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The Bottom Line

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With the majority of the states now licensed or seeking legislation to license the practice of acupuncture, there seems to be a growing resentment between acupuncturists and medical/chiropractic physicians who are also engaged in the practice of acupuncture.

In most states, in order to be awarded a license to practice as a "licensed acupuncturist" (LAc), a practitioner must possess a graduate degree from an acupuncture college in excess of 1,850 hours, and be certified through examination by the National Commission for the Certification of Acupuncture and Oriental Medicine, which has become the standard for the profession. After putting so much time, money and effort into school, graduating, completing the national examination, and preparing to embark on a career of healing in acupuncture and Oriental medicine, it can be quite disheartening for the acupuncturist to see medical and chiropractic physicians utilizing acupuncture after completing a seemingly disproportionate number of hours in the academics of Oriental medicine.

It is important to understand that the licensed acupuncturist (LAc), having attended and graduated from a typical school in the United States, has had the majority of his or her education centered around acupuncture - not just as a modality, but the theories, philosophies and procedures of the entire system known as "Oriental medicine." ("Traditional Chinese medicine" [TCM] is the most commonly used term to describe the practice of Oriental medicine in America.)

The acupuncture profession, relative to the "LAc," as opposed to the medical/chiropractic physician who utilizes acupuncture, has set its practice description in stone through the naming of its national organizations. Every national organization, and the vast majority of colleges, have the words "Oriental Medicine" or "Chinese Medicine" in addition to "Acupuncture" in their names. This shows a definite descriptive distinction between the practice of "acupuncture" **and** "Oriental medicine" as it is always listed as a separate and distinct entity. The word "**and**" becomes extremely significant in terms of general

description and scope of practice.

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), established in 1982, acts as an independent body to evaluate first professional masters and certificate/diploma programs in Oriental medicine with concentrations in both acupuncture and herbal therapy. The commission is recognized by the U.S. Department of Education. A definite distinction is drawn between acupuncture and Oriental medicine, as its name implies.

The ACAOM was established in 1982 by the **Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)**, which was established to advance the status of acupuncture and Oriental medicine in the U.S. The council has developed the academic and clinical guidelines and core curriculum requirements for master's-level programs in both acupuncture and Oriental medicine. Curricula for doctoral-level programs have been developed for both acupuncture and Oriental medicine. Again, the distinction between acupuncture **and** Oriental medicine must be noted in its name.

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) was also established in 1982, to promote nationally recognized standards of competence for acupuncture and Oriental medicine. It was originally known as the National Commission for the Certification of Acupuncture (NCCA). The words "and Oriental Medicine" were added several years later to more accurately depict the commission's full scope. NCCAOM certification is the basis for licensure in more than 90 percent of states that have set standards for the practice of acupuncture. It is imperative to note the clear-cut distinction between acupuncture **and** Oriental medicine in its name.

The Acupuncture and Oriental Medicine Alliance is a national professional membership association founded to represent the diversity of practitioners of acupuncture and Oriental medicine practitioners in the U.S. A clear-cut distinction between acupuncture **and** Oriental medicine is seen in this national organization's name.

The American Association of Oriental Medicine (AAOM), established in 1981, is a professional organization whose mission is to promote excellence and integrity in the professional practice of acupuncture and Oriental medicine. Membership in the AAOM provides Oriental medicine professionals with the opportunity to achieve full recognition of professional status from the medical community at-large through involvement with AMA policy issues and lobbying of Congressional members. It is important to note that this organization does not have "acupuncture" in its name; however, it does draw a clear-cut

distinction between acupuncture **and** Oriental medicine in its mission statement.

Most states allow acupuncture by medical professionals through proprietary license: the license to practice any medical procedure, regardless of educational background in that field. The chiropractic profession has, on its own merit, established 100-300 hours of postgraduate education for the practice of acupuncture as an adjunct to chiropractic. The chiropractic profession has been intimately involved with the academics and practice of acupuncture since 1972, through the postgraduate department of nine federally recognized chiropractic colleges. It has never focused its attention at any academic level on the practice of "Oriental medicine" until the development of the three-year acupuncture and Oriental medicine programs offered by several of the respected chiropractic colleges that have added the full program to their curriculae.

The acupuncture programs offered by both the medical and chiropractic profession have come under criticism by the general acupuncture profession, primarily because of their length. Course content and core curriculum have never been an issue regarding professional acupuncture programs - only the length of the classes. At 100-300 hours per program, most acupuncturists who have attended a 1,850-hour college program find this disgustingly inadequate.

However, it should be noted that the didactic and clinical acupuncture programs offered in either the medical or chiropractic profession focus specifically on the practice of acupuncture, not the complexities of "Oriental medicine." It is the study of traditional Chinese medicine and "Oriental medicine" that adds the vast majority of hours to the curriculae of the acupuncture schools. Medical and chiropractic programs have historically been interested in general acupuncture as their primary focus.

For a medical or chiropractic physician to even enter into a postgraduate program for acupuncture certification in the United States, he or she must have accrued at least 4,250 hours of science-based curriculae with the attainment of a "doctorate" degree. These programs specifically deal with "medical/clinical acupuncture" and are geared as an adjunct for the Western-based practice.

Within the past two years, the chiropractic profession has established a national certification in acupuncture through the National Board of Chiropractic Examiners (NBCE). The NBCE has been the undisputed standard for the examination process in the chiropractic profession for more than 40 years and is recognized by every state licensure board in the U.S. This examination is offered to practitioners who have completed a recognized postgraduate acupuncture certificate program that includes bloodborne pathogen awareness. The examination is a 200-question examination, the same length as the exam offered by the NCCAOM. The

NBCE acupuncture examination will be the standard for clinical and educational competence for doctors of chiropractic practicing acupuncture in this country.

The American Chiropractic Association recently formed the "College of Acupuncture," creating the status of "diplomate" for those who have excelled in the field of acupuncture through additional postgraduate hours of education, in addition to passing the rigorous final competency examination. This certification is in addition to that administered by the NBCE.

The DCs and MDs who currently practice acupuncture, and the thousands who will join the ranks of practitioners in the next three to five years, have all taken comprehensive, accelerated, academically complete programs in clinical acupuncture which have made them formidable practitioners. Their knowledge is significant of Five Elements, point selection and location, auriculotherapy, musculo-tendino and Extraordinary Meridians, and stimulation modalities, along with the myriad general acupuncture principles. Even though it is impossible to present an acupuncture program without entering into the realm of "Oriental medicine," this is not the focus of these programs.

Those medical and chiropractic practitioners who utilize acupuncture (which, incidentally, have numbered in the tens of thousands since 1972) have shown little interest as a profession in practicing the complexities of "traditional Chinese medicine." It is here where the contemporary practitioner (LAc) will have the most significant impact in cooperation with the medical and chiropractic professions.

Since few in the medical or chiropractic professions have an academic or clinical interest in exploring the full range of "Oriental medicine" to add to their busy practices, it would be advantageous if the acupuncture profession did not distance itself from those who can help it the most - through referrals. In speaking to many of my medical and chiropractic colleagues, I have found a considerable number who have experienced total animosity from the acupuncture profession, because the acupuncturists feel their professional training and education to be superior. "Why should they be able to practice with so few educational hours?" is a common complaint. In the meantime, due to strained relationships experienced through the legislative process in the attainment of state licensure, the acupuncture, medical and chiropractic professions have put up walls of defense in an attempt to distance themselves from each other.

This is exactly the opposite of what should be happening. Acupuncturists today should make the stand that they are the experts in "Oriental medicine," recognizing that there are physicians who are likewise performing acupuncture. It is the "Oriental medicine" qualification that makes them so much different from

the other professions. If this were to occur, there would be a newfound relationship between the medical and chiropractic practitioners and the acupuncturist - resulting in increased respectability and referrals for all.

The Bottom Line

There are, without question, a number of styles of acupuncture that are easily assimilated into medical and chiropractic clinical practices as an adjunct to already existing practices. Few, if any, medical or chiropractic practitioners want to become acupuncturists (or specialize in Oriental medicine) as their sole focus. If DCs and MDs are using acupuncture, it is in conjunction with an existing Western-style practice. Acupuncturists should hold themselves out to be the uncontested authorities in "Oriental medicine," as every organization and most schools have those words and mission in their names. MDs and DCs practicing acupuncture are not going to give up their right to utilize acupuncture, and more states will undoubtedly allow doctors of chiropractic the right to practice acupuncture. With the aforementioned NBCE certification in acupuncture in place, this is a given.

We can all coexist and thrive together as professions, as long as we are able to put aside the animosities that have inundated us from the beginning. There is absolutely no room for name-calling or discrediting one another, especially at the legislative level. It is my wish for 2004 that the professions move forward with peace, harmony and mutual respect. By doing so, each of us will see an increase in patient base and personal satisfaction.

Best wishes for a great 2004!

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