Policy for the Use of Acupuncture within the Musculoskeletal Physiotherapy Service V1.0

Document reference code: CG/065/24

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: To ensure that all Musculoskeletal Physiotherapists undertaking the practice of acupuncture within Cornwall Partnership NHS Foundation Trust and The Royal Cornwall Hospitals NHS Trust do so under a standard practice guideline in accordance with national best practice.

Target audience: Trust staff.

Document author and role: Morissa Livett, Musculoskeletal Clinical Lead Physiotherapist.

Document definition: Policy and Clinical Guideline.

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Key words: Acupuncture guidelines, Physiotherapy.

Freedom of information: Can be released under the Freedom of Information Act 2000.

Document section: Clinical, clinical guidelines.

Approval process

Approved at: MSK SMT.
Date approved: 30 May 2024.
Executive approval: Louise Dickinson on behalf of Kim O'Keeffe, Chief Nursing Officer.
Date approved by:. 18 June 2024.
RCHT General manager confirming approval processes: Richard Andrzejuk.
RCHT Governance lead confirming approval process: Becky Osborne.
Review date: 18 December 2026.
Expiry date: 18 June 2027.

Publication location:

☒ Internet and intranet ☐ Intranet only

Document Library folder or sub-folder: Clinical / Physiotherapy

Version control

Version	Date	Author and/or reviewer	Section	Changes – key points
V1.0	13.02.2024	Morissa Livett – MSK Clinical Lead Physiotherapist		New joint Trust document.

This document replaces: CFT only document 'Clinical Guidelines for the use of Acupuncture within the Physiotherapy Service CG/065/20'.

Contents

Data Protection Act 2018 (UK General Data Protection Regulation Legislation)

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

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- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

This guideline is for chartered physiotherapists working within Cornwall Partnership NHS Foundation Trust (CFT) and The Royal Cornwall Hospitals NHS Trust (RCHT) who utilise acupuncture as an adjunct to routine treatment interventions. The document has been developed to provide a guideline that will enable a chartered physiotherapist working for CFT and RCHT, to provide acupuncture safely and to a high standard. It aims to ensure that patients receive information regarding acupuncture, in an appropriate form, to make an informed decision when considering acupuncture as a treatment option.

2. NICE guidance

Not applicable

2.1. Other related legislation

- Health and Care Professions Council: Standards of conduct, performance and ethics, 2016.
- Health and Care Professions Council: Standards of Continuing Professional Development, 2018.
- Acupuncture Association of Chartered Physiotherapists: Safe practice guideline for acupuncture physiotherapist, 2017.

3. Associated Trust policies and documents

3.1. Cornwall Partnership NHS Foundation Trust Policies

- IC/001/21 Needlestick Injuries and Body Fluid Exposure Incidents Management Policy V6.0 February 2021.
- IC/016/20 Waste Management Policy – CFT.
- Waste Management Policy V3.0 November 2023.
- GEN/003/21 Consent Policy (adults over the age of 18 years) – CFT.

- GOV/013/23 Children and young persons' consent policy – CFT.
- Consent to Examination or Treatment Policy V9.0 RCHT.
- CG/023/20 Cardiopulmonary Resuscitation Policy.
- Cardiopulmonary Resuscitation Policy V6.0 – RCHT.
- CG/024/22 Clinical Guidelines for the treatment of Anaphylaxis in the community setting.
- Anaphylaxis in Adults and Children Clinical Guideline V2.0 – RCHT.
- GEN/00/20 Clinical Supervision Policy V1.0.
- IC/018/22 Standard IPAC Precautions: National Hand Hygiene and Personal Protective Equipment Policy V4.1.
- IRM/012/23 Information Lifecycle Management Policy – CFT.
- Management of Information, Records and Data Quality Policy V4.0 – RCHT.
- Therapies Supervision Policy – CFT.

3.2. Royal Cornwall Hospitals Trust Policies

Sharps Safety Policy V3.0.
Needlestick Injuries and Body Fluid Exposure Incidents – Clinical Management Policy V6.0.
Waste Management Policy.
Consent to Examination or Treatment Policy V9.0.
Cardiopulmonary Resuscitation Policy V5.0.
Anaphylaxis in Adults and Children Clinical Guideline V2.0.
Clinical Supervision Policy V1.0.
Aseptic Non-Touch Technique Policy V1.1.
Joint Infection Prevention and Control Roles and responsibilities V1.0.

4. Training requirements

4.1. Initial training

All physiotherapists who wish to practise acupuncture must be registered with the HCPC and hold a current recognised qualification in acupuncture from an accredited source within the UK, such as:

- Acupuncture Association of Chartered Physiotherapists (AACP).
- British Medical Acupuncture Society (BMAS).
- British Acupuncture Council (BACC).

Physiotherapists will be required to maintain specific acupuncture related Continuous Professional Development (CPD). This will be monitored through local therapy supervision and the organisational annual appraisal. It is the individual responsibility of staff practising acupuncture, to ensure that these CPD requirements are met.

4.2. Supervised clinical practice.

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 with acupuncture qualifications as detailed above and who remains compliant with their CPD.

4.3. Professional network membership

Membership of the AACP or other professional network is a voluntary requirement for Cornwall Partnership NHS Foundation Trust employees and The Royal Cornwall Hospitals NHS Trust. Staff should note that if their membership of the acupuncture specific professional network lapses while they are employed by Cornwall Partnership NHS Foundation Trust or The Royal Cornwall Hospitals NHS Trust, another employing organisation may see this as a mandatory requirement. This may require retraining to regain AACP, BMAS or BACC membership.

4.4. Scope of practice

The provision of acupuncture should be practiced in line with the Health and Care Professions Council (HCPC) standards or proficiency which state:

“Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself (HCPC 2013 page 4)”.

All physiotherapists should practice within the recommendations of the HCPC standards of proficiency for Physiotherapists (2013), the AACP Safe Practice Guidelines (2017) and the Chartered Society of Physiotherapy Code of Professional Values and Behaviours (2019).

4.5. Mandatory training

All staff undertaking acupuncture must remain compliant with the following mandatory training:

- Infection Prevention and Control Level 2.
- Adult Basic Life Support.
- Waste Management (Clinical).
- Health and Safety.
- Hand Hygiene.
- Anaphylaxis.

Staff not up to date with mandatory training requirements will not be eligible to access funding through the central development fund.

Compliance with mandatory training is monitored through the education and training team with monthly reports to managers, bi-monthly to the education delivery group and monthly to the board’s people and culture committee.

4.6. Maintenance of competency

Each physiotherapist is responsible for ensuring that outcomes from CPD activity demonstrate continuing competency to safely and effectively practice acupuncture (Appendix 1). If this CPD requirement is not maintained, they will be unable to continue practising acupuncture as an employee within Cornwall Partnership NHS Foundation Trust or The Royal Cornwall Hospitals NHS Trust.

The AACP recommends 10 hours of CPD within a 2-year period and this should be completed by any therapist utilising acupuncture within their practice. This evidence should be provided to their Team Manager during their annual appraisal.

In line with AACP requirements and in order to commence practising acupuncture again, staff will need to complete the AACP “Bridging Course”, or an accredited acupuncture qualification as outlined above.

5. Monitoring arrangements

Compliance with this policy will be monitored through operational and clinical supervision. Team Managers and Clinical Supervisors will review the clinical documentation of patients receiving acupuncture during supervision and review the clinical justification and the documentation of the treatment. The Team Managers will also review the clinicians’ CPD to ensure that the 10-hours/2-years are maintained in addition to compliance with mandatory training and their self-assessed competency (Appendix 1). Operational supervision should be undertaken every 6-weeks whilst clinical supervision should be undertaken at a minimum of once every 3-months.

Will the monitoring arrangements result in a clinical audit: No

6. Implementation

This policy will be implemented via the following routes:

- The policy will be presented to the Integrated Musculoskeletal Physiotherapy Senior Management Team monthly meeting for dissemination to teams.

- The policy will be circulated to Cornwall Partnership NHS Foundation Trust and The Royal Cornwall Hospitals NHS Trust Musculoskeletal Physiotherapy Departments.
- Staff utilising acupuncture will be required to sign a self-assessment competency form which will be held within the individuals' personal file.
- The signed procedural document will be stored centrally by the trust's policy team as will the digital word (soft) copy.

7. Definitions

Acupuncture is one of many treatment approaches used by physiotherapists as part of an integrated approach to the management of pain and inflammation. Its use within practice is in accordance with clinical evidence and research. It is a postgraduate qualification that clinicians may undertake to enhance their practice.

8. Duties

8.1. Managers' responsibility

Service Line Managers will ensure that a register of physiotherapists qualified to practice acupuncture within the service is held and kept up to date.
Physiotherapy Team Managers in each area will be responsible for the implementation and monitoring of these guidelines. These responsibilities include:

- Ensuring that the list of staff practising acupuncture in their everyday practice, as outlined in this policy, is maintained.
- Ensure staff are appropriately trained and competent to carry out the clinical procedure of acupuncture.
- Ensuring that equipment/resources necessary for the safe practice of acupuncture, as outlined in this policy, are available.
- Ensuring that physiotherapists only use acupuncture to enhance normal clinical activities.

- ensuring that outcomes from CPD activity, demonstrating continuing competency to safely practice acupuncture, are recorded through the clinical supervision process and annually through clinician’s appraisal.

8.2. Individuals' responsibility

All physiotherapists working within this guideline must have successfully completed an approved course (section 4.1.) and demonstrate ongoing competence to undertake acupuncture. Physiotherapists who are undertaking an approved acupuncture course must practice within the limitations identified in section (4.2.) until successfully completing the whole course.

Each physiotherapist must be accountable for:

- Their own practice.
- Completing 10 hours of CPD related to acupuncture within a 2-year period.
- Keeping their managers aware and up to date with their current practice.
- Completing regular updates in line with requirements for maintaining competence set out by the AACP.
- Ensuring each patient has a written and agreed care plan.

9. Contraindications, precautions, special patient groups (AACP 2017)

9.1. Absolute contraindications

- Red flags – refer on as appropriate.
- Sepsis – refer on as appropriate.
- Notifiable diseases – should not be used as a first line treatment.
- Unexplained/unstable seizures.
- Acute stroke – may cause increase in cerebral blood flow thus should not be used in acute haemorrhagic stroke as may increase bleeding.
- Confused patients – a patient needs to be able to give their own consent.
- The very young – unable to understand and co-operate.
- Needle phobia – true needle phobia.
- Acupuncture around the thoracic region and/or thoracic organs.

9.2. Local contraindications

- Swelling – acupuncture may increase inflammation and swelling.
- Infection – potential for spread and deeper penetration of infection.
- Tumour – could disperse tumour cells.
- Uncontrolled movements.
- Lymph node removal – acupuncture should not be used on those who have, or are at risk of lymphoedema.
- Unstable spine/spinal metastases – potential muscle relaxation could cause spinal cord compression (including with spinal wedge fractures).

9.3. Precautions

- Pacemakers and electrical implants.
- Blood borne viruses.
- Cancer.
- Diabetes.
- Haemophilia and other clotting disorders.
- Anti-coagulants.
- Heart conditions
- Valvular heart disease.
- Epilepsy or seizures.
- Poor skin condition.
- Circulation issues.
- Allergies to stainless steel or nickel.
- Trying to conceive.
- Previous experience of bad reaction to acupuncture/needles.
- Children (under 16 years old).

9.3.1. **Pacemakers and electrical implants (AACP 2017)**

Patients with implanted cardiac pacemakers should not be treated with electroacupuncture where the current may pass through the heart (for example on opposite arms) (Thompson and Cummings, 2008) as the electrical current may influence the pacemaker/implant. Manual acupuncture may be used following the consideration of precautions associated to heart conditions and anticoagulants.

9.3.2. **Blood borne viruses**

Whilst acupuncture can be carried out on people with blood borne viruses, there must be consideration of the individual presentation with each patient (for example the current status of the patient's immune system). Gloves can be used at the discretion of the therapist as they have been shown to reduce the risk of transmission of infection, however the use of gloves can reduce manual dexterity.

9.3.3. **Cancer patients**

Cancer patients undergoing active treatment may have low platelet and white cell counts thus have a less effective immune system. Clinicians should ensure they are satisfied that the current platelet and white cell counts are within a normal range.

Particular care must be taken with any patients who have had any surgical procedure with lymph node removal as this may precipitate lymphoedema. This could increase the risk of lymphoedema and needles should not be inserted to areas at risk of lymphoedema.

9.3.4. **Patients with diabetes**

Care should be taken when needling diabetic patients due to possible slowed healing responses. In patients with diabetic neuropathy, acupuncture should be avoided in areas with reduced sensation.

9.3.5. **Haemophilia/clotting disorders**

Acupuncture in patients with haemophilia should be undertaken with care. Clinicians should ensure Factor VIII levels are above 15%. To minimise risk, fine needles and guide tubes should be used and needling into the joint should be avoided at all times.

In the event of a patient having an unusual clotting disorder it is prudent to discuss the intentions to offer acupuncture with the relevant haematologist where possible.

9.3.6. **Anti-coagulants**

The risk associated with needling a patient on anticoagulants is the increased risk of bleeding. Patients must be made aware of this prior to gaining consent for the procedure.

Intracapsular points should be avoided in patients on any anti-coagulant therapy to prevent haemarthrosis. To reduce the risk of bruising and bleeding in such patients, clinicians should also consider a gentler treatment approach using lighter stimulation and a smaller needle gauge.

Where cancer has affected the stability of the spine, acupuncture should not be given as this could result in spinal cord compression due to relaxation of the surrounding supporting muscles.

9.3.7. **Heart conditions**

Acupuncture should not be used on patients with unstable heart conditions. Acupuncture can be delivered to a patient with a heart condition so long as the condition is stable. To avoid a sympathetic effect clinicians should avoid strong needle stimulation. The treatment of patients with heart conditions should be done so with consideration of any medications they may be on (such as anti-coagulants).

9.3.8. **Valvular heart disease**

Acupuncture for patients with valvular heart disease should be undertaken with caution and there should be monitoring for the signs of infective endocarditis in addition to general infections following acupuncture treatment. Such patients may be at a slightly increased risk of developing infective endocarditis thus this should be clearly discussed and documented in the consent process.

It is also suggested that treatment parameters (finer needles, less stimulation and shorter treatment time) be limited initially in order to avoid any influence on the autonomic nervous system.

9.3.9. **Patients with epilepsy/seizures**

Acupuncture is contraindicated in patients with epilepsy or seizures if these are unstable, undiagnosed or are awaiting treatment or investigation. In those with stable epilepsy and seizures, acupuncture can be undertaken following precautions, using an individual risk assessment for each patient.

Some potential risks include having a seizure with needles in situ or acupuncture increasing the frequency or intensity of seizures. Ways to mitigate such risks would be to:

- Stay with the patients throughout their treatment.

- Ask the patient to immediately inform the clinician if they identify the sign of an impending seizure (such as an aura).
- Remove needles swiftly at the fist sign of an aura or seizure.
- The patient should inform the clinician of change in frequency or intensity of seizures.
- Discontinue acupuncture if an adverse impact on epilepsy is noted.

Care should be taken when needling patients with a known history of epilepsy. Extra care should be taken when needling patients who have had a “funny turn” during previous invasive procedures.

9.3.10. **Poor skin condition**

Acupuncture should not be undertaken in areas of poor skin condition such as:

- Damaged/broken skin.
- Excessively dry skin.
- Inflamed skin.
- Tattooed skin/ink covered skin.
- Moles.
- Scars.

9.3.11. **Circulatory issues**

Decreased circulation can cause altered sensation and healing of tissues thus acupuncture should not be used in areas of poor circulation, where it may cause trauma to the area.

9.3.12. **Allergies**

Most acupuncture needles contain nickel. The degree of nickel allergy varies considerably. When the allergy response is mild and short lived the clinician and patients may both agree to commence acupuncture treatment.

This conversation should be documented along with a risk assessment in the patient's clinical record.

For those with severe nickel allergies or those unwilling to have standard needles, nickel free needles are available.

9.3.13. **Trying to conceive**

Advice as per recommendations in the pregnancy section.

9.3.14. **Previous adverse reaction to acupuncture/needles**

Where patients have had a previous bad or adverse reaction to acupuncture, the decision to proceed with treatment should be discussed in detail with the patient and an individual patient risk assessment be undertaken. If both the clinician and the patient are happy to proceed with treatment knowing the risk of further bad reaction that it can be safe to proceed with acupuncture.

9.3.15. **Treatment of children**

Avoid treating children unless appropriate CPD/training has been undertaken. Children may respond more strongly than adults so treatment should be very gentle using small gauge needles with minimal stimulation. Even with parental or guardian permission a child should not be compelled to have treatment against his or her wishes.

Caution should be taken when needling around the thoracic region, near the vertebral column, the abdomen and close to major organs, blood vessels and nerves. An in-depth knowledge of the underlying anatomy and its potential individuality should be considered.

9.4. Acupuncture in pregnancy (AACP 2017)

Acupuncture in pregnancy consists of acupuncture for conditions not directly related to the pregnancy, such as musculoskeletal conditions. This is different from obstetric acupuncture which this policy does not cover.

Acupuncture is a safe treatment in an uncomplicated pregnancy but should be delivered by a clinician with the appropriate clinical competence and scope of practice. It is now proposed that there is no scientific evidence to support the notion of historical 'forbidden' points (AACP 2017). However, the following should be considered when using acupuncture with a pregnant patient:

- Previously known 'forbidden' points (large intestine 4, spleen 6 bladder 60 and bladder 67) should be considered with caution.
- Avoid strong needle stimulation due to strong sympathetic response (especially large intestine 4).
- Sacral foramina (bladder 31, 32, 33 and 34) and abdominal acupuncture points should be avoided.
- Ensure no previous history of pregnancy related complications.

The AACP guidelines advise that acupuncture in the first trimester poses a risk of miscarriage. There is little evidence to support this and it is proposed to be informed by historical practice (POGP 2017). However, as spontaneous pregnancy loss is common in the first trimester, the decision to use acupuncture in pregnancy must be considered carefully.

10. Adverse events/risks

Patients should be advised regarding possible adverse events advised to contact the clinician straight aware should they have any concerns regarding their health after treatment.

10.1. Bleeding and bruising

Occurs in approximately 3% of treatments. The risk is increased in patients on anticoagulants, those with a clotting disorder or when a needle is placed in an area of high capillary density.

10.2. Mild aggravation of symptoms

Occurs in approximately 3% of patients, with 70-85% showing subsequent improvement. Needling aggressively, in an area of high sensitivity or in an acute problem could increase the risk of aggravating symptoms.

10.3. Pain at the needle site

Occurs in approximately 1% of treatments. The risk of this is increased if needling very sensitive areas or trigger point needling with strong stimulation.

10.4. Drowsiness

Occurs in approximately 1% of treatments. More common if the patient has not eaten in the 2 hours prior to treatment, after the first treatment session or after a particularly strong session. The treatment intensity can increase the risk of drowsiness thus it is advisable to use a low treatment dose for the first session and progress as appropriate.

10.5. Pain not at the needle site

Occurs in approximately 0.5% of acupuncture treatments and may be associated with treatment intensity. Thus, the initial treatment dose should be low and progressed accordingly.

10.6. Nausea

Occurs in approximately 0.3% of treatments and may be related to treatment intensity. Thus, the initial treatment dose should be low and progressed accordingly.

10.7. Feeling faint/fainting/needle shock

Occurs in approximately 0.3% of treatments. This is more common if the patient has not eaten within the 2 hours prior to treatment or after a strong treatment session. The risk of feeling faint increases with treatment intensity therefore the initial treatment dose should be low and progressed accordingly.

10.8. Stuck or bent needle

Occurs in approximately 0.1% of treatments and likely due to local, small muscle spasm. If a needle becomes stuck, lightly massage the area adjacent to the needle whilst gently withdrawing the needle.

10.9. Headache

Occurs in approximately 0.1% of treatments.

10.10. Allergy or infection

Occurs in up to 0.2% of treatments. Allergy as detailed in section 9.3.12. The risk of infection is largely limited by using single, pre-sterilised disposable acupuncture needles.

10.11. Pneumothorax

From 1 July 2024 the Chartered Society of Physiotherapy (CSP) has removed acupuncture of the thoracic region and/or thoracic organs from its public liability indemnity cover. Despite thoracic acupuncture being within physiotherapy practice, there remains a frequent number of claims related to pneumothoraces from acupuncture to the thoracic

region. For this reason, Thoracic acupuncture is a contraindication in this policy in order to mitigate the risk of occurrence of such medical emergencies and the associated claims.

A pneumothorax is a medical emergency and if suspected, requires immediate referral to the nearest Emergency Department. Whilst the signs of a pneumothorax may be vague and delayed, clinicians should consider a pneumothorax if a patient reports chest pain, difficult breathing, painful or worsening breathlessness within 36 hours of acupuncture treatment of the thoracic region.

10.12. Broken needle

The risk of a broken needle in situ has been almost eliminated by using single use, pre-sterilised disposable acupuncture needles. In the event that a needle breaks then the following processes should be followed:

- If the needle breaks below the skin the area should be marked and the patient advised to attend the nearest Emergency Department for immediate removal
- If a needle breaks above the skin and if the clinician feels competent to do so, the remainder of the needle can be extracted with tweezers/forceps

11. References

- 'Acupuncture Association of Chartered Physiotherapists Safe Practice Guidelines' 2017 (viewed on 08 March 2023).
- 'British Medical Acupuncture Society Code of Practice-Clinical Standards' Version 5 November 2005 (viewed on 08 March 2023).
- 'Chartered Society of Physiotherapy 'Code of Professional Values and Behaviour'' 2019 (viewed on 08 March 2023).
- 'Chartered Society of Physiotherapy 'Quality Assurance Standards for Physiotherapy Service Delivery'' 2012 (viewed on 08 March 2023).
- Health and Care Professions Council 'Standards of Continuing Professional Development' hcpc-uk.org/standards/standards-of-continuing-professional-development/ (viewed on 13 March 2023).

- The Pelvic Obstetric and Gynaecological Physiotherapy. ‘Good Practice Statement: Acupuncture for pregnancy-related low back pain and pelvic girdle pain’. Journal of Pelvic, Obstetric and Gynaecological Physiotherapy 2017 volume 120 pages 74-77. thepogp.co.uk/_userfiles/pages/files/good_practice_statement-1_acupuncture_for_pgp.pdf

Appendix 1. Competency document

Competency document for Allied Health Professionals performing acupuncture (adapted from Leicestershire Partnership NHS Trust).

This competency document should be used in conjunctions with the following documents:

- IC/001/21 Needlestick Injuries and Body Fluid Exposure Incidents Management Policy V 6.0 February 2021.
- IC/016/20 Waste Management Policy.
- GEN/003/21 Consent Policy (adults over the age of 18 years).
- CG/023/20 Cardiopulmonary Resuscitation Policy.
- CG/024 Clinical Guidelines for the Treatment of Anaphylaxis in the Community Setting
- GEN/00/20 Clinical Supervision Policy V1.0.
- IC/018 Standard IPAC Precautions: National Hand Hygiene and Personal Protective Equipment Policy V4.1.
- 'Acupuncture Association of Chartered Physiotherapists Safe Practice Guidelines' 2017 (viewed on 08 March 2023).
- 'British Medical Acupuncture Society Code of Practice-Clinical Standards' Version 5 November 2005 (viewed on 08 March 2023).
- 'Chartered Society of Physiotherapy 'Code of Professional Values and Behaviour'' 2019 (viewed on 08 March 2023).

This purpose of this self-certified competency document is to clarify the knowledge and skills of clinicians practicing acupuncture. Clinicians should use the self rating scale below to assess their current competence and identify any learning needs. Completed forms should be filed in their p-file. This document should be reviewed annually at appraisal.

Self rating scale:

1 = no knowledge.

2 = some knowledge.

3 = competent.

4 = competent with experience.

5 = competent and able to teach.

A score of 3 or more is required for each section below for you to be deemed as competent to practice acupuncture.

Knowledge and skills required to utilise acupuncture		**Self-assessment**			
		Score	Initialled	Date	Comment
1	Define acupuncture and its role within NHS practice				
2	Demonstrate a sound knowledge of the physiological effects of acupuncture				
3	Demonstrate a sound knowledge of the precautions and contraindications to acupuncture treatment				
4	Demonstrate a sound knowledge of the required course of action in the case of adverse effects in response to acupuncture treatment				
5	Demonstrate a sound knowledge of the procedure for managing and reporting needle stick injuries				
6	Demonstrate the safe storage and disposal of acupuncture needles				
7	Demonstrate a sound knowledge of the consent policy				
8	Demonstrate communication skills and knowledge to be able to provide patients with sufficient information to facilitate and informed decision about acupuncture treatment				
9	Demonstrate excellent record keeping skills				
10	Demonstrate an excellent needling technique including knowledge of hygiene, needle position and depth and treatment dose				
11	Show clear clinical reasoning in selecting acupuncture as a treatment modality				
12	Demonstrate knowledge of the Waste Management Policy				

Knowledge and skills required to utilise acupuncture		Self-assessment			
		Score	Initialled	Date	Comment
13	Minimum CPD hours met?	No or Yes			

I confirm that I have read the acupuncture policy and self-assessed as competent to practice acupuncture.

Clinician Name:…….

Clinician Acupuncture Qualification:……..

Clinician Signature:……..

Date:…….

Appendix 2. Clinical guidelines and protocol for the use of acupuncture in Musculoskeletal Physiotherapy

1. Indications

Within the physiotherapy services, the use of acupuncture will be primarily for pain-relief only, as an adjunct to other treatment modalities. All patients referred to the physiotherapy service are fully assessed by a registered physiotherapist, and it is the clinician's responsibility to determine, in consultation with the patient, if acupuncture is an appropriate adjunct to their existing mode of treatment.

2. Locations

Acupuncture may be practised in any of the environments below:

- Hospitals.
- Health centres.
- GP practices.

3. Rationale

The delivery of Musculoskeletal Physiotherapy within Cornwall Partnership NHS Foundation Trust and The Royal Cornwall Hospitals NHS Trust should be driven by evidence-based practice to support treatment intervention. The decision to use acupuncture as a treatment modality should be demonstrated through the sound clinical reasoning documented within the patient records.

Current NICE guidelines support the use of acupuncture in the following conditions only:

- Chronic pain
- Migraines
- Chronic tension-type headaches

Current NICE guidelines do support the use in the following conditions:

- Osteoarthritis
- Low back pain with or without sciatica

4. Procedure

A clear explanation of the proposed acupuncture treatment and what it entails should be given and should include:

- The procedure of needle insertion.
- The use of additional stimulation to the needle (manual, electrical) to promote DeQi described as a deep ache.
- The possibility of transient symptoms during and after treatment, including fatigue (advised not to drive immediately if tiredness is felt), faintness, bruising or temporary aggravation of symptoms.
- An information leaflet should be issued to every patient (Appendix 3).

Clinicians must check the patient against each of the contraindications and precautions above to ensure it is safe to proceed with treatment.

5. Consent

It is the responsibility of each physiotherapist undertaking the assessment and or intervention, to gain valid consent from each patient before using acupuncture as part of the treatment plan. Oral consent should be documented and the words ‘verbal consent given’ recorded (and signed by the attending physiotherapist if using paper documentation).

Children (under 16 years of age) should not be treated unless consent is obtained from a parent or guardian. It is desirable that consent be obtained from the child.

Full assessment of the patient's condition and evaluation of the effect of each acupuncture treatment is essential. Accurate records must be kept and must include:

- Consent.
- Patient’s position.
- Side of body (right, left, bilateral).
- Points used.
- Needle technique used.
- Number and size of needles (inserted and removed).

- The sites of insertion uni/bilateral.
- Duration of treatment.
- Any complications or any adverse reactions and relevant action taken.
- If electro acupuncture is used the parameters must be recorded.
- Outcome measures for effectiveness of acupuncture treatment and audit purposes.

6. First treatment considerations

It is prudent practice, on a first treatment, to administer gentle acupuncture with the patient lying down, as some individuals are particularly sensitive. The AACP (2017) recommend that patients are not left unattended during acupuncture treatment.

At subsequent sessions if the physiotherapist needs to leave the room the patient must have access to a call bell or buzzer. It is advisable that physiotherapists do not treat patients with acupuncture as a lone worker.

7. Documentation

The following documentation is required:

- Information sheet given to patient before acupuncture commences (Appendix 3).
- Clinician to document they have checked all contraindications and precautions.
- Patient consent to be documented at each treatment session.
- Relevant outcome measures recorded such as the visual analogue scale.

8. Safety and infection control

The physiotherapist should wash his/her hands before and after physical contact with all patients in accordance with the Hand Hygiene Policy. Any cuts or breaks in skin should be covered with a waterproof dressing.

Needling sites should be clean, free from cuts, wounds and infection. Very thin and fragile skin should not be needled.

Disposable, single use pre-sterilized needles should be used and discarded in a yellow sharps bin of standard UN3291 and BS7320. All needles must be within their expiry date and of British Standard BS ISO 17218:2014.

Ensure that patients are safe to leave the department after treatment or, if in the community, suitably recovered before the departure of the Physiotherapist.

NB: The AACP does not consider the use of gloves essential or desirable (AACP guidelines for safe practice, 2007).

9. Management of adverse events

As per section 10 of the Acupuncture policy.

10. Aftercare

Patients should be advised to wait in the waiting area for at least 10 minutes after treatment before driving. If drowsiness persists, patients should be asked to remain in the department until they have fully recovered.

Bleeding at needle sites should be stopped by applying pressure using cotton wool which should be immediately disposed of in the clinical waste bag.

In the event of the patient fainting, they should be managed as in any collapse. Needles should be immediately removed, and the patient positioned lying supine with their legs elevated until they have fully recovered. Needles should be reconciled for those inserted to those removed.

11. Potentially hazardous acupoints

Particular care should be taken in needling points in proximity to vulnerable structures. Acupuncture around the thoracic region and/or organs is a contraindication in this updated policy and thus should not be used (including Lung 1, gall bladder 21, bladder 11-23).

Points on the back or abdomen should preferably be needled obliquely or horizontally to avoid injury to vital organs. Extra care is needed when needling the following points:

Category	Infofrmation
Stomach 30	Near to femoral artery
Bladder 1 and stomach 1	Near to the eye
Stomach 21	Overlies the Gall bladder
Ren 22, large intestine 18, stomach 17, DU 15, DU16	Close to dangerous structures in the neck
Lung 9	Near radial artery

11.1. Only use points that have been taught and use new points with extreme caution if they are in the hazardous areas listed above.

11.2. Central nervous system

Inappropriate manipulation at points between or beside the upper cervical vertebrae, such as GV 15 (Yamen) or GV16 (Fengfu) may puncture the medulla oblongata, causing nausea, vomiting and sudden slowing of respiration or disorientation followed by paralysis or coma.

Appendix 3. Patient information leaflet

The Acupuncture for musculoskeletal Pain - information patients leaflet is presented below and can be found on: [Acupuncture for musculoskeletal pain (RCHT2095)]

NHS
Royal Cornwall Hospitals
NHS Trust

Acupuncture for musculoskeletal pain

Information for patients

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body. There are different types of acupuncture:

- traditional Chinese Medicine – based on energy flow (Qi)
- western acupuncture – based on the stimulation of the nervous system to cause the release of chemicals which helps with pain relief
- electro-acupuncture – where a small electrical current is passed into the needles to increase the stimulation.

Why might I need acupuncture?

Acupuncture can be used for pain relief. Your physiotherapist may feel that it would help your condition alongside other physiotherapy treatments.

Is acupuncture safe?

Acupuncture is generally very safe and serious side effects are very rare. There are some side effects you need to be aware of:

- drowsiness occurs after treatment in a small number of patients and, if affected you are advised not to drive
- minor bleeding or bruising occurs after about 3% of treatments
- pain during treatment occurs in about 1% of treatments
- existing symptoms can get worse after treatment in less than 3% of patients (tell your therapist if this occurs)
- fainting can occur in certain patients, particularly at the first treatment.

If there are particular risks that apply in your case, your physiotherapist will discuss these with you.

Is there anything the physiotherapist needs to know?

Apart from usual medical details, it is important to let your physiotherapist know if you:

- have ever experienced a fit, faint or funny turn
- have a pacemaker or any other electrical implants
- have a bleeding disorder

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- are taking anti-coagulants or any other medication
- have damaged heart valves or have any other particular risk of infection
- are pregnant or think you might be pregnant
- have any allergies to metal
- have a skin infection
- have a fear of needles
- have a tendency to faint.

How do I prepare for it?

Please make sure you have eaten within 2 hours before attending your appointment. This can help to minimise any adverse effects and helps to regulate your blood sugars, which can be affected by acupuncture. As drowsiness can be a side effect of acupuncture treatment, you may wish to consider alternative transport home rather than driving yourself.

How long will the treatment take?

Your appointment may be up to 30 minutes. The frequency and number of treatments will depend upon your condition. The first treatment is usually shorter to ensure you do not have any adverse responses to treatment. You will be asked to wait in the waiting room for 10 minutes after your treatment to make sure you do not have any adverse reactions.

How will I feel afterwards?

People's response to acupuncture can vary widely. Some people can feel better immediately, some have a warm or full sensation whilst others may not feel anything at all. Some people see a gradual improvement over a few sessions whilst some people may see no benefit at all. Around 3% of people find their symptoms are worse for up to 24 hours following treatment but then see an improvement. Acupuncture does not work for everyone.

Any questions?

Please contact your physiotherapist via your local physiotherapy department.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

RCHT 2095

Printed 04/2024 V1 **Review due 04/2027**

Appendix 4. Equality impact assessment form

Title of policy or document for assessment: Policy for the Use of Acupuncture within the Musculoskeletal Physiotherapy Service V1.0.

Document library section: Policies.

Is this a new or existing document? New.

Date of assessment: 09 May 2024.

Officer responsible for the assessment: Morissa Livett, Musculoskeletal Clinical Lead Physiotheraist.

What is the main purpose of the document?
To provide guidance and working parameters for the use of acupuncture within the Musculoskeletal Physiotherapy Service and ensure the safe and effective practice in the use of acupuncture.

Who is affected by the document?

☒ Staff ☒ Patients ☐ Visitors ☐ Carers ☐ Other ☐ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	Service is provided for patients aged 16 and above
Disability	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever a patient's disability
Sex	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever the patient's gender
Gender reassignment	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever a patient's gender or transgender
Pregnancy and maternity	☒ Yes ☐ No	Caution with the use of some acupuncture points detailed above. Extreme caution in the first trimester due to risk of spontaneous pregnancy loss
Race	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever a patient's race
Religion and belief	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever a patient's religious belief
Sexual orientation	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever a patient's sexual orientation
Marriage and civil partnership	☐ Yes ☒ No	Acupuncture can be clinically indicated whatever a patient's marital or civil partnership status

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	Acupuncture can be clinically indicated regardless of if a patient is in a group at risk of stigma or social exclusion
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

No

Signature of person completing the equality impact assessment:

Name: Morissa Livett

Date: 09/05/2024