



College of Occupational
Therapists of Ontario

STANDARDS FOR ACUPUNCTURE





STANDARDS FOR ACUPUNCTURE

Available on the College website in the *Resource Room*

Introduction

The *Regulated Health Professions Act (1991), as amended*, acknowledges occupational therapists as autonomous practitioners. Regulation of the profession requires that occupational therapists practice according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment.

Prior to the passing of the *Traditional Chinese Medicine Act* in December of 2006, acupuncture was entirely exempt from the controlled act of “performing a procedure below the dermis” and anyone was able to perform this activity. However, with the passing of the *Traditional Chinese Medicine Act*, acupuncture is no longer entirely exempt from this controlled act.

A controlled act is any one of the actions/activities defined in Subsection 27(2) of the *Regulated Health Professions Act (RHPA, 1991) as amended*.

Occupational therapists will continue to be exempt from the prohibition against performing the controlled act of acupuncture, under an exemption for controlled acts contained in a regulation made under the authority of the RHPA (Ontario Regulation 107/96, Controlled acts).

When College Registrants perform any controlled act, whether it is one directly authorized to them or one permitted by another authorization method, it is to be performed in keeping with the requirements of the law and standards of practice of the profession.

The College of Occupational Therapists of Ontario supports the use of acupuncture as a modality within an occupational therapy practice by qualified occupational therapists.

Further, when performing the procedure of acupuncture, Registrants must ensure they are acting within the scope of the profession of occupational therapy. Acting within the scope of occupational therapy is a condition of using the controlled acts exemption. The legislated scope of practice of occupational therapy from the *Occupational Therapy Act (1991)* reads:

STANDARDS FOR ACUPUNCTURE

The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure. (1991, c. 33, s. 3).

The purpose of this document is to ensure that occupational therapists in Ontario are aware of the minimum expectations for performance of the procedure of acupuncture.

These *Standards for Acupuncture* are in force and approved for use by occupational therapists in Ontario. These Standards are subject to review and revision based on future proclamation of legislation.

Definitions

Controlled Acts are those activities and procedures where risk of harm to the client is perceived to be significant. The concept of controlled acts authorized to designated professions is linked to the RHPA's central goal of protecting the public by restricting performance of potentially harmful or high-risk acts. A list of the 13 controlled acts is found in section 27(2) of the *Regulated Health Professions Act* (1991).

Delegation is a term that has been given specific meaning in the RHPA. It refers *only* to controlled acts and speaks to the transfer of authority from one practitioner to another to perform the controlled act.

Application of the Standards of Practice for Acupuncture for Occupational Therapists

Performing acupuncture within the scope of practice is a condition of using the controlled acts exemption.

- The following **standards** describe the minimum expectation for occupational therapists.
- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the standard has been met.
- It is not expected that all performance indicators will be evident at all times, but could be demonstrated if requested.
- There may be some situations where the occupational therapist determines that a particular performance indicator has less relevance due to client factors and/or environmental factors. Such situations may call for the occupational therapist to seek further clarification.
- It is expected that an occupational therapist will always use her/his clinical judgment to determine how to best meet client needs in accordance with the standards of the profession.
- It is also expected that an occupational therapist will be able to provide a reasonable rationale for any variations from the standard.

Pursuant to the *Regulated Health Professions Act* (1991), the College of Occupational Therapists of Ontario is authorized to make regulations in relation to professional practice. The College's *Professional Misconduct*

Regulation establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession,” constitutes grounds for professional misconduct.

College publications contain practice parameters and standards which should be considered by all Ontario occupational therapists in the care of clients and in the practice of the profession. College publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these College publications may be used by the Colleges of other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

OVERVIEW OF THE STANDARDS FOR ACUPUNCTURE

1. Scope of Practice
2. Competency Attainment
3. Continuing Competency
4. Evidence-Based Practice
5. Informed Consent
6. Safety Considerations
7. Record Keeping
8. Delegation of Components of Acupuncture to Support Personnel or Others
9. Accountability

1. SCOPE OF PRACTICE

Occupational therapists have been given access to perform the procedure of acupuncture according to the standard of practice of the profession through an exemption in the RHPA. In order to perform acupuncture outside the scope of occupational therapy practice and use the title acupuncturist/acupuncture practitioner, one must register with the College of Traditional Chinese Medicine Practitioners and Acupuncturists.

Standard 1

The occupational therapist will perform the procedure of acupuncture within the scope of practice of the profession of occupational therapy, and will have the knowledge, skill and judgment to perform the procedure safely, effectively and ethically.

Performance Indicators

An occupational therapist will:

- 1.1 Determine how the use of the modality of acupuncture practice fits within her/his scope of practice of occupational therapy;
- 1.2 Practice within the parameters of professional and personal competence (knowledge, skill and judgment), including any limitations to perform acupuncture safely, effectively and ethically;
- 1.3 Perform acupuncture in accordance with the standards of practice and the code of ethics for the profession;
- 1.4 Obtain Registrant status with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario if one wishes to perform acupuncture outside the scope of occupational therapy practice and/or use the title acupuncturist/acupuncture practitioner;
- 1.5 Only perform adjunctive techniques of acupuncture that are controlled acts (e.g. electric stimulation of needles, medicinal application, e.g. the use of analgesics) with appropriate delegation;* and
- 1.6 Refer to other providers of acupuncture if the client requires treatment beyond the scope of practice of occupational therapy and/or beyond the limits of the clinician's knowledge and skill.

*Note: "Delegation" refers to the transfer of authority to perform a controlled act from one practitioner who has the authority to perform the controlled act to another practitioner who has the knowledge, skill and judgment to perform the procedure safely and effectively.

2. COMPETENCY ATTAINMENT

Occupational therapists have education and training in anatomy, physiology and pathophysiology. These baseline educational components are necessary to perform acupuncture safely and effectively. Occupational therapists wishing to perform the controlled act of acupuncture are expected to ensure they have adequate background knowledge, skills, abilities and specific training to perform this procedure safely and effectively. The specific acupuncture educational program should be taught by someone who is legally able to perform acupuncture, and should test individuals on both theoretical and practical components of the procedure of acupuncture. While programs that are provided by an accredited educational program may have more merit, there is no accreditation system in place in Ontario for education in acupuncture at the time of development of these Standards that is officially recognized by any regulatory authority or ministry.

Standard 2

The occupational therapist will, prior to performing acupuncture, successfully complete a rigorous educational program.

Performance Indicators

An occupational therapist will:

- 2.1 Ensure that her/his background knowledge in anatomy, physiology and pathophysiology is current and sufficient;
- 2.2 Prior to performing acupuncture, complete an educational program in acupuncture that consists of the following components:
 - 2.2.1 Is taught by someone legally authorized to perform acupuncture,
 - 2.2.2 Tests individuals on both the theoretical components and practical components of acupuncture,
- 2.3 Retain documents which reflect her/his competency to perform acupuncture in accordance with the College of Occupational Therapists of Ontario educational requirements, such that she/he is able to present these to the College of Occupational Therapists of Ontario upon request; and
- 2.4 Meet all the educational requirements, as well as any other statutory, regulatory and professional obligations that apply.

3. CONTINUING COMPETENCY

Standard 3

The occupational therapist will maintain ongoing competency by engaging in professional development, including updating her/his knowledge of currently accepted practice with regards to acupuncture.

Performance Indicators

An occupational therapist will:

- 3.1 Participate in regular and systemic professional development activities that ensure current ongoing knowledge, skill, ability and judgment to perform the procedure of acupuncture;
- 3.2 Demonstrate her/his competency to perform acupuncture in accordance with current best practice;
- 3.3 Assume full responsibility to seek out and utilize support and resources as required to maintain competency;
- 3.4 Be able to provide the rationale and intent behind her/his actions with respect to using the modality of acupuncture;
- 3.5 Maintain the knowledge and skill required to continue to provide quality care if continuing to provide acupuncture as part of occupational therapy services; and
- 3.6 Decline to perform acupuncture if the performance of the procedure is outside of her/his current professional knowledge, skill and judgment.

4. EVIDENCE-BASED PRACTICE

Evidence-based practice reflects the use of best research evidence in conjunction with clinical expertise, and knowledge of client status, preferences and values in evaluating ongoing decisions about whether acupuncture is appropriate for a specific client.

Standard 4

The occupational therapist will be accountable for determining that the client's condition warrants the use of acupuncture and for assessing the clinical results/outcomes of the procedure. The occupational therapist will make decisions about the performance of the procedure of acupuncture based on client preference and status, clinical expertise, and research evidence.

Performance Indicators

An occupational therapist will:

- 4.1 Critically appraise literature and supporting scientific evidence to make informed decisions about performing the procedure of acupuncture;
- 4.2 Engage the client and other stakeholders, if applicable, in a collaborative approach;
- 4.3 Consider the information known about the client (e.g. desired outcomes/goals, cultural, environmental, socio-economic, ethnic, health and/or disability related factors) to make informed decisions about performing the procedure of acupuncture;
- 4.4 Determine a reasonable rationale for all decisions about performing acupuncture on a specific client; and
- 4.5 Determine the need for acupuncture using reliable and valid assessment methods as relevant to the practice of occupational therapy.

5. INFORMED CONSENT

Standard 5

The occupational therapist will ensure there is informed and ongoing consent from the client to perform acupuncture, as per the *Standards for Consent* (COTO, 2008) which will include a discussion of the following:

- a) The nature of the proposed procedure;
- b) The benefits, risks, limitations and side-effects of acupuncture to the client;
- c) Alternative treatments, including no treatment; and
- d) The option of the client to withdraw consent at any time during the process.

Performance Indicators

An occupational therapist will:

- 5.1 Present the occupational therapist's role in the provision of acupuncture in relation to other services provided by the occupational therapist and the team;
- 5.2 Comply with the *Standards for Consent* (COTO, 2008);
- 5.3 Consider and discuss alternative treatment(s) with the client and provide other suitable options; and
- 5.4 Respect the client's choice to be the final decision-maker in treatment options and refuse the procedure.

6. SAFETY CONSIDERATIONS

When performed by a competent practitioner, acupuncture is generally a safe treatment (World Health Organization, 1999; 2002). Occupational therapists should practice within the guidelines that minimize the risk of infection and accidents, be alert to contraindications, and be able to manage complications occurring during treatment. The importance of clinical safety in the procedure of acupuncture is evidenced in the literature. Inappropriate practice may lead to adverse effects that can be severe and life threatening. The following standard is consistent with the College's *Standards for Infection Control* (2006).

Standard 6

The occupational therapist will be responsible for minimizing the risks to the client, self and others associated with the performance of acupuncture before, during and after the procedure. The occupational therapist will appropriately manage any adverse reactions or complications arising during or after the procedure.

Performance Indicators

An occupational therapist will:

- 6.1 For every individual client who may be interested in acupuncture, assess the risk of performing the procedure of acupuncture, including a consideration of contraindications for this procedure;
- 6.2 Discuss any risks and/or contraindications involved with performing acupuncture with each individual client;
- 6.3 Establish and/or apply policies and procedures for recognizing and managing adverse reactions or complications during, or as a result of, acupuncture treatment;
- 6.4 Maintain current certification in a First Aid and CPR course to assist in managing any adverse reactions or complications;
- 6.5 Comply with the *Standards of Infection Control* (COTO, 2008);
- 6.6 Develop and apply current evidence-based infection control protocols to minimize risk factors for infection when performing the procedure of acupuncture; and
- 6.7 Develop and maintain a risk management process to assist with tracking incidents, identifying trends, and implementing quality improvement processes.

7. RECORD KEEPING

Standard 7

The occupational therapist will document the provision of acupuncture as per the College of Occupational Therapists of Ontario's *Standards for Record Keeping* (2008).

Performance Indicators

An occupational therapist will:

- 7.1 Comply with the *Standards for Record Keeping* (COTO, 2008); and
- 7.2 Document in the client's health record the details of the controlled act that has been performed and the outcome of the procedure.

8. DELEGATION OF ACUPUNCTURE TO SUPPORT PERSONNEL OR OTHERS

Delegation is a term used in the *Regulated Health Professions Act* (1991) that has been understood as the transfer of the legal authority to perform a controlled act or a component of a controlled act to a person, regulated or unregulated, who is not normally authorized to perform the act. As occupational therapists have been given access to perform acupuncture through an exemption in the RHPA, this type of legal authority does not allow the delegation of acupuncture from an occupational therapist to anyone.

Standard 8

An occupational therapist will not delegate the whole or parts of the controlled act of acupuncture to anyone including students¹, support personnel, or other health professionals.

Performance Indicators

An occupational therapist will:

- 8.1 Perform the entire procedure of acupuncture on her/his client; and
- 8.2 If teaching acupuncture to occupational therapy students in a core occupational therapy program, do so only within one's personal competence and providing an appropriate level of supervision before, during and after the procedure, including being physically present during the entire procedure.

¹While students cannot perform acupuncture under the delegation of an Occupational Therapist, there is an exemption, found in clause 29(1)(b) of the *Regulated Health Professions Act*, which permits students to perform acupuncture as a part of their core occupational therapy educational program under the supervision of an occupational therapist trained in acupuncture.

9. ACCOUNTABILITY

Standard 9

The occupational therapist will be accountable for determining when to initiate acupuncture, the entire procedure, assessment of clinical outcomes, and follow-up.

Performance Indicators

An occupational therapist will:

- 9.1 Be responsible for the decision to perform acupuncture;
- 9.2 Assume responsibility in judging her/his own current competency to perform acupuncture;
- 9.3 Accept personal and professional responsibility for the performance of acupuncture;
- 9.4 Appreciate when an acupuncture procedure she/he does not have the knowledge, skill or judgment to perform is indicated and refer the client to a practitioner who is able to perform the procedure;
- 9.5 Be responsible for performing the procedure of acupuncture within the occupational therapist's competence, including managing any adverse reactions or complications;
- 9.6 Be aware of relevant national and provincial statutes, as well as professional regulations, essential competencies, standards, guidelines, and employer policies that relate to the delivery of acupuncture;
- 9.7 Assume responsibility to make the client and the referral source aware of any limitations on the service of acupuncture within the scope of occupational therapy practice; and
- 9.8 Present suitable options and appropriate recommendations, when the most appropriate services for a client cannot be offered by the occupational therapist.

Legislative References:

The Occupational Therapy Act (1991)

The Regulated Health Professions Act (1991)

The Traditional Chinese Medicine Act (2006)

College References:

Guideline on the Controlled Acts and Delegation (2002)

Principled Occupational Therapy Practice (2002)

Standards for Consent (2008)

Standards for Infection Control (2006)

Standards for Record Keeping (2008)

Competency Review and Evaluation: Step 1 Guide 2008/2009

Other References:

Ernst, E. (1999). Adverse effects of acupuncture in W.B. Jonas & J.S. Levin (Eds.) *Essentials of Complementary and Alternative Medicine* (p.172-174). Philadelphia: Lipponcott Williams & Wilkins.

Townsend, Elizabeth A., Polatajko, Helene J., *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation; Canadian Association of Occupational Therapists, 2007.*

World Health Organization. (2002). *Review and Analysis of Reports on Controlled Clinical Trials.*

World Health Organization. (1999). Guidelines on basic training and safety in acupuncture. Available at http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf

Acupuncture: Frequently Asked Questions

Q: When is acupuncture within the scope of practice of occupational therapy?

A: Acupuncture may be performed within the practice of occupational therapy to assist with occupational performance. Research suggests that the benefits of acupuncture can include, but are not limited to pain relief, decreased swelling, general and muscle relaxation, decreased anxiety, decreased headaches and improved sleep. Such benefits allow one to be able to increase participation in meaningful activities with greater ease and efficiency.

Q: What type of training does an OT need to undertake in order to be able to perform acupuncture? How can an OT determine what is rigorous?

A: The College of Occupational Therapists of Ontario does not offer suggestions regarding specific courses for acupuncture training. However, the level of training should coincide with how an OT will apply the procedure. For example, if an OT is trained to perform acupuncture only on a certain area, she/he may not perform it on any other area unless additional training is sought. Nevertheless, an OT should ensure she/he has the basic and current knowledge of anatomy, physiology and pathophysiology, in addition to specific acupuncture training.

Training would be considered rigorous by its method of teaching/learning (theoretical and practical), its depth of knowledge, opportunities given to practice, knowledge received about intended and potential outcomes and safety, and qualifications of the instructor.

For further details you may refer to the Competency Attainment Standard that can be found in the Acupuncture Standards.

Q: Can I call myself an acupuncturist?

A: Occupational therapists have been authorized to perform acupuncture according to the Standards of Practice of Occupational Therapy. Only if an OT wishes to perform acupuncture outside the scope of occupational therapy practice and use the title acupuncturist/acupuncture practitioner, are they to register with the College of Traditional Chinese Medicine Practitioners and Acupuncturists and meet the practice requirements.

Q: Which adjunctive techniques of acupuncture are considered controlled acts?

A: There are some practitioners who use electrical stimulation of needles or medical agents on the needles. They are considered to each be controlled acts in their own right. OTs do not have authority to perform this without specific delegation from someone who is legally authorized to perform these controlled acts.

Q: What type of safety precautions do I need to take in order to perform acupuncture safely?

A: Prior to offering acupuncture as a treatment modality, an occupational therapist must use her/his professional judgment to recognize whether she/he has the appropriate training and competency to perform such treatment. An occupational therapist that performs acupuncture should adhere to standard precautions and infection control practices.

Generally acceptable safety precautions include:

- Performing acupuncture in a clean working environment;

- Following appropriate hand hygiene;
- Using only sterile, single-use, disposable needles and equipment and storing them in proper storage;
- Using aseptic technique;
- Carefully managing and disposing of used needles and swabs; and
- Minimizing the risk of needle stick accidents by capping/tubing needles.

An occupational therapist performing acupuncture should also be able to follow appropriate procedures in case of adverse reactions or complications, such as a client fainting, a broken or stuck needle, needle stick injury, and injury to a vital part of the body. Thus, an occupational therapist should maintain current certification in CPR and First Aid.

In order to assist with tracking incidents, identification of trends, and the implementation of quality improvement processes, an OT may consider keeping incident reports.

Q: Can I still perform acupuncture at my workplace if the facility will not allow me to perform the procedure there? If not, can I perform acupuncture privately?

A: OTs are expected to adhere to policies and procedures set in the workplace and are accountable to her/his employers. Therefore, if your employer does not allow you to perform acupuncture within her/his facility you may not do so. However, if you feel your client would benefit from the procedure you may refer her/him to another resource.

You may perform acupuncture privately within OT practice. However, these types of situations may present a conflict of interest if it is perceived that your referrals are being solicited through your position in the facility. As regulated professionals, OTs are required to clearly demonstrate service in the client's best interest. OTs are also expected to identify and manage real or perceived conflicts of interest.

For further details, it is suggested that you refer to the College's Guide to Independent Practice, which can be found on the College of Occupational Therapists of Ontario's website (www.coto.org) in the *Resource Room*.

Q: Can my students or support personnel perform any part of acupuncture?

A: No. Since OTs have been given access to perform acupuncture through an exemption in the RHPA, this type of legal authority does not allow the delegation of acupuncture from an OT to anyone.

Q: Can a physiotherapist and occupational therapist share parts of the procedure of acupuncture?

A: If both professionals are qualified to perform acupuncture, this would be considered shared care, not delegation. However, it is recommended that, in order to promote consistent patient care, including the ability to monitor and manage outcomes, one professional take responsibility for performing the entire procedure. It is necessary to be clear upon whom the responsibility for the procedure rests and who would be accountable for it, the OT or the PT.

