

1. Introduction and Who Guideline applies to

Acupuncture is a form of therapy in which fine needles are inserted into specific points in the body to produce a therapeutic effect. Acupuncture is employed within physiotherapy as part of an integrated approach to the management of pain and inflammation. Treatment is based on scientific research and clinical evidence that acupuncture can reduce pain by stimulating the brain and spinal cord to produce natural pain-relieving chemicals. These chemicals assist the body's healing processes and offer pain relief as a precursor to other treatments such as manual therapy or exercise in order to aid recovery.

The aim of this clinical guideline for acupuncture is to outline the medico-legal and clinical requirements for the safe and appropriate use of acupuncture.

1.1 Definitions

- Acupuncture - The insertion of acupuncture needles into the body at specific points in order to bring about pain-relief, correct energy imbalance and facilitate healing.
- Trigger point needling - Insertion of acupuncture needles into specific areas of tenderness and tension within a muscle, which may be either active or latent "trigger points", with the intention of relieving local discomfort. These points may or may not be recognised acupuncture points.

1.2 Scope

This guideline is related to acupuncture use within the UHL physiotherapy department by registered physiotherapists employed by UHL. It is for patients aged 16 and over.

Physiotherapists' scope of practice with regards to the use of acupuncture should be governed by the Health and Care Professions Council (HCPC) Standards of Proficiency, which states:

"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, p4)

"Registrant physiotherapists must:

- be able to practise safely and effectively within their scope of practice
- know the limits of their practice and when to seek advice or refer to another professional
- recognise the need to manage their own workload and resources effectively and be able to practise accordingly (HCPC, 2013, p7)

1.3 Line managers / Services leads

Line managers / service leads have the responsibility for:

- Ensuring staff are appropriately trained and competent to carry out the clinical procedure
- Ensuring appropriate resources are available for the procedure to be conducted

1.4 All Staff

All staff who work within this procedure must have a recognised acupuncture qualification and demonstrate ongoing competence to undertake acupuncture. They must also report any concerns of their own or others competence to their line manager. Physiotherapists must complete regular updates in line with requirements for maintaining competence set out by the Acupuncture Association of Chartered Physiotherapists (AACP)

1.4 Trust Liability

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their Directorate to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

2. Guideline Standards and Procedures

2.1 Indications

Within the physiotherapy services, the use of acupuncture will be intended primarily for pain-relief.

2.2 Contraindications

Do not use acupuncture, if the patient is affected by any of the following:

- Unstable diabetes
- Unstable epilepsy or unexplained seizure
- Acute stroke
- Unstable heart condition
- Lack of patient understanding or co-operation with treatment or confused patients – unable to gain appropriate consent
- Uncontrolled movements
- True needle phobia
- Tumour in the area
- Red flags – should be referred to a doctor as appropriate. Red flags are widely recognised by physiotherapists and include bowel/bladder disturbance and saddle anaesthesia.
- Sepsis
- Metal allergy to needle material (most commonly surgical stainless steel, containing nickel)
- Infection or oedema at proposed needle site
- Lack of consent
- Needling limb with post-surgical lymphoedema, or in the limb distal to the site of lymph node removal
- Cardiac pacemaker (only electro-acupuncture contra-indicated)
- Haemophilia (needling into joints contraindicated. Otherwise, haemophilia is a precaution, taking into account the severity of the condition. Factor VII levels should be above 15% and fine needles used.)
- Patient prescribed and taking anti-platelet drugs such as Clopidogrel

2.3 Cautions

Additional consideration should be given for patients with these underlying health conditions:

- Controlled diabetes
- Controlled epilepsy – Therapists are strongly advised to stay with the patient while the needles are in situ, Do not treat if the patient has had a recent seizure.
- Stable heart condition
- Pregnancy*
- Long-term steroid use
- Anti-coagulant use – avoid intra-capsular points to prevent haemarthrosis. Patients should be advised of enhanced risk of bleeding.
- Impaired sensation / fragile skin at site of needling
- Patients taking immuno-suppressant drugs
- Patients undergoing active treatment for malignant disease –
 - the practitioner must either have an awareness and understanding of the patient's current blood platelet and white cell counts OR treatment must be acceded by the patient's GP or oncologist.
 - If spinal instability is suspected secondary to malignancy, local spinal needling must not be performed
- Fatigue or hunger. Patients should have eaten within the 2-4 hours before treatment
- Blood borne virus – extra precautions should be undertaken
- Valvular heart disease – prophylactic antibiotics are not recommended but patients are at a slightly higher risk of developing infective endocarditis and this should be documented as discussed with the patient at the point of consent.

* If used in pregnancy, the practitioner must have undergone specific Acupuncture Association of Chartered Physiotherapists (AACP) approved training in the use of acupuncture in pregnancy.

2.4 Equipment Required

- Acupuncture needles – single use
- Non-woven gauze / cotton wool
- Plinth, or appropriate supportive chair or bed for optimum patient positioning
- Sharps disposal box
- Personal protective equipment (PPE)
- Hand decontamination equipment
- Clinical waste facilities

2.5 Main Guidance

Treatment should be conducted in accordance with the AACP Guidelines for Safe Practice (2017). These are the most current AACP guidelines

The practitioner may use acupuncture following a traditional Chinese medicine (TCM) approach, Western approach, or trigger point formulatory. The treatment chosen should be in accordance with the practitioner's individual training, experience and scope of practice

	Action	Rationale
Patient Consent	Patients are required to sign a written consent form (Appendix 1) prior to the start of the course of treatment on or before the first visit. They may give verbal consent on subsequent visits. Patients can request answers to any of their questions related to their physiotherapy and acupuncture prior to treatment. 16 and 17 year olds may give their own consent legally, but is good practice to involve the parents too where the young person permits.	To ensure informed consent
Patient positioning	Patients should be positioned in as supported a position as possible during treatment. Positioning will vary according to the acupuncture points chosen. However, for the initial treatment, the patient should be positioned in either lying or supported long-sitting if possible.	To minimise risk of injury in case of patient fainting or having an adverse reaction to treatment.
Hand decontamination	Hand decontamination in accordance with the trust Infection Prevention Policy (B4/2005) and Hand Hygiene Policy (B32/2003) is imperative in all treatment. It is important to note that a clinicians hands should be decontaminated both before inserting or removing needles and whenever there is a risk of cross infection from practitioner or patient to patient (AACP, 2017). No extra steps need to be taken in light of Covid-19.	To minimise the risk of cross contamination
Protective clothing	Protective clothing is not required for acupuncture treatment. The use of gloves is not required. (AACP, 2017) However, gloves must be worn if the practitioner has a lesion of the hands not covered by a waterproof dressing, or if the patient is carrying a blood borne virus.	Gloves may reduce dexterity when handling needles and the risk of exposure to blood/body fluids is minimal. To minimise the risk of cross contamination
Skin preparation	Pre-treatment skin preparation is not required as a routine procedure with body acupuncture, however it must always be performed prior to auricular needling. Acupuncture to facial areas will require skin to be free of make-up. Visibly dirty or sweaty skin will need to be washed clean prior to treatment, as will skin that has recently had emollients applied.	AACP guidelines for safe practice (2017) do not advocate the use of swabbing
Needles	Staff must check each needle is in date, unopened and undamaged prior to use. Needles purchased in physiotherapy are single-use.	To minimise harm to patient
Needle stimulation	Once in situ, needles may either be stimulated manually, or with electro-acupuncture. Type, frequency and intensity of needle stimulation will be subject to the practitioner's discretion, following close ongoing monitoring of patient response to treatment.	To maintain an appropriate level of needle stimulation to achieve "De Qi" response in the patient.

	Action	Rationale
Treatment duration	<p>Following insertion, the patient will be asked to relax with the needles in situ for a period up to 30 minutes. They must either be supervised or provided with a call bell during this time, depending upon the individual practitioner's assessment as to how they are responding to treatment.</p> <p>The first acupuncture treatment should be a slightly shortened "test dose" to assess how the patient responds to treatment. This will usually be a duration of 10-20 minutes, but will be subject to the individual practitioner's discretion.</p>	<p>To allow prompt response in case of adverse reaction to treatment.</p> <p>To assess patient reactivity to treatment and avoid over-stimulation on first treatment.</p>
Needle Removal	The number of needles should be documented and the patient told the number of needles that are in situ before the needles are audibly counted out as they are removed from the patient.	To minimize risk of retained needles following treatment.
Equipment decontamination	Plinths and any other medical devices used must be decontaminated in accordance with manufacturers instructions and current IP guidelines.	To minimise risk of cross contamination
Leaving Patients Unattended	The AACP does not recommend leaving patients unattended, but recommends a call bell or other means for the patient to get attention if it is unavoidable. However, the AACP does support "multi-bed clinics" as long as the high standards of treatment and care are provided.	To minimise risk of patient harm.
Treatment response	Most people report some pain relief after approximately 2-3 treatments. (If no benefit has been achieved after 3-4 treatments, acupuncture treatment should be discontinued).	To avoid continuation with non-effective treatment and allow other treatment avenues to be explored.
Minimise the risk of Trauma or Injury	When needling over the thoracic region either use superficial oblique insertion or direct the needle at a tangent to the ribcage (AACP 2017)	To minimise risk of pneumothorax
Aftercare	It is advised that nothing is placed on the skin immediately after acupuncture treatment apart from the patients clothing.	To reduce the risk of infection
Storage of Sharps	Sharps boxes must be kept in a safe location. All sharps boxes must be signed and dated on construction, remain in use for no longer than three months or until $\frac{3}{4}$ full and should be signed and dated on closure. Unused acupuncture needles should be stored out of sight and not left out between patients	To minimise risk of sharps injury and comply with the Sharps Management Policy (B8/2013).

2.6 Health and Safety

- Practitioners should adhere to the AACP guidelines for safe practice (2017), and also to all appropriate Trust policies and procedures (see section 7)
- Acupuncture must be administered using single-use disposable needles and disposed of in accordance with the Trust's policy
- Use-by dates of needles must be checked and adhered to prior to treatment.
- In the event of a sharps-related injury, the Trust Sharps Management policy (B8/2013) should be followed.

2.7 Acupuncture Specific Documentation

It is the practitioner's responsibility to ensure that the patient's physiotherapy treatment notes contain the following:

- Completed patient's written consent form (appendix 1)
- Acupuncture points used (including left, right or bilateral)
- Patient position during treatment
- Depth of needling and / or size of needles used and / or number of needles used
- Direction of needling, e.g. perpendicular, oblique, transverse
- Any specific treatment procedures, e.g. inserted into a pinch of tissue etc.
- Duration of treatment
- The addition of any needle stimulation (either manual or electro-acupuncture)
- Any adverse effects
- Needle removal
- Appendix 2 is a suggested method of documentation

3. Education and Training

3.1 Training

Physiotherapists must have undertaken a recognised foundation course into the use of acupuncture for pain-relief. Courses may either be post-graduate, or undergraduate plus an additional post-graduate training at an intermediate level. Such courses should either be approved by the Acupuncture Association of Chartered Physiotherapists (AACP) or be undertaken at University level (e.g. degree or MSc in acupuncture).

3.2 Competencies

Physiotherapists who use acupuncture within UHL should maintain their own competence in line with Chartered Society Physiotherapy (CSP) and HCPC guidelines.

4. Monitoring Compliance

This guideline will be implemented by each service lead and the clinical specialists of each area.

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Accurate record of staff using acupuncture	Copies of course certificates kept on file	Therapy Managers	Ongoing	

5. Supporting References (maximum of 3)

AACP (2017) Guidelines for Safe Practice (version 3) Acupuncture Association of Chartered Physiotherapists current document

Chartered Society of Physiotherapy, (2012), Quality Assurance Standards current document

HCPC (2013) Standards of Proficiency: Physiotherapists. Available at:
http://www.hpc-uk.org/assets/documents/10000DBCStandards_of_Proficiency_Physiotherapists.pdf
current document

UHL Sharps Management Policy (B8/2013)

UHL Infection Prevention Policy (B4/2005)

UHL Hand Hygiene Policy (B32/2003)

6. Key Words

Physiotherapy, physiotherapist, acupuncture, needling

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APPENDIX 1

Physiotherapy Department Acupuncture Consent

You have been assessed by your physiotherapist and acupuncture has been deemed an appropriate treatment. Please read the patient information leaflet and fully complete this form and return to your therapist. You will be given the opportunity to ask questions if you wish.

Patient Name.....S number.....DOB.....

	YES	NO	COMMENTS
Are you diabetic?			
Have you ever had a fit, faint or funny turn?			
Have you had a pacemaker or any other electrical device fitted?			
Do you have valvular heart disease?			
Do you have a bleeding disorder (such as haemophilia)?			
Are you taking anti-coagulant or any other medication?			
Are you pregnant or trying for a baby?			
Do you have a condition that affects your immune system?			
Do you suffer from metal allergies?			
Do you suffer with needle phobia?			
Have you had acupuncture before?			
If so, did you have any adverse reactions from it?			

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

I confirm that I have read and understood the patient information leaflet and I consent to having acupuncture treatment. I understand that I can refuse treatment at any time.

Patient Sign.....Print.....Date.../.../...

Therapist Sign.....Print.....

Acupuncture Treatment Form

Name:.....S number.....D.O.B.....

Date:.....Patient Position:.....

Points Used	L / R / B	Depth needed	Direction (tick box)			Needle Removed (tick box)	Notes / Additional Info Eg. Pinched muscle
			P	O	T		

Needle Stimulation.....
 Treatment duration.....
 Therapist Sign and Print.....

Date:.....Patient Position:.....

Points Used	L / R / B	Depth needed	Direction (tick box)			Needle Removed (tick box)	Notes / Additional Info Eg. Pinched muscle
			P	O	T		

Needle Stimulation.....
 Treatment duration.....
 Therapist Sign and Print.....

KEY: L = Left R = Right B = Bilateral
 P = perpendicular O = Oblique T = Transverse

APPENDIX 3

<https://yourhealth.leicestershospitals.nhs.uk/library/csi/therapies/physiotherapy/27-233-062018-acupuncture-in-physiotherapy-233-062018/file>