that physiotherapists only use acupuncture to enhance clinical activities that fall within their scope of physiotherapy practice.
- 3.4 Ensuring that outcomes from Continuous Professional Development activity, demonstrating continuing competency to safely practice acupuncture, are recorded annually through individual performance review (IPR) and checked via audit.

- **Individuals' Responsibilities**

The practice of acupuncture by physiotherapists should be governed by Rule 1 of Professional Conduct of the Chartered Society of Physiotherapy (CSP):

“Chartered Physiotherapists shall only practise to the extent that they have established and maintained their ability to work safely and competently and shall ensure they have appropriate professional liability cover in place”.

Only physiotherapists who have successfully completed an approved course (see Section 4) may include acupuncture as an extended scope of their practice for LSW. Physiotherapists who are undertaking an approved acupuncture course may only practice within the limitations identified in section 4. Only physiotherapists who have achieved their qualification and can demonstrate up to date CPD may practice acupuncture unsupervised.

Each physiotherapist is accountable for:

- Their own practice
- Keeping their managers aware and up to date with their current practice
- Ensuring each patient has a written and agreed care plan which includes treatment goals and the use of an appropriate outcome measure

Scope of practice:

All physiotherapists who meet the criteria for practising acupuncture must ensure they adhere to the [Chartered Society of Physiotherapy Quality Assurance Standards 2013](#).

Maintenance of competency:

- Each physiotherapist is responsible for ensuring that outcomes from Continuous Professional Development (CPD) activity demonstrate continuing competency to safely practice acupuncture.
- Each physiotherapist should ensure he / she completes 10 hours CPD in acupuncture within a 2-year period, as defined by [the AACP](#).
- This will be monitored via the CPD audit conducted by the Professional Lead.
- The AACP provides proformas to support the [recording of CPD](#)

## 4. Minimum Qualification Criteria to Practice Acupuncture

4.1 All physiotherapists who wish to practice acupuncture must:

- Be registered with the Health and Care Professions Council
- Have successfully completed an acupuncture course recognised by one of the following:
  - BACC – British Acupuncture Council
  - BMAS – British Medical Acupuncture Society
  - AACP – Acupuncture Association of Chartered Physiotherapists
- There is no necessity to be a member of the AACP but practitioners must be eligible for membership and use acupuncture as an extended scope of practice in order to practise acupuncture within LSW.
- It is recognised that many acupuncture courses are offered in two or more parts with time interval(s) in between.
- Trainees are expected to complete 40 hours of supervised clinical practice, treating patients, a case study and self directed learning between parts of the course. The case study and clinical practice form part of the final assessment of competency.
- During this time Physiotherapists must be supervised by a physiotherapist who is registered as competent when practising acupuncture.

## 5. Consent

- 5.1 The physiotherapist should be familiar with and adhere to the Livewell Southwest policy on Consent.
- 5.2 It is the responsibility of each physiotherapist to gain valid and effective written consent from the patient before using acupuncture as part of their treatment plan.
- 5.3 Valid informed consent requires you to explain the treatment process including potential benefits and adverse effects, along with sensations potentially experienced.
- 5.4 Informed and written consent should be gained before the first treatment session or part of treatment using the acupuncture consent form and informed consent should be gained prior to each session thereafter. ([Appendix C](#))
- 5.5 The consent form is part of the patient record.

## 6. Documentation

Acupuncture documentation will be kept as part of the patient's record and in accordance with LSW's Health Records policy. Please see Appendix G for approved nomenclature

The following documentation is required:

- Information contained in the information sheet is given to patient ([Appendix A](#))
- Consent is documented using Acupuncture consent form ([Appendix C](#))
- Precautions / contraindications are checked and recorded in the notes
- Appropriate outcome measures. Current best practice recommends MYMOP([Appendix D](#))
- Needle sites
- Needle selection
- Angle
- Depth
- Duration
- Stimulation is given
- Whether DeQi is achieved
- post treatment changes/effects noted on body chart

If Ashi points, muscle tender points or myofascial trigger points are needed there must be a detailed description of the site, angle and depth of needle placements. It may be appropriate to add a diagram.

## 7. Referrals

Patients are referred to physiotherapy using standard referral forms or direct referral in patient services.

All patients referred to physiotherapy are assessed according to Standards of Physiotherapy Practice and the Acupuncture Association of Chartered Physiotherapists (2004) Safety Standards

Patients are referred for physiotherapy, the decision to use acupuncture as a method of treatment remains with the physiotherapist and the patient.

## 8. Regions NOT to be needed/Contraindications/Precautions

### Regions not to be needed:

- **Any points in an area of swelling e.g. lymphoedema; acute haematoma**
- **Unhealthy skin or varicosities**
- **Nipple & breast tissue**
- **Umbilicus**
- **Infant fontanelles**
- **External genitalia**

- **Around joints in rheumatoid arthritis patients in acute inflammatory flare**

The contraindications and precautions are:

Contraindications	Precautions
Forbidden points Acute cardiac arrhythmias or cardiac failure Lumps, moles, cancerous growths Haemophilia Inability to cooperate/unable to consent Metal allergy especially stainless steel, nickel and also silicon if using silicon coated needles e.g. Seirin Valvular heart disease or unstable heart conditions Pacemaker (electro-acupuncture) Over anxious patients, phobia of needles, confused patients Refusal to consent Infection at needle site Acute haemorrhagic stroke Poorly controlled diabetes Uncontrolled epilepsy Fragile skin 1 <sup>st</sup> Trimester Pregnancy	Fatigued or hungry patients Systemically unwell Anticoagulants (check latest INR results) Peripheral vascular disease Impaired sensation Diabetes Thrombocytopaenia, Pregnancy Immunodeficiency Epilepsy HIV / blood borne infections Patients without a clear diagnosis Previous malignancy Hyper/hypotension

Please see [Appendix E](#) for if any patients answer yes to any of the precautions

## 9. Procedure for Acupuncture Treatment

### 9.1 Location of delivery

Acupuncture may be delivered in:

- Community Hospitals
- Health centres
- GP Practices
- Social Services resource centres
- Patient's place of residence

### 9.2 Evidence of safety

Survey data indicates that acupuncture is an extremely safe intervention when delivered by trained practitioners. A number of prospective surveys have been carried out worldwide to investigate the prevalence of adverse events

following acupuncture. Of specific relevance to physiotherapy is a survey carried out by White et al (between 1998 and 2000) in which UK based GPs and physiotherapists were approached. Of the 32,000 consultations, no serious adverse events were reported (defined as the patient requiring hospitalisation) and only 7% resulted in a minor adverse reaction such as bleeding, or the patient feeling faint.

**NB: patients who are blood donors should be [provided with the HCPC registration number of the physiotherapist who treated them](#) – this is sufficient to satisfy the Blood Donor Service. Patients treated with non NHS and non-statutory registered acupuncturists have to wait four months before giving blood.**

### 9.3 Consent

- The treatment procedure is explained to the patient, along with possible alternatives to treatment, treatment techniques and the expected effects of the treatment; including any common experiences during needling (i.e. De Qi), adverse reactions or interactions with other conditions the patient may have.
- The patient is given the information leaflet prior to having treatment (Appendix A). The patient's informed consent is obtained and recorded in the patient's record in accordance with Livewell Southwest Consent Policy.
- It is best practice to give the information the session before commencing acupuncture; this gives the opportunity for consideration and to advise patients to ensure they have eaten prior to treatment.

### 9.4 Care Planning

- There must be a clear plan for this episode of physiotherapy treatment
- Acupuncture is not to be used indefinitely for maintenance purposes but as an adjunct to other modalities of, with the aim of achieving clear and agreed treatment goals.
- Patients will receive a maximum of six treatments per episode of care and will not receive repeated treatment for the same condition within one year of the completion of the treatment episode. (variance from this guidance must be justified by robust clinical reasoning or the onset of a new problem for which acupuncture may be a useful adjunct to the overall physiotherapy treatment plan)

### 9.5 Equipment

The following equipment must be procured and prepared in advance of commencing treatment:

- Clean, private, quiet treatment space with good light and good access including bed, chair and pillows as required
- Adequate support from other staff and colleagues
- Couch roll (in-patient setting)

- Hand washing facilities
- Appropriate number and sizes of needles
- Sharps bins
- Swabs for removal in case of bleeding and appropriate disposal facilities to hand – follow LSW policy for disposal
- Couch cleaning facilities (in patient setting)

## 9.6 Treatment

For the treatment itself, the following procedure should be followed:

- a) Screen for contraindications and consider interactions with comorbidities.
- b) Have a clear and agreed treatment plan.
- c) Discuss with the patient the rationale for the treatment.
- d) Always use sterile disposable needles which are CE marked.
- e) Check expiry date before use.
- f) Needles coming into contact with non-sterile surfaces e.g. desk, floor should be disposed of safely and immediately.
- g) Wash your hands before inserting, stimulating and withdrawing needles.
- h) Be sure that relevant anatomical landmarks are clearly palpable and all relevant anatomical structures are considered when needling.
- i) Needles must be counted in and counted out.
- j) Check the patient's skin before and after treatment paying particular attention to the needle sites.
- k) Position the patient to allow for their maximum comfort and safety.
- l) Monitor the patient throughout the treatment session – they should not be left alone in the treatment area.
- m) Dispose of all needles into a sharps box immediately after withdrawing them.
- n) Follow Livewell Southwest [Safe Disposal of Sharps Policy](#) at all times.
- o) Needles must never be left unattended in a cubicle with a patient.

## 9.7 Safe needling practice

- Only pre-sterilised single use disposable needles may be used. The expiry date on the box and packaging should be checked prior to use. All needles must be CE marked. All needles to be opened in the presence of the patient.
- Needles are counted in and counted out.
- Contaminated needles i.e. those coming into contact with non-sterile surfaces must be discarded of.
- If the area of skin being needled is dirty, needle sites must be cleansed with sterile wipes.
- Patient's skin should be checked before and after needling for possible allergic reaction.

- Only needling techniques for which the physiotherapist has been appropriately trained and is competence may be used.
- Auricular cartilage is prone to infection so extra care must be taken.
- Where possible poppy seeds and pressure pins should be used instead of needles.
- Patients must be positioned for maximum comfort and safety, and advised to lie still.
- Patients must be monitored throughout and not left alone in the treatment area. They must have the means to summon assistance if required.
- All needles must be disposed of in accordance with the [Safe Disposal of Sharps Policy](#).
- Other [waste](#) must be appropriately disposed of taking into account guidance relating to place of treatment.
- Needles must not be left in the cubicle whilst the patient is being treated
- Patients should be allowed time to recover sufficiently after treatment, to avoid driving when drowsy.

## 9.8 Health, safety and complications

For safety reasons, the following process should be followed:

- a) Patients must be allowed 5-10 minutes to rest and recover safely after treatment
- b) Clinicians must remain in the same room as the patient throughout the session, or ensure that there is a member of staff in the room to supervise at all times.
- c) In the event of an inoculation injury, the physiotherapist must refer to the Livewell Southwest Inoculation Injury Policy.
- d) If a needle breaks in situ, the point of entry should be circled and medical help sought immediately – needles should be removed under imaging.
- e) Stuck needle – usually due to spasm around the needle. Gently massage around the needle to relax the muscle then attempt removal.
- f) Bent needle e.g. due to reflex movement following strong needle sensation – give patient time to relax and then gently manoeuvre needle to remove.
- g) Infection – avoid needling thin, fragile or infected skin.
- h) Bleeding/bruising – advise patient of potential. If bleeding/bruising occurs apply immediate pressure to the area using cotton wool. Advise patient of potential for bruising.
- i) If your patient says that they feel any or all of the following; faint, drowsy or nauseous remove and count all the needles. If the patient's symptoms persist seek additional medical assistance as appropriate.
- j) Fainting and convulsions: this can occur as a vasovagal episode. If the patient is not laid down quickly enough this can cause a mild anoxic convulsion. If your patient has a history of unexplained convulsion, acupuncture is not recommended.

**In the event of complications occurring, with the exception of bleeding/bruising unless major, appropriate first aid interventions should be made and an incident form must be completed.**

## 9.9 Needling during pregnancy

There is no known published report linking acupuncture with abortion or miscarriage. Traditional acupuncture texts however note a variety of points which are forbidden during pregnancy.

**Points which must not be used as historically documented risk of promoting labour: LI4, SP6, GB21, BL32, BL60, BL67**

**The AACP recommends taking extra care when selecting needles sites during pregnancy avoiding points over the sacrum and abdomen, and avoiding strong stimulation and acupuncture.**

## 9.10 Acupuncture in children

- Clinician must have Child Protection training Level 3 and be up to date.
- Traditional acupuncture wisdom suggests children and adolescents should be needled more superficially and for shorter duration.
- The clinician must be sure that the child understands the process and is compliant. Signed consent is required from parent or guardian.

### 9.10.1 Auricular Acupuncture

- Surface wax should always be removed with an alcohol swab
- Indwelling needles should NOT be used as they can lead to perichondritis (infection of the ear cartilage)
- Tiny metal balls, poppy or vaccaria seeds (held in place with micro pore and manually stimulated by the patient as acupressure) are recommended over the use of needles

### 9.10.2 Electro-acupuncture

The practitioner needs to ensure:

- All equipment is regularly serviced (every 12 months) by medical electronics.
- They have read the user instructions.
- They have been trained to use the device and their competency has been assessed.
- They use the correct additional equipment e.g. disposable, single use, heavy gauge conductive needles (e.g. metal handled).

### 9.10.3 Domiciliary acupuncture

The AACP recommend:

- Practitioners must have a defined base or storing equipment

- Specific containers must be used for the transportation of equipment which are:
  - Designed to allow separate storage of sterile and soiled equipment
  - Lockable and tightly sealed when shut
  - Made of a material (inside and out) that is smooth and impervious, that can be regularly cleaned and disinfected.
- Practitioners make every attempt to ensure treatment is carried out in a well-lit, clean environment with easy access to hand washing facilities.
- The bed is clean and covered with a disposable cover.
- A clear field is established.
- Needles are disposed of in a sharps bin that conforms to BS 7320:1990.
- Soiled clinical waste is appropriately disposed of in clinical waste bags.
- Paper waste products are disposed of in domestic waste.
- Enough time has been set aside to monitor any adverse reaction before departure.

**Practitioners are strongly advised not to treat friends and family outside of the normal working environment. Any non-NHS premises where acupuncture takes place must be licensed in accordance with local authority requirements.**

## 10. Monitoring Compliance and Effectiveness

The Professional Lead will audit a random sample of referrals annually in conjunction with the Clinical Interest Group to check for compliance with this protocol.

The acupuncture clinical interest group will review each physiotherapist's registration/CPD annually and identify any on-going training needs.

## 11. Training and Continuing Professional Development

- Any staff member practising acupuncture within the organisation must be able to evidence an appropriate level of training and competency maintained and evidenced by Continuing Professional Development.
- The training must fall in line with the [AACCP](#) guidance and [HCPC](#) guidance
- The staff member must hold a certificate of successful completion of either an AACCP Foundation/Acupuncture in Physiotherapy course, or a British Medical Acupuncture Association (BMAS) Foundation course. This must be shared with their line manager and a copy kept in their personal file prior to commencing the delivery of acupuncture within the organisation.
- **All staff practising acupuncture must have been immunised against or be immune to Hepatitis B before practising.**
- Newly qualified acupuncturists or those who have not practised in 12 months or more must liaise with their line manager to identify an acupuncture mentor for the first six months of their practice within the organisation. Meetings must occur at least once a month for this period to review practice. If necessary, this may be extended.
- Ongoing CPD must be kept up to date in line with CSP and [AACCP](#)

- [guidance](#).  
The requirement of this organisation is that a minimum of ten hours CPD must be recorded every two years.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 20<sup>th</sup> April 2016

## Appendix A Information Leaflet

The information leaflet given to all patients who may be treated with acupuncture by a physiotherapist is “Acupuncture in Physiotherapy” produced by the Acupuncture Association of Chartered Physiotherapists Limited. (Copyright AACP Limited 2006)

Available from:

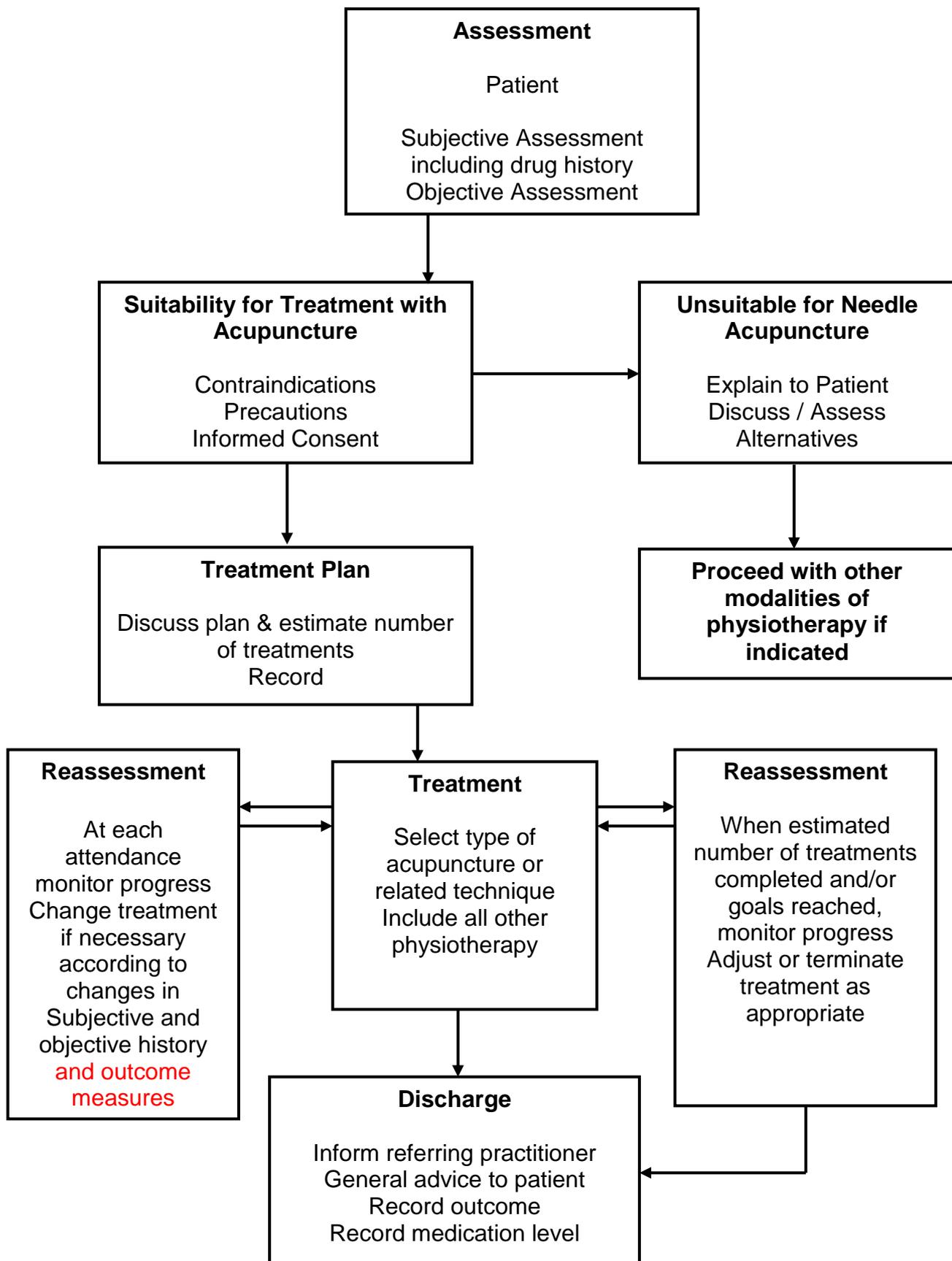
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Or [www.aacp.uk.com](http://www.aacp.uk.com)

The Leaflet provides information on:

- Background to Acupuncture as part of Physiotherapy
- What is Acupuncture?
- When is treatment with acupuncture appropriate?
- When should it not be used?
- When should it be used with caution?
- Does acupuncture work?
- What does acupuncture treatment involve?
- How many needles will be used?
- How long are the needles in for?
- Where will the needles be placed?
- How many treatments are needed?
- Is it safe?
- Minor side effects
- Serious side effects
- Why choose a physiotherapist?

## Appendix B Acupuncture Treatment Flowchart



## Appendix C Acupuncture Checklist and Consent

<b>Patient Name</b>	<b>DOB</b>
<b>NHS Number</b>	<b>GP/Consultant</b>
<b>Date of completion</b>	

Physiotherapist Name..... Designation.....  
 Physiotherapist Signature.....

<b>Please indicate if any of the following apply:</b>	<b>Yes</b>	<b>No</b>
1. Are you allergic to steel/nickel?		
2. Do you suffer from epilepsy?		
3. If yes, is this well controlled by your medication?		
4. Do you have Diabetes?		
5. Do you have a heart condition?		
6. Do you have artificial/replacement heart valves?		
7. Do you have a pacemaker or any other electrical implants?		
8. Do you have haemophilia or any other bleeding disorder?		
9. Do you suffer from immunodeficiency?		
10. Are you taking, or have you taken, steroid tablets?		
11. Have you ever had Hepatitis or "Yellow Jaundice"?		
12. Do you bleed or bruise easily?		
13. Are you taking anticoagulants (to thin your blood)?		
14. Are you pregnant or trying for a baby?		
15. Have you ever experienced a faint, fit or 'funny turn'?		
16. Have you any infections?		
17. Have you ever been diagnosed with any form of cancer?		
18. If so, did you have any lymph nodes removed?		
19. Are you prone to fainting, anxiety attacks, needle phobia?		
20. Have you eaten within the past 4 hours?		
21. Have you read the 'Acupuncture in Physiotherapy' leaflet?		

If yes was answered, please provide further information:

.....  
 .....  
 .....  
 .....  
 .....

### Statement of consent

The purpose, benefits and potential risks of acupuncture treatment have been explained to me.

I confirm that I have been given and read the acupuncture information leaflet.

I confirm that I have read and understood the above information.

I consent to having acupuncture treatment.

I understand that I can refuse treatment at any time.

Patient signature.....

Date.....

Print Name.....

Date.....

Clinician signature.....

Date.....

Print Name.....

Date.....

Designation.....

## Appendix D MYMOP2

### MYMOP, Measure Yourself Medical Outcome Profile

Full name: ..... Date of birth: .....

Address and Postcode:.....

.....

Today's date:..... Practitioner seen:.....

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number:

Symptom 1:..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... Could be could be

Symptom 2:..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... Could be could be  
.....  
.....

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week

Activity:..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... Could be could be

Lastly how would you rate your general feeling of wellbeing during the last week?

0 1 2 3 4 5 6  
As good as it As bad as it  
Could be could be

How long have you had Symptom 1, either all the time or on and off? Please circle:

0 – 4 weeks 4 – 12 weeks 3 months – 1 year 1 – 5 years over 5 years

Are you taking any medication FOR THIS PROBLEM? Please circle: YES/NO

#### IF YES:

1. Please write in name of medication, and how much a day/week

.....

2. Is cutting down this medication: Please circle:

Not important A bit important Very important Not applicable

#### IF NO:

Is avoiding medication for this problem:

Not important A bit important Very important Not applicable

Patient signature:.....

Date:.....

**\*MYMOP2 Follow up\***

Full name:..... Today's date: .....

Please circle the number to show how severe your problem has been IN THE LAST WEEK.  
This should be YOUR opinion, no-one else's

SYMPTOM 1: ..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... could be could be

SYMPTOM2: ..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... could be could be

ACTIVITY:..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... could be could be

WELLBEING: 0 1 2 3 4 5 6  
How would you rate As good as it As bad as it  
Your general feeling could be could be  
Of wellbeing?

If an important new symptom has appeared please describe it and mark how bad it is below.  
Otherwise do not use this line.

SYMPTOM 3..... 0 1 2 3 4 5 6  
..... As good as it As bad as it  
..... could be could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):

Are you taking medication FOR THIS PROBLEM ? Please circle: YES/NO

IF YES:

Please write in name of medication, and how much a day/week

.....  
.....

**Patient Signature:.....**

**Date:.....**

**Appendix E Actions to take if a patient answers YES to the precautions listed in the acupuncture checklist**

<b>Allergy to steel/nickel</b>	On the first treatment, needle one point and observe for a flare around the needle. Keep in situ for 5 minutes unless there is an instant allergic reaction in which case remove the needle immediately. Review a week later and if no allergic response continue with treatment as planned. Constantly observe the skin for excessive wheal and flare thereafter, and cease treatment if an allergic response occurs.
<b>Epilepsy</b>	Ensure the epilepsy is controlled. Always treat with the patient in lying and never leave the patient unattended during treatment. If they answer NO to 'is it medically controlled', do not treat.
<b>Diabetes</b>	Ensure the diabetes is controlled. If not do not treat. Always treat with the patient in lying and do not leave the patient unattended during treatment. Advise them to eat at least 3-4 hours before treatment. If after treatment they feel light headed or faint advise them to wait in the waiting area (with a glass of water +/- biscuit) until such time that they feel better.
<b>Heart Condition</b>	Ensure the heart condition is controlled. If not do not treat. If a patient suffers from palpitations, avoid needling the mid-thoracic region. Always treat with the patient in lying and never leave the patient unattended during treatment.
<b>Artificial heart valves</b>	Strongly advise not to treat with acupuncture as there is a theoretical risk of bacterial endocarditis. However, if acupuncture is the best and only option for pain relief it can be warranted. Ensure strict hygiene during needling and consult with both the patient and referring doctor before treatment explaining the potential risk.
<b>Pacemaker</b>	Do not use electro-acupuncture.
<b>Bleeding disorder/ bleed or bruise easily</b>	Warn the patient they may bruise. Use small gauge needles (0.20mm) to reduce the risk. Never needle into or close to joints.
<b>Immunodeficiency</b>	Ensure strict hygiene when needling. (Refer to section 4.5.5)
<b>Steroids</b>	Ensure strict hygiene when needling. (Refer to section 4.5.5)

<b>Hepatitis/Yellow Jaundice</b>	Assume all patients are carrying a blood borne virus. Have cotton wool ready to place over puncture site on immediate removal of needles in case of bleeding. Dispose of soiled cotton wool in the appropriate waste sack. Wipe down plinth with disinfectant wipes after treatment.
<b>Anticoagulants</b>	Do not treat patients on anticoagulants where INR is not monitored, such as dabigatran and rivoraxiban. Factor 2/Prothrombin deficiency. Patients with a Factor 2 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%. For anticoagulation the INR should be stable within 2-3. As a precaution use fine needles (0.20mm) and never needle into or close to joints.
<b>Pregnant or trying for a baby</b>	Refer to section 4.7 for guidance.
<b>Fainting, anxiety, needle phobic</b>	If a patient is needle phobic but they wish to try acupuncture, explain the procedure thoroughly and reassure them that even after giving consent they can stop treatment at any time. Treat all patients in lying and never leave the patient unattended during treatment. If after treatment they feel light headed or faint, advise them to wait in the waiting area (with a glass of water) until such time that they feel better.
<b>Any infections</b>	Never needle into or around an area of localised infection. Ensure strict hygiene when needling elsewhere in the body. (Refer to section 4.5.5)
<b>Previous malignancy/ diagnosis of cancer</b>	If using acupuncture for pain relief, ensure the region of pain being treated has been thoroughly investigated for potential metastasis. Do not use acupuncture if the underlying diagnosis is unclear. The analgesic effects of acupuncture could mask serious pathology.
<b>Lymph node removed</b>	Ensure strict hygiene when needling. (Refer to section 4.5.5)

## Appendix F: Approved Nomenclature

Meridian	Code	Alternative abbreviation in some texts
Lung	LU	L, Lu
Large Intestine	LI	Li; CO; Co (colon)
Stomach	ST	S; St
Spleen	SP	Sp
Heart	HT	H; HE; Ht; HE
Small Intestine	SI	Si
Bladder	BL	B; Bl; UB (urinary bladder)
Kidney	KI	K; Ki
Pericardium	PC	P; HC; Hc (Heart constrictor)
Triple Energiser	TE	TH (Triple Heater); TW (Triple Warmer); SJ (Sanjiao)
Gallbladder	GB	G
Liver	LR	LIV; Liv; Le; Lv
Governing Vessel	GV	Gv; DU (Du Mai)
Conception Vessel	CV	Cv; REN; (Ren Mai)