

### 4.6 Acupuncture and Dry Needle Therapy

---

#### **Purpose:**

This Practice Direction provides direction to physiotherapists for the safe, competent, and ethical practice of acupuncture and dry needling therapy for the management or relief of pain. These techniques may only be used by fully licensed physiotherapists who are on the College of Physiotherapists of Manitoba (CPM) Acupuncture Roster. Members may only begin acupuncture practice once written confirmation has been received by the Registrar/College that they have successfully completed their education and training. Members must have confirmation from CPM that their name has been added to the Acupuncture Roster before beginning practice. It is the member's responsibility to provide all documentation to CPM, as well as to maintain their professional competency, credentials and current registration. A physiotherapist must not delegate any aspect of these techniques to anyone who is not on the CPM Acupuncture Roster.

#### **Definitions:**

The terms “acupuncture”, “dry needling therapy”, and “use of dry needles” can describe a variety of treatment techniques that use solid filament (acupuncture) needles to puncture the skin for therapeutic purposes. These techniques include a range of approaches, such as acupuncture, electro-acupuncture, trigger point needling, intramuscular stimulation or similar treatments used by numerous health care professions.

*Acupuncture* refers to the stimulation of certain points on the body by the insertion of needles for the purpose of pain management or relief. It involves inserting acupuncture needles at particular body points based on anatomical location, Traditional Chinese Medicine, and/or neurophysiological principles.

*Dry needling therapy* refers to the stimulation of contracted muscle tissue, adherent scars, or fascia by the insertion of acupuncture needles for the purpose of pain management or relief.

**Practice:**

Physiotherapists will:

- Discuss all possible options for treatment with the patient<sup>1</sup>.
- Disclose any additional fees associated with any treatment modalities prior to the application of the treatment.
- Acknowledge that patients may decline acupuncture or dry needling therapy.
- Not attempt to persuade, coerce, or intimidate patients into accepting a particular treatment or course of treatment.
- Establish and document that the patient may be an appropriate candidate for acupuncture or dry needling therapy.
- Ensure and document that patients have the information and skills needed to be active participants in their own care during and/or after the technique, including an understanding of the proper management of side effects or adverse events.
- Written informed consent must be obtained for the initial treatment and each treatment that involves new techniques or new anatomical areas of therapy.
- Have a written plan in place, and be prepared, to manage any critical or unexpected side effects or adverse events during treatment, especially adverse events associated with acupuncture or dry needling therapy techniques.
- Disclose potential side effects and adverse events to the patient including those that may occur during and/or after the treatment and describe the proper management of these side effects or adverse events. Physiotherapists must provide enough information so that the patient or their caregivers are prepared and able to respond if issues arise after/outside the treatment setting.

---

<sup>1</sup> The term patient can be interchanged with the term client. “Clients are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances clients/patients may be represented by their substitute decision-makers.”

### **Acupuncture Educational Requirements:**

Physiotherapists performing acupuncture/dry needling therapy must have successfully completed a program that meets the following criteria:

#### **Curriculum:**

- Minimum of 100 hours of instructor interaction and evaluation which should include theoretical and practical components;
- Course content must include, but is not limited to:
  - theoretical and practical basis of acupuncture;
  - indications/contraindications/precautions;
  - application of acupuncture as an aspect of physiotherapy practice;
  - detailed human anatomy including potential anomalies which could compromise safe needle insertion and removal. Specifically, there must be instruction in regional anatomy including potential anatomical anomalies in the neck and thorax;
  - discussion on consent and patient information on side effects and adverse reactions;
  - explicit instruction must be provided as part of the course work in the recognition, assessment, and management of all potential side effects and adverse events, including equipment required in the clinical setting. These strategies must include planning and preparing for the physiotherapist to manage adverse reactions, advice for patients if adverse events occur away from the clinic, requisite on-site equipment and potential need for transportation of patient to an emergency medical facility;
  - hand-on practice of point location and relevant anatomy needling technique;
  - patient safety and infection control;
  - objective evaluation of the physiotherapist's competency with the points demonstrated and used during the course included in the program. There must be both a written and a practical evaluation as part of the program.

#### **Principle Instructor:**

The principle instructor must meet the following requirements:

- Have their name on or be eligible to be on the CPM Acupuncture Roster;
- Have a minimum of five (5) years of acupuncture experience following certification;
- Have demonstrated ongoing continuing education and professional development in the field; and
- Have previous experience participating an acupuncture course, e.g., as a lab demonstrator or teaching assistant.

**Examination:**

- A formal written and practical examination must be successfully completed to determine level of competency;
- An external examiner (not involved in teaching the course) must be involved in the examination process, either alone or in conjunction with other instructors/examiners. The external examiner must meet the same qualification requirements as outlined for the principle instructor.

**Dry Needling Therapy Requirements:**

Physiotherapists wishing to offer dry needling therapy techniques must have specific instruction in this technique in addition to their basic acupuncture education and must be on the CPM Acupuncture Roster.

**Competency:**

- Only physiotherapists who have met the CPM requirements to practice acupuncture and dry needling therapy may do so.
- Members are expected to maintain ongoing competence.
- The Continuing Competency program may require members to demonstrate evidence of ongoing competency when participating in clinical audits.

**Registration:**

All physiotherapists who wish to perform acupuncture and/or dry needling therapy as part of their physiotherapy practice must be registered with the CPM. To be registered on the Acupuncture Roster, physiotherapists must submit evidence to the College of having met the educational criteria outlined in this Practice Direction prior to practicing these techniques. Educational or practical credentials, or combination, may be considered and approved at the sole discretion of the College and/or Council.

## FAQ

### *When can I begin to practice acupuncture?*

A member may only begin acupuncture practice as a registered physiotherapist once written confirmation has been received by the Registrar/College that you have successfully completed your education and training. ***You must have confirmation from the College that your name has been added to the Acupuncture Roster before beginning practice.*** It is the member's responsibility to provide all documentation to CPM, as well as to maintain their professional competency, credentials and current registration.

### *Do I need to obtain consent for every acupuncture/dry needling therapy application?*

Yes. The informed patient consent conversation between the physiotherapist and the patient, the details of the treatment, and the response of the patient is required for each application and must be documented appropriately. This conversation should also determine if the treatment is meeting the desired treatment goals. Written informed consent must be obtained for the initial treatment and each treatment that involves new techniques or new anatomical areas of therapy. You may want to consider creating a treatment form to help you keep track and to make sure your records are clear. (resource document in drop down menu under PD on website).

In addition, physiotherapists **must** disclose any difference in their fees or charges to the patient involved in acupuncture or dry needling therapy prior to the initial application. Your patient should never be coerced into a particular treatment or course of treatment. This means that you may want to have the discussion about treatment options in a neutral and private setting outside the treatment setting if possible.

### *What is the difference between a side effect and an adverse event?*

The key difference between side effects and adverse events is that during therapy the side effects of a given treatment are generally known and can be predicted or determined from the start of the treatment. Side effects may not always be unpleasant, but you should warn your patient of any new sensations that they may feel as a result of therapy. While they are usually minor, some side effects may require further treatment to resolve, which may be determined on an ad hoc basis.

On the other hand, adverse events are unexpected, cannot be determined until they show their effects on the body and, depending on the severity of the event, may require substantive additional treatment or therapy to resolve. Adverse event planning is required under Practice Direction 4.6 and may include interventions up to and including the transfer of a patient to an emergency medical facility for treatment.

Your plan to deal with adverse events should be comprehensive and flexible enough to ensure that you – or your patients and/or their caregivers – can respond whether the event is mild, significant, or serious.

***What do I need to safely deal with adverse events?***

Section 4 (2) of *The Physiotherapists Act* requires PTs to “minimize the risk of an adverse reaction to an intervention” which means you must have a plan in place and be prepared to manage adverse events.

CPM recommends that this be a written plan that is understood by all staff members in the practice. All infection prevention measures, safe needle handling/disposal and other standard safety measures must be in place. Most clinical practices have equipment to deal with adverse effects such as broken needles, hematomas, bleeding and syncope. The management of a pneumothorax is potentially more complex. The physiotherapist must be able to recognize the signs and symptoms of a pneumothorax including auscultation of the chest. Whenever warranted, the therapist should be prepared to have the patient transported to an emergency medical facility.

***Do I really need to write my plan down?***

Yes. Sometimes, when you write something down, it is easier to see where the gaps are and correct them. Written plans are clearer. Errors and omissions are less frequent when a plan is documented/written. Your plan should describe what will happen if something goes wrong during or after treatment.

Your plan should answer these questions:

- What could possibly go wrong during or after acupuncture or dry needling therapy?
- How is the adverse event recognized?
- What steps need to be taken for each adverse event? And by whom?
- Who needs to be notified?
- What instructions or advice needs to be given to patients to manage the adverse events should it occur after the patient leaves your practice? (You should have already covered what could go wrong when you obtained written informed consent from the patient!)
- What follow up is needed? And what is the time frame?

(sample plan included in resources for this PD)

***Are there other things to consider in creating a written plan?***

Keep your plan up to date and make it a habit to review it at least annually.

Personalize your plan to match the kinds of things you do in practice. Ensure your plan is easy to understand, accessible and communicated to anyone in the practice who might encounter a patient in distress.

***Do I need to consult with another health care provider before I start treating a patient with acupuncture/dry needling therapy?***

It may not be appropriate for you to perform a reserved act in all situations, or with all patients, even if you have the authority to do so. In some cases – for example, if a patient is in active radiation/chemotherapy/cancer treatment – it may be appropriate to consider acupuncture only after consultation with other medical professionals involved in their treatment. Your professional judgement and discussion with the patient, both of which must be appropriately documented, are the key determining factors.

***Can I perform acupuncture if I am not on the CPM acupuncture roster?***

No. In Manitoba, physiotherapists who perform acupuncture may only do so as part of their licensed physiotherapy practice. Performing acupuncture or dry needling therapy if you are not on the Acupuncture Roster may have an impact on your insurance and registration with the College. Physiotherapists who perform acupuncture and dry needling techniques may only do so as physiotherapists and should not identify themselves as acupuncturists.

***Can I have anyone else remove acupuncture needles?***

No. None of the activity related with needle insertion and removal can be delegated to anyone else unless they are on the CPM Acupuncture Roster. Physiotherapy Assistants, office staff, the patient or family member cannot remove acupuncture needles. You need to be able to account for all the needles you inserted as well as assessing your patient's treatment response.

***Can I charge extra fees if I perform an acupuncture treatment?***

That is up to you. Some clinics in Manitoba charge additional fees. Others choose not to charge any additional fees for acupuncture services. It is important to always remember that any decision to suggest or offer acupuncture as an option must be made solely for the benefit to the patient and as part of an overall treatment plan.

Regardless of your decision, all fee schedules and billing practices must be transparent, justifiable, and clearly communicated to your clients as per Practice Direction 5.2 – FEE SCHEDULE AND BILLING PRACTICES. If you choose to charge additional fees for acupuncture, it is important to discuss payment requirements with your patient before treatment begins.

Clinic name and Logo

**Acupuncture/Dry Needling Treatment Record (sample)**

The following form is to document patient consent with ongoing acupuncture and dry needling treatment. This does not replace the initial consent form explaining acupuncture and dry needling, therapeutic effects, adverse and minor side effects and indication of verbal exchange between the physiotherapist and the patient, ending with signed informed consent.

Name of Patient: \_\_\_\_\_

Date	Therapist Initials	Points used	Consent obtained ✓	Response to treatment	Adverse effects	Needle count
July 11, 2018	BLS	LI4, LR3, ST36, Bilaterally, manual stim x 30 mns	✓	Tolerated well	none	6