



ALBERTA ACUPUNCTURE REGISTRATION EXAMINATIONS

2023 CANDIDATE HANDBOOK

Prepared by
The EXAMINATION COMMITTEE of the
COLLEGE OF ACUPUNCTURISTS OF ALBERTA

Revised: February 27, 2024. Subject to minor revisions without notice.

Revision Note

- Updated the Errors and Critical Errors for the Modalities Exam.

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1. General Information

The 2023 Candidate Handbook, hereinafter called the “Handbook”, includes information, policies, and procedures pertaining to the Alberta Acupuncture Registration Examinations (AARE). This handbook focuses on Alberta specific requirements, and although it is accurate at the time of publication, subsequent changes may take place without prior notice.

The regulatory body for acupuncturists in Alberta is the College of Acupuncturists of Alberta (CAA). The CAA is responsible for governing acupuncturists in accordance with the *Health Professions Act* and the *Acupuncturists Profession Regulation*.

Registration as an acupuncturist under the *Health Professions Act* (the “Act”), assures the public that acupuncturists are capable of practicing competently and safely, and are accountable under provincial legislation for their practice. Practitioners must meet minimum standards of competency in order to be considered eligible to become registered as an acupuncturist under the Act. Successful completion of the following five (5) parts are the examination requirements for registration as outlined in the Acupuncture Regulation:

1. **Pan-Canadian Multiple-choice (MC) for Acupuncturists***
2. **Pan-Canadian Clinical case (CC) for Acupuncturists***
3. **CAA Safety Exam**
4. **CAA Modalities Exam**
5. **CAA Acupuncture Points Exam**

For information on the **Pan-Canadian components (parts 1 & 2), please refer to the **Pan-Canadian Examination Candidate Handbook** posted on the **CAA website**: www.acupuncturealberta.ca.*

The focus of this handbook is the **CAA Safety, Modalities, and Acupuncture Points Exam**.

Part 3 - CAA Safety Exam – Written Multiple-choice Examination. Refer to Appendix B for more information.

Part 4 - CAA Modalities Exam – Demonstration of needling, moxibustion on a needle, cupping over needle, and clean needle techniques. Performed on a foam mannequin. Refer to Appendix C for more information.

Part 5 - CAA Acupuncture Points Exam – Demonstration of point-location and knowledge. Performed on a standardized patient. Refer to Appendix D for more information.

The CAA Examination Committee (EC) is responsible for the following aspects of the AARE:

Pan-Canadian Examinations (Parts 1 and 2)

- Working with other provinces to develop items
- Administering the exams as led by Yardstick Assessment Strategies Inc. (Yardstick)
- Scoring the Pan-Canadian Examinations in conjunction with other provinces and Yardstick.

CAA Exams (Parts 3, 4, and 5)

- Research and development of exam design and content
- Maintaining the exam content
- Administering the exam
- Reviewing the exam
- Hiring exam personnel
- Scoring the exam

The EC is the committee that makes the final ruling on examination results.

All correspondence and inquiries pertaining to the examinations should be directed to the Registrar at the following address:

Attn: Registrar
College of Acupuncturists of Alberta
#201, 9612 – 51st Avenue NW
Edmonton, AB T6E 5A6

Telephone: (780) 466-7787 Fax: (780) 466-7251
Email: info@acupuncturealberta.ca

2. Purpose of the AARE

The purpose of the AARE is to determine if candidates who desire to be registered to practice acupuncture in Alberta under the governance of the CAA have acquired minimal entry-level standards of practice. Please refer to the *Alberta Standards of Competency and Practice* (Appendix F).

The Standards for Educational and Psychological Testing state: “Tests used in credentialing are designed to determine whether the essential knowledge and skills of a specified domain have been mastered by the candidate. The focus of performance standards is on levels of knowledge and performance necessary for safe and appropriate practice.” (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999, p. 156).

The AARE is designed to assess knowledge, skills, and attitudes required for acupuncture practice.

A pass result on the examinations indicates that the candidate has demonstrated a sufficient standard of competence.

3. Eligibility

a. Alberta Educated Applicants

Applicants must be enrolled in an acupuncture education program that has been approved by the Council of the CAA. Applicants may attempt the registration examination in their final term of the acupuncture education program.

Council of the CAA approved the following acupuncture education program:

- a) MacEwan University, Acupuncture program
- b) Alberta College of Acupuncture and Traditional Chinese Medicine, Acupuncture program
- c) Calgary College of Traditional Chinese Medicine and Acupuncture, Acupuncture diploma program
- d) Canadian Institute of Traditional Chinese Medicine and Acupuncture, Acupuncture diploma program
- e) Reeves College, Acupuncture Program (Reeves College is not accepting new students and ceased operation in March 2021)

b. Non-Alberta Educated Applicants

Non-Alberta educated applicants must follow their respective application process for new Canadian graduates (outside of Alberta) or international graduates. A non-Alberta educated applicant's qualification is assessed by the Registrar or Registration Committee before being permitted to attempt the registration examination.

4. Examination Attempts

An applicant is allowed three (3) attempts on each component of the registration examination. The Registrar or Registration Committee may grant permission to an applicant to attempt the examination for a 4th and final time if the Registrar or Registration Committee is of the opinion that extenuating circumstances exist. A decision log will be kept, without names, with reasons for decisions and explanations regarding decisions on each file. This log will be used to support consistency of decisions.

The Registrar or Registration Committee may require an applicant to successfully complete upgrading before attempting the registration examination for a 4th and final time.

Withdrawal or absence from the registration examination does not count as an exam attempt.

5. Dates and Locations of Examinations

Examination dates and locations will be provided to candidates and posted on the CAA website once available.

6. Language

All components of the **Alberta Acupuncture Registration Examinations** are offered in **English only**. No interpreters will be allowed in any examination setting.

7. Scoring

Parts 1 & 2 – Pan-Canadian Multiple-choice (MC) and Clinical case (CC) for Acupuncturists are scored electronically.

*For information on the scoring of the **Pan-Canadian Examinations**, please refer to the **Pan-Canadian Examination Candidate Handbook** posted on the **CAA website**: www.acupuncturealberta.ca.*

Part 3 – CAA Safety Exam is scored by the CAA Examination Committee. For information on Part 3, please refer to Appendix B.

Part 4 – Modalities Exam and Part 5 - Acupuncture Points Exam, are scored by the EC and comprehensively trained examiners.

CAA Examiners are comprehensively trained and must meet the following criteria:

- Minimum 5 years in practice
- Currently registered with the CAA in good standing
- Not affiliated with any acupuncture/TCM school for at least 3 years

Examiners in Part 4 utilise structured scoring sheets as a “checklist” to score the candidate during his or her performance on the examinations.

Examiners in Part 5 pre-determine the locations of points on a standardized patient (male) and score candidates’ location accuracy with a set standard. The examiners also score the candidate’s knowledge on precautions and contraindications of the acupuncture points being tested.

The results of the scoring sheets and/or video footage may be reviewed by the EC to verify them.

The scoring sheets will reflect emphasis on crucial elements that are important and fundamental to the minimal entry-level standards of practice of acupuncture, moxibustion, fire-cupping, point-location, and point precautions/contraindications. The stations are designed to evaluate safe procedures and basic clinical skills.

Further information about the scoring of parts 4 and 5 can be found in Appendices C and D respectively.

10. Results / Retakes / Re-score

A critical component of any testing program is a scientifically developed pass score. The College of Acupuncturists of Alberta uses a method based on percentile ranks, percentages, and chance score. The method is used for the College components of the AARE. This process is stable over

the various administrations and defines a clear, distinct separation between those candidates who were successful and those who were not.

Examination results will be available on the Member Portal. Results for the Alberta Acupuncture Registration Examinations will be available within ten (10) weeks after the dates the examinations are administered. In the event that your results are not received ten (10) weeks after the examination date, please contact the CAA office.

If you receive a CRITICAL ERROR on any of Parts 4 or 5, this is an AUTOMATIC FAIL, and you will be notified of this with your results.

Retake Examination

- With the transition of Pan-Canadian Exam to Computer Based Testing (CBT), the candidates will receive a single score for both components of the exam (Parts 1 & 2 – Pan-Canadian MC and CC for Acupuncturists). As such, a candidate who fails the Pan-Canadian Exam will have to retake both components.
- A candidate who fails other part (Part 3, 4 or 5) of the Alberta Acupuncture Registration Examinations is required to retake that part only.
- All Parts of the Alberta Acupuncture Registration Examinations are offered twice each year; usually in October/November and April/May.

Request for a Re-score of the Examinations

- Candidates may request a Re-score of their CAA Safety, Modalities, and/or Acupuncture Points Exam results.
- To request a Re-scoring of the CAA Exam Parts 3, 4 and/or 5, there are associated fees with this process, as a detailed re-scoring process needs to be carried out. Candidates must submit a written request signed and dated, along with payment of the rescore fee to the CAA Office within thirty (30) days of the date your examination results are released to the following:

Attn: Registrar
College of Acupuncturists of Alberta
#201, 9612 – 51st Avenue NW
Edmonton, AB T6E 5A6
Telephone: (780) 466-7787 Fax: (780) 466-7251
Email: info@acupuncturealberta.ca

The fees for re-scores are as follows:

Part 3 – Safety & Jurisprudence	\$75.00
Part 4 - Modalities	\$175.00
Part 5 - Acupuncture Points	\$175.00

Refunds of the rescore fee shall be at the discretion of the Registrar or their designate.

Further information about the re-scoring and re-scoring process of parts 4 and 5 can be found in Appendices C and D respectively.

11. Confidentiality and Security of Test Materials

The security issues for registration examinations include eliminating unfair advantages among the candidates, and also avoiding the high administrative and financial costs of replacing examination materials. The utmost security of the content of the examination is maintained before, during, and after the examination. All examination materials are protected by copyright. Stringent security measures are in place to protect all items of examination material during all phases of development and execution; including development and review of material, reproduction, transportation, and disposal of examination materials; and presentation of material on examination day.

Candidates are rigorously subjected to the *Rules of Conduct* as described in the next section. Candidates who are found to have contravened the *Rules of Conduct* during the Alberta Acupuncture Registration Examinations may be denied standing; or, if standing has been awarded, may have that standing withdrawn. The CAA may deny re-admission to the examination.

Candidates will be subject to the CAA's *Rules of Conduct* and the *Rules of Conduct* of third-party examinations.

12. Rules of Conduct for the Examinations

*The following statements refer to the CAA Exam (parts 3, 4, & 5). For the Pan-Canadian Examinations (parts 1 and 2) please refer to the **Pan-Canadian Examination Candidate Handbook** posted on the **CAA website**: www.acupuncturealberta.ca.*

Each candidate who takes the examination, by his or her act of participating in that examination, agrees to the following *Rules of Conduct*:

1. Candidates acknowledge that the examination and the contents therein are the exclusive property of the CAA.
2. Candidates acknowledge that they can remove no part of the examination from the test site, nor can they give or receive assistance during the exam by unauthorized persons.
3. Candidates must remain silent in all areas of the examination site. This includes no communication between candidates or cell-phone use (texting or calling).
4. Candidates acknowledge that their participation in any act of cheating as described below may be sufficient cause for the CAA to terminate their participation, to invalidate the results of their examination, or to take other appropriate action.
5. Cheating refers to any act or omission by a candidate that could affect the result of that candidate, another candidate, or a potential future candidate. These acts include:
 - (i) non-eligible individuals posing as eligible candidates,
 - (ii) bringing study materials to the test area,
 - (iii) giving or receiving assistance during the examination,

- (iv) any conduct during the examination that disturbs other candidates,
- (v) removing or attempting to remove examination material by any means, electronic or otherwise, from the testing site, and
- (vi) receiving or giving information or discussing any part of the examination content either before, during, or after* the examination.

**Debriefing increases the understanding of an examination station. Information gained in the debriefing, can be used by unsuccessful candidates to have an unfair advantage on future examinations. Confidentiality of station information should be considered in the same way as confidentiality of patient information – the duty to maintain confidentiality never ends.*

13. Protocol of Suspected Irregular Examination Behaviour

*The following statements refer to the CAA Exam (parts 3, 4, & 5). For the Pan-Canadian Examinations (parts 1 and 2) please refer to the **Pan-Canadian Examination Candidate Handbook** posted on the **CAA website**: www.acupuncturealberta.ca.*

If any candidate is caught or suspected of cheating or irregular examination behaviour, the following protocols may apply:

1. If the examination site staff suspect cheating, they may confiscate a candidate's test materials, as well as other documents, objects, materials, or electronic devices (such as an iPod, smart phone, calculator, electronic translators, etc.) that could be used for cheating, and require the candidate to leave the examination site.
2. If cheating is suspected an individual may be asked by the examination personnel to change location within the examination area.
3. The examination site personnel reports any suspected cheating to the Examination Committee.
4. The Examination Committee shall conduct appropriate investigations of the alleged cheating and shall make one of the following decisions:
 - declare that the occurrence of cheating was not established, or
 - declare that cheating did occur.
5. If the Examination Committee declares that the occurrence of cheating was not established, the candidate's score shall be released if possible, or the candidate shall be permitted to sit the next available examination without charge.
6. Cheating may be declared at any time after a candidate has registered and includes the time after the examination as well as after results have been released.
7. If the Examination Committee declares that cheating did occur, one or more of the following may occur:
 - the candidate will be deemed to have failed the examination,
 - the Examination Committee shall report their findings to CAA,
 - the candidate may be prosecuted, and/or
 - the CAA may deny future access to the examination.

**Please note that the Examination Committee reserves the right to video-record candidates or groups of candidates in examination settings.*

14. Accommodation for Special Needs

*The following statements refer to the CAA Exam (parts 3, 4, & 5). For the Pan-Canadian Examinations (parts 1 and 2) please refer to the **Pan-Canadian Examination Candidate Handbook** posted on the **CAA website**: www.acupuncturealberta.ca.*

Reasonable accommodation will be made for a special needs candidate. Alternative accessible arrangements under comparable testing conditions may be available to a candidate with special needs. Requests for accommodation of special needs will be considered on a case-by-case basis. To request for special needs accommodation, the following documentation must be included with the Examination Application Form.

- Completed form of Request for Testing Accommodations;
- Current documentation (within six months) by a competent licensed health professional who provided treatment or assessment to the candidate to demonstrate the validity and necessity of such accommodations. The document must clearly state the disability diagnosis and recommended accommodation. For example, a report by a licensed psychologist for learning disabilities, or by a physician for a physical disability.

15. Examination Procedures

*The following statements refer to the CAA Exam (parts 3, 4, & 5). For the Pan-Canadian Examinations (parts 1 and 2) please refer to the **Pan-Canadian Examination Candidate Handbook** posted on the **CAA website**: www.acupuncturealberta.ca.*

In order to ensure that the examinations are administered in a standardized manner, candidates are requested to adhere to the following procedures:

1. Prior to beginning any part of the examination, each candidate must register for the examination by presenting at least one piece of identification bearing the candidate's name, photograph, and signature (e.g., passport, driver's license, etc.) to an examination administrator.
2. The examination site is restricted to candidates, examiners and examination personnel. No one else can enter this restricted area without permission from the Registrar or the Examination Committee. Candidates must not leave an examination room or the examination site during the course of the examination without the Registrar's or Examination Committee's permission.
3. Candidates requesting a washroom break during the examination will be escorted. Extra time to complete the examination will not be afforded to these candidates.
4. Candidates must not convey examination related information in any matter whatsoever to other candidates during and/or after the examination. Due to confidentiality issues, there will be NO talking between candidates at the exam site.
5. Upon completing the examination, candidates must hand in to an examiner or examination administrator their examination booklets, answer sheets, and any notes (even blank/scrap paper) they made during the examination.

6. Candidates are expected to use the nomenclature for acupuncture points taken from the World Health Organisation's *Standard Acupuncture Nomenclature, Parts 1 and 2*. (These references are included as Appendix E of this document.)
7. Candidates are not permitted to bring study materials, bags, purses, cell/smart phones, electronic translators, tablets, computers, or any other non-essential test related items into the examination area.

Additional CAA Exam Parts 4 & 5 Procedures

Due to the constraints of scheduling, **candidates who arrive late for either part of this examination will not be permitted to take that part.** No guarantee is made that the tardy candidate will be able to complete that part for the current examination. **Please ensure you arrive early for your examination. We recommend you arrive at least 30 minutes prior to your examination time.**

CAA Modalities Exam will consist of “hands-on” application of three (3) modalities; namely, needling, moxibustion on a needle, and fire-cupping over a needle. **You must bring your own Acupuncture Kit (see Appendix C: Part 4 - CAA Modalities Exam).** Candidates are required to maintain appropriate levels of professionalism, hygiene, safety, and skill levels throughout this part. **For more information on this part, please refer to Appendix C: Part 4 – CAA Modalities Exam.**

CAA Acupuncture Points Exam will require the candidate to locate eight (8) acupuncture points on a “live” standardized patient (male). **It is recommended that you bring a measurement tool for proportionate and straight-line measurement such as string, elastic, etc.** The candidate will also be required to choose precautions and contraindications for those points on the worksheet provided. **For more information on this part, please refer to Appendix D: Part 5 - CAA Acupuncture Points Exam.**

16. Limits of Liability

While the CAA and the Examination Committee (EC) take reasonable steps to ensure the accuracy and completeness of information of the Candidate Handbook, resources, and reports, the CAA or the EC are not responsible for damages in the event of errors or omissions regarding the examinations. The CAA or the EC are not responsible for impacts of a personal, professional, or financial nature. This includes such impacts as; loss of income, loss of salary, and/or expenses incurred by an employer, a contractor, or a candidate. It is the responsibility of each candidate in registering for the Alberta Acupuncture Registration Examinations to have read and understood the limits of liability that pertain to each examination. Further it is the candidate's responsibility to advise those interested parties (e.g., employers) about the limits of liability. By participating in the Alberta Acupuncture Registration Examinations, each candidate agrees that he or she shall take no action or other proceeding against the CAA, the EC, or any of its officers, employees or agents for an act done in good faith, or for any neglect or default related to the examinations.

Appendix A: References

CAA Safety Exam

1. **Safety Handbook** for Alberta Acupuncturists (2017)

CAA Modalities Exam

Effective June 8, 2022, A Manual of Acupuncture by Peter Deadman et al. is the **only** reference text for the CAA Modalities Exam.

1. **A Manual of Acupuncture** by Peter Deadman *et al.* (June 25th, 2007)
Published by Eastland Press, 1240 Activity Drive, #D Vista, CA 92083, USA
ISBN: 0-9510546-7-8.

CAA Acupuncture Points Exam

Effective June 8, 2022, A Manual of Acupuncture by Peter Deadman et al. is the **only** reference text for the CAA Acupuncture Points Exam.

2. **A Manual of Acupuncture** by Peter Deadman *et al.* (June 25th, 2007)
Published by Eastland Press, 1240 Activity Drive, #D Vista, CA 92083, USA
ISBN: 0-9510546-7-8.

Appendix B: Part 3 – CAA Safety Exam

The Acupuncturists profession has transitioned under the *Health Professions Act* (HPA) and the new *Acupuncturists Profession Regulation* is now in effect. The old legislation documents such as the Health Disciplines Act, Acupuncture Regulation, and the Jurisprudence Handbook, no longer apply. As such, the Jurisprudence Exam is cancelled until further notice.

The CAA Safety Exam is a paper-based examination. It consists of 30 multiple choice questions and will be administered in closed-book format. Candidates will have 1 hour to complete this independent examination.

The Safety Handbook is available on the CAA website.

Safety Blueprint (30 Items)

Competency	Weight
1. Infection Prevention & Control	40 to 45%
1.1 General Principles of Infection Prevention & Control	
1.1.1 Potential Biological Hazards at Acupuncture Clinics	
1.1.2 Contamination and Cross-contamination	
1.1.3 Common risks for infection	
1.2. Routine Practices	
1.2.1 Respiratory Etiquette	
1.2.2 Hand Washing	
1.2.3 Alcohol Based Hand Rub	
1.2.4 Hand Washing Facilities	
1.2.5 Antiseptic Agents	
1.2.6 Personal Protective Equipment (PPE)	
1.2.7 Safe Handling and Disposal of Sharps	
1.3 Additional Precautions (Transmission-based Precautions)	
1.3.1 Patient Management	
1.3.2 Precautions for Infectious Patients	
1.3.3 Droplet Transmission Precautions	
1.3.4 Contact Transmission Precautions	
1.3.5 Airborne Transmission Precautions	
1.3.6 Blood-borne Diseases: Precautions and Exposure Management	
1.4 Cleaning, Disinfecting, Sterilizing	
1.4.1 Environmental	
1.4.2 Blood Spills	
1.4.3 Laundering and linen management	
1.4.4 Sanitizing Disinfecting and Sterilizing Equipment and Instruments	
1.4.5 Biohazardous waste management	
1.5 Safety Responsibilities of Practitioners and Staff	
1.5.1 Training	
1.5.2 Immunization	

2. Risk Management and Occupational Hazards Control in the Acupuncture Clinic	5 to 10%
2.1. Risk Management in and around the clinic	
2.1.1 Air Quality Control	
2.1.2 Medical Emergency Management	
3.0 Patient Communication, Privacy, Patient Records	5 to 10%
3.1 Patient Records	
3.1.1 Use, Disclosure and Transfer of Patient Records	
3.1.2 Patient Records Retention	
3.1.3 Electronic Patient Records	
3.1.4 Termination of the Practitioner-Patient Relationship	
3.1.5 Informed Consent	
3.1.6 Patient Privacy and Duty to Report	
4. Safe Procedures and Risk Management for Acupuncture and Acupuncture Related Techniques	40 to 45%
4.1 Acupuncture	
4.1.1 Introduction Clean Needle Technique (CNT)	
4.1.2 Basic Principles of CNT	
4.1.3 Hand Washing	
4.1.4 Pre-sterilized Disposable Instrument (Needles)	
4.1.5 Clean Needle Technique Procedure (CNT)	
4.1.6 Acupuncture Treatment in an Unfamiliar Setting	
4.1.7 Aseptic technique	
4.1.8 Hygienic and Safe Removal of the Needle	
4.1.9 Other equipment	
4.1.10 Managing Needle Stick Accidents	
4.1.11 Contraindications and Precautions for Acupuncture	
4.1.12 Additional Precautions	
4.2 Management of Adverse Reactions to Acupuncture Treatment	
4.2.1 Precautions and Contraindications for Moxibustion	
4.2.2 Management of Burns Resulting from Moxibustion	
4.2.3 Precautions and Contraindications for Cupping and Gua Sha	
4.2.4 Precautions and Contraindications for Plum Blossum Needling, Blood Letting Techniques	
4.2.5 Precautions and Contraindications for Tuina	
4.3 Patient Privacy and Draping	
4.4 Equipment and Materials used in Acupuncture Practice (TDP, Electro etc.)	
4.4.1 Electro-acupuncture	
4.4.2 TDP Lamps and other Infrared Devices	

Appendix C: Part 4 – CAA Modalities Exam

Effective June 8, 2022, A Manual of Acupuncture by Peter Deadman et al. is the only reference text for the CAA Modalities Exam.

This appendix provides the following information regarding Part 4 – CAA Modalities Exam:

1. Overview of the Station
2. General Guidelines
3. Instructions to Candidate
4. Candidate Worksheet
5. Candidate Procedure List
6. Scoring / Errors / Critical Errors
7. Re-score Request
8. Acupuncture Kit Supply List

1. Overview of the Station

This station will test your hands-on practical skills in the following areas:

- Professionalism
- Preparedness of Acupuncture Kit Supplies
- Infection control / hand-washing / aseptic techniques
- Obtaining Informed Consent
- Identifying acupuncture points
- Skin surface preparation
- Needling technique
- Moxibustion technique
- Cupping technique
- Demonstrating proper angle and depth of needle insertion
- Safe handling of materials
- Recognizing and responding to unexpected situations

The exam room will have one (1) examiner. The examiner will greet you and confirm your candidate ID. After this, you may open your acupuncture kit and refer to the Candidate Worksheet (Figure 2) for an overview of the three steps you must perform. Your examiner will prompt you to begin the setup of your supplies.

Please note: This is a structured exam directed by the examiner. You must follow the examiner's instructions to facilitate proper scoring and workflow.

The room will contain a foam mannequin resting on a treatment table. A high-density pad will be on top of the foam mannequin. You may choose either the mannequin or the high-density pad to insert your needles, however, the high-density pad must be used for the cupping portion. There is a counter surface in the room for you to set up your supplies and equipment.

Please note: The mannequin will provide a soft or loose feeling to inserting the needle, while the high-density pad will provide a firm or tight feeling.

You are allowed eighteen (18) minutes to complete this station. Your examiner will setup a timer in the exam room, the timer will sound when the time is up.

2. General Guidelines

- Your examiner will prompt you for each step. A Candidate Procedure List is posted in each exam room for candidate's convenience. Many prompts are general, and it is up to you to demonstrate your ability to complete the task. For example, your examiner will prompt you to "set up your clean-field" but will not tell you "how" to do this. Similarly, you will be prompted to "proceed with Step 1 (Acupuncture) of the Candidate Worksheet and follow that instruction". There will be no further guidance until you finish this task, so when you wash your hands, how you prepare the skin surface, what angle or depth the needle goes in, etc., is up to you.
- The examiners are trained to intently watch your infection control skills. If you wash your hands and touch them to anything before you insert your needle (like your Candidate Worksheet or your head) your examiner will flag this. If you fail to mention you wash your hands again, you may receive a Critical Error (see section 6. Scoring / Errors / Critical Errors).
- Always treat the foam mannequin as a "living" person. You may simply state things like "I let my patient know the risks associated with this procedure and I obtained informed consent", or "I inspect the skin for any lesions", etc...
- The foam mannequin is considered to be a 165 lb (75 Kg) male of average build.
- The foam mannequin provides a soft and generally loose feeling to inserting a needle. A cup will not achieve suction on this surface.
- The high-density pad provides a firm and generally tight feeling to inserting a needle. This surface is especially used for the cupping step as it is the only surface that will allow proper suction.
- If you make a mistake, inform the examiner you have made the mistake and redo the procedure. If you forget to wash your hands, simply state "Oh, I would have washed my hands before I did that last step". By this recognition you will possibly salvage that portion. Critical errors cannot be corrected at a later time.
- You must use the general body areas of the foam mannequin that correspond to the acupuncture point to insert your needle. For example, a point of the lower extremity should be placed on the lower extremity of the mannequin.
- If you are becoming sidetracked (i.e. wasting time) during this station, your examiner may give you a blunt instruction to move forward in efforts to keep you on time. With 18 minutes to complete this station you will need to properly manage your time.

3. Instructions to Candidate

You will be allotted time to review the Instructions to Candidate (Figure 1) for this station prior to entering the exam area. Note that there are two (2) pages.

Part 4 – CAA Modalities Exam

Alberta Acupuncture Registration Examinations

Instructions to Candidate (2 PAGES)

Overview

In this clinical evaluation station you are required to **demonstrate competent procedures in three areas: Needle technique, moxibustion on a needle, and fire-cupping over a needle. You will have eighteen (18) minutes to complete this station**

Entering the Exam Staging Area

1. Enter the exam staging area **only when prompted** by exam staff.
2. The exam staff will lead you into the exam staging area and show you your exam room. **Do not enter the exam room at this time.**
3. Outside the exam room is a computer, and **you may be prompted** to sign-in using a 4-digit username and password. The computer will ready the video cameras for your exam.
4. All candidates will enter the exam rooms at the same time so **please wait for the instruction to enter.**

Please: No talking unless you have a specific question for the exam staff.

Entering the Exam Room – Timer Starts

1. Do not say your name in the exam room.
2. In the exam room you will see **one (1) examiner and one (1) foam-mannequin on a table.**
3. You will be provided **one (1) copy of these instructions, one (1) Candidate Worksheet, and pens/pencils.**
4. There will be a counter surface for you to set up your materials for this station. **You may open your Acupuncture Supply Kit when you enter but you will be prompted to set everything up by the examiner.**
5. It is recommended to **review your Candidate Worksheet before you begin your setup.**
6. **The first instruction your examiner will give is “Please set up an appropriate sharps-container”. The examiner will continue with prompts until the completion of this station.** (A Candidate Procedure List is posted in each exam room for candidate’s convenience.)

The examiner will prompt you throughout this station.

Page 1 of 2 – NEXT PAGE

Figure 1. Instructions to Candidate Page 1

Procedures for this Station

1. Be sure to fill in your “*Candidate ID*” at the top of your Candidate Worksheet.
2. The Candidate Worksheet will list three (3) steps:
 - Step 1 will require you to demonstrate either one (1) tonifying (reinforcing) OR one (1) sedating (reducing) technique. You must insert the needle directly into the foam mannequin or the high-density pad. See Figure 1.
 - Step 2 will require you to demonstrate moxibustion on a needle (warming needle) technique. You must insert the needle directly into the foam mannequin or the high-density pad. See Figure 1.
 - Step 3 will require you to demonstrate fire-cupping over a needle technique. You must insert the needle into the high-density pad and place the cup over it. The high-density pad will allow suction for your cup. Your cup will not achieve suction on the foam-mannequin. See Figure a.
3. You must verbalize every instance of hand-washing to the examiner. Failure to do so may result in a Critical Error. Your examiner will NOT prompt you to wash your hands. You do not need to verbalize the entire hand-washing protocol. Simply state, “I wash my hands”.
4. Your examiner will give you prompts for each step. Many prompts will require you to use your knowledge to complete them. For example, the prompt “Set up your clean-field” requires knowledge of how to perform this correctly.
5. This station doesn’t require you to locate the acupuncture point, but you must be in the correct body area. For example, a knee point must be needled in the area of the mannequin’s knee. The surface of the mannequin can be either front OR back. Do not flip the mannequin. You may reposition the high-density pad if necessary.
6. Proper needle technique, including depth, angle, and direction of insertion, must be followed for ALL THREE STEPS.
7. When you are finished, hand your Candidate Worksheet to your examiner.

The Foam Mannequin provides a soft surface to needle into. Cupping WILL NOT work here.

The High-density Pad provides a firm surface to needle into. Use this pad for cupping.

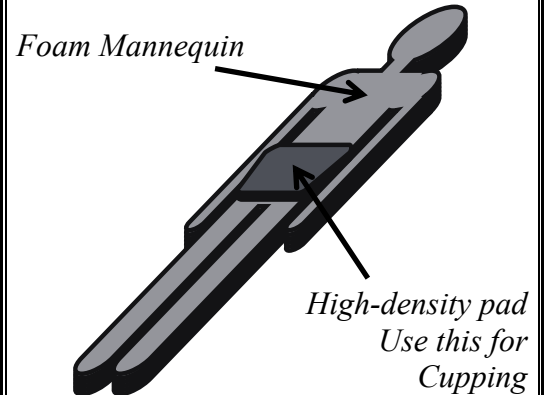


Figure a. Foam Mannequin

Treat the Foam Mannequin as a live patient!

*Remember to wash your hands regularly!
Just tell the examiner, “I wash my hands”.*

Candidate Worksheet
Part 4 - Modalities Clinical Evaluation

Candidate ID:

Track Number:

Exam Date:

STEP 1

Apply **acupuncture** to the acu-point **GB 20 (Fengchi 風池)** and demonstrate **one (1) tonifying (reinforcing)** technique.

Notes:

Length of needle to use:

STEP 2

Apply **moxa on a needle (warming needle)** technique to the acu-point **BL 24 (Qihai 氣海俞)**.

Notes:

Length of needle to use:

STEP 3

Apply **fire-cupping over a needle** technique on the acu-point **BL 25 (Dachangshu 大腸俞)**.

Notes:

Length of needle to use:

Figure 2. Candidate Worksheet

4. Candidate Worksheet

The Candidate Worksheet (Figure 2) lists three (3) acupuncture points for the three (3) steps of this station. Please fill in your Candidate ID number and the Date of your exam. This worksheet must be handed to the examiner before leaving the exam room.

The first acupuncture point listed is for the Step 1 – Acupuncture. In our example the acupoint is GB 20 (Fengchi) and the instruction is to demonstrate one (1) tonifying (reinforcing method). After the initial setup of your acupuncture supplies, your examiner will prompt you to proceed with this step. After you have completed this, your examiner will prompt you to remove the needle and dispose of it properly. On the worksheet, you will see the headings “Notes:” and “Length of needle to use:”. These headings are provided for you to organize your thoughts and **WILL NOT BE USED IN THE SCORING**. So feel free to jot down anything that helps you complete each step.

The second acupuncture point listed is for Step 2 – Moxa on a needle (warming needle). In our example the acupoint is BL 24 (Qihai). You will insert your needle and place a moxa cone on the needle. Always maintain proper depth and angle of your needle for this step and use proper patient protection. **DO NOT IGNITE THE MOXIBUSTION MATERIALS** for this step. Only verbalize and demonstrate by motion how you would ignite the materials.

The third acupuncture point listed is for Step 3 –Cupping over a needle. In our example the acupoint is BL 25 (Dachangshu). You will insert a needle into the high-density pad and use fire-cupping over the needle. **THIS IS A LIVE STEP MEANING YOU MUST USE A FLAME TO ACHIEVE SUCTION WITH A GLASS CUP**. Be sure to protect yourself, your patient, and your surroundings with this live step.

Please see Figure 2 for the example worksheet.

5. Candidate Procedure List

The Candidate Procedure List shows the prompts your examiner will give you. It is posted in each exam room for candidate’s convenience. It is recommended to utilize this list and the example Worksheet to practice for this station.

These are the prompts:

1. Set up an appropriate **sharps-container**.
2. Set up a **waste-container**.
3. Set up a **clean-field**.
4. **Consult your Candidate Worksheet** and open **AT LEAST one (1) appropriate acupuncture needle for each step** and place them on the clean-field. **Total of AT LEAST three (3) needles**.
5. Open **AT LEAST three (3) pre-packaged alcohol swabs** and place them on the clean-field.
6. Place some **cotton balls** on the clean-field.
7. **Proceed with STEP 1 (acupuncture)** of the **Candidate Worksheet** and follow that

- instruction.
8. **Please confirm the length of your needle for this step.**
 9. **Withdraw the needle and dispose of it appropriately.**
 10. **Proceed with STEP 2 (moxa on a needle) of the Candidate Worksheet** and follow that instruction. Demonstrate the entire procedure and **verbalize when you will ignite any materials. Do not actually ignite any materials for this step.**
 11. **Safely remove the moxibustion-cone and supplies.**
 12. **Withdraw the needle, and dispose of it appropriately.**
 13. **Proceed with STEP 3 (fire-cupping over a needle) of the Candidate Worksheet** and follow that instruction. This is a “live” step, where you will **use a flame to obtain suction from a glass cup.**
 14. **Remove the cup.**
 15. **Withdraw the needle and dispose of it appropriately.**
 16. **This station is now complete.** Please pack up and **exit the room** in a timely manner.

Additional procedure by the examiner:

For STEP 1 (acupuncture), your examiner will measure the angle of your needle insertion with a protractor.

6. Scoring / Errors / Critical Errors

This station utilizes a structured and procedural scoring sheet that the examiner completes as you demonstrate your skills. It is important to follow the examiner’s prompts and the procedure list in order to allow your examiner to properly score you and not interfere with your time management.

This station evaluates your entry-level procedures when applying various modalities. Some procedures when performed incorrectly (or missed altogether) will constitute an **ERROR** or a **CRITICAL ERROR**.

ERRORS are considered as any procedure (or lack of) that puts the patient, practitioner, or property at risk. For scoring purposes, an ERROR will severely reduce your score in this station. These ERRORS are as follows:

- Inappropriate sharps container used
- No waste-container present
- Counter-top not washed and disinfected prior to clean-field setup
- Clean-field compromised
- Failure to mention hand-washing
- Absence of alcohol swab applied to the skin surface or multiple passes with the alcohol swab on skin surface
- Acupuncture needle shaft is touched by hand or moxa-shield
- Improper depth of insertion on non-critical areas (i.e. too deep)
- Failure to demonstrate at least one technique as stated in Step 1. (tonifying/reducing)
- Improper disposal of acupuncture needle
- Improper needle used for moxa on needle (i.e. plastic handle)
- Moxa-cone not secure on needle (3 attempts)

- Inappropriate material used for moxa heat shield (e.g. paper)
- Holding a flame directly over or too close to the patient's body
- No mention of proper pre-sanitized cup
- Mishandling flammable materials (e.g., removing excess alcohol from a cotton ball with bare hand)
- Cup pushes needle deeper (over non-critical area)
- Flame overheats mouth of cup
- Failure to achieve suction with cup (3 attempts)
- Materials / Equipment missing or not prepared
- Failing to complete the exam or any of the three main parts (Step 1, 2, or 3) within the allotted exam time*
- Other (unforeseen errors)

CRITICAL ERRORS occur when the patient or practitioner is placed in a substantial risk to their well-being. CRITICAL ERRORS CONSTITUTE AN AUTOMATIC FAIL on this station. These CRITICAL ERRORS are as follows:

- Failure to mention Hand-washing more than once
- Failure to demonstrate OR mention glove use when your hands show lesions/rashes/etc.**
- Unsafe needling at an area that could damage the heart, lungs, or central nervous system:
 - Inserting a needle too deeply (even if appropriate needling angle and direction is demonstrated)
 - Inserting a needle with an incorrect angle (even if appropriate needling depth and direction is demonstrated)
 - Inserting a needle at an incorrect direction (even if appropriate needling angle and depth is demonstrated) ***
- Failing to use a heat-shield while performing moxibustion
- Dropping burning moxa onto the patient
- Other (unforeseen critical errors)

** The purpose of this exam is to evaluate your competency and safety in performing the treatment modalities. You will be required to complete any remaining steps after the timer goes off for safety evaluation purposes. No score will be awarded after the timer goes off.*

***If you have lesions, warts, infection, cuts, rashes, blisters, etc. present on your hands, you must either use gloves (if you feel comfortable for exam-purposes), or CLEARLY STATE "I will use gloves". Whether you use the former or latter method, you must state every instance of glove changing. You must still state your hand-washing as well.*

****The high-density pad is marked with a midline/spine. Candidates must demonstrate appropriate needling direction towards or away from the midline/spine. If candidates choose to needle the foam mannequin, they must indicate verbally of their needling direction towards or away from the midline/spine.*

7. Re-score Request

If you suspect errors in scoring, you may request for re-score. A request for a Re-score, will be first handled by the CAA Registrar, and then by the Examination Committee. The EC will have a meeting to review, rescore, and discuss each Re-score on a case-by-case basis. The EC will generate a two-page Re-scoring Report for you. See Figure3.

The EC will review your correspondence for insight to your request, as this may help the direction of the review process. The EC will then review the examiner's scoring sheet for any errors or comments, your Candidate Worksheet for any discrepancies, the multiple-angle video footage in its entirety, the examiner's performance and consistency, and your performance especially pertaining to areas where you lost marks.

From this review process, the EC will attempt to sum up the errors made, so you can better prepare for a retake. If a ruling is made in your favor, your score will be adjusted and the CAA will refund your Re-score fees.

Remember, if you receive a CRITICAL ERROR for this station, you will know the error when you receive your results. A CRITICAL ERROR is an AUTOMATIC FAIL so keep this in mind if you still want to proceed with a Re-score.

A sample Re-scoring Report is provided for your reference. The relationship between the errors made and the score may not be an accurate reflection of those errors. This example is for illustrative purposes only.

Examination Re-scoring Report

Part 4 – CAA Modalities Exam

Alberta Acupuncture Registration Examinations

Overview

This Examination Review Report was generated as a result of your request for a reassessment of your performance in the Modalities Clinical Evaluation. This procedure was conducted by the CAA Examination Committee and involved the following steps:

- 1) Addressed any concerns as stated by you (the candidate).
- 2) Reviewed your Candidate Worksheet for completeness of answers.
- 3) Rescored the Examiner's Scoring Sheets (this included ruling out any addition errors).
- 4) Reviewed Multiple Angle Video Footage of your station performance.
- 5) Reviewed Multiple Angle Video Footage of your Examiner's performance.
- 6) Feedback to provide to you from this re-scoring process.
- 7) Adjusted your Score if any discrepancy or Examiner error existed.

Examination Committee Checklist

- | | |
|---|--|
| <input checked="" type="checkbox"/> Candidate Correspondance Reviewed | <input checked="" type="checkbox"/> Examiner Score Sheet Reviewed / Rescored |
| <input checked="" type="checkbox"/> Candidate Worksheet Reviewed | <input checked="" type="checkbox"/> Multiple Angle Video Footage Reviewed |
| <input checked="" type="checkbox"/> Candidate Performance Reviewed | <input checked="" type="checkbox"/> Examiner Performance Reviewed |

Result of Re-scoring

Candidate ID	1234	Examination Date	Oct 15 th , 2000	Track Number	1
<input type="checkbox"/> Candidate Score Adjusted			Final Score (out of 85)		
<input checked="" type="checkbox"/> Original Score Carried			45		
<input type="checkbox"/> Critical Error Observed (Automatic Fail)			Original Score (out of 85)		
			45		
Re-scoring Date	Jan 7 th , 2001	EC Chair Signature	M. Chairperson		

Observations and Errors

- Inappropriate or no sharps container was used
- No waste-container was present
- Counter-top not washed and disinfected prior to clean-field setup
- Clean-field compromised
- Failed to mention hand-washing
- Absence of alcohol swab applied to the skin surface or multiple passes with the alcohol swab on skin surface
- Acupuncture needle shaft was touched by hand or moxa-shield
- Improper depth of insertion on non-critical area (i.e. too deep)
- Failed to demonstrate at least one technique as stated in Step 1. (tonifying/reducing)
- Improper disposal of acupuncture needle
- Improper needle used for Moxa on needle (i.e. plastic handle)
- Moxa-cone not secure on needle (3 attempts)
- Inappropriate material used for moxa heat shield (e.g. paper)
- Held a flame directly over or too close to the patient's body
- No mention of proper pre-sanitized cup
- Mishandled flammable materials
- Cup pushed needle deeper (over non-critical area)
- Flame overheated mouth of cup
- Failed to achieve suction with cup (3 attempts)
- Materials/Equipment missing or not prepared
- Other:

Critical Errors

- Patient skin-surface contaminated (i.e. Not swabbed)
- Failed to mention Hand-washing more than once
- Failed to demonstrate OR mention glove use when hands showed lesions/rashes/etc.
- Inserted a needle too deeply or at an incorrect angle at a critical area
- Failed to use a heat-shield when performing moxibustion
- Dropped burning moxa onto the patient
- Failed to complete the exam or any of the three main parts (Step 1, 2, or 3)

EC Comments to Candidate ID

1234

- There was no mention of washing or disinfecting the counter surface before setting up your clean-field.
- When you were preparing the skin for moxa on needle (Step 2) you swabbed the skin with multiple passes using the same cotton swab.
- Your needle from moxa on needle was left in your ashtray and not disposed of properly.

8. Acupuncture Kit Supply List (Recommended Supplies)

General Supplies

- **Sharps Container** - An impervious commercial-made container labeled and designed specifically as a disposal unit for contaminated needles.
- **Waste Container** - To be used for non-critical waste disposal. Large, re-sealable plastic bags are allowed.
- **Small Biohazard Bag** – For blood-soaked cotton balls / gloves and other biohazardous waste.
- At least one (1) pair of **latex, nitrile, or vinyl gloves**.
- **Lighter** - To be used to demonstrate during moxa on a needle, and to ignite an alcohol-soaked cotton ball during fire-cupping.
- **Forceps** - To be used to remove moxibustion and/or a “hot” needle, and to hold the cotton ball during fire-cupping (Kelly forceps are recommended).

Acupuncture Specific Supplies

- One (1) pre-packaged **sterile-field (or drape)** to use as your clean-field
- At least five (5) 1 cun (1.0 inch/25mm), five (5) 1.5 cun (1.5 inch/40mm), and five (5) 2 cun (2.0 inch/50mm) pre-packaged, sterile, filiform **needles** with guide-tubes.
- At least five (5) pre-packaged, sterile **alcohol swabs**.
- At least ten (10) dry, clean **cotton balls**.

Moxibustion on Needle Specific Supplies

- At least two (2) **incense sticks**.
- At least two (2) **needle moxa** cylinders, or pre-formed moxa cones, or loose moxa to form cones (to be used on needle).
- A **metal scoop**, or half-split spoon, or forceps to remove the moxa from the needle.
- A metal **ashtray**.
- An appropriate **heat-shield** at least 3 inches (7cm) in diameter.

Fire-Cupping Specific Supplies

- At least one (1) medium and one (1) large **glass cup (must be pre-sanitized)**.
- 70 - 99% **Isopropyl Alcohol** (99% recommended).
- At least five (5) dry **cotton balls** to be soaked for ignition.
- You may use pre-soaked cotton balls if you prefer.

Appendix D: Part 5 – CAA Acupuncture Points Exam

Effective June 8, 2022, A Manual of Acupuncture by Peter Deadman et al. is the only reference text for the CAA Acupuncture Points Exam.

This appendix provides the following information regarding Part 5 – CAA Acupuncture Points Exam:

1. Overview of the Station
2. General Guidelines and Tips
3. Instructions to Candidate
4. Candidate Worksheet
5. Scoring / Critical Errors
6. Re-score Request

1. Overview of the Station

This station will test your hands-on practical skills and knowledge in the following areas:

- Correctly locate the locations of eight (8) acupuncture points. To excel this part, the candidates need to possess the knowledge and skills below.
 - Knowledge of nomenclature and location descriptions of acupuncture points
 - Knowledge of the essential body positioning for needling of these acupuncture points when applicable.
 - Knowledge of the best body positioning (clinically required for locating an acupuncture point, safe and comfortable) for those acupuncture points.
 - Knowledge of surface anatomy when applicable.
 - Hands-on skill in identifying anatomical landmarks to locate acupuncture points when applicable.
 - Knowledge and hands-on skills of proportional measurements when applicable.
 - Hands-on skill in accurately measuring distances on different parts of a human body to locate acupuncture points.
 - Hands-on skill in measuring straight lines on a patient to locate acupuncture points when applicable.
- Knowledge of precautions and contraindications of acupuncture points
- Knowledge about acupuncture points that have risks to cause harm to lungs, central nervous system and heart (Critical Precautions).

For the purposes of Part 5 – CAA Acupuncture Points Exam of AARE and Appendix D: Part 5 CAA Acupuncture Point Exam of this Handbook, **CRITICAL PRECAUTION** is stringently defined as the measure required to prevent serious injuries to the three vital areas, lungs, central nervous system, and heart of the body. The Exam Committee recognizes that injuries to these vital areas may cause irreversible health consequences and lacking the knowledge of **CRITICAL PRECAUTION** of an acupuncture point may pose severe safety concerns to the public. As such, failing to recognize these Critical Precautions constitutes **CRITICAL ERROR** that results in an automatic fail.

The exam room will have one (1) examiner. You will receive a 2-page Candidate Worksheet (Figure 2) that lists eight (8) acupuncture points. (Please be noted that some acupuncture points consist of 2 or more points as a group.) You are required to locate points on a “live” standardized patient and to select precautions and contraindications pertaining to those acupuncture points. You may opt to complete any of the requested tasks in any order of your preference. You are allowed sixteen (16) minutes to complete this station Your examiner will setup a timer in the exam room, the timer will sound when the time is up.

After you have left the room, the examiner will check your adhesive dots to the pre-marked locations to score your point location. The examiner will use the answer key to score the precautions and contraindications.

2. General Guidelines and Tips

In this station, the examiners are as silent as possible. After the greeting and brief instruction, **you may proceed independently** unless you require assistance or the examiners have instructions for you.

Point Location

- Be familiar with location descriptions, location methods, location notes, and precautions and contraindications.
- It is recommended to group the acupuncture points according to their body positions to use time more efficiently. (i.e. Prone, supine, lateral)
- This is a simulated station. Although your communication and professionalism are not evaluated in this station, you must still treat the standardized patient as a real patient.
- You may use the adhesive dots for temporary marking. Just be sure to remove them so there is no confusion for the examiner.
- Determine the best body positions for the points you will locate to more accurately find the locations. “Best body positions” including “Essential body positions” that are required for needling, positions required for better locating some acupoints, and most safe and comfortable positions. For example, it is not advised to locate back-shu points with the patient in sitting position.
- An inappropriate patient body position may affect the accuracy of your location.
- When applicable, using anatomical landmark descriptions first and supplementing with measuring methods to locate the point is most appropriate.
- When it comes to length measurement, in general, proportional are more accurate than quick-cun measurements. For example, when determining 3 cun in the upper abdomen, measuring 3/8ths from the sterno-costal angle to the umbilicus is more accurate than 1 handbreadth.
- When it comes to measuring, tools (cun-meters, graduated elastics, etc.) are more accurate than just hand-measuring and visual approximation.
- Although how you find the locations is not evaluated, tools are allowed and encouraged to improve the accuracy of straight-line measurements and proportional measurements. If you choose to use your hands only to measure (not recommended), make sure that have mastered this method to ensure accuracy.
- In general, your locating methods and skills are not evaluated. The examiner use the Key to assess your location accuracy (i.e. does your dot touch or overlap the pre-marked point). Some acupuncture points require certain body positions to needle them. You **MUST** instruct

the standardized patient to position properly when you are placing the adhesive dots or you may not receive full marks. For example, for SI19 (Tinggong), you **MUST** place the dot with the patient's mouth open.

- Some Extra Points, such as Ex-LE 7 (Lanwei) require verbal interaction with the patients to correctly locate them.
- Finalize your location by placing the adhesive dot only when the patient is in the safest or indicated position, if any, to perform acupuncture. Consider placement of the adhesive dots simulates inserting acupuncture needles.
- **You are NOT ALLOWED to use sharp objects to press or leave marks on standardized patients.**
- The examiners regularly test the adhesive dots for “stickiness”, by rubbing and pushing them after being stuck to the skin surface. The Standardized patient flips front to back several times to make sure the dots are up to standards. Standardized patients are shaved if necessary to assure the utmost fastening of the dots. In the RARE event that an adhesive dot falls off, the examiners will make notes and multiple-angle video footage will be utilized to determine the original accuracy.

Precautions and Contraindications

- Remember to check Precautions / Contraindications boxes for EACH acupuncture point to meet the “Expected Number of Responses”.
- Candidates **MUST** check the “No Precautions / Contraindications” box for points that have no specific precautions or contraindications.
- If you find the standard boxes don't have the answer you want to check, you may also select the “Other (provide explanation)” box and provide a brief explanation. See the sample Candidate Worksheet in Figure 2.
- There may be more correct answers than the said Expected Number of Responses. The candidates **MUST** include the Critical Precaution (i.e. risks to cause harm to lungs, central nervous system, and heart), if any. Failing to identify a critical precaution will result in a Critical Error.
- Checking more responses than “Expected Number of Responses” will not affect your marks as long as they are ALL correct. Each incorrect response will result in a deduction proportional to the ratio of correct and incorrect responses.
- In this section, *A Manual of Acupuncture (Deadman, Eastland Press)* is the chief reference, in compliment with other references. When there are discrepancies, the examiner will consider all mentioned precautions or contraindications to be correct.

3. Instructions to Candidate

You will be allotted time to review the Instructions to Candidate for this station prior to entering the exam area. Note that there are two (2) pages. Each page lists four (4) acupuncture points for a total of eight (8) acupuncture points. See Figure 1.

4. Candidate Worksheet

The Candidate Worksheet for this station consists of two (2) pages. Please fill in your Candidate ID and Exam Date at the top of the sheet. Four (4) acupuncture points are listed near the top of the sheet for BOTH pages 1 and 2 for a total of eight (8) acupuncture points.

In this example, the points listed are ST 36 (Zusanli), GB 21 (Jianjing), CV 8 (Shenque), and GV 15 (Yamen). Below the point names are the “Expected Number of Responses”. Even though ST 36 (Zusanli) has no specific precautions or contraindications, the expected number of responses is still one (1) because you have to choose “No Precautions/Contraindications” at the bottom of the list.

In this example, GB 21 (Jianjing) has “2” expected responses. Besides “No Deep Needling”, “Contraindicated in Pregnancy” also applies. This example shows an alternate method of stating this by the “Other (provide explanation)” category. Here we have inserted “Avoid Lungs” to illustrate this. Both answers are deemed correct. See Figure 2.

If you have more answers in mind than “Expected Number of Responses”, you may choose to select any one you see fit. However, you MUST NOT miss out the critical precautions/contraindication (i.e. risks that may harm the lungs, central nervous system, or heart), if there is any. Failing to identify a critical precaution/contraindication will result in a Critical Error which is an automatic fail. For example, if the “Expected Number of Responses” is 1 on GB-21 (Jianjing), you must recognize the risks of pneumothorax as a Critical Precaution and correctly identify it to earn full marks. You may check more than “Expected Number of Responses”, as you recognize that GB-21 (Jianjing) is also contraindication for pregnancy, and earn full marks provided that all checked responses are correct.

Part 5 – CAA Acupuncture Points Exam

Alberta Acupuncture Registration Examinations

Instructions to Candidate (2 PAGES)

Overview

In this clinical evaluation station you are required to **mark the location of eight (8) acupuncture points** on a standardized patient, and **indicate their respective precautions and contraindications** on the provided worksheet. **You will have sixteen (16) minutes to complete this station.**

Entering the Exam Staging Area

1. Enter the exam staging area **only when prompted** by exam staff.
2. The exam staff will lead you into the exam staging area and show you your exam room. **Do not enter the exam room at this time.**
3. Outside the exam room is a computer, and **you may be prompted** to sign-in using your 4-digit Candidate ID. All candidates will enter the exam rooms at the same time so **please wait for the instruction to enter.**

Please: No talking unless you have a specific question for the exam staff.

Entering the Exam Room – Timer Starts

1. Do not say your name in the exam room.
2. In the exam room you will see **one (1) examiner, one (1) standardized patient (male), and possibly one (1) videographer.**
3. You will be provided **one (1) copy of these instructions, one (1) Candidate Worksheet (2 pages), sufficient adhesive dots to mark the acu-points, and pens. Use of pencils is not accepted.** You are encouraged to bring your own measuring devices (i.e. rulers, cun-meters, cun-tapes, etc.) but there will be strings and graduated elastics that you may use.
4. The **Candidate Worksheet will list eight (8) acupuncture points** for you to mark the locations of on the standardized patient. It also includes an answer sheet for you to **indicate precautions and contraindications** for each acupuncture point.
5. **Start marking acupuncture point locations as soon as you are ready. Do not wait for your examiner to prompt you!**

The Candidate Worksheet consists of two (2) pages.

Page 1 of 2 – NEXT PAGE

Figure 1. Instructions to Candidate Page 1

Marking the Locations of the Acupuncture Points

1. **You are required to let the examiner know which acupuncture point you are locating and verbalize your locating procedures (your actions).**
2. You may choose any side of the body unless specially instructed by the examiner or unless the acupuncture point is only located on one side.
3. It is recommended to use graduated elastics, strings, and other non-pointing devices for straight-line and proportionate measurements.
4. **All acupuncture points are pre-marked on the standardized patient using clinically relevant body positions.** For example, back-shu points are marked in prone position rather than sitting.
5. **Place an adhesive dot on each acupuncture point you locate.** The dot must overlap the pre-marked acupuncture point in order to obtain a full score. Dots that don't overlap but still touch the edges of the pre-marked point will receive a half-score. See Figure b.
6. When a **specific body-position** is required for needling, you **MUST** position the patient properly to place the adhesive dot.
7. You may use other adhesive dots for land-marking or measuring purposes but **be sure to remove them** when you are finished locating. **Only the eight (8) acupuncture points should remain.**
8. **If an acupuncture point requires two (2) dots, be sure to place two adhesive dots to be deemed correct.**

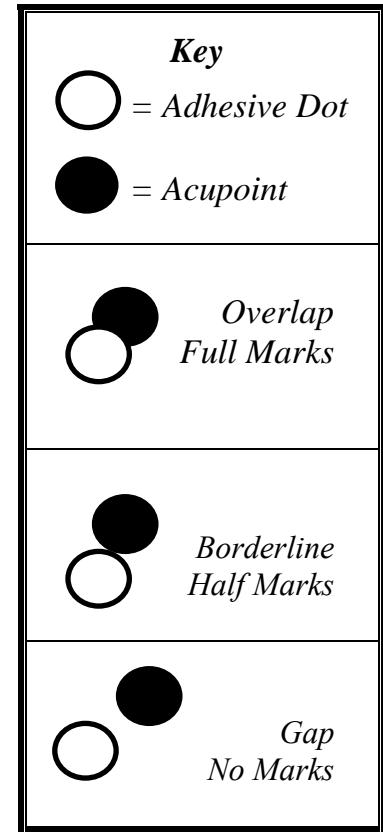


Figure b. Scoring System

Completing the Candidate Worksheet

1. **Be sure to fill in your “Candidate ID” and “Exam Date” at the top of your Candidate Worksheet.**
2. Under each acupuncture point on the Candidate Worksheet are a list of precautions and contraindications. **Each acupuncture point has a separate column and the number of expected responses is listed at the top just below the point names.** For example, an acupuncture point that should not be needled deeply and is contraindicated in pregnancy will have two (2) expected responses.
3. **If you feel the provided terminology does not match your reference, you may use the “Other (provide explanation)” heading near the bottom of the page.** Write a simple description in the blank space provided. **For example, you may write “Avoid Lung” instead of choosing the “No Deep Needling” (if the acupoint has risk to the lung) heading.**
4. **If an acupuncture point has no precautions or contraindications, the number of expected responses is still “one (1)” and not “zero (0)”.** The correct response would be to check “No Precautions / Contraindications” at the bottom of the page.
5. **Failure to indicate a response that can cause harm to the lungs, heart, or central nervous system (CNS) will constitute a critical error and an automatic fail for this station.**
6. When you are finished, hand your two-page Candidate Worksheet to your examiner.

Page 2 of 2 – LAST PAGE

Figure 1. Instructions to Candidate Page 2

Candidate ID:		Track Number:	
	ST 36	GB 21	CV 8
	Zusanli	Jianjing	Shenque
	足三里	肩井	神阙
Expected Number of Responses	1	2	1

MODALITY

No Acupuncture			X
No Moxibustion			

PATIENT TYPE

Contraindicated in Pregnancy		X	
Contraindicated in infants			

NEEDLE DIRECTION/DEPTH

No Deep/Perpendicular Needling			
No Needling Towards Medial Aspect			
No Needling Towards Lateral Aspect			
No Needling Upwards			X
No Needling Downwards			

AVOIDANCE AND OTHER

Avoid Nerve/Artery/Vein			
Other (provide explanation)		Avoid Lungs	
No Precaution / Contraindications	X		

Figure 2. Candidate Worksheet (Only shows 1 page. You will have 2 pages)

5. Scoring / Critical Errors

For this station, the examiner will silently watch your point location and they may take notes while you work. When applicable, they will watch for proper patient positioning for those points that require Essential Body positions. For example, for SI19 (Tinggong), you **MUST** place the dot with the patient's mouth open.

Most of the evaluation is done when you leave the exam room at which time the examiner will check your adhesive dot locations against the pre-marked locations on the standardized patient (See Figure 3).

The examiner will score your Precautions and Contraindications with an answer key. If you fail to recognize the Critical Precautions or Contraindications, (i.e. risks to cause harm to lungs, central nervous system and heart) pertaining to an acupuncture point, you will receive a **CRITICAL ERROR**.

CRITICAL ERRORS constitute an **AUTOMATIC FAIL** for this station. If you make a mistake that gives you a Critical Error, you will be notified when you receive your examination results.

- For each correct point location, a candidate earns 3 marks. (Please be noted that some acupuncture points such as Ex-UE 9 (Baxie) consist of 2 or more points as a group.)
- For each borderline point location, a candidate earns 1.5 marks.
- For each incorrect point location, a candidate earns 0 marks.
- For each correct Precautions and Contraindications, a candidate earns 1 mark.
- For each failed Essential Body Position (position required for needling), a candidate loses 50% of the marks he/she has earned from that acupoint location.
- Some acupoints (i.e. Ex-LE 6 Dannang & Ex-LE 7 Lanwei) require a verbal verification from patients to find. Failing to do verbal verification from patients results in a loss of 50% of the marks he/she has earned from that acupoint location.
- When multiple responses selected by a candidate while only some of them are correct, the candidate earns a portion of 1 mark that is proportional to the correct/error ratio of the responses.
- When a candidate makes a Critical Error (i.e. fail to recognize the risks may cause harm to lungs, central nervous system and heart), it constitutes an **AUTOMATIC FAIL** for this station.

6. Re-score Request

If you suspect errors in scoring, you may request for re-score. A request for a Re-score, will be first handled by the CAA Registrar, and then by the Examination Committee. The EC will have a meeting to review, rescore, and discuss each Re-score on a case-by-case basis. The EC will generate a two-page Re-scoring Report for you. See the Sample below.

The EC will review your correspondence for insight to your request, as this may help the direction of the re-scoring process. The re-scoring process includes the following:

- review the examiner's scoring sheet for clerical and human errors

- compare your Candidate Worksheet with examiner's scoring sheet, and other reference material to identify potential errors in original scoring
- when needed, review the multiple-angle video footage for irregularity in the procedure that may affect your performance

From this re-scoring process, the EC may provide the reasons why you lost marks and may make suggestions so you can better prepare for your next attempt. If a ruling is made in your favour, your score will be adjusted and the CAA will refund your Re-score fees.

Remember, if you receive a CRITICAL ERROR for this station, you will know the error when you receive your results. A CRITICAL ERROR is an AUTOMATIC FAIL so keep this in mind if you still want to proceed with a Re-score.

Examination Re-scoring Report

Part 5 – CAA Acupuncture Points Exam

Alberta Acupuncture Registration Examinations

Overview

This Examination Re-scoring Report was generated as a result of your request for a reassessment of your performance in the Acupuncture Points Clinical Evaluation. This procedure was conducted by the CAA Examination Committee and involved the following steps:

- Addressed any concerns as stated by you (the candidate).
- Reviewed your Candidate Worksheet for completeness of answers.
- Rescored the Examiner’s Scoring Sheets (this included ruling out any addition errors).
- Reviewed Multiple Angle Video Footage of your station performance.
- Reviewed Multiple Angle Video Footage of your Examiner’s performance.
- Feedback to provide to you from this re-scoring process.
- Adjusted your Score if any discrepancy or Examiner error existed.

Examination Committee Checklist

- | | |
|---|---|
| <input checked="" type="checkbox"/> Candidate Correspondance Reviewed | <input checked="" type="checkbox"/> Examiner Score Sheet Reviewed |
| <input checked="" type="checkbox"/> Candidate Worksheet Reviewed | <input checked="" type="checkbox"/> Multiple Angle Video Footage Reviewed |
| <input checked="" type="checkbox"/> Candidate Performance Reviewed | <input checked="" type="checkbox"/> Examiner Performance Reviewed |

Result of Re-scoring

Candidate ID	1234	Examination Date	Oct 15, 2000	Track Number	2
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Candidate Score Adjusted

<input checked="" type="checkbox"/> Original Score Carried	Original Score (out of 32)	15	Final Score (out of 32)	15
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Critical Error Observed (Automatic Fail)

Re-scoring Date Jan. 7, 2001

EC Chair Signature M. Chairperson

Observations

The following chart shows POSSIBLE reasons as to why you did not achieve a full score. The acupuncture points listed are the ones that your ADHESIVE DOT DID NOT TOUCH OR OVERLAP THE PRE-MARKED POINT, and/or YOU DID NOT RECOGNIZE SPECIAL PATIENT POSITIONING, and/or you MISSED THE PRECAUTIONS/CONTRAINDICATIONS.

There is no penalty or adjustment of score, by any method you choose to locate the acupuncture points. Only the position of your adhesive dot in relation to the pre-marked dot on the standardized patient and your ability to correctly identify Precautions/Contraindications was scored.

Acupuncture Point	BL25	ST36	GB21	CV8	GB20			
Acu-point Identification					✗			
Location Knowledge								
Patient Positioning								
Essential Patient Positioning								
Locating Landmarks	✗				✗			
Locating Techniques	✗							
Measurement (cun/proportions)		✗						
Straight Line Measurement								
Precautions/Contraindications			✗	✗				
Critical Errors								
Other:								

EC Comments to Candidate ID

1234

BL 25 – The sticker was placed 1 inch superior to the correct location.

ST 36 – The sticker was placed 1 inch distal to the correct location.

GB 21 – The sticker was placed 1 inch medial to the correct location.

Be familiar with the pre-caution and contraindication for this point.

CV 8 – Be familiar with the pre-caution and contraindication for this point.

GB 20 – you possibly located GB 12 instead.

Appendix E: Standard Nomenclature

Standard Acupuncture Nomenclature (Parts 4&5)
as published by the World Health Organization

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Standard Acupuncture Nomenclature Introduction

Acupuncture as a medical science dates back more than 2500 years to the first Chinese dynasties. It has been constantly evolving since that time, particularly during the last 300 years, and more especially since 1950, when acupuncture science came to be widely developed, both in theory and practice.

Its development in China, with its many dialects, as well as in neighbouring countries where such languages as Japanese, Korean and Vietnamese are spoken, has given rise to a great many differences in nomenclature. Certain acupuncture points have a number of different names, while the different ways of pronouncing the same Han (Chinese) characters, and a variety of translations and transliterations have all added to the current confusion.

Efforts to develop a uniform nomenclature have been going on for some time. In 1965, the Japan Meridian and Points Committee was established, which recommended a tentative standard Japanese name for each acupuncture point, and an international numbering system. In China, the All China Acupuncture and Moxibustion Society established a committee which has developed a standard nomenclature. Since then, several other countries have formed national nomenclature committees.

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meetings:

- Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982.
- Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984.
- Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985.
- Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

After basic agreement at the regional level, a Scientific Group To Adopt A Standard International Acupuncture Nomenclature was held in Geneva in October-November 1989.

The working group in Manila agreed that there were a total of 361 classical acupuncture points and that the order of meridians and acupuncture points would be based on the circulation pattern of the meridians as currently perceived in China, Japan, Republic of Korea and Viet Nam.

It proposed that the standard nomenclature should consist of three essential elements, as follows: (1) alphanumeric code; (2) the Chinese phonetic alphabet (Pinyin) name; and (3) the Han (Chinese) characters of the meridian and the acupuncture point.

The alphanumeric code facilitates international exchange but lacks meaning from a therapeutic point of view and can lead to ambiguity, as exemplified by the meridian code of H, which can stand for both heart and liver (hepar), depending on the sources used. Nonetheless, the working group, noting that international exchange on acupuncture, at least in the Western Pacific Region, is mainly conducted in English, recommended that the alphanumeric code should be derived from the English language translation of the meridian names.

The Han character is widely used in oriental medicine in China, Japan, Republic of Korea, Singapore and Hong Kong, and gives the meridian and the acupuncture point name a meaning of therapeutic value which often defies translation. It should therefore be an essential element of the standard acupuncture nomenclature. It was also agreed that by using the Han characters, the original form of writing would be used with a simplified version of the characters in parentheses.

As we have observed, Han characters are difficult for non-Han-using readers, so it is important that their meaning should be expressed in other languages. The Chinese phonetic alphabet (Pinyin) names of the meridians and acupuncture points allow readers to pronounce them accurately. These names also facilitate the formation of an alphabetic index and thus make the study of acupuncture, especially the meaning of the Han characters, easier for those who do not use the Han language.

At the Manila meeting in 1982, the principle for deciding alphabetic codes of meridians was as follows:

1. When the Han character for a meridian consists of two characters, an alphabetic code consisting of two capital letters, one for each Han character, is used.
2. When the character for a meridian consists of one character, an alphabetic code of one capital letter is used.
3. When different meridians have the same alphabetic codes, a lower case letter is added to distinguish them. For example, L is used for Lung meridian and Liv for liver meridian; S is used for Stomach meridian and Sp for Spleen meridian.

At the Geneva meeting in 1989, this was again reviewed. The system adopted at the Manila meeting was used for seven years. Members of WHO regions other than the Western Pacific were also present at this meeting. Some of the participants found the code adopted in Manila somewhat confusing and difficult to remember. After careful discussion, it was agreed that each alphabetic code should consist of two capital letters.

The former and revised codes are as follows:

Name of Meridian Alphabetic Code

	Former (Manila, 1982)	Revised (Geneva, 1989)
1. Lung Meridian	L	LU
2. Large Intestine Meridian	LI	LI
3. Stomach Meridian	S	ST
4. Spleen Meridian	Sp	SP
5. Heart Meridian	H	HT
6. Small Intestine Meridian	SI	SI
7. Bladder Meridian	B	BL
8. Kidney Meridian	K	KI
9. Pericardium Meridian	P	PC
10. Triple Energizer Meridian	TE	TE
11. Gallbladder Meridian	G	GB
12. Liver Meridian	Liv	LR
13. Governor Vessel	GV	GV
14. Conception Vessel	CV	CV

With regard to the last two, the working group in Hong Kong in 1985 studied the concept of the "Eight Extra Meridians". These are the Governor Vessel Meridians and Conception Vessel Meridian, adopted by the working group in Manila in 1982, plus six extra meridians. These were recognized and it was decided to omit the word "Meridians" after the Governor Vessel and Conception Vessel in order to standardize the nomenclature of the eight extra meridians. This was also adopted at the Geneva meeting in 1989.

The working group in Manila noted that if the acupuncture point name is accompanied by an explanation of the meaning of the Han character it would become more useful. Therefore the All China Acupuncture and Moxibustion Society has attempted to describe the acupuncture points briefly in terms of the basic theory of traditional Chinese medicine, such as Yin-Yang, Zhang-Fu, Qi, blood and anatomy, the Five Elements, as well as the clinical effects of acupuncture.

The text was adopted at the Regional Consultation Meeting in Tokyo in 1984, subject to minor revision. The final version was accepted after a careful discussion, particularly among members from China and Japan, during the working group meeting in Hong Kong in 1985. Then careful editing was done to make the English as precise as possible without changing the original meaning.

The working group in Manila also recommended that the equivalent names and code names of the acupuncture points as used in various countries should be collected, collated, verified and published, together with the standard acupuncture nomenclature.

This multilingual comparative list of acupuncture nomenclature was developed by Dr Wang Deshen, a member of the working group, and published as Standard Acupuncture Nomenclature, WHO Regional Publications, Western Pacific Series No.1, in 1984.

Lung Meridian, LU

Shoutaiyin Feijing Xue 手太阴肺经

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LU 1	Zhongfu	中府	LU 7	Lieque	列缺
LU 2	Yunmen	云门	LU 8	Jingqu	经渠
LU 3	Tianfu	天府	LU 9	Taiyuan	太渊
LU 4	Xiabai	侠白	LU 10	Yuji	鱼际
LU 5	Chize	尺泽	LU 11	Shaoshang	少商
LU 6	Kongzui	孔最			

Large Intestine Meridian, LI

Shouyangming Dachangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LI 1	Shangyang	商阳	LI 11	Quchi	曲池
LI 2	Erjian	二间	LI 12	Zhouliao	肘髎
LI 3	Sanjian	三间	LI 13	Shouwuli	手五里
LI 4	Hegu	合谷	LI 14	Binao	臂臑
LI 5	Yangxi	阳溪	LI 15	Jianyu	肩髃
LI 6	Pianli	偏历	LI 16	Jugu	巨骨
LI 7	Wenliu	温溜	LI 17	Tianding	天鼎
LI 8	Xialian	下廉	LI 18	Futu	扶突
LI 9	Shanglian	上廉	LI 19	Heliao	禾髎
LI 10	Shousanli	手三里	LI 20	Yingxiang	迎香

Stomach Meridian, ST
Zuyangming Weijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
ST 1	Chengqi	承泣	ST 24	Huaroumen	滑肉门
ST 2	Sibai	四白	ST 25	Tianshu	天枢
ST 3	Juliao	巨髎	ST 26	Wailing	外陵
ST 4	Dicang	地仓	ST 27	Daju	大巨
ST 5	Daying	大迎	ST 28	Shuidao	水道
ST 6	Jiache	颊车	ST 29	Guilai	归来
ST 7	Xiaguan	下关	ST 30	Qichong	气冲
ST 8	Touwei	头维	ST 31	Biguan	髀关
ST 9	Renying	人迎	ST 32	Futu	伏兔
ST 10	Shuitu	水突	ST 33	Yinshi	阴市
ST 11	Qishe	气舍	ST 34	Liangqiu	梁丘
ST 12	Quepen	缺盆	ST 35	Dubi	犊鼻
ST 13	Qihu	气户	ST 36	Zusanli	足三里
ST 14	Kufang	库房	ST 37	Shangjuxu	上巨虚
ST 15	Wuyi	屋翳	ST 38	Tiaokou	条口
ST 16	Yingchuang	膺窗	ST 39	Xiajuxu	下巨虚
ST 17	Ruzhong	乳中	ST 40	Fenglong	丰隆
ST 18	Rugen	乳根	ST 41	Jiexi	解溪
ST 19	Burong	不容	ST 42	Chongyang	冲阳
ST 20	Chengman	承满	ST 43	Xiangu	陷谷
ST 21	Liangmen	梁门	ST 44	Neiting	内庭
ST 22	Guanmen	关门	ST 45	Lidui	历兑
ST 23	Taiyi	太乙			

Spleen Meridian, SP
Zutaiyin Pijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
SP 1	Yinbai	隱白	SP 12	Chongmen	冲门
SP 2	Dadu	大都	SP 13	Fushe	府舍
SP 3	Taibai	太白	SP 14	Fujie	腹结
SP 4	Gongsun	公孙	SP 15	Daheng	大横
SP 5	Shangqiu	商丘	SP 16	Fuai	腹哀
SP 6	Sanyinjiao	三阴交	SP 17	Shidou	食窦
SP 7	Lougu	漏谷	SP 18	Tianxi	天溪
SP 8	Diji	地机	SP 19	Xiongxiang	胸乡
SP 9	Yinlingquan	阴陵泉	SP 20	Zhourong	周荣
SP 10	Xuehai	血海	SP 21	Dabao	大包
SP 11	Jimen	箕门			

Heart Meridian, HT
Shoushaoyin Xinjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
HT 1	Jiquan	极泉	HT 6	Yinxi	阴郄
HT 2	Qingling	青灵	HT 7	Shenmen	神门
HT 3	Shaohai	少海	HT 8	Shaofu	少府
HT 4	Lingdao	灵道	HT 9	Shaochong	少冲
HT 5	Tongli	通里			

Small Intestine Meridian, SI Shoutaiyang Xiaochangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
SI 1	Shaoze	少泽	SI 11	Tianzong	天宗
SI 2	Qiangu	前谷	SI 12	Bingfeng	秉风
SI 3	Houxi	后溪	SI 13	Quyuan	曲垣
SI 4	Wangu	腕骨	SI 14	Jianwaishu	肩外俞
SI 5	Yanggu	阳谷	SI 15	Jianzhongshu	肩中俞
SI 6	Yanglao	养老	SI 16	Tianchuang	天窗
SI 7	Zhizheng	支正	SI 17	Tianrong	天容
SI 8	Xiaohai	小海	SI 18	Quanliao	颧髎
SI 9	Jianzhen	肩贞	SI 19	Tinggong	听宫
SI 10	Naoshu	臑俞			

Bladder Meridian, BL Zutaiyang Panguangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
BL 1	Jingming	睛明	BL 13	Feishu	肺俞
BL 2	Zanzhu	攒竹	BL 14	Jueyinshu	厥阴俞
BL 3	Meichong	眉冲	BL 15	Xinshu	心俞
BL 4	Quchai	曲差	BL 16	Dushu	督俞
BL 5	Wuchu	五处	BL 17	Geshu	膈俞
BL 6	Chengguang	承光	BL 18	Ganshu	肝俞
BL 7	Tongtian	通天	BL 19	Danshu	膻俞
BL 8	Luoque	络却	BL 20	Pishu	脾俞
BL 9	Yuzhen	玉枕	BL 21	Weishu	胃俞
BL 10	Tianzhu	天柱	BL 22	Sanjiaoshu	三焦俞
BL 11	Dazhu	大杼	BL 23	Shenshu	肾俞
BL 12	Fengmen	风门	BL 24	Qihai	气海俞

BL 25	Dachangshu	大腸俞	BL 47	Hunmen	魂門
BL 26	Guanyuanshu	關元俞	BL 48	Yanggang	陽綱
BL 27	Xiaochangshu	小腸俞	BL 49	Yishe	意舍
BL 28	Panguangshu	膀胱俞	BL 50	Weicang	胃倉
BL 29	Zhonglushu	中膂俞	BL 51	Huangmen	盲門
BL 30	Baihuanshu	白環俞	BL 52	Zhishi	志室
BL 31	Shangliao	上髎	BL 53	Baohuang	胞盲
BL 32	Ciliao	次髎	BL 54	Zhibian	秩邊
BL 33	Zhongliao	中髎	BL 55	Heyang	合陽
BL 34	Xialiao	下髎	BL 56	Chengjin	承筋
BL 35	Huiyang	會陽	BL 57	Chengshan	承山
BL 36	Chengfu	承扶	BL 58	Feiyang	飛揚
BL 37	Yinmen	殷門	BL 59	Fuyang	跗陽
BL 38	Fuxi	浮郄	BL 60	Kunlun	崑崙
BL 39	Weiyang	委陽	BL 61	Pushen	僕參
BL 40	Weizhong	委中	BL 62	Shenmai	申脈
BL 41	Fufen	附分	BL 63	Jinmen	金門
BL 42	Pohu	魄戶	BL 64	Jinggu	京骨
BL 43	Gaohuangshu	膏肓俞	BL 65	Shugu	束骨
BL 44	Shentang	神堂	BL 66	Zutonggu	足通谷
BL 45	Yixi	譙譙	BL 67	Zhiyin	至陰
BL 46	Geguan	膈關			

Kidney Meridian, KI
Zushaoyin Shenjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
KI 1	Yongquan	涌泉	KI 15	Zhongzhu	中注
KI 2	Rangu	然谷	KI 16	Huangshu	盲俞
KI 3	Taixi	太溪	KI 17	Shangqu	商曲
KI 4	Dazhong	大钟	KI 18	Shiguan	石关
KI 5	Shuiquan	水泉	KI 19	Yindu	阴都
KI 6	Zhaohai	照海	KI 20	Futonggu	腹通谷
KI 7	Fulu	复溜	KI 21	Youmen	幽门
KI 8	Jiaoxin	交信	KI 22	Bulang	步廊
KI 9	Zhubin	筑宾	KI 23	Shenfeng	神封
KI 10	Yingu	阴谷	KI 24	Lingxu	灵墟
KI 11	Henggu	横骨	KI 25	Shencang	神藏
KI 12	Dahe	大赫	KI 26	Yuzhong	彘中
KI 13	Qixue	气穴	KI 27	Shufu	俞府
KI 14	Siman	四满			

Pericardium Meridian, PC
Shaoyueyin Xinbaojing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
PC 1	Tianchi	天池	PC 6	Neiguan	内关
PC 2	Tianquan	天泉	PC 7	Daling	大陵
PC 3	Quze	曲泽	PC 8	Laogong	劳宫
PC 4	Ximen	郄门	PC 9	Zhongchong	中冲
PC 5	Jianshi	间使			

Triple Energizer Meridian, TE
Shoushaoyang Sanjiaojing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
TE 1	Guanchong	关冲	TE 13	Naohui	臑会
TE 2	Yemen	液门	TE 14	Jianliao	肩髃
TE 3	Zhongzhu	中渚	TE 15	Tianliao	天髃
TE 4	Yangchi	阳池	TE 16	Tianyou	天牖
TE 5	Waiguan	外关	TE 17	Yifeng	翳风
TE 6	Zhigou	支沟	TE 18	Qimai	瘰脉
TE 7	Huizong	会宗	TE 19	Luxi	颅息
TE 8	Sanyangluo	三阳络	TE 20	Jiaosun	角孙
TE 9	Sidu	四渎	TE 21	Ermen	耳门
TE 10	Tianjing	天井	TE 22	Erheliao	耳和髃
TE 11	Qinglengyuan	清冷渊	TE 23	Sizhukong	丝竹空
TE 12	Xiaoluo	消烁			

Gallbladder Meridian, GB Zushaoyang Danjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
GB 1	Tongziliao	瞳子膠	GB 23	Zhejin	輒筋
GB 2	Tinghui	听会	GB 24	Riyue	日月
GB 3	Shangguan	上关	GB 25	Jingmen	京门
GB 4	Hanyan	颌厌	GB 26	Daimai	带脉
GB 5	Xuanlu	悬颅	GB 27	Wushu	五枢
GB 6	Xuanli	悬厘	GB 28	Weidao	维道
GB 7	Qubin	曲鬓	GB 29	Juliao	居膠
GB 8	Shuaigu	率谷	GB 30	Huantiao	环跳
GB 9	Tianchong	天冲	GB 31	Fengshi	风市
GB 10	Fubai	浮白	GB 32	Zhongdu	中渎
GB 11	Touqiaoyin	头窍阴	GB 33	Xiyangguan	膝阳关
GB 12	Wangu	完骨	GB 34	Yanglingquan	阳陵泉
GB 13	Benshen	本神	GB 35	Yangjiao	阳交
GB 14	Yangbai	阳白	GB 36	Waiqiu	外丘
GB 15	Toulinqi	头临泣	GB 37	Guangming	光明
GB 16	Muchuang	目窗	GB 38	Yangfu	阳辅
GB 17	Zhengying	正营	GB 39	Xuanzhong	悬钟
GB 18	Chengling	承灵	GB 40	Qiuxu	丘墟
GB 19	Naokong	脑空	GB 41	Zulinqi	足临泣
GB 20	Fengchi	风池	GB 42	Diwuhui	地五会
GB 21	Jianjing	肩井	GB 43	Xiaxi	侠溪
GB 22	Yuanye	渊腋	GB 44	Zuqiaoyin	足窍阴

Liver Meridian, LR
Zujueyin Ganjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LR 1	Dadun	大敦	LR 8	Ququan	曲泉
LR 2	Xingjian	行间	LR 9	Yinbao	阴包
LR 3	Taichong	太冲	LR 10	Zuwuli	足五里
LR 4	Zhongfeng	中封	LR 11	Yinlian	阴廉
LR 5	Ligou	蠡沟	LR 12	Jimai	急脉
LR 6	Zhongdu	中都	LR 13	Zhangmen	章门
LR 7	Xiguan	膝关	LR 14	Qimen	期门

Governor Vessel Meridian, GV
Dumai Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
GV 1	Changqiang	长强	GV 15	Yamen	哑门
GV 2	Yaoshu	腰俞	GV 16	Fengfu	风府
GV 3	Yaoyangguan	腰阳关	GV 17	Naohu	脑户
GV 4	Mingmen	命门	GV 18	Qiangjian	强间
GV 5	Xuanshu	悬枢	GV 19	Houding	后顶
GV 6	Jizhong	脊中	GV 20	Baihui	百会
GV 7	Zhongshu	中枢	GV 21	Qianding	前顶
GV 8	Jinsuo	筋缩	GV 22	Xinhui	囟会
GV 9	Zhiyang	至阳	GV 23	Shangxing	上星
GV 10	Lingtai	灵台	GV 24	Shenting	神庭
GV 11	Shendao	神道	GV 25	Suliao	素髎
GV 12	Shenzhu	身柱	GV 26	Shuigou	水沟
GV 13	Taodao	陶道	GV 27	Duiduan	兑端
GV 14	Dazhui	大椎	GV 28	Yinjiao	龈交

Conception Vessel Meridian, CV
Renmai Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
CV 1	Huiyin	会阴	CV 13	Shangwan	上脘
CV 2	Qugu	曲骨	CV 14	Juque	巨阙
CV 3	Zhongji	中极	CV 15	Jiuwei	鸠尾
CV 4	Guanyuan	关元	CV 16	Zhongting	中庭
CV 5	Shimen	石门	CV 17	Shanzhong	膻中
CV 6	Qihai	气海	CV 18	Yutang	玉堂
CV 7	Yinjiao	阴交	CV 19	Zigong	紫宫
CV 8	Shenque	神阙	CV 20	Huagai	华盖
CV 9	Shuifen	水分	CV 21	Xuanji	璇玑
CV 10	Xiawan	下脘	CV 22	Tiantu	天突
CV 11	Jianli	建里	CV 23	Lianquan	廉泉
CV 12	Zhongwan	中脘	CV 24	Chengjiang	承浆

List of Equivalent Alphabetic Codes of Meridian Names

	Meridian	S.C.*	Other alphabetic codes used +
1	Lung Meridian	LU	I F, Lu, Lu, P
2	Large Intestine	LI	II CO, Co, Dch, DI, Di, GI, IC, IG, Li
3	Stomach	ST	III E, Est, M, Ma, S, St, V,W
4	Spleen Meridian	SP	IV B, Bp, LP, RP, RT, Rt, Sp
5	Heart Meridian	HT	V C, HE, He, H, Ht, X
6	Small Intestine Meridian	SI	VI Dii, ID, IG, IT, Si, Xch
7	Bladder Meridian	BL	VII B, BI, PG, UB, V, Vu
8	Kidney Meridian	KI	VIII K, Ki, N, NI, Ni, R, RN, Rn, Sh
9	Pericardium Meridian	PC	IX CS, CX, ECs, EH, HC, Hc, KS, MC, MdH, P, Pe, XB
10	Triple Energizer Meridian	TE	X DE, T, TB, TH, TR, TW, SC, SJ, 3E, 3H
11	Gallbladder Meridian	GB	XI D, G, Go, VB, VF
12	Liver meridian	LR	XII F, G, H, LE, Le, LIV, LV, Lv, Liv
13	Governor Meridian	GV	XIII DM, DU, Du, GG, Go, Gv, LG, Lg, T, TM, VG, Vg
14	Conception Meridian	CV	XIV Co, Cv, J, JM, KG, Kg, REN, Ren, RM, VC, Vc

* This is part of the alphabetic code element of the standard acupuncture nomenclature proposed by the WHO Regional Working Group on the Standardization of Acupuncture Nomenclature

+ Some of the alphabetic codes shown here have already been discarded but may still have been used in older documents. They have therefore been included in this list.

Appendix E

Standard Acupuncture Nomenclature (Parts 4&5) as published by the World Health Organization

Part 2

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INTRODUCTION

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meetings:

- (a) Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982;
- (b) Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984;
- (c) Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985; and
- (d) Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

The Manila meeting in 1982 established the nomenclature structure of the meridian and acupuncture points, and reached a consensus on 361 classical acupuncture points.

The Tokyo meeting in 1984 approved the standard nomenclature of 31 extra points and adopted brief explanations covering 361 classical acupuncture point names, the standard nomenclature of scalp acupuncture and the basic lines for locations of acupuncture points, except the Lateral Cranial Line and the Lateral Abdominal Line.

The Hong Kong meeting in 1985 approved 17 extra and new points, the standard nomenclature of the eight extra meridians, with the exception of “Chongmai”, and the Standard English nomenclature of the basic technical terms of acupuncture.

The Seoul meeting in 1987 finalized the standard nomenclature of the eight extra meridians, developed the standard nomenclature of selected auricular points, acupuncture needles and unit for location of meridians and acupuncture points, finalized the standard nomenclature of forty-eight extra points, and adopted guidelines for development of the acupuncture chart.

A pamphlet entitled **Standard Acupuncture Nomenclature** was published and copies were distributed throughout the world. In 1984, a booklet entitled **Standard Acupuncture Nomenclature**, giving a comparative multilingual list in English, French, Japanese, Korean and Vietnamese, was also published as a WHO Regional Publication, Western Pacific Series No. 1. This is now under revision, including the explanation of acupuncture point names.

The present pamphlet consists of six sections:

- (1) Standard nomenclature of basic technical terms of acupuncture;
- (2) Standard nomenclature of eight extra meridians;
- (3) Standard nomenclature of extra points;
- (4) Standard nomenclature of scalp acupuncture;
- (5) Standard nomenclature of acupuncture needle;
- (6) Standard nomenclature of the unit of measurement;

STANDARD NOMENCLATURE OF BASIC TECHNICAL TERMS OF ACUPUNCTURE

There have been differences in the English nomenclature of basic technical terms of acupuncture. For instance, Jing(经) was sometimes translated as “meridian”, but at other times as "channel'. Another example is Zhenjiuxue (针灸穴), which was translated as "acupuncture point”. The following standard nomenclature was adopted at the meeting held in Hong Kong in 1985:

Meridians	Jing	经
Collateral	Luo	络
Meridian and Collateral	Jingluo	经络
Main Meridian	Zhengjing	正經
Extra Meridian	Qijing	奇經
Meridian Point	Jingxue	經穴
Extra Point	Qixue	奇穴
Acupuncture point	Zhenjiuxue	針灸穴

STANDARD NOMENCLATURE OF EIGHT EXTRA MERIDIANS

At the meeting in Hong Kong in 1985, after a careful and detailed study and debate, the nomenclature for extra meridians was adopted with the exception of “Chongmai”.

The term "Eight Extra Meridians" which includes the Conception and Governor Vessel Meridian plus six extra meridians, was officially recognized as the corporate title of this group.

It was unanimously decided to omit the terms "meridian" after Conception Vessel and Governor Vessel in order to standardize the nomenclature of the eight extra meridians

The members were required to find a suitable English equivalent for “Chongmai” and to report to the Third Regional Working Group.

At the meeting in Seoul in 1987, “Chongmai” was again discussed. Each member, such as Infusion Vessel, Sea Vessel, Gush Vessel, Flush Vessel, Charging Vessel and Ancestral Vessel proposed various names. Most of the suggestions referred to the description in Neijing(内经 Yellow Emperor’s Classic of Medicine) i.e. ‘sea of the blood and gas’. Members from China, however, noted that it was impossible for them to find a suitable English equivalent.

After a lengthy discussion, the terms Charging, Flush, Gush, Infusion were grouped as one with similar meaning, and considering the alphanumeric code, it was finally decided to use Flush Vessel and the abbreviation FV, with a footnote 'Further investigation of a more suitable English nomenclature might be necessary'.

Thus, the nomenclature of the eight extra meridians is as follow:

GV	Dumai	督脈	Governor Vessel
CV	Renmai	任脈	Conception Vessel
FV	Chongmai	冲脈	Flush Vessel
BV	Daimai	帶脈	Belt Vessel
YinHV	Yinqiaomai	陰蹻脈	Yin Heel Vessel
YangHV	Yangqiaomai	陽蹻脈	Yang Heel Vessel
YinLV	Yinweimai	陰維脈	Yin Link Vessel
YangLV	Yangweimai	陽維脈	Yang Link Vessel

*Further investigation of a more suitable English nomenclature might be necessary.

STANDARD NOMENCLATURE OF EXTRA POINTS

At the Tokyo meeting in 1984, 31 extra points were adopted, all of which are those recorded in medical classics and widely used. At the Hong Kong meeting in 1985, 5 extra points and 12 new points were points were adopted using the following criteria:

- 1) The points should be common use
- 2) They must be clinically effective
- 3) They must have a clear anatomical location
- 4) They must be at least 0.5 cun away from a classical acupuncture point
- 5) If an extra point has the same name as an existing points, a prefix must be added to it

At the Seoul meeting in 1987, a suitable nomenclature for all the 48 acupuncture points was discussed. After careful consideration, it was unanimously agreed that all points outside the 361 classical acupuncture points should be called Extra Points. This should include all new points introduced after 1901 AD, including 12 new points adopted in Hong Kong, namely, Qiuhou, Shangyingxiang, Yiming, Dingchuan, Yaoyi, Xiazhishi, Yaotongdian, Wailaogong, Lanwei, Dannang, Neixiyuan and Xinei. Thus, all told, the Working Group adopted 48 extra points.

The alphanumeric code of these 48 extra points was then discussed. The following principles were established and the alphanumeric code was adopted:

- 1) Head, neck and trunk regions, from the higher to the lower level;
- 2) Upper and lower extremities, from the proximal to the distal level and, if at the same level, from the medial to lateral.

The following standard nomenclature was adopted for the 48 extra points.

STANDARD NOMENCLATURE OF EXTRA POINTS

Head and Neck (Toujing 頭頸)

Ex-HN 1	Sishencong	四 神 聰
Ex-HN 2	Dangyang	当 阳
Ex-HN 3	Yintang	印 堂
Ex-HN 4	Yuyao	鱼 腰
Ex-HN 5	Taiyang	太 阳
Ex-HN 6	Erjian	耳 尖
Ex-HN 7	Qihou	球 后
Ex-HN 8	Bitong	鼻 通
Ex-HN 9	Neiyingxiang	内 迎 香
Ex-HN 10	Juquan	聚 泉
Ex-HN 11	Haiquan	海 泉
Ex-HN 12	Jinjin	金 津
Ex-HN 13	Yuye	玉 液
Ex-HN 14	Yiming	翳 明
Ex-HN 15	Jingbailao	颈 百 劳

Chest and Abdomen (Xiongfu 胸腹)

Ex-CA 1	Zigong	子 宫
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Back (Bei 背)

Ex-B 1	Dingchuan	定 喘
Ex-B 2	Jiaji	夹 脊
Ex-B 3	Weiwaniashu	胃 腕 下 俞
Ex-B 4	Pigen	痞 根
Ex-B 5	Xiajishu	下 极 俞
Ex-B 6	Yaoyi	腰 宜
Ex-B 7	Yaoyan	腰 眼
Ex-B 8	Shiqizhui	十 七 椎
Ex-B 9	Yaoqi	腰 奇

Upper Extremities (Shangzhi 上肢)

Ex-UE 1	Zhoujian	肘 尖
Ex-UE 2	Erbai	二 白
Ex-UE 3	Zhongquan	中 泉
Ex-UE 4	Zhongkui	中 魁
Ex-UE 5	Dagukong	大 骨 空
Ex-UE 6	Xiaogukong	小 骨 空
Ex-UE 7	Yaotongdian	腰 痛 点
Ex-UE 8	Wailaogong	外 劳 宫
Ex-UE 9	Baxie	八 邪
Ex-UE 10	Sifeng	四 缝
Ex-UE 11	Shixuan	十 宣

Lower Extremities (Xiazhi 下肢)

Ex-LE 1	Kuangu	髌 骨
Ex-LE 2	Heding	鹤 顶
Ex-LE 3	Baichongwo	百 虫 窝
Ex-LE 4	Neixiyan	内 膝 眼
Ex-LE 5	Xiyan	膝 眼
Ex-LE 6	Dannang	胆 囊
Ex-LE 7	Lanwei	阑 尾
Ex-LE 8	Neihuaijian	内 踝 尖
Ex-LE 9	Waihuaijian	外 踝 尖
Ex-LE 10	Bafeng	八 风
Ex-LE 11	Duyin	独 阴
Ex-LE 12	Qiduan	气 端

STANDARD NOMENCLATURE OF THE UNIT OF MEASUREMENT

At the Seoul meeting in 1987, the Working Group discussed the unit for location of meridians. It was reported that different units were in use. Some countries used the term "inch" or other equivalent units in English. However, most of the countries used the cun/Cun, or tsun/Tsun.

After a long discussion, it was decided to use the cun (non-italicized) as the standardized nomenclature for the unit.

It was also noted that there were two different ways of defining the cun. Therefore, it was also decided that the following standard nomenclature should be used in each measurement method*:

B-Cun	Gudu Fencun	骨度分寸	Bone proportional Cun
F-Cun	Shouzhi Tongshencun	手指同身寸	Finger Cun

The Working Group also discussed standardization of the measurement of parts of the body using the Cun.

Thirty-six parts of the body mentioned in Neijing(内經 : Canon of Medicine) were reviewed one by one.

The following criteria were used:

- 1) Commonly used
- 2) Easy to measure
- 3) Clearly defined anatomically
- 4) Not controversial among the members

Some controversial parts were left for further investigation.

Standard measurements of six parts of the body were adopted as follows:

- 1) From the upper border of the Manibrium to the end of the body of the Sternum = 9 B-Cun
- 2) From the end of the body of the Sternum to the Umbilicus = 8 B-Cun
- 3) From the Umbilicus to the upper border of the symphysis pubis = 5 B-Cun
- 4) From the Medial Malleolus to the ground = 3 B-Cun
- 5) From the great Trochanta to the knee joint = 19 B-Cun
- 6) From the knee joint to the prominence of Lateral Malleolus = 16 B-Cun

* In Acupuncture Points Station, of AARE, B-Cun/Gudu Fencun/骨度分寸/Bone proportional Cun method prevails when there is discrepancy between these 2 methods.

Revised: April 20, 2005

STANDARDS OF COMPETENCY AND PRACTICE



ACUPUNCTURISTS

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Introduction

An Acupuncturist is a person who, having completed an appropriate training program based on the principles of Traditional Chinese Medicine (TCM) and on basic biophysical science, has the knowledge and skills necessary to diagnose and treat a range of diseases and disorders using the insertion and manipulation of acupuncture needles and using the techniques of acupressure, cupping and moxibustion.

The *Acupuncture Regulation* establishes criteria for registration as an Acupuncturist in Alberta. The purpose of these criteria is to ensure that Acupuncturists have the knowledge and skills necessary for safe and effective practice.

Purpose of the Document

While the regulatory requirements for Acupuncturists are outlined in the *Regulations*, the Standards of Competency and Practice provide more detail with respect to the knowledge and skills necessary for safe and effective practice as a registered Acupuncturist in Alberta. **As such, these Standards should be read in conjunction with the Regulation.**

For those already registered as Acupuncturists in Alberta, this document serves to confirm the knowledge and skills they currently possess and as a guide for their continued practice. An Acupuncturist will not only possess the knowledge and skills outlined in this document, but demonstrate them in the course of their practice. It is incumbent upon the Acupuncturist to maintain and improve competences as outlined in the *Regulation*.

One of the criteria for registration as an Acupuncturist outlined in the *Regulation* is that an applicant has completed a training program approved by the Health Disciplines Board for the purposes of registration as an Acupuncturist or has completed a training program that is substantially equivalent to a program approved by the Board.

For those seeking registration, this document serves as a guide to the theoretical and experiential aspects they should be provided with in their education and training to prepare them with the minimum competencies (knowledge and skills) necessary to meet the minimum standard for practice as an Acupuncturist. To date, a program consisting of 1350 hours of theoretical instruction and 500 hours of clinical instruction/practice experience has been considered acceptable to attain this minimum level of competency.

Equally, any applicant who applies for registration who can demonstrate that his/her training has provided sufficient opportunity to learn the competencies in appropriate depth (i.e., the applicant's training program is substantially equivalent to a training program approved by the Board) will also be considered to have met one of the requirements of registration.

The *Standards of Competencies and Practice for Acupuncturists* will be reviewed on a regular basis and revised accordingly.

STANDARDS OF COMPETENCY



ACUPUNCTURISTS

Standards of Competency

This section describes the competencies Acupuncturists are expected to possess and maintain throughout their careers.

Competencies of Registered Acupuncturists

Foundations of Competencies

Acupuncturists have knowledge of:

- 1) the history and the development of TCM and acupuncture in China, North America, and worldwide and of development of professional trends.
- 2) basic theoretical concepts necessary to the practice of acupuncture including:
 - a. yin/yang
 - b. five elements
 - c. fundamental body substances including:
 - i. shen
 - ii. jing
 - iii. qi
 - iv. blood/xue
 - v. body fluids/jin ye
 - d. zang-xiang/zang-fu
 - e. channels and collaterals/jing-luo
 - f. etiology and pathogenesis/bing yin and bing ji, including:
 - i. external pathogenic factors (six pernicious factors) and internal pathogenic factors (seven emotional factors)
 - ii. secondary pathogenic factors including:
 - iii. miscellaneous factors
 - g. prevention of diseases and principles of treatment
- 3) basic theoretical concepts of biomedical science including:
 - a. basic anatomy and physiology related to acupuncture
 - b. basic pathology related to acupuncture

Specific Competencies

I. Acupuncture Points (*Shu Xue*)

Acupuncturists have the knowledge and skills necessary to:

- 1) locate, identify and use acupuncture points according to function, indications, precautions and contraindications including:
 - a. points of the 14 channels
 - b. extra channel points/jing wai qi xue
 - c. World Health Organization (WHO) standard acupuncture nomenclature
 - d. special groups of points including:
 - i. auricular point
 - ii. scalp points
 - iii. hand points
 - iv. face points
 - v. five shu (five-transporting) points
 - vi. channel meeting points
 - vii. lower he (sea) points
 - viii. yuan (primary) points
 - ix. luo (connecting) points
 - x. xi (cleft) points
 - xi. eight confluent points
 - xii. back-shu points
 - xiii. front-mu points
 - xiv. eight influential points
 - xv. forbidden points
 - xvi. cautionary points
- 2) implement the principles of point selection and combination.

II. Diagnostic Process

Acupuncturists have the knowledge and skills necessary to:

- 1) collect information from the patient using the four methods as follows:
 - a. inquiry (Wen Zhen) including
 - i. general information
 - ii. family and personal medical history
 - iii. current complaint(s)
 - iv. sleep patterns
 - v. bowel movements (frequency, volume, colour, texture of stool, accompanying symptoms),
 - vi. urination (colour, volume, frequency, clarity and accompanying symptoms)
 - vii. appetite and digestion (food cravings, length of digestion, accompanying symptoms thirst (volume of fluid intake and frequency, desire for temperature of fluid)
 - viii. nutritional levels and patterns (eating or diet habits, body weight, sign and symptoms associated with diet)
 - ix. medication including prescriptions, non-prescriptions, herbals and vitamins (type, dose, term of use, purpose and their reactions)
 - x. chills and fever
 - xi. perspiration (frequency, onset, extent, as related to eating, drinking and exertion)
 - xii. presence of pain (character, location, frequency)
 - xiii. emotional state
 - xiv. use of alcohol, tobacco, caffeine and narcotics
 - xv. exercise and physical activity
 - xvi. sexual activity and birth control methods
 - xvii. sensations of body and extremities (hot, cold, numbness, pain, dizziness, tinnitus, palpitations, or chest constriction)
 - xviii. condition of skin, hair, nails, teeth and sensory organs
 - xviiii. menstrual cycle and gynecological symptoms
 - b. inspection (Wang Zhen) including
 - i. spirit (expression and general behaviour)
 - ii. colour of face, skin and excretions
 - iii. body structure (balance and movement)
 - iv. condition of tongue (colour, swelling, alignment, coating, shape, geographic location, movement, moistness)
 - v. symptom site (colour, swelling, alignment, sensation, shape, location)
 - c. auscultation and olfaction (Wen Zhen) including
 - i. sound of voice including tonal qualities and volume
 - ii. abdominal sounds
 - iii. breathing and coughing sounds (quality and quantity)
 - d. palpation (Qie Zhen) including
 - i. qualities and positions of left and right radial pulses (rate, depth, rhythm, strength)
 - ii. comparison of regional pulse sites (carotid, radial, femoral/umbilical)
 - iii. temperature, moisture, texture, sensitivity and tissue structure of the chest, abdomen, ear, along the channels, at points and symptom sites.

- 2) organize and summarize the collected information into groups of symptoms using TCM theories of physiology and pathology including:
 - a. eight principles
 - b. zang-xiang (zang-fu) theories
 - c. five elements
 - d. sanjiao theory triple energizer
 - e. qi, blood (Xue), essence (Jing) and body fluids (Jin Ye)
 - f. etiology and pathogenesis
 - g. channels/collaterals (Jing luo)
 - h. four phases of febrile disease (Wei, Qi, Ying, Xue)
 - i. six stages (Tai Yang, Yang Ming, Shao Yang, Tai Yin, Shao Yin, Jue Yin)
 - j. natural progressions of illness and healing
- 3) determine the pathogenesis exhibited by analysing the groups of symptoms and identifying patterns among the groups of symptoms
- 4) perform a differentiation of syndromes by comparing the patterns of symptoms against the patterns of known disorders and diseases
- 5) make primary and secondary diagnoses based on the differentiation of syndromes

III. Treatment objectives and planning (Zhi Ze & Zhi Fa)

Acupuncturists have the knowledge and skills necessary to select and formulate a treatment plan based on the diagnosis including:

- 1) establishing appropriate treatment principles
- 2) selecting specific treatment strategies to accomplish the treatment principles
- 3) selecting appropriate points and point combination (e.g. Confluent Points of the Eight Extra Meridians, Meeting points, Entry and Exit points, Four Gates points, Xi-Cleft points, Source and Luo points)
- 4) considering the precautions and contraindication(s) of treatment and treatment modalities
- 5) selecting appropriate therapeutic modalities (needles, moxa, cupping, acupressure, and/or gua sha, tuina)
- 6) modify treatment when conditions warrant (i.e., children, pregnant women, frail elderly, the terminally ill and acute emergency cases)
- 7) evaluating effectiveness of treatment
- 8) executing new or revised treatment strategy/plan based on evaluation of treatment
- 9) making referral(s) where appropriate

IV. Treatment Techniques

A. Acupuncturists have knowledge of:

- 1) basic Chinese herbology to determine how herbs complement health and disease and interact with acupuncture treatment
- 2) basic pharmacology to determine how prescription drugs, non-prescription drugs and vitamins interact with acupuncture treatment and how they can complement drug therapy
- 3) basic tuina techniques
- 4) gua sha technique

B. Acupuncturists have the ability to:

- 1) position the patient appropriately based on the location(s) of selected points
- 2) locate the selected points
- 3) select and use appropriate therapeutic technique(s) according to the indications, contraindications and precautions including:
 - a. using needling techniques appropriately by
 - i. inserting acupuncture needles
 - a) the appropriate depth
 - b) the appropriate duration
 - c) the appropriate angle
 - ii. withdrawing acupuncture needles
 - iii. using needle manipulation techniques including
 - a) tonifying
 - b) reducing
 - c) even method
 - b. using moxibustion techniques appropriately including
 - i. direct
 - ii. indirect
 - c. using acupressure and/or tuina
 - d. using electro-acupuncture techniques appropriately including
 - i. tonifying
 - ii. reducing
 - iii. even method
 - e. using cupping techniques appropriately
 - f. using seven star needling technique appropriately
 - g. using three edge needling technique appropriately
 - h. using gua sha technique

V. Treatment of Diseases

Traditional Chinese Medicine (TCM) offers a perspective on the nature of illness and health that is uniquely different from, and is complementary to Western Medicine. Proper diagnosis in accordance with TCM theories is critical for planning and carrying out effective treatment with acupuncture techniques. By correctly identifying the pattern of the disorder according to TCM and by applying the appropriate treatment to correct imbalance, Acupuncturists have the knowledge and skills necessary to treat a broad range of internal and external diseases and disorders, including:

- 1) digestive diseases
- 2) uro-genital diseases
- 3) cardio-pulmonary diseases
- 4) infectious disease
- 5) disease of eyes, ears, nose and throat
- 6) musculo-skeletal diseases
- 7) neurological diseases
- 8) psychiatric diseases
- 9) dermatological diseases
- 10) gynaecological diseases
- 11) pediatric diseases
- 12) geriatric diseases
- 13) addictions
- 14) immunological diseases
- 15) endocrine diseases

VI. Equipment and Safety

Acupuncturists have the knowledge and skills necessary to:

- 1) appropriately select and maintain acupuncture equipment, including gauges, types, manufacturer quality, inspection for safe operation, cleanliness, sterilization and disposal
- 2) manage adverse reactions to acupuncture treatment (fainting, needle bending/breaking, emergency medical conditions during therapy) or initiate emergency measures and refer to physician or emergency care provider when appropriate.

VII. Communication Skills

Acupuncturists have the knowledge and skills necessary for:

- 1) listening to, explaining to and education the patient about health and illness as it relates to acupuncture;
- 2) educating the patient on taking preventative and self care for ones own health;
- 3) demonstrating compassion and respect toward patients

VIII. Collaboration with Other Caregivers

A. Acupuncturists have knowledge of:

The roles and responsibilities of other health care providers and their standards of practice,

B. Acupuncturists have the ability to:

Communicate effectively with other caregivers, facilitating referral, consultation and collaboration when appropriate;

C. Acupuncturists have the understanding where:

They shall not advise a patient to discontinue any treatment prescribed by a physician or other health care provider.

IX. Professional, Legal and Other Aspects

Acupuncturists have knowledge of:

- 1) The standards of practice for acupuncture,
- 2) The standards of conduct as outlined in the *Acupuncture Regulation*,
- 3) Legislation and health agency policies and procedures pertaining to acupuncture
- 4) Legal responsibilities and obligations to clients and other health care provider,
- 5) Provincial documentation and reporting standards and requirements.

STANDARDS OF PRACTICE



ACUPUNCTURISTS

Standards of Practice

Philosophy and Principles of Acupuncturist Practice

The philosophical framework for the practice of acupuncture is grounded in Traditional Chinese Medicine (TCM). TCM offers a perspective on the nature of illness and health that is uniquely different from, and is complementary to Western Medicine. In TCM, human beings are deeply connected with all the phenomena of nature: formed from, and nourished by nature's essential elements, influenced by its rhythms and subject to its laws of growth and change. Health can be defined as a harmonious relationship between one's own internal condition and one's external environment; there must be a balance between one's body/mind/spirit and one's relationship with nature.

In TCM theory, the human body is a energetic system in which energy (Qi) flows along defined pathways (medians) throughout the body. When the body is in harmony and balance the flow is smooth. An imbalance disrupts the flow of Qi and manifests as pain, dysfunction, injury, disease and/or disorders. Acupuncture is a therapy to restore the flow of Qi to promote health and balance.

The theories of Yin and Yang, the Five Elements, Qi and the Fundamental Substances, pathogenesis and differentiation of syndromes and meridians and points provide the framework for the fundamental understanding of human health and illness and for the use of needle acupuncture, moxibustion, cupping, acupressure and other TCM modalities. The main emphasis is prevention of illness by maintaining the balance and harmony within.

Proper diagnosis in accordance with TCM theories is critical for planning and carrying out effective treatment with acupuncture techniques. By correctly identifying the pattern of the disorder according to TCM and by applying the appropriate treatment to correct imbalance, the Acupuncturist help the patient to regain health and balance naturally. The Acupuncturist may combine treatment with other TCM modalities such as the ingestion and topical use of herbs, dietary considerations, and cultivation of a positive life philosophy and life style to enhance vitality.

Standards for Acupuncturist Practice

Cleanliness

An acupuncture clinic shall be maintained in a clean and sanitary condition at all times.

An Acupuncturist's hands shall be washed thoroughly with antibacterial soap and running water immediately before and after treating patients or handling acupuncture needles and other instruments.

An Acupuncturist shall establish a clean field on a dry surface prior to providing an acupuncture treatment, and shall maintain this clean field throughout the treatment.

An Acupuncturist shall clean acupuncture points, where needles are to be inserted, with an appropriate antiseptic before insertion of the needle.

An Acupuncturist shall use only pre-sterilized disposable needles and shall avoid contaminating the needle during therapy.

An Acupuncturist shall dispose of all contaminated acupuncture needles immediately after use in a sealed, unbreakable container marked "hazardous waste" or "sharp needle container".

An Acupuncturist shall ensure that all equipment and material to contact the patient's skin are maintained in hygienic condition.

Patient Information and Informed Patient Choice

An Acupuncturist shall advise the patient as to potential risks and potential discomfort of the treatment.

An Acupuncturist shall advise the patient as to nature and the course of the treatment.

An Acupuncturist shall communicate effectively with the patient and shall ensure the patient's understanding of language and concepts used.

An Acupuncturist shall obtain informed consent for any treatment by having the patient sign a consent form confirming understanding of the risks and benefits of treatment, and shall obtain the patient's written consent to any significant changes to the treatment.

An Acupuncturist shall not intentionally mislead the patient.

Conditions Requiring Precaution

An Acupuncturist shall use good judgment and appropriate precautions when deciding whether to treat and when treating all patients and when determining whether to treat, consult with another appropriate health care provider or refer to another appropriate health care provider where a patient has a severely infectious or systemic disease, or a frail/medically complicated condition (for example, AIDS, hepatitis, diabetes, severe skin disease, cancer, acute heart attack, severe haemorrhage, is currently pregnant, is a child under the age of eight, or is elderly).

Consultation with/Referral to Other Health Care Providers

An Acupuncturist shall consult with an appropriate health care practitioner in a timely manner if a condition that is beyond the Acupuncturist's ability arises before or during acupuncture treatment.

An Acupuncturist shall not discourage the patient from consulting with another health care professional for a second opinion, at any time either before or during the course of treatment.

An Acupuncturist shall consult with or refer a patient to another appropriate health care provider in a timely manner if the patient's condition, for which the treatment is intended, fails to improve or worsens beyond reasonable expectations.

An Acupuncturist shall immediately refer the patient to a physician or other appropriate health care provider, if immediate medical treatment is required, or any complication arising out of acupuncture treatment.

An Acupuncturist shall know one's own abilities and limitations in relation to the risks of treating diseases and make appropriate judgments about whether or not to treat, or referring to another health care provider where appropriate.

Use of Instruments

An Acupuncturist may use only non-invasive measuring devices in the examination of a patient including thermometers, stethoscopes, electrical devices used for locating acupuncture points, pulse rate monitors and flashlights.

An Acupuncturist shall ensure that all equipment, including equipment associated with the techniques of moxibustion and cupping, is regularly inspected and maintained in good working order.

Patient Records
(Please refer to the CAA Patient Records Standards 2017 for detail.)

An Acupuncturist shall respect the confidentiality of patient records and shall store records in a secure place.

An Acupuncturist shall complete a record of patient management, in English, for each patient. An

Acupuncturist shall use the nomenclature of acupuncture point by the World Health Organization.

An Acupuncturist shall retain any and all informed consent forms for each patient as part of the patient record.

An Acupuncturist shall retain the patient record in the clinic for at least five (5) years after the patient receives treatment from or consults with the Acupuncturist.

An Acupuncturist shall obtain the consent of the patient prior to releasing patient records to another practitioner, an insurance company or any other agency or person, except where required by the *Health Disciplines Act* or any other enactment or by order of a court to disclose the information.