# INTRODUCTION TO ACUPUNCTURE FOR MEDICAL PROFESSIONALS







#### WHAT IS ACUPUNCTURE?

Acupuncture is a modality used for the treatment and management of diseases or conditions through the stimulation of certain body points (acupuncture points) using pre-sterilized, disposable, filiform needles. Numerous biochemical and neurological mechanisms for acupuncture's actions have been identified. These include the release of various neurotransmitters and painkilling chemicals such as bradykinin, enkephalins, endorphins, dynorphins, Substance P, dopamine, GABA, nitric oxide, and serotonin. Modulation of the activity of pain sensation via  $A\delta$ ,  $A\beta$  and C fibers has been documented, as well as changes in the brain's processing of information at the neocortical, limbic, and brainstem levels. Acupuncture has been postulated to alter purinergic signaling as well.

### WHAT DOES ACUPUNCTURE TREAT?

Acupuncture is part of a comprehensive medical system and can be used for a wide variety of conditions. Its use for pain is most widely known, but there is strong positive or promising modern evidence of effectiveness for over 45 conditions, and it has traditionally been used as part of a treatment regimen for many more.<sup>4</sup> Acupuncture has also been shown to be safe and cost-effective when delivered by a qualified provider.<sup>2</sup> Many of the top medical institutions in America now incorporate acupuncture into their patients' care, including the Mayo Clinic, Johns Hopkins, and the Cleveland Clinic.<sup>5</sup>

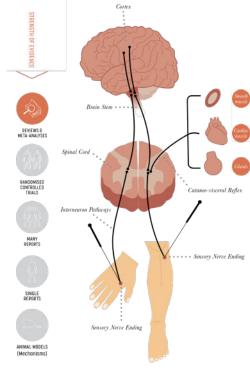
## WHAT IS THE TRAINING AND NATIONAL BOARD REQUIREMENTS FOR ACUPUNCTURISTS?

All acupuncturists must graduate from an accredited school prior to beginning their practice. In most states, a practitioner will have taken national, third party psychometric exams to earn his or her acupuncture license, while some states have their own proprietary assessment procedures. In total, acupuncturists must complete over 1900 hours of coursework to qualify and sit for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) board exams.<sup>6</sup>

One quarter of this schooling focuses directly on biomedical pathophysiology. Other training includes: cupping, herbal medicine, gua sha, tui na, moxibustion, and nutrition based on the principles of Chinese medicine.<sup>7</sup>

### WHICH CREDENTIALS MATTER?

The most common licensure designation for an acupuncturist is that of "Licensed Acupuncturist" ("L.Ac.", or "Lic.Ac"). This title indicates an acupuncturist who has completed the aforementioned requirements to earn a license and who is generally board certified.<sup>6</sup> Other state licensure titles include "Acupuncture Physician" or "AP" (Florida), "Doctor of Oriental Medicine" or "DOM" (New Mexico) and others. A title of "D.Ac." or "DACM" indicates a first professional doctorate. A "DAOM" is the highest designation and signifies a postgraduate doctorate in acupuncture and Oriental medicine.<sup>7</sup> NCCAOM board certification is specifically designated by the abbreviations "Dipl. OM", "Dipl. AC", and/or "Dipl. CH". The NCCAOM is the only externally regulated, national certifying body for the acupuncture profession.

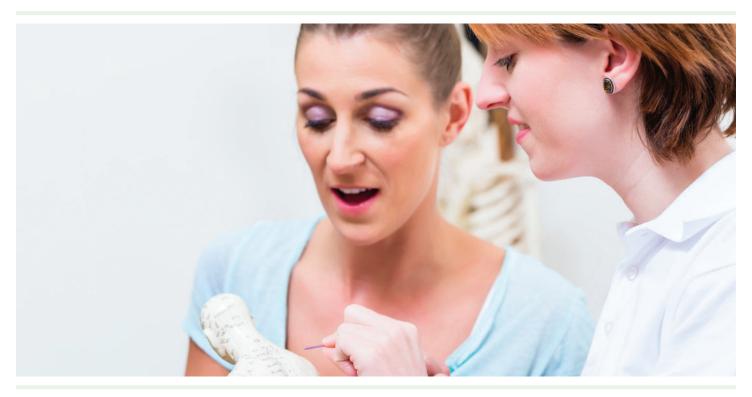


THE CENTRAL NERVOUS SYSTEM

### DOES INSURANCE COVER ACUPUNCTURE?

Acupuncture is covered by an increasing number of insurance companies and plans.<sup>8</sup> Currently, Medicare does not cover acupuncture,<sup>9</sup> while Medicaid coverage varies

from state to state.<sup>10</sup> It is important to note that while not all acupuncturists accept insurance, they may be able to present the patient with an itemized receipt or superbill in order for the patient to get reimbursed by their carrier.



### **RESOURCES**

- 1. Acupuncture Practice Act. Illinois General Assembly. http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1290&ChapAct=225 ILCS 2/&ChapterID. Accessed October 1, 2018.
- 2. Fan AY, Miller DW, Bolash B, et al. Acupuncture's role in solving the opioid epidemic: evidence, cost-effectiveness, and care availability for acupuncture as a primary, non-pharmacologic method for pain relief and management-white paper 2017. Journal of Integrative Medicine. 2017;15(6):411-425. doi:10.1016/S2095-4964(17)60378-9.
- 3. Burnstock G. Acupuncture: a novel hypothesis for the involvement of purinergic signalling. Medical Hypotheses. 2009;73(4):470-472. doi:10.1016/j.mehy.2009.05.031.
- 4. McDonald J, Janz S. The Acupuncture Evidence Project: a comparative literature review (Revised edition). https://www.acupuncture.org.au/wp-content/uploads/2017/11/28-NOV-The-Acupuncture-Evidence-Project\_Mcdonald-and-Janz\_-REISSUED\_28\_Nov.pdf. Revised November 28, 2017. Accessed October 1, 2018.
- 5. Member Listing. Academic Consortium for Integrative Medicine and Health. https://imconsortium.org/members/member-listing/. Accessed October 16, 2018.
- 6. National Certification Commission for Acupuncture and Oriental Medicine. NCCAOM Certification Handbook. http://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Certification%20Handbook-2018.pdf. Updated January 2018. Accessed October 1, 2018.
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- 8. Nahin RL, Barnes PM, Stussman BJ. Insurance coverage for complementary health approaches among adult users: United States, 2002 and 2012. NCHS data brief, no 235. Hyattsville, MD: National Center for Health Statistics. 2016.
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- 10. List of Medicaid Benefits. Medicaid. https://www.medicaid.gov/medicaid/benefits/list-of-benefits/index.html. Accessed October 16, 2018.