

Policy on the use of Acupuncture for Physiotherapists in Adult Services (16+) for Pain Relief within WAHT.

Department / Service:	Physiotherapy
Originator:	Mandi Rawlings, Christine Browne.
Accountable Director:	Divisional Medical Director
Approved by:	Medicine Sub DMB Meeting
Date of approval:	26 th November 2025
First Revision Due: This is the most current document and should be used until a revised version is in place	26 th November 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Physiotherapy
Target staff categories	Physiotherapy Staff

Key amendments to this document

Date	Amendment	Approved by:
	New document	

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1. Introduction

Acupuncture is a method of treating certain disorders by inserting needles into acupuncture points in the body. Physiotherapists within the Trust who use acupuncture shall only use this modality for pain relief.

The National Institute for Health and Care Excellence (NICE) suggests using acupuncture for Chronic pain and tension type headaches

[Recommendations | Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE](#)

[Overview | Headaches in over 12s: diagnosis and management | Guidance | NICE](#)

This policy will standardise the application of acupuncture for physiotherapists, this will benefit patients and WAHT NHS Trust, and provide a foundation for the application of this treatment.

Purpose of document

The objective of this policy is to promote the safe and effective use of acupuncture, minimising associated risks to the patient and the clinician, and provide guidance for physiotherapy clinicians regarding the use of acupuncture for pain relief in MSK conditions.

2. Scope of this document

This policy applies to all physiotherapists who are trained and qualified in the use of acupuncture for pain relief, whether they are a member of the AACP or not, for use within the WAHT NHS Trust. Acupuncture should only be used with patients who have the mental capacity to make decisions about treatment options for their pain relief. Acupuncture shall only be provided to patients that are 16 years old and above.

Thoracic Acupuncture

From 1 July 2024 CSP members have required additional insurance to practise thoracic acupuncture outside of the NHS. The Clinical decision has been taken that within WHAT practicing clinicians should not practice acupuncture within this anatomical area.

The CSP has defined the thorax as.

The thorax is the part of the human body from below the neck (below C7 cervical vertebra) and above the abdomen. The thorax includes the anatomical areas bounded by the ribs, the sternum, the spinal vertebra, and the diaphragm. The thoracic area contains the internal

thoracic organs including the heart and the lungs, and the scapula which is outside the thoracic cage.

The CSP have stated that they are not providing a list of excluded points. This is because:

- Nomenclature of points is not consistent across all modalities that use needling techniques – for example, acupuncture, dry-needling and injection-therapy all have different point location naming systems.
- We expect all registered physiotherapists, by virtue of their training in anatomy, to be able to confidently identify where the thorax is and clinically reason whether a needling location lies over, or near to, underlying lung tissue such that pneumothorax is a foreseeable risk to treatment.
- However, within the document [Learning From Litigation: Pneumothorax from Acupuncture \(2023\)](#). They advise:

Risks of Iatrogenic Pneumothorax from acupuncture or dry needling Acupuncture or dry needling may present avoidable risks when needling over the thorax at certain acupuncture points in the supraclavicular region and thoracic region including –

- GB21 -The apex of the lung is located inferior and medial to this location.
- LU 1 and surrounding areas.
- Small Intestine (SI) SI 12, SI 13, SI 14 and SI 15 and surrounding areas
- Thoracic regions of the medial and lateral Bladder channels between (BL) 11 and BL 22 and BL 41 and BL 52
- The anterior aspect of thorax
- The parasternal region such as Kidney (KI) 22 to KI 27
- The midclavicular line around ST 12 to ST 18.
- Spleen channel (SP)17 to SP21, and the Liver channel LR 13 and LR 1
- For further information refer to the CSP document [Learning From Litigation: Pneumothorax from Acupuncture \(2023\)](#).

3. Responsibility and Duties

It is the role and responsibility of each clinician to practice acupuncture according to the professional guidelines, safely and according to the recommendations within this policy.

4. Guideline to Practice

The clinician shall practise acupuncture according to the most up to date AACP guideline for safe practice. A copy of this AACP guideline should be held by all clinicians, non AACP member physiotherapists and their Team Leaders.

All patients are to be fully assessed prior to acupuncture treatment to formulate a clinical diagnosis of the patient’s problem, and only patients for whom acupuncture is appropriate should receive acupuncture treatment. The clinician must complete the “Acupuncture Checklist”

The clinician shall explain why acupuncture is advised and what the benefits and risks of acupuncture might be. They should also describe briefly how acupuncture works. The clinician should explain that not all patients receiving acupuncture will obtain pain relief as this can vary between patients.

The clinician’s explanation of acupuncture shall include the procedure of needle insertion into the skin, the possible use of manual stimulation of the needle(s), and the possible side effects during and after treatment.

The Clinician must complete the E Consent form and give the patient the information leaflet “Acupuncture for musculoskeletal pain”

Undertaking Acupuncture

The clinician shall check that there are no new occurrences that would contra-indicate acupuncture treatment at each subsequent appointment.

The clinician shall check that needles used are in date and not to use bent or damaged needles. Sterile single use needles should always be used and discarded in a sharps bin immediately after use.

A clean hand technique should be used. The use of gloves is mandated for the removal of needles.

The clinician shall ensure that the skin and needle sites are clean. Visibly soiled or dirty skin should be cleaned with soap and water. Alcohol swabs using 70% Isopropanol may be used.

The patient should be positioned appropriately and comfortably

The clinician shall document in the patient’s records acupuncture points, time that the needles are in situ any reaction or advice given.

Sterile single use needles should always be used and discarded in a sharps bin immediately after use.

The AACP recommends not leaving patients unattended when they have acupuncture needles in place. If it is necessary to leave a patient unattended then it is essential that they are able to get your attention if they require you. It is recommended that the patient is left with a means of contacting you, such as a bell. It is also recommended that the patient is made

aware that they are going to be left alone, for how long and how to get the attention of the physiotherapist if needed.

The patient should be given time to get up slowly after acupuncture treatment and if required should remain in the department for 10 minutes or longer after treatment to ensure no adverse reactions. Should a very strong reaction occur with patient affected by endorphin release, it may be necessary to retain the patient within the department until full recovery. The clinician must advise the patient to delay driving post acupuncture until the patient feels safe to do so.

Treatment Records

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

Clinician must complete notes on EPR in compliance to the Trust policy.

What to include in your acupuncture treatment records

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

The following can also be included:

- Depth of needle
- Angle of needle (such as oblique/perpendicular)
- Anything to reduced risk at risky point e.g. pick up of upper Trapezius when needling
-

The equipment used

- The clinician must only use equipment which conforms to current legislation.

Personal Protective Equipment

Gloves must be worn when a practitioner is removing the acupuncture needles as locally agreed in Worcestershire Acute Hospitals NHS Trust but gloves and aprons must be worn when 'cleaning a spillage of bodily fluids'

The AACP however states that gloves reduce dexterity, but their use is subject to discretion and may be chosen by the practitioner when the patient is known to carry a blood borne virus, if the patient has open wounds or if bodily fluids (blood, vomit, urine) are present near the acupuncture site. They should be worn if the practitioner has a skin condition or cuts that cannot be adequately covered with waterproof dressings. The application of cotton wool on removal of the needle will prevent contact with bodily fluids if used correctly.

Duty of care

- The clinician must ensure the health and safety of the patient.
- The clinician must ensure that your own health and personal hygiene do not endanger the health of a patient.

Responsibility to perform acupuncture safely

- The clinician must cleanse his/her hands thoroughly before any acupuncture procedure and ensure that a clean field is established.
- The clinician must insert needles hygienically and safely.
- The clinician must remove needles hygienically and safely wearing gloves.
- After the clinician has finished treatment, all needles must be immediately disposed of in an appropriate sharps bin, and they must ensure all other equipment is properly cleaned

Disposal of equipment and clinical waste

- The clinician must dispose of used equipment and waste in appropriate receptacles / waste streams.

Protocol for dealing with adverse effects:

1. Nausea

- Remove needles
- Lay flat/reclined
- Offer water.
- Fan/ give space.
- Offer sick bowl.

2. Fainting/Convulsions;

- Remove all needles.
- Lie the patient flat
- Slightly elevate legs.
- Ensure airways are clear.
- Put patient in recovery position if needed.
- If patient does not respond get urgent medical assistance via 2222.

3. Broken Needle

- Needle broken above the skin should be removed with tweezers/forceps.
- Needle broken below the skin – the point of entry must be circled, and the patient transported to A&E / MIU as appropriate for removal.

4. Bleeding

- Stop bleeding by applying cotton wool pressure for 2-3 seconds. Dispose of the cotton wool immediately after use in a clinical waste bag.

5. Stuck needle

- Reassure the patient
- Give additional time having removed the other needles.
- Gently massage around the area of the needle.

6. Needle stick Injury.

- Encourage free bleeding from the site
- Wash the area with Soap and Water.

If the clinician suffers a needle stick injury, they must act promptly for their own safety (refer to The Prevention and Management of Inoculation Injury Policy (Including sharps injuries, splashes, scratches and bites)

Any adverse incidents of acupuncture should be documented in the patients EPR. A clinical incident form must be completed.

Blood Donation

As from the 15th February 2010 blood donor certificates are no longer required for patient who had acupuncture treatment and want to donate blood. If the treatment was performed by a physiotherapist registered with the HCPC, the donor is able to donate their blood (NHS Blood and Transplant Service n.d.). The donor will need to provide the NHS Blood and Transplant Service with the HCPC number and name of the HCPC registered physiotherapist.

Acupuncture and Immunisation

Immunisation is available against Hepatitis B Virus (HBV), but no other blood borne viruses. All NHS staff undertaking 'exposure prone procedures' which involve body or blood fluids, must comply with the Department of Health Guidelines by providing evidence to the Trust of their Hepatitis-B surface antigen status before undertaking such work. The AACP also recommends all acupuncture practitioners to be vaccinated against HBV

5. Implementation

5.1 Plan for implementation

To be used by all physiotherapist who practice acupuncture.

5.2 Dissemination

All physiotherapist who practice acupuncture to be made aware of the policy, including new staff to the trust.

5.3 Training and awareness

Training/Competencies

It is essential that all physiotherapists practising acupuncture are trained in the use of this modality to ensure that acupuncture remains within their individual scope of practice. It is essential that all acupuncture physiotherapists have completed an AACP accredited foundation course or non-AACP equivalent.

Each clinician must ensure they complete satisfactory CPD in order to continue use of acupuncture in accordance with HCPC guidelines/ AACP guidelines.

6. Monitoring and compliance

The NHSLA requirements are –

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Review of EPR notes.	Review of EPR notes.	Annually	Christine Browne, Hanne Brown.	Mike Mundy.	Annually

7. Policy Review

[This section should state the frequency of review of the Policy and which person or group will be responsible]

8. References [You should include external source documents and other Trust documents that are related to this Policy]

References:

Code:

<u>Recommendations Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain Guidance NICE</u>	
<u>Overview Headaches in over 12s: diagnosis and management Guidance NICE</u>	
AACP Safe practice Guidelines for Acupuncture Physiotherapists. Version 2024.	
Learning From Litigation: Pneumothorax from Acupuncture (2023).	
The Prevention and Management of Inoculation Injury Policy (Including sharps injuries, splashes, scratches and bites)	WAHT-INF-050

9. Background

9.1 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

9.2 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

9.3 Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Mandi Rawlings B7 Physiotherapist
Christine Browne B7 Physiotherapist.
Robert Edgecox B7 Physiotherapist

Hanne Brown B7 Physiotherapist
Victoria Chapman B7 Physiotherapist.
Treena Jones B7 Physiotherapist

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

9.4 Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

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Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Mandi Rawlings and Christine Browne
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Mandi Rawlings	B7 Physiotherapist	mandi.rawlings@nhs.net
	Christine Browne	B7 Physiotherapist	christinebrowne@nhs.net
Date assessment completed	3.12.24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy on the use of Acupuncture for Physiotherapists in Adult Services (16+) for Pain Relief within WAHT.			
What is the aim, purpose and/or intended outcomes of this Activity?	Safe guidelines for the use of acupuncture for the treatment of musculoskeletal pain.			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Carers	<input type="checkbox"/> Visitors
	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Communities	<input type="checkbox"/> Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity			

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	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	NICE Guidelines and AACP Guidelines.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with all staff who undertake acupuncture.
Summary of relevant findings	All consulted in agreement as complies with both NICE and AACP guidelines.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		Remains only for 16+ age group – no change.
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		Acupuncture is not offered to pregnant women as per guideline at WHAT – no change.
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse

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needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Mandi Rawlings Christine Browne.
Date signed	3.12.24
Comments:	No Equality issues with acupuncture – no change to original policy.
Signature of person the Leader Person for this activity	Mandi Rawlings Christine Browne
Date signed	3.12.24
Comments:	Acupuncture is based on clinical assessment of appropriate use.



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval