

ACUPUNCTURE

INTRODUCTION

The indications and uses of acupuncture in injury/illness treatment continue to be defined and refined over time. Acupuncture is used as an option when pain medication is reduced or not tolerated, or it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. As noted in the American College of Occupational and Environmental Medicine's "Occupational Medicine Practice Guidelines" (2nd Edition, with revisions; 2008), acupuncture is based largely on the theory that many diseases are manifestations of a yin/yang imbalance, reflected in disruption of "Qi" (normal vital energy flow) in specific locations referred to as "meridians". Restoring balance occurs via placement of needles in one or several classical acupuncture points on these meridians. Typically thin, solid, metallic needles are used, either manually manipulated, or stimulated electrically (electroacupuncture). Needles may be inserted, manipulated, and retained for a period of time. Physiological effects (depending on location and settings) may include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. Additionally, other techniques such as moxibustion and cupping are occasionally used as part of the treatment.

In addition to Chinese acupuncture, many other types of acupuncture have developed, with use on non-traditional acupuncture points. Different techniques are also used, including more standard acupuncture, superficial dry needling, and deep dry needling. Acupuncture is minimally invasive, carries minimal risk for adverse effects, and is moderately costly.

Acupuncture has been utilized to treat many musculoskeletal disorders, as well as non-musculoskeletal conditions (chronic pain, headaches, etc.). Acupuncture has been claimed to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. A major challenge in assessing the effectiveness and efficacy of this methodology in the treatment of various disorders has been the quality of study design and exclusion of study bias. There remain significant reservations regarding acupuncture's true mechanism(s) of action. Several states, however, have incorporated limited and defined clinical situations in which acupuncture has been possibly shown to be of benefit. The ACOEM's Guidelines provide the most comprehensive, evidence-based assessment and recommendations regarding the use of acupuncture to date and, therefore, form the foundation of this protocol.

RECOMMENDATIONS

A. Current studies do not differentiate between the different acupuncture methodologies and effectiveness of treatment.

B. Referral to an acupuncturist will only be made to an individual who has successfully met all qualifications and licensure requirements as set forth by the State of Rhode Island Department of Health.

C. Acupuncture should be considered only after failure of prior treatment (NSAIDs, exercise, physical therapy, chiropractic, and weight loss (in the case of knee/hip arthrosis) to effectively limit or resolve symptoms.

D. Acupuncture may be recommended for select use for treatment of chronic moderate to severe low back pain, neck pain, chronic trigger points/myofascial pain, and osteoarthritis of the knee and hip, as an adjunct to more efficacious treatments.

1. Chronic pain, for purposes of acupuncture, is defined as pain that persists for at least 30 days beyond the usual course of an acute disease, or a reasonable time for an injury to heal, or that is associated with a chronic pathological process that causes continuous pain.

2. The role of acupuncture in these conditions is to assist in increasing functional activity levels and, therefore, should be incorporated only in those cases where a conditioning program is in progress.

3. In cases where an injured worker is not involved in a conditioning program, or where evidence exists of noncompliance with a conditioning program (consisting of graded increases in activity levels is documented), such intervention is not appropriate.

4. Based on current studies, the use of acupuncture in the treatment of other entities, such as acute tender/trigger points, chronic lateral epicondylitis, adhesive capsulitis of the shoulder, chronic regional pain syndrome (CRPS), and migraine headaches can be considered in select cases as a secondary or tertiary treatment where other, more standard therapies (see appropriate protocol) have failed, or to assist in increasing functional activity levels more rapidly.

5. Referral to an acupuncturist will be made by the treating/referring health care professional, in writing, after well documented lack of acceptable response/return of acceptable function, disability or incapacity, despite use of more standard medical care (as outlined in the appropriate protocol for that condition) over a period of time usually and reasonably associated with functional recovery from that condition.

6. Initial treatment will be limited to six (6) acupuncture sessions, as an adjunct to a conditioning program (with both graded aerobic exercise and strengthening exercises).

a. During this time, clear objective and functional goals are to be documented, with achievement of the goals documented as well.

b. The conditioning program is not required to be provided by the acupuncturist, but can be provided by an appropriate rehabilitation facility equipped and capable of the performance of a well-defined, systematic conditioning program.

7. Resolution of symptoms and functional limitations, treatment intolerance, non-compliance (with either acupuncture and/or conditioning program), or failure to improve are indications for discontinuance of treatment.

8. Ongoing acupuncture treatment extending beyond the initial 6 visits should be based on objectifiable measures of improvement, with an initial extension of 6 additional visits, if justified, for a total of 12 visits/sessions.

a. Ongoing authorization for continuing acupuncture treatment may require independent, objective evidence of the efficacy of treatment(s) and may, at the direction of the Workers' Compensation Court, require a supportive opinion rendered by an impartial medical examiner.

b. At the completion of the initial 6 sessions, the treating acupuncturist should submit a written report with clinical assessment, response to treatment, as well as recommendations to either terminate or extend treatment. Objective parameters, in addition to the patient's subjective reports of pain/limitations will be provided as part of this report. These objective parameters will also be provided by the provider of the conditioning program, in accordance with an acceptable reporting methodology, in accordance with the appropriate treatment protocol providing guidance in that regard.

c. If ongoing treatment is recommended and supported by objectifiable parameters, similar reports will be submitted at the completion of each subsequent 6 session interval, until the patient has recovered, realized maximal functional benefit, or displayed noncompliance with treatment recommendations, at which point treatment will be terminated.

PROTOCOL HISTORY:

Passed: 7/27/1993

Amended: 11/19/2002

Amended: 5/5/2009

Reviewed and Passed: 11/16/2021