ACUPUNCTURE: POLICY FOR THE USE OF AS A PHYSIOTHERAPY MODALITY
(to be read in conjunction with the Infection Control Policy, Hand Hygiene Policy and Needlestick and Contamination Injury Policy)

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<th>Version:</th>
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<tr>
<td>Ratified by:</td>
<td>Senior Managers Operational Group or Trust Board</td>
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<td>Date ratified:</td>
<td>October 2015</td>
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<td>Title of originator/author:</td>
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<tr>
<td>Title of responsible committee/group:</td>
<td>Physiotherapy and Podiatry Best Practice Group</td>
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<td>Date issued:</td>
<td>October 2015</td>
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<td>Review date:</td>
<td>September 2018</td>
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<tr>
<td>Relevant Staff Groups:</td>
<td>Physiotherapists who are registered with the Acupuncture Association of Chartered Physiotherapists or have completed a Trust recognised acupuncture course</td>
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This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000
Amendments: A substantial number of amendments have been made, both in order to incorporate the new trust proforma, but also in terms of an updated training section and updated section on the monitoring/compliance of acupuncture use within the service. This document also has additional references and further reading to support staff using acupuncture within the service.

Document objectives: This policy aims to ensure the correct procedure is followed for the use of acupuncture as a physiotherapy modality.

Intended recipients: Musculoskeletal Physiotherapists working for MSk Physiotherapy Service or Orthopaedic Assessment Service

Committee/Group Consulted: Physiotherapy and Podiatry Best Practice Group

Monitoring arrangements and indicators:

Training/resource implications: Physiotherapists to receive update via locality MSk Physiotherapy Acupuncture Special Interest Groups.

Approving body and date: Clinical Governance Group Date: September 2015

Formal Impact Assessment: Impact Part 1 Date: September 2015

Clinical Audit Standards: NO Date: N/A

Ratification Body and date: Senior Managers Operational Group Date: October 2015

Date of issue: October 2015

Review date: September 2018

Contact for review: Clinical Specialist Physiotherapist in Pain Management

Lead Director: Chief Operating Officer

CONTRIBUTION LIST Key individuals involved in developing the document

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1. INTRODUCTION

1.1 Acupuncture is one of the many treatment modalities employed within physiotherapy as part of an integrated approach to the management of musculoskeletal pain.

1.2 Acupuncture is not a standard service routinely offered by the Trust but is a specific treatment modality utilised by the Musculoskeletal (MSK) Physiotherapy Service and the Adult Rehabilitation Service.

2. PURPOSE & SCOPE

2.1 The purpose of this policy is to provide clinical guidelines for the safe and effective practice of acupuncture needling for Chartered Physiotherapists working within Somerset Partnership NHS Trust.

2.2 This document applies to Chartered Physiotherapists working in the Trust who are registered with the Acupuncture Association of Chartered Physiotherapists (AACP) and assessed as competent.

3. DUTIES AND RESPONSIBILITIES

- The Chief Executive Officer is responsible for the statutory duty of quality and takes overall responsibility for this policy.
- The Trust Board has overall responsibility for the effective prioritisation for participation in national audit and decisions about local audit and delegates executive responsibility to the Director of Nursing and Patient Safety.
- The Executive Lead Director with devolved responsibility is the Director of Nursing and Patient Safety who is the Chair of the Clinical Governance Group, who will ensure that clinical audit is used appropriately to support the Board Assurance Framework.
- Best Practice Groups are determined and managed by the relevant operational directorate and may be service specific, or based on a care pathway. Although operationally led, they report to the Clinical and Social Care Effectiveness Group. They have responsibility for supporting the Trust clinical audit plan, by identifying the auditor and supervisor, and the monitoring and implementation of clinical audit recommendations. Responsibilities also include developing clinical audit standards as required.
- Physiotherapy Locality Leads/designated locality acupuncture leads are responsible for:
  - Checking evidence of attendance at a validated acupuncture foundation course and competency assessment
  - Checking evidence of 10 hours CPD in the previous two years
  - Inducting new staff into this policy and guidance
  - Ensuring that pre-sterilised disposable needles are available for use and that they are currently in date
  - Ensuring that any acupuncture incidents are reported using incident reporting forms and for investigating any such incidents/accidents
- The Physiotherapy Manager is responsible for:
  - Disseminating this policy via the Physiotherapy Locality Leads.
Investigating any patterns arising from acupuncture incidents/accidents.
Ensuring that resources for acupuncture related CPD are highlighted in the training and development plan.
Ensuring that services/departments make appropriate acupuncture needles available for use.

Specific Audit Duties and Responsibilities are described within Section 5 of this document, with reference to Chartered Physiotherapists employed by Somerset Partnership.

4. EXPLANATIONS OF TERMS USED

AACP: Acupuncture Association of Chartered Physiotherapists
DATIX form: Incident Reporting Form (Intranet)
CPD: Continued Professional Development
CSP: Chartered Society of Physiotherapy
SOAP: Subjective, Objective, Assessment, Plan – a form of documentation used within physiotherapy practice.
De Qi: This can be roughly translated to “obtaining the qi” or “arriving at the qi”. This often manifests as heaviness or numbness, a soreness or ache similar to a slight cramp.
MSK: Musculoskeletal

5. LOCATION

5.1 Outpatient Physiotherapy Departments at hospital sites within Somerset Partnership NHS Trust.

5.2 The clinical environment where acupuncture is to be undertaken should conform to the required standards which include as a minimum:

- Patient chair or couch to be covered with an intact, impervious washable covering.
- An accessible clinical hand hygiene sink to be located within the department.
- Floor covering to be intact, sealed and made of an impervious washable material.
- A sharps container available in the room.

6. PATIENT ASSESSMENT

6.1 All Chartered Physiotherapists employed by Somerset Partnership (including agency staff, rotational staff and students) are responsible for:

- Ensuring that they only use acupuncture within their scope of professional practice.
- Ensuring they are up-to-date with the Acupuncture Association of Chartered Physiotherapists (AACP) guidelines and practice acupuncture according to these guidelines; (membership of AACP is recommended but not essential).
• Giving patients a full explanation of their clinical reasoning for using acupuncture, as well as providing an information leaflet (Appendix G) prior to using acupuncture.

• Considering the contraindications and precautions (Appendix C and D) before deciding on the use of acupuncture and completing the contraindication/precaution checklist with the patient prior to treatment.

• Obtaining consent from individual patients prior to use of acupuncture, using the attached guidelines (Appendix A).

• Documenting the treatment given in line with the Somerset Partnership documentation standards, the standards laid down by the CSP and the attached acupuncture specific standards (Appendix E).

• Notifying their Locality Lead immediately of any accident or incident involving acupuncture and completing an incident report form immediately (in line with Somerset Partnership policy).

• Ensuring that they practice acupuncture with regard for health and safety issues including adherence to Somerset Partnership sharps control described within the Healthcare Clinical Waste Policy and the Needlestick and Contamination Injury Policy. In addition, they should undertake an assessment of the environment to ensure it is appropriate and hygienic.

• Using pre-sterilised disposable needles.

6.2 Following a full assessment, the physiotherapist will decide if acupuncture is an appropriate treatment option for the patient to consider. If other therapeutic options are available the physiotherapist will inform the patient what they are and allow the patient to make an informed decision as to their ongoing management. In order to aid the decision making process, the physiotherapist will give the patient the Acupuncture Patient Information Leaflet (Appendix G). This discussion will be documented in full (Appendix B Acupuncture Treatment Flowchart).

6.3 As part of the decision making process, the physiotherapist will consider if there are any contraindications to acupuncture needling, and use the acupuncture contraindication and precaution checklist in discussion with the patient (Appendix C and D).

6.4 If the patient has any contra-indications to acupuncture, this treatment choice is not indicated.

7  CONSENT

Prior to using acupuncture needling, informed consent must be obtained. A Somerset Partnership Consent Form 3 should be signed, top copy given to the patient and the other retained in the patient’s notes. Further guidance can be found, along with the consent form, at Appendix A and in the Trust’s Consent and Capacity to Consent to Examination and/or Treatment policy.

8.  INFECTION PREVENTION AND CONTROL

Unsafe procedures can adversely affect the health of the patient as well as the practitioner. If procedures involving skin penetration are not performed safely and hygienically they can be a means of transmission of staphylococcal and streptococcal infections and infectious diseases,
including Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

- Always use sterile disposable needles.
- Wash your hands both before inserting and withdrawing needles.
- Check the patient’s skin before and after treatment paying particular attention to needle sites.
- Dispose of all needles into a sharps box immediately after withdrawing them.
- Follow Somerset Partnership’s Hand Hygiene and Needlestick and Contamination Injury Policies at all times.

9 TECHNIQUE

9.1 Prior to using acupuncture the physiotherapist will:

- Ensure that the treatment area is clean, well lit and screened if appropriate; surfaces must be disinfected in accordance with the Trust’s Infection Prevention and Control Policy.
- Ensure the patient is feeling well and is still consenting to treatment.
- Place the patient in a comfortable, well supported position. Check that the appropriate equipment is available. This should include the correct length/gauge single use sterile needles, cotton wool, a sharps disposable bin and a clinical waste bag.
- Wash their hands and ensure any open cut or damaged skin is covered with a waterproof dressing or gloves (see Appendix F).
- Check the needling sites for cuts, wounds or infection.

9.2 Physiotherapists must follow this needling procedure:

Check the patient for any adverse reactions prior to ending the treatment session. A ‘test dose’ may be undertaken on the first treatment, reducing the length of treatment and number of needles inserted.

- Select needle of the correct length.
- Locate the acupuncture point.
- Insert needle into point.
- Remove guide tube if used.
- Slowly and gently advance needle to required depth.
- After needles have been in-situ for required time remove gently.
- Apply a cotton wool ball/gauze swab/alcohol swab to the needle site if necessary.
- Dispose of used needle in a sharps box.
- Any clinical waste must be placed in the appropriate bins/bags according to Health and Safety Guidelines; these must be disposed of in line with Trust policies.
- Count (and record in the patient’s notes) the number of needles applied and removed to ensure no needles are left in the patient.

9.3 If the physiotherapist deems it safe and appropriate to leave the patient in the cubicle for a period of time during acupuncture treatment, it is vital that:
The patient is given a call bell or pull cord and is advised that they should alert the physiotherapist if at any stage they have any concerns, are feeling unwell, or would like the acupuncture needles to be removed. The physiotherapist stays in the department and is attentive to the patient undergoing treatment. The physiotherapist will set a department timer/stopwatch which will clearly alert them to the end of the treatment time.

9.4 During intervention the physiotherapist should:

- Stay with any patient who is at risk of fainting or may exhibit an adverse reaction during treatment, and ideally during the first treatment test dose.
- Ensure someone is available to assist should complications arise when treating at-risk patients, i.e. not as a lone worker.

10. TRAINING REQUIREMENTS

10.1 Acupuncture may be used by any State Registered Physiotherapist employed by Somerset Partnership NHS Foundation Trust as a short-term adjunct to the service user’s treatment plan or in facilitating service user’s engagement with the service. As with all interventions provided by the service, and covered within the main body of the contract, staff must hold appropriate recognised qualifications and be considered competent to deliver the service safely. The physiotherapist must use acupuncture only within their scope of professional practice.

10.2 Before using acupuncture, the physiotherapist must provide their professional lead with:

- Evidence of completion of a recognised acupuncture foundation course.
- Evidence of at least 10 hours of continuous professional development within the previous two years.
- Evidence of a completed acupuncture competency document (Appendix H).

10.3 Locality leads and appraisers, on completion of appraisals with staff, will update the central acupuncture spreadsheet to confirm staff have completed 5 hours of CPD in 1 year (aiming for the AACP guideline of 10 hours of CPD every 2 years).

11. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.
12. MONITORING COMPLIANCE AND EFFECTIVENESS

Process for Monitoring Compliance

12.1 A list will be held centrally listing all physiotherapists who are registered with the Acupuncture Association of Chartered Physiotherapists or have completed a Trust recognised acupuncture course.

12.2 On a yearly basis the Clinical Specialist Physiotherapist in Pain Management will facilitate a documentation audit of notes to check for safe application of acupuncture in accordance with documentation standard and formal consent process.

12.3 The MSK Physiotherapy and Podiatry Best Practice Group will continue to monitor this policy and any issues related to this practice.

13. COUNTER FRAUD

13.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

14. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

14.1 Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9: Person-centred care
Regulation 10: Dignity and respect
Regulation 11: Need for consent
Regulation 12: Safe care and treatment
Regulation 13: Safeguarding service users from abuse and improper treatment
Regulation 15: Premises and equipment
Regulation 16: Receiving and acting on complaints
Regulation 17: Good governance
Regulation 18: Staffing
Regulation 19: Fit and proper persons employed
Regulation 20: Duty of candour
Regulation 20A: Requirement as to display of performance assessments.

14.2 Under the CQC (Registration) Regulations 2009 (Part 4) the requirements which inform this procedural document are set out in the following regulations:

Regulation 12: Statement of purpose
Regulation 18: Notification of other incidents

14.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf
15. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

References
AACP Guidelines for Safe Practice 2012 www.aacp.org.uk

A Furlan et al, Acupuncture and dry-needling for low back pain, Cochrane Database of Systematic Reviews, 2005

A Furlan et al, Acupuncture for (sub)acute non-specific low-back pain, Cochrane Database of Systematic Reviews, 2011


E Mainheimer et al, Acupuncture for peripheral joint osteoarthritis, Cochrane Database of Systematic Reviews, 2010

J Deare et al, Acupuncture for treating fibromyalgia, Cochrane Database of Systematic Reviews, 2013

K Trinh, Acupuncture for neck disorders, Cochrane Database of Systematic Reviews, 2006

NICE Guideline: Low back pain: Early management of persistent non-specific low back pain 2009

NICE Guideline: Headaches: Diagnosis and management of headaches in young people and adults 2014

R Buchbinder, Acupuncture for shoulder pain, Cochrane Database of Systematic Reviews, 2005

Cross reference to other procedural documents:

Cleaning of Equipment and Decontamination Policy
Consent and Capacity to Consent Examination and/or Treatment Policy
Hand Hygiene Policy
Healthcare Clinical Waste Policy
Infection Prevention and Control Policy
Learning Development and Mandatory Training Policy
Needlestick and Contamination Injury Policy
Record Keeping and Records Management Policy
Risk Management Policy and Procedure
Serious Incidents Requiring Investigation Policy
Staff Mandatory Training Matrix (Training Needs Analysis)
Untoward Event Reporting Policy and procedure
All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

16. APPENDICES

For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A  Consent Form 3
Appendix B  Acupuncture Flowchart
Appendix C  Contraindications and Precautions Checklist
Appendix D  Contraindications to the Use of Acupuncture
Appendix E  Acupuncture Specific Documentation Standards and Recommendations
Appendix F  Gloves
Appendix G  Fact sheet
Appendix H  Competencies for Allied Health Professionals (AHPs) Performing Acupuncture
Appendix A

Consent Form 3

Patient name/label:

Patient/parental agreement to Acupuncture treatment
(procedures where consciousness not impaired)

Name of procedure (include brief explanation if medical term not clear)

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

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient/parent. In particular, I have explained:

The intended benefits
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

Serious or frequently occurring risks:
............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

☐ The leaflet/tape has been provided
............................................................................................................................................................

Signed: ............................................. Date

Name (PRINT) ..........................................................

Job title ..........................................................

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe s/he/they can understand.

Signed: ............................................. Date .........................
Name (PRINT) ..........................................................

Statement of patient/person with parental responsibility for patient

I agree to the procedure described above.
I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia.

Signature .................................................................
Date .................................................................
Name (PRINT) ............................................................... 
Relationship to patient .................

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed: ........................................................................
Date .................................................................
Name (PRINT) ............................................................... 
Job title .................................................................

Top copy accepted by patient: yes/no (please ring)
Guidance to health professionals (to be read in conjunction with Consent to Examination and/or Treatment Policy)

This form
This form documents the patient's agreement (or that of a person with parental responsibility for the patient) to go ahead with the investigation or treatment you have proposed. **It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care: for example for drug therapy where written consent is deemed appropriate.** In other circumstances you should use either form 1 (for adults/competent children) or form 2 (parental consent for children/young people) as appropriate.

Consent forms are not legal waivers – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients also have every right to change their mind after signing the form.

Who can give consent?
Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed”, then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, if they wish. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child’s care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form (see also ‘This form’ above)
If the patient is 18 or over and is not deemed competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be deemed competent to give consent if:
- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives **cannot** be asked to sign this form on behalf of an adult who is not deemed competent to consent for himself or herself.

Information
Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their
minds about treatment. The courts have stated that patients should be told about ‘significant risks which would affect the judgement of a reasonable patient’. ‘Significant’ has not been legally defined, but the GMC requires doctors to tell patients about ‘serious or frequently occurring’ risks. In addition, if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this overleaf or in the patient’s notes.

**The law on consent**

See the Department of Health’s *Reference guide to consent for examination or treatment* for a comprehensive summary of the law on consent (also available at [www.doh.gov.uk/consent](http://www.doh.gov.uk/consent)).
ACUPUNCTURE FLOWCHART

Patient receives appropriate physiotherapy assessment during which consent to physiotherapy management checklist is completed and signed by patient and physiotherapist.

Physiotherapist discusses in full the option of acupuncture treatment for pain in line with clearly defined patient centred, functional goals.

Contraindication/precaution checklist filled in by physiotherapist with patient – see appendix C.

Contraindication present

Do not treat with acupuncture. Discuss with patient and consider other options as appropriate

Contraindication not present

If precaution present, treatment can continue with caution if deemed clinically appropriate and with full explanation to patient

If no precaution or contraindication progress to next step

Patient given physiotherapy and acupuncture leaflet to read before session 1 see appendix G. Patient also to complete VAS Visual Analogue Scale

Session 1: review with patient plan for acupuncture and if patient is happy to proceed, and no change in health status, fill in consent form – see appendix C. Patient and physiotherapist to sign. One copy in notes and one offered to the patient

Proceed to treatment – test dose 10 mins preferably in lying (as appropriate).

Post Rx: Patient offered to wait in waiting room 15 mins

During further sessions physiotherapist to monitor patient’s willingness and clinical need to continue with acupuncture treatment. If after 3/4 sessions there are no subjective or objective signs of improvement, treatment is to be discontinued.

It is recommended that patients are advised to have eaten before their acupuncture treatment. It is also recommended that patients are accompanied by someone willing to drive following their treatment.

Acupuncture use for pain as part of reactivation programme and in line with evidence based practice.
# Contra-indications and Precautions Checklist

Patient’s Name:

D.O.B.:

Date of acupuncture assessment:

## Contra- indications

Indicate with a tick in one column whether or not the listed contra-indication is present in this patient.

**DO NOT ACUPUNCTURE INTO FORBIDDEN POINTS REN/CV 8, ST 17, HT 1, EYES, and GONADS.**

<table>
<thead>
<tr>
<th>Contra-indications</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>Unable to co-operate with the treatment</td>
<td></td>
<td></td>
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<tr>
<td>Uncontrollable epilepsy, athetoid patients or movements</td>
<td></td>
<td></td>
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<tr>
<td>Unstable diabetics</td>
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<tr>
<td>Unstable cardiac arrhythmias/heart failure</td>
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<tr>
<td>Cardiac pacemaker (for electro-acupuncture)</td>
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<td></td>
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<tr>
<td>Undiagnosed lump, warts, moles</td>
<td></td>
<td></td>
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<tr>
<td>Broken / fragile / thin /swollen skin, eczema/infected skin</td>
<td></td>
<td></td>
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<tr>
<td>Unstable haemorrhagic stroke</td>
<td></td>
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<td>Allergies to metals in needles</td>
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<tr>
<td>A limb with post-surgical lymphodema present/or where there has been removal of lymph glands eg. post mastectomy</td>
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<tr>
<td>*Pregnancy in 1\textsuperscript{st} trimester</td>
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<tr>
<td>*Pregnancy in 2\textsuperscript{nd} &amp; 3\textsuperscript{rd} trimester: L 14, CV 6, CV 5, CV 4, CV 3, BL 31, BL 32, SP 6</td>
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* Avoid treating pregnant women unless appropriate CPD/training has been undertaken.

## Precautions

Indicate with a tick in one column whether or not the listed precaution is present in this patient.

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<tr>
<th>Precautions</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Blood conditions – Haemophilia, AIDS / HIV, Hepatitis/ poor circulation</td>
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<td>Stable diabetes</td>
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<td>Controlled cardio-vascular conditions</td>
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<td>Controlled epilepsy</td>
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<td>Low BP as acupuncture may temporarily further lower BP, increasing risk of fainting (LI 11)</td>
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<td>Medication – check nature and effects, e.g. Anti-coagulants. Extra care to prevent bleeding (no auriculotherapy – no needles into joints) if taking immunosuppressant’s due to risk of infection</td>
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<td>Indications</td>
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<td>Undergoing chemotherapy/Frail patients</td>
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<td>Impaired sensation</td>
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<td>Fear of needles (consider acupressure)</td>
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<td>Colds / flu symptoms or fatigue</td>
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<td>Children (under 14 years)</td>
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<tr>
<td>Needling near vulnerable structures</td>
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<tr>
<td>Painful needling</td>
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In the event of fainting, strong pressure applied to RE 26 +/- or PC 6, ST 36, LI4

I have checked the above contra-indications and precautions. I have given the information sheet to the above patient and explained the use of acupuncture for pain relief used by physiotherapists.

Physiotherapist’s name: ..............................................................

Physiotherapist’s signature: .................................................. Date: ............................

I have been asked about the above contra-indications and precautions to acupuncture.

Patient’s name: .................................................................

Patient’s signature: ............................................................ Date: .............................
Contraindications to the Use of Acupuncture

- Do not treat patients who are unable to co-operate with treatment.
- Do not treat patients with uncontrolled movements, e.g. severe athetoids, uncontrolled epileptics.
- Do not treat patients with unstable acute cardiac arrhythmias and heart failure. Needling can affect blood pressure and interfere with medication.
- Do not use electro-acupuncture on patients with cardiac pacemakers.
- Do not treat over any unidentified lump as it may be malignant, or areas with post-surgical lymphodema/limbs where lymph glands have been removed i.e. post mastectomy.
- Do not treat patients with metal allergy unless they are not allergic to the needles being used.
- Do not use the FORBIDDEN POINTS of Traditional Chinese Medicine e.g., Ren 8 - over the umbilicus. This point is treated with moxibustion and never needled. Heart 1 - in the axilla. This point is high risk due to its close proximity to the delicate structures.
- Do not use the FORBIDDEN POINTS of Traditional Chinese Medicine e.g., Ren 8 - over the umbilicus. This point is treated with moxibustion and never needled. Heart 1 - in the axilla. This point is high risk due to its close proximity to the delicate structures.
- Do not acupuncture during the 1st trimester of pregnancy – see acupuncture and pregnancy section for protocol and CI points.

Precautions

The following types of patients must be treated with precaution:

- Patients with haemophilia, colds/flu, controlled cardio-vascular conditions and epilepsy.
- Patients receiving medication - the therapist must check on the nature and effects of any medication and take appropriate precautions, e.g. extreme caution with points such as BL40, St7 and PC3 in patients taking anticoagulants and advise patient that they may have a bruise.
- Patients with impaired sensation as the effectiveness of treatment may be reduced.
- Patients with fear of needles.
- Fatigued/emotionally labile patients.
- Diabetic patients because of the danger of poor peripheral circulation and the possible effect of some points on blood sugar levels.
- Fragile skin.
• Extra care with auriculo-acupuncture as the ear tissue is prone to infection.
• Pregnant women and children – there is discussion within the acupuncture community as to the role and safety of acupuncture during pregnancy. It is recommended that physiotherapists treating children and patients during pregnancy have attended further specific AACP training in this specialist area. Extra care must be taken with the selection of points and intensity of stimulation – see additional section. Do not needle through the wall of the uterus.

Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis

Acquired Immune Deficiency Syndrome (AIDS) is an infection transmitted by a virus, the Human Immunodeficiency Virus (HIV). High standards of hygiene and care must be maintained at all times (see AACP guidelines for safe practice appendix 2).

Acupuncture in Pregnancy (recommended for physiotherapists who have attended further specialist training)

Protocol:

1. Acupuncture for pelvic pain must not be offered until the foetal gestational age has reached 13 weeks.
2. Patients should have attended an individual physiotherapy appointment before acupuncture is considered.
3. A basic pelvic assessment and appropriate treatment for pelvic pain should be carried out before assessment of acupuncture is undertaken.
4. The patient must be advised that they should not experience strong stimulation. If they do they should inform the physiotherapist immediately so that stimulation can be stopped.
5. No more than four needles to be used at the first treatment session, and no more than eight needles to be used at any time.
6. Superficial or intramuscular insertion, where appropriate, may be used. Attempting to obtain deQi is permitted but should not be prolonged. Avoid strong De Qi.
7. Needle retention time should generally be for 25-30 minutes but can be shorter.

Second and third trimesters:

Local points for anterior and posterior pelvic pain and anterior points below the xiphisternum and the angle of the ribs are contraindicated.

Acupuncture in Gynaecology and Obstetrics (Royston Low, 1990) states that “unless the practitioner is extremely experienced, a safe rule is that at no time during pregnancy should any point below the umbilicus be needled, and after the 5th month no point on the stomach.”
Contraindicated points in pregnancy:

LI4
CV6
CV5
CV4
CV3
BL31 this point induces abortion
BL32 this point induces labour
SP6

Potentially hazardous acupoints in all patients (AACP 2004)

A sound knowledge of anatomy is required when carrying out acupuncture, in order to avoid untoward complications resulting from damage to vulnerable structures. Points on the chest, back or abdomen should preferably be needled obliquely or horizontally to avoid injury to vital organs. Extra care is required when needling over the following points:

- Stomach 30 - close to the femoral artery.
- Bladder 1 and Stomach 1 - close to the eye.
- Stomach 21 - on the right side it overlies the bladder.
- Ren 22; Large Intestine 18; Stomach 17; Du 15; Du 16; and Gall Bladder 21 - all close to dangerous structures in the neck.
- Lung 1 and Gall Bladder 21 - due to the danger of pneumothorax
- Bladder 11 to 23 - due to close proximity to structures in the posterior aspect of the trunk.
- Liver 3 - this point can be sensitive in some people.
- Lung 9 - close to the radial artery.
- Lung 5 - due to the possible anomaly of brachial artery.
- Anterior points of ear - due to possible anomaly of temporal artery/vein.
- CV 17 - possible sternal foramen.

Complications

In the event of any adverse reaction during or immediately after acupuncture treatment it is essential that:

- The patient is not left unattended; the needles should be removed immediately and medical assistance should be sought if indicated (see below).
- Ensure that a colleague is made aware of the situation and is on hand should assistance be required (this may not be possible if working in the community as a lone practitioner).
- The senior member of staff on duty in the department at the time should be notified and a Datix form completed for all incidents resulting in adverse reactions (ie those with symptoms lasting for more than one hour after treatment) or those requiring medical intervention.
Dealing with complications:

- **Stuck needle** - usually caused by muscle spasm - either leave for a short while (10-15 minutes) or gently massage around the area, or place another needle in close to the stuck needle. If the needle can still not be removed seek medical help.

- **Bent needle** - massage gently around the area and remove in the same direction as applied.

- **Broken needle** - mark the point of entry and seek medical help. If there is a risk of organ puncture dial 999 in the community immediately.

- **Pneumothorax/organ puncture** - if this occurs then dial 999 immediately.

- **Fainting dizziness or nausea** - this will be reduced if the patient is treated in lying as there will be less of a drop in blood pressure. Remove the needles immediately and lay the patient flat with legs in the air, if possible. Once symptoms resolve offer a warm sweet drink. If there is loss of consciousness apply strong pressure on DU26 which may bring a rapid response. If symptoms persist seek medical help.

- **Drowsiness** – advise the patient to rest until drowsiness passes. Drowsiness may be latent therefore advise patient not to drive for at least 20 minutes after treatment, even if they do not feel drowsy immediately after treatment.

- **Bleeding** - put gentle pressure on the site.

- **Delayed bleeding** (eg, patient on anticoagulant) - refer to GP/Dr.

- **Allergic reaction to swab/needle** - remove needle refer to GP/Dr or in the case of severe allergic reaction 999 in the community.

- **Infection** - refer to GP/Dr.

- **Needle stick injury to therapist** - follow the Somerset Partnership Needlestick and Contamination Injury Policy.
ACUPUNCTURE SPECIFIC DOCUMENTATION STANDARDS AND RECOMMENDATIONS

Accurate documentation in the patient's file using the SOAP format must be completed within 24hrs of treating a patient.

Recording for acupuncture MUST include:

- Date of treatment.
- Points and side needled plus number of points in each muscle needled for dry needling.
- Size and type of needles.
- Number of needles used (counted in and out and recorded contemporaneously).
- Nature of needling.
- Duration of treatment.
- Any adverse reaction and actions taken (refer to Health and Safety section).

Additional useful information may include:

- Subjective and objective markers pre and post treatment.
- Sensation reported by the patient.
- The position of the patient.
Appendix F

GLOVES

The British Acupuncture Council, the British Medical Acupuncture Society and the Acupuncture Association of Chartered Physiotherapists take the view that:

‘Acupuncture safety is comprehensively dealt with in the respective safety guidelines of the above organisations who are the major providers of acupuncture in the UK’.

The wearing of disposable gloves when giving acupuncture treatment is not indicated for the following reasons:

- It would not be of any additional benefit to the patient since correct acupuncture technique requires the use of sterile, single-use disposable needles. The portion of the shaft of the needle likely to enter the patient should not be handled in any way when treatment is given.
- Use of cotton wool or an insertion tube only reinforces this lack of contact.
- This type of technique is taught to all members of the three organisations.
- It would not be of any additional benefit to the therapist to whom the only risk lies in the possibility of needle-stick injury through careless handling of the needle. Gloves will not prevent this.
- It is clearly indicated in the guidelines that any open areas of skin which might come into contact with the body fluids of the patient must be covered by waterproof dressing/gloves before undertaking treatment.
- In any case, all handling of contaminated needles is kept to an absolute minimum by the placing of a ‘sharps’ disposal box beside the patient.
- Accuracy and skin and needle feel would be seriously impaired by the use of gloves.
- Nervous patients could be made more anxious unnecessarily by the use of gloves.

(Val Hopwood, iCSP 2006)
(Chartered Institute of Environmental Health book 2001)
What is acupuncture?

Within the physiotherapy service, acupuncture is sometimes offered as a short-term pain management treatment to aid a patient’s rehabilitation programme.

Acupuncture is one of the oldest recorded forms of medicine having been used for over 3,000 years in China. Recent research supports the effectiveness of acupuncture in the management of pain, stimulating the brain to produce natural pain relieving chemicals called endorphins.

When should acupuncture not be used?

Your physiotherapist will assess whether acupuncture treatment is appropriate for you. There are a number of circumstances when acupuncture should not be used:

- With patients who have poorly controlled health conditions, for instance unstable epilepsy, unstable diabetes and certain unstable heart conditions
- With patients who have an allergy to metal
- If there is a known infection in the area to be needleed

There are a number of other conditions which may influence your physiotherapist’s decision as to whether acupuncture is an appropriate treatment for you. A checklist will be filled in prior to treatment by your physiotherapist, to assess your general health and whether it is safe to proceed with acupuncture.

Is acupuncture safe?

Needles: Your physiotherapist will use sterile, single use needles.

Chartered physiotherapists: Your physiotherapist will have completed a three to four year degree course, before training in acupuncture at a postgraduate level.

Side effects: There are a number of side effects that have been recorded with acupuncture treatment. Most of these are minor and rare and include:

- Drowsiness – which may occur after treatment in a small number of patients. If you are affected in this way, you are advised not to drive immediately following treatment. We also advise that you remain in the physiotherapy department for 15 minutes after your treatment
- Minor bleeding or bruising occurs at the needle site after acupuncture in about 3% of treatments
- Pain during treatment occurs in about 1% of treatments
- Symptoms may temporarily worsen after treatment in less than 3% of patients. You should tell your physiotherapist if this occurs
● Fainting can occasionally occur, particularly at the first treatment. It is therefore
important that you have had either breakfast before a morning appointment or lunch
before an afternoon appointment on the day you have acupuncture

Serious side effects are very rare. If there are additional risks that apply in your case, your
physiotherapist will discuss these with you.

Will it hurt?

This is the most commonly asked question. When the fine needles are inserted you may
notice a sensation like a pin prick, which should only give mild temporary discomfort. You
may then feel a deeper aching sensation; this is part of the normal stimulation process and is
a sign that the body’s own pain relieving system is responding.

Once the needles are in place, your physiotherapist may use a technique to gently rotate the
needles until you experience a deep aching sensation called “De Qi”. They may repeat this
technique a number of times during the treatment.

How long will the treatment last?

Acupuncture needling can be done as a brief treatment, where needles are kept in place for
only a few seconds or minutes. However, it is more common for a treatment session to last
up to 25 minutes.

Within the physiotherapy service, acupuncture is offered as a short term treatment option
only. It is offered alongside your rehabilitation programme and with advice on other
strategies for pain management.

Acupuncture aims to reduce your level of pain and increase your ability to perform the tasks
that are important to you. If, after three or four sessions, there has been no significant
improvement your physiotherapist will discuss other ways of managing pain, and review
your case.

Where will the needles be placed?

Your physiotherapist will decide on the appropriate placement of the acupuncture needles,
following a full assessment of your pain.

Very often needles are inserted both close to the site of the pain, and also further away,
such as in the hands and feet. Research has shown that inserting needles in different areas
seems to stimulate different parts of the body’s own pain relieving system.

Summary

● Acupuncture is effective in managing pain.
● It is used by Chartered Physiotherapists as an aid to rehabilitation.
● Acupuncture treatment is not appropriate for all patients.
● There are few serious side effects of acupuncture.
COMPETENCIES FOR ALLIED HEALTH PROFESSIONALS (AHP’S) PERFORMING ACUPUNCTURE

The competencies are to be used in conjunction with:

- Somerset Partnership Policies as follows:
  o Acupuncture Policy for the use as a Physiotherapy Modality
  o Assessing Competence in Clinical Practice
  o Consent and Capacity to Consent to Examination and/or Treatment
  o Healthcare Clinical Waste
  o Needlestick and Contamination Injury Policy

- AACP Guidelines for Safe Practice 2007
- Analysis and Interpretation of Evidence for the use of Acupuncture for Pelvic (including low back) Pain in Pregnancy (2007).

The purpose of these competencies is to clarify the knowledge and skills expected of AHP’s to ensure safe practice in carrying out acupuncture treatment.

The self–rating scale (see below) is to be used by the individual practitioner for self-assessment of present performance and to help identify learning needs. Their line manager, or other experienced practitioner, must then assess these skills and sign to confirm competency.

The practitioner will be expected to demonstrate the following competencies (see appendix 1) when accepting and performing the physiotherapy practice of acupuncture.

**Key for Self-Assessment**

1 = No knowledge/experience
2 = Some knowledge/experience
3 = Competent
4 = Competent with some experience
5 = Competent, experienced and able to teach others

Date: October 2015
Review: September 2018
I confirm that I have self-assessed as competent to administer acupuncture treatment as below:

Practitioner Name........................................................................................................

Practitioner Qualification............................................................................................

Practitioner Signature........................................................... Date..............................

I confirm that I have assessed the named practitioner above as competent to perform the above skill.

Name & Title ..................................................................................................................

Signature ............................................................... Date .................................
### KNOWLEDGE, SKILLS AND ATTITUDE

The ability to:

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<tr>
<td><strong>Self-Assessment</strong></td>
<td><strong>Formal Assessment</strong></td>
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<td>Score</td>
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<td>Date &amp; Comments</td>
<td>Signature</td>
<td>Date &amp; Comments</td>
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<td>1</td>
<td>Describe a definition of acupuncture, and its role within physiotherapy practice.</td>
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<td>2</td>
<td>Show an understanding of the physiological basis of acupuncture treatment.</td>
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<td>3</td>
<td>Identify patients for whom acupuncture would be either contraindicated, or who would be indicated as a precaution to treatment.</td>
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<td>4</td>
<td>Describe the actions to be taken in the event of an adverse event associated with acupuncture treatment.</td>
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<td>5</td>
<td>Identify correct procedure for managing and reporting needlestick incidents.</td>
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<td>6</td>
<td>Be able to order, store and dispose of acupuncture needles appropriately and safely.</td>
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<td>8</td>
<td>Be conversant with the policy around consent to treatment.</td>
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<td>11</td>
<td>Show the communication skills required to discuss with patients the use of acupuncture treatment and provide adequate information for them to make an informed choice about their treatment.</td>
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<td>12</td>
<td>Understand the importance of accurate record keeping and demonstrate the appropriate recording of an acupuncture treatment.</td>
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<td>Demonstrate safe and competent needling technique, including awareness of hygiene, needle placement, depth of needling and treatment dose.</td>
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<td>Show clear evidence of clinical reasoning in the choosing and application of acupuncture</td>
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<td>Involving the patient in all decisions about their care and ensure they have enough information to be able to give valid informed consent to treatment.</td>
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