

Physiotherapy Services

Acupuncture Safe Working

Guidelines

Acupuncture Safe Working Guidelines: East London NHS Foundation Trust

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	Section 6.3- Pregnancy beyond the third trimester included in precautions	Not previously included.	██████████ ██████████	21/03/17
1.6	References updated Safety precaution to account for all needles inserted and removed	Updated AACP guidance 2021	██████████ ██████████	16/11/21
1.7	Pneumothorax considerations		██████████	04/03/25

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1. Summary

The acupuncture guidelines within the East London NHS Foundation Trust are designed to ensure the safe and effective delivery of acupuncture treatment for both patients and clinicians. These guidelines support physiotherapists and other certified staff in applying acupuncture according to best practices, ensuring patient safety, and minimizing infection risks.

2. Definition

Acupuncture, as defined by the Acupuncture Association of Chartered Physiotherapists (AACP), is a therapeutic treatment modality that involves the insertion of fine, sterile needles into specific anatomical sites on the body, known as acupuncture points, to stimulate the body's natural healing processes. This technique is often used as part of an integrated physiotherapy approach to manage pain, promote tissue healing, and restore function. In addition to the needle insertion, acupuncture may involve other techniques such as electroacupuncture, dry needling, auricular acupuncture, and cupping, depending on the patient's condition and treatment goals. Acupuncture is rooted in the principles of Western medical acupuncture, which applies modern scientific understanding to traditional practices, and is guided by the standards and protocols set forth by the AACP to ensure safety, efficacy, and professionalism in its clinical application.

3. Introduction

Acupuncture is an established treatment modality used within physiotherapy as part of a comprehensive, integrated approach to patient care. It is frequently employed alongside other physiotherapy interventions to support rehabilitation goals and enhance recovery. The aim of this guideline is to provide a framework for the safe and effective delivery of acupuncture, ensuring that it is used appropriately and in accordance with best practice standards.

These guidelines are in alignment with the Acupuncture Association of Chartered Physiotherapists (AACP), which sets the standards for acupuncture practice within physiotherapy. The AACP is a specialist clinical interest group within the Chartered Society of Physiotherapy (CSP), the professional body representing physiotherapists. As part of its role, the AACP provides consensus statements, conduct of practice guidelines, and expert witnesses in cases of legal action relating to acupuncture incidents.

The guidelines encompass Western medical acupuncture techniques, also known as 'dry needling,' and include the use of traditional Chinese medicine practices such as auricular acupuncture, and acupressure for treating muscular restrictions. However, the traditional treatments of cupping, gua sha, bloodletting, and moxibustion are excluded from these guidelines, as they are not recommended for practice within the Trust. Furthermore, self-needling by patients is not supported, as it poses unnecessary risks according to AACP standards.

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This guidance is specifically designed to inform physiotherapists employed by East London NHS Foundation Trust about best practices in acupuncture use. However, it is applicable to all staff within the Trust who are certified to deliver acupuncture treatment.

Responsibility for adhering to these guidelines and ensuring that annual updates are completed will be managed by physiotherapists with an interest in acupuncture. The guideline, along with any necessary updates, will be circulated to therapy team leaders to ensure that the information is disseminated across the team, maintaining a consistent standard of practice.

4. Aims

This guidance aims to:

Support physiotherapists in the Trust in their day to day work by outlining safe use of acupuncture for therapeutic purposes.

Ensure that all physiotherapists are aware of current best practice and safety guidelines for the practice of acupuncture.

These physiotherapy guidelines aim to ensure the safe delivery of acupuncture within the trust for both patients and staff. The guidelines assist the clinician in identifying patients who are suitable for acupuncture, establish safe standards of treatment and ensure proper storage and disposal of acupuncture equipment to minimise the infection risk between patient, clinician and local environment. Included within this document are the procedures required to obtain informed consent prior to acupuncture and correct methods of documenting treatments. In the case of adverse effects or sharps injury appropriate actions are recommended in line with trust policy.

5. Objectives

To ensure all Physiotherapists have access to the guidance

Ensure Competency and Qualifications:

Ensure physiotherapists are fully trained and qualified in both acupuncture techniques and physiotherapy principles, meeting AACP or equivalent standards and have continuing professional development (CPD) in acupuncture to maintain competence.

Promote Informed Consent:

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Ensure that patients are fully informed about the acupuncture treatment, including its purpose, benefits, potential risks, and alternatives. Obtain explicit, written consent from patients before commencing acupuncture treatments.

Adherence to Ethical Standards:

Uphold ethical standards by maintaining patient confidentiality, respecting patient autonomy, and providing care based on patient needs, preferences, and clinical evidence.

Ensure Safe Needle Handling and Sterility:

Using of single-use, sterile needles for all acupuncture treatments to minimize the risk of infection. Educate physiotherapists on proper needle insertion techniques, hygiene protocols, and disposal methods to avoid complications.

Risk Assessment and Patient Screening:

To follow screening process to assess patients for contraindications or conditions that may affect the safety of acupuncture (e.g., allergies, bleeding disorders, pregnancy). Assessing for any specific risk factors, before starting acupuncture treatment.

Monitor and Manage Adverse Reactions:

Provide clear guidelines for recognizing, managing, and documenting any adverse reactions to acupuncture (e.g., fainting, bruising, needle soreness). Train physiotherapists on the use of appropriate interventions if adverse reactions occur, including emergency procedures when needed.

Ensure Proper Record Keeping and Documentation:

Maintain thorough and accurate records of all acupuncture treatments, including patient history, assessment results, treatment details, and outcomes. Document any patient feedback, changes in condition, and any complications or adverse events related to acupuncture treatment.

Create a Safe Physical Environment

Ensure the treatment area is clean, well-lit, and free of hazards, with appropriate facilities for storing acupuncture needles and other equipment. Make sure that all necessary first-aid equipment is available, including materials for handling any emergencies that might arise from acupuncture procedures.

Encourage Reflection and Ongoing Professional Development:

Promote a culture of reflective practice, where physiotherapists are encouraged to regularly assess their techniques, share experiences, and seek feedback. Ensure physiotherapists engage in continuous professional development to stay updated on emerging research and guidelines in acupuncture practice.

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Implement Clear Clinical Guidelines:

Establish guidelines for determining when acupuncture is appropriate, based on evidence-based clinical indications such as musculoskeletal pain, myofascial pain syndrome, or certain neurological conditions.

Create protocols for assessing and evaluating the effectiveness of acupuncture treatment in individual patients.

6. Scope of Practice

These guidelines are to be adhered to by all East London Foundation Trust employed physiotherapists including locum or bank physiotherapists working for the Trust. The guidelines are applicable to physiotherapists or other appropriately trained clinicians working in an outpatient setting either within a GP/Community practice or a hospital based physiotherapy setting.

It is recommended that the practice of acupuncture in East London NHS Foundation Trust/Health Service should be governed by criteria 1 of the CSP Quality Assurance Standards.

“Members must demonstrate an understanding of their personal scope of practice and the scope of the profession. Members must practice within their individual scope of practice”.

Acupuncture is accepted as being within the scope of physiotherapy in the UK if you are treating patients as a physiotherapist, and the patient is aware that you are a physiotherapist (as opposed to an acupuncturist or a TCM practitioner for example). You would need to be treating conditions that the CSP agree fall within the remit of a physiotherapist. An example of this is that musculoskeletal conditions fall within the remit of a physiotherapist; treatment for cosmetic reasons does not. Where practices do not fall into the remit of a physiotherapist, you are unable to provide that particular service as a physiotherapist and therefore require additional insurance.

Personal scope of practice:

You also need to determine if you are working within your personal scope of practice. Working safely and competently within your personal scope of practice means that you must:

- Ensure you have the skills, knowledge and abilities required to carry out your role
- Identify areas in which you need to further develop to maintain your competence

It is a service policy at East London NHS Foundation Trust that the practice is restricted professionally to acupuncture qualified Physiotherapists who are HCPC registered and are registered with AACP. Certification should be copied to Head of the Service for filing in personal records.

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7. Consent

Consent is the voluntary agreement given by a person to allow something to happen to them, and/or to be done to them, and/or to allow their participation in something

Patients are now entitled to receive any information they ask for, to make their own decisions about their treatment.

Valid consent has to meet the following:

The patient must have the capacity to give their consent

The consent must be given voluntarily

The patient must have been given all the information they ask for in order to make their decision

If any one of the requirements outlined are not fulfilled then the consent may not be legally valid.

Written consent

In the context of physiotherapy, good practice should be to obtain written consent for any intervention that is invasive including Western medical acupuncture

Where treatment is complex or involves significant risk

For treatment involving general or regional anaesthesia

Where clinical care is not the prime aim of the intervention

Where treatment could result in significant adverse consequences to a patient's employment, social or personal life even when performed properly

AACP consent and health screening tool

The AACP advise their members to use the AACP consent and health screening tool with all patients who wish to receive acupuncture treatment

8. Standard of Practice, Training and CPD requirements

All physiotherapists practicing acupuncture must have completed an acupuncture course by the AACP - Acupuncture Association of Chartered Physiotherapists (or equivalent)

Minimum training for Physiotherapists

- There is no nationally agreed, enforced minimum training for the practice of acupuncture. Therefore, AACP set the standard in training and require all AACP members to have completed an AACP (or AACP accredited) Foundation Course which equates to 300 notional hours of M-level equivalent training. All training is subject to scrutiny by the AACP's Training Committee (TC) and must meet high standards to be endorsed by AACP.

AACP CPD requirements

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- It is a requirement of all practicing AACP members that they complete 10 hours of acupuncture related CPD every 2 years. As a means of monitoring this, the AACP randomly audits the CPD of 5% of its membership each year, achieved by quarterly audits.
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9. Safety and Hygiene

- Hands should be washed before and after the insertion of needles. (appendix 2 – hand washing poster)
- Gloves are not required for acupuncture intervention in most circumstances. Gloves reduce dexterity, but their use is subject to discretion and may be chosen by the practitioner
- Open wounds should be covered with a waterproof dressing. It should be ensured that the patient's body part to be treated is clean and free of cuts or wounds (or cuts and wounds are covered prior to treatment).
- Acupuncture treatments should be avoided if the treating physiotherapist has an infectious condition.
- It should be ensured that patients understand the information they are given.
- It should be ensured that a full patient history has been taken before giving treatment.
- It should be ensured that treatment and precautions are explained to patient prior to treatment.
- Clear explanation should also include possible use of additional stimulation to the needle by manual or electrical.
- It should be ensured that written consent is obtained and recorded in patient notes.
- Make patients fully aware of the side effects of acupuncture
- Consent should be given when treating children. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. In other cases, some-one with parental responsibility must give consent on the child's behalf. If a competent child consents to treatment, a parent cannot over-ride that consent. Legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.
- Children are only allowed in the treatment rooms when supervised by another accompanying adult.
- Patient's privacy should be ensured.
- Sterile wipes should be used for auricular (leave it to dry for a couple of minutes before needle insertion) and to clean areas to be treated if necessary.
- The length of the needles should be selected according to the body build of the patient, location of the acupuncture point, and intended depth of insertion.
- The recommended directions of insertion should be used to prevent and damage underlying organs, major nerves, and major blood vessels.
- Patients should be advised to avoid unnecessary movements during treatment.
- Treatment should be planned to place the patient in the most comfortable position to avoid fainting, bending and breaking of needles, unnecessary fatigue or pain, and difficulty in locating and manipulating points.

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- First treatment in supine position to prevent any injuries from a fall should the patient become faint.
- Before leaving the department, it should be ensured that the patient is not experiencing any adverse reactions to treatment.
- If patients are to be left unattended, it should be ensured that a timer is set, and the patient is given a call button to attract attention if needed.
- The shaft of the acupuncture needle should not be touched with bare fingers.
- Blood or fluid spills should be cleaned as per the ELFT infection control policy.
- As with most HIV and Hepatitis policies, the physiotherapist should assume that the patient is infected and acupuncture treatment should be carried out with this in mind.
- The amount of needles inserted should be counted in and out to ensure a strict 1 in 1 out policy on needle removal to avoid sharps injuries

10. Contraindications

Most contraindications for acupuncture are relative rather than absolute, requiring professional judgment to ensure patient safety and effectiveness of treatment

Further information on acupuncture contraindications and precautions is available from the AACP

Absolute Contraindications include:

- Bleeding or clotting disorders
- Pregnancy
- Acute stroke
- Cancer patients
- Unstable epilepsy, unexplained and/or unstable syncope or seizure
- Sepsis and overwhelming infection
- Unstable diabetes
- Needle phobia
- Allergy to stainless steel
- Unable to co-operate or keep still during needle insertion
- Unexplained or undiagnosed medical or 'red flag' conditions
- Areas of spinal instability if the resultant relaxation of the surrounding muscles could potentially give rise to spinal cord compression.
- Damaged heart valves and endocarditis
- Pacemaker or AICD (automatic implantable cardioverter-defibrillator) - patients should not receive electro-acupuncture

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- Further information can be found in appendix 1
- Local contraindications to acupuncture include:
 - Active infection
 - Poor skin condition: damaged/broken skin, excessively dry skin, inflamed skin, tattooed skin/ink covered skin, moles, scars
 - Skin lesions, or malignancy at the insertion sites
 - Areas of skin with sensory deficit or poor circulation
 - Oedematous limb or a limb that is at risk of lymphedema.

Relative contraindications include:-

- Blood Born Virus'
- Notifiable diseases (contagious uncommon diseases which would require reporting and urgent medical intervention)
- Systemically unwell
- Haemophilia and other clotting disorders
- Acute stroke
- Cancer
- Circulation issues
- Diabetes
- Epilepsy
- Allergies
- Immunocompromised patients
- Fatigued/hungry
- Children
- Trying to conceive
- Pacemakers & Electrical implants / Heart conditions / Valvular Heart disease

Acupuncture in Pregnancy

Acupuncture is a safe treatment to receive in uncomplicated pregnancy. It is important to fully clinically reason the acupuncture treatment, taking into account the physiological and anatomical differences in a pregnant patient. It is essential that the clinician has the clinical competence to deliver acupuncture treatment to a pregnant patient to ensure it lies within one's personal scope of practice

Acupuncture for pregnancy related conditions should only be provided by acupuncture physiotherapists who have completed post foundation course training in the specialism.

11. Health and Safety

Treatment Rooms or cubicles requirement

The treatment room must provide:

- Sufficient space for movement, safe handling of equipment and performance of treatment
- Sufficient work surfaces to establish a clean field for treatment
- Safe storage of all equipment related to acupuncture and physiotherapy especially in relation to the risk of contamination and to avoid risk of injury
- Clean couches and couch paper roll
- Good illumination and adequate ventilation

The treatment room should provide (best practice recommendations):

- A hand wash basin with hot and cold running water
- This should be located within the treatment room so that no doors have to be navigated between washing your hands and treating the patient
- A paper towel holder containing paper towels
- A soap dispenser containing liquid soap
- A dispenser containing hand sanitiser
- A waste bin with a pedal operated lid
- A non-porous floor covering, such as linoleum

All treatment rooms should be cleaned with antibacterial cleaning agents on a regular basis (See trust Infection Control Procedures).

Equipment

- All equipment must be CE-marked and conform to current Medical Devices Agency legislation and EEC Directive 93/42/EC, must be used for safe and hygienic practice.
- Disposable pre-sterilized solid needles should be used.
- Any blunt, angulated, hooked needles should be discarded.
- Do not use needles if their individual packaging is open
- The needles must be kept in their box because this has the expiry date on it.
- Single use paper tissues, cotton, towels and couch roll should be used in the treatment area.
- All sharps containers should be yellow with an orange lid and approved under BS7320: 1990/ UN 3291 and are clearly marked

Electro-Acupuncture

- To ensure safe and effective use of electro-acupuncture practitioners must be adequately trained.

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- Document whether, or not the patient has a pacemaker (a Pacemaker is a contraindication).
- All portable electrical appliances that are used in conjunction with acupuncture treatment must be maintained and serviced annually by medical electronics

Cupping

- Is not considered in this guideline

Remove of needles

- Ensure hands are clean
- Ensure the cotton wool ball is in position as the needle is removed
- Place the needle immediately into the sharps container which should always be located nearby so that the practitioner does not have to walk carrying the needle
- If blood is present maintain pressure on the acupuncture point with the cotton wool ball until the bleeding has stopped
- Dispose of cotton wool ball following your waste disposal procedures
- Avoid re-palpation of a needle point unless hands are clean
- Ensure all needles are removed. It is advised to have a procedure to reduce the risk of leaving needles in situ following the treatment such as:
 - Leaving guide tubes close by as a reminder of how many needles are in situ
 - It is advised to count the needles in and counting them out using a white board, paper or notes
 - If the patient faints, or experiences sensations of giddiness, feeling unwell, palpitations, nausea or vomiting, the patient should be laid supine and their feet elevated. Ensure all needles are removed and call for help from a senior colleague or dial 999
- In the event of any other adverse reactions, seek help from a senior colleague or dial 999, if needed.

No touch technique

It is essential that a no touch technique is used when using acupuncture. This means that the needle shaft should never be touched before being inserted or whilst inserted in the patient. If the needle shaft is touched the needle should be disposed of immediately.

Needle stick injury

Please refer to Community Infection Control Policy for East London for full guidance

Needle stick information sheet should be clearly displayed in each acupuncture room.

Encourage bleeding where skin is punctured.

Wash thoroughly with soap under running warm water. Do not use a scrubbing brush

Inform manager immediately.

Report immediately to Occupational Health Department.

Record the injury on a In Phase report.

Act quickly as prophylactic treatment may only be beneficial if started within one hour.

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Broken needles

If a needle bends in situ there is a chance the tip could break off when it is removed. If this happens mark the area and get the patient to A&E immediately. Needles of the correct length should be used to avoid this.

Danger Contaminated Sharps

All needles and sharp boxes should be kept in a secure cupboard when not in use.

Sharps disposal and clinical waste container should be kept in a safe place in line with IPC measures

Once sharps containers are three quarters full, they must be sealed, signed and disposed of according to the Trust policy.

11a Thoracic Acupuncture

Pneumothorax Considerations in Thoracic Acupuncture

Thoracic acupuncture is supported by East London NHS Foundation Trust in the same way as any other physiotherapy intervention used in the treatment of its patients. However, due to the anatomical complexity and associated risks, particularly the risk of iatrogenic pneumothorax, additional guidance must be followed to ensure patient safety and adherence to professional standards.

Background: Understanding Pneumothorax Risk

- Pneumothorax is a potentially serious complication involving the presence of air in the pleural cavity, which can cause partial or complete lung collapse. It typically presents with sudden chest pain and varying levels of respiratory distress, depending on severity.
- An iatrogenic pneumothorax (caused by a medical intervention) is considered an avoidable and unacceptable outcome when acupuncture or dry needling is carried out negligently or without appropriate anatomical understanding, particularly in the thoracic region or lower cervical spine.

Clinical Responsibilities and Safe Practice

Physiotherapists must exercise sound clinical reasoning and maintain a high standard of care, particularly when selecting acupuncture points that carry a known risk of pneumothorax. As a registered physiotherapist using acupuncture, you must:

1. Demonstrate detailed anatomical knowledge—both surface and deep structure—when selecting needling sites.
2. Make evidence-based clinical decisions that balance anatomical risk with therapeutic benefit.
3. Justify the use of any high-risk points, including a clear rationale documented in the clinical record.
4. Ensure the patient has provided informed consent, including a discussion of risks (specifically pneumothorax) and benefits of needling thoracic regions.
5. Document all consent discussions and clinical decisions, including:

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- Point selection and reasoning
- Supervision arrangements (if applicable)
- Emergency procedures and patient guidance for post-treatment complications

Professional Standards and Competency

- You must work within your own scope of practice and only use acupuncture techniques for which you have received appropriate training, in line with AACP guidance and CSP expectations.
- Regular updates to training, competency assessments, and reflective practice should be undertaken to maintain professional accountability and patient safety.

Key Messages from CSP and AACP

- Iatrogenic pneumothorax is entirely avoidable through the application of skilled, anatomical needling technique.
- High-risk thoracic and cervical acupuncture points must be used with caution, clinical justification, and appropriate consent.
- Adherence to CSP and AACP guidance is essential for:
 - Ensuring patient safety
 - Avoiding litigation
 - Maintaining professional credibility

Further Resources and Training

Physiotherapists are encouraged to stay updated through:

- The AACP website: www.aacp.org.uk
- The CSP Professional Practice Resources: www.csp.org.uk

For more detailed anatomical guidance, contraindications, and case examples, refer to the AACP Clinical Practice Guidelines and the CSP's Professional Briefings on Invasive Therapies.

12. Documentation

AACP members, being CSP members have a professional and legal obligation to keep an accurate record of their interaction with service users in whatever system or format (paper or electronic) the organisation specifies (CSP 2012). Please see CSP Quality Assurance Standards section 6, record keeping and information governance for full details on treatment records.

What to include in your acupuncture treatment records:

- A copy of the informed written consent form

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- Location of the needles using WHO recognised nomenclature
- If trigger point needling, the location of the needles should be described using muscle name and depth of needle. A diagram of needle application may sometimes be useful
- Left, right, bilateral or central needle placement
- DeQi present or not present for each needle
- Has the needle been removed following treatment
- How the needle was stimulated and how many times
- Was a timer used and set
- The duration of needles in situ
- Was the patient left alone during the acupuncture treatment, if so was a bell or a means of contacting the physiotherapist issued to the patient
- Any adverse events or comments

The following can also be included:

1. Depth of needle
2. Angle of needle (such as oblique/perpendicular)
3. Anything to reduce risk at risky points, for example, picking up the upper trapezius muscle when needling

In addition, all documentation must comply with the Physiotherapy Code of Professional conduct and relevant Trust policies.

An ability to recall all patients receiving acupuncture with the condition treated to facilitate audit should be maintained.

Discharge outcomes should be recorded accordingly for every patient.

13. Key Points

- Follow all procedural processes as explained above
- Follow the Community Infection Control Policy for East London.
- In occurrence of adverse events, contact a senior colleague, seek medical advice, dial 999 as required.

It follows that all physiotherapist working within the Trust who perform acupuncture as part of their treatment are required to have the following:

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1. Be currently registered with the HCPC and be a current member of the CSP.

NB: Physiotherapists may also gain registration with the Acupuncture Association of Chartered Physiotherapist (AACP) or British Medical Acupuncture Society as a clinical interest group.

2. Have attended a recognized post graduate clinical course in acupuncture, e.g. courses run by the AACP

NB: The notion of 'cascade training' at departmental level through in service training programmes will not be accepted as sufficient training for physiotherapists to learn acupuncture as a clinical modality.

3. Be able to demonstrate the possession of a sound knowledge base, including the indication and contra indications for acupuncture (i.e., can conduct a clinically reasoned subjective and objective examination to determine the suitability of the subject for acupuncture treatment.

4. Be able to demonstrate safe and skilled application of acupuncture technique.

5. Demonstrate an awareness of the current legislation.

6. Be able to provide the appropriate documentation requirements behind their treatment of choice.

7. Mandatory attendance of the in service training for CPD activities

14. APPENDIX

- i. **Acupuncture information leaflet**
- ii. **AACP Acupuncture Healthscreening form**
- iii. **AACP Acupuncture consent form**

15. REFERENCES

- AACP guidelines for safe practice 2021 Acupuncture Association of Chartered Physiotherapists
- AACP informed consent form (Dec 2015)
- Acupuncture Safety Resource website has been created by the British Acupuncture Council, the British Medical Acupuncture Society and the Acupuncture Association of Chartered

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Physiotherapists. This group met in September 2015 to address the safe and legal use of acupuncture as a modality <http://www.acupuncturesafety.org.uk/>

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- Chartered Society of Physiotherapy. Learning From Litigation: Pneumothorax from Acupuncture (2023)
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- Carr D. J. (2015) The safety of obstetric acupuncture: forbidden points revisited. *Acupuncture in Medicine* 33(5):413-419
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