



Dynamic Chiropractic – September 1, 2004, Vol. 22, Issue 18

Why Every Full-Scope DC Should Practice Acupuncture/Meridian Therapy

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Acupuncture/meridian therapy may be one of the most rewarding procedures a doctor can add to his or her clinical practice - not to mention the rewards to their personal and family financial life. The sheer amount of clinical success, ease of application, rewarding patient testimonials and significantly increased financial reward makes adding acupuncture/meridian therapy a natural. Acupuncture/meridian therapy has been internationally recognized as one of the simplest and most effective treatments for treating both chronic and acute pain. When acupuncture is paired with chiropractic, it creates a treatment modality with few equals. It must be pointed out that like chiropractic, "Acupuncture is a principle, not a technique," and therefore may be practiced by a variety of physiotherapeutic stimulation devices - thus "meridian therapy."

In terms of clinical success, there are few procedures that compare to the combination of acupuncture (either invasive or noninvasive) and chiropractic. When applied through electronic stimulation, it is often billed as transcutaneous electrical nerve stimulation (TENS). Doctors sometimes bill the procedure as trigger point therapy or cutaneo-viscero reflex therapy. However, those doctors practicing within the scope of their license may bill and receive third-party pay under the treatment of "acupuncture." It is very common in the profession to bill for acupuncture or meridian therapy separately and establish these procedures as a cash practice.

As an adjunct to chiropractic, acupuncture and/or meridian therapy have been a vital economic and clinical part of thousands of DC's practices for more than 30 years. Acupuncture was first introduced to the profession in 1972 through the New York Chiropractic College Department of Post Graduate and Continuing Education, followed shortly thereafter by National College of Chiropractic (now National University of Health Sciences), Logan College of Chiropractic and Texas College of Chiropractic. Today, Northwestern Health Sciences University, the University of Bridgeport, Cleveland Chiropractic College,

Canadian Memorial Chiropractic College, Southern California University of Health Sciences and Parker Chiropractic College also conduct professional programs in acupuncture. This represents a total of 10 chiropractic colleges that currently teach acupuncture as part of their postgraduate or undergraduate programs. All of the colleges meet or exceed the academic recommendations for acupuncture training for physicians of the World Health Organization (WHO). As a result of the professional and public demand for acupuncture by doctors of chiropractic, 37 states have enacted legislation or regulated the practice through their respective state boards of chiropractic examiners. Acupuncture is clearly a vital part of the chiropractic profession.

In 2002, the National Board of Chiropractic Examiners (NBCE), recognizing the vital role acupuncture now played in the practice of chiropractic, began offering its Acupuncture Certification Examination. This examination certifies academic and clinical competence for those who have successfully completed a recognized certificate program in acupuncture through one or more of the 10 chiropractic colleges offering acupuncture education. Many state boards are now utilizing the NBCE acupuncture examination as the required examination for doctors of chiropractic to practice acupuncture.

Remember, just like chiropractic, "Acupuncture is a principle, not a technique." As a result, there are a variety of techniques, styles and procedures that may be employed in the practice of acupuncture. With the advent of modern technology such as electronics and lasers, a number of modalities may be successfully utilized to stimulate acupuncture points, other than the insertion of needles. Furthermore, it has been estimated that 60 percent of the population of the United States would never consider having a needle inserted into them for the purpose of acupuncture, due to needle phobia. Since the principle of acupuncture remains the same, the pleasant, gentle stimulation of an inexpensive laser light or electronic stimulation device literally opens up the potential for millions of patients nationwide who may now consider noninvasive acupuncture, but who would have never thought twice about it before. Acupuncture principles as practiced with noninvasive stimulation devices through the various state boards' physiotherapy laws are generally regarded as "meridian therapy."

Acupuncture, when used as an adjunct to an existing practice of chiropractic, is exceptionally simple to learn and to incorporate in a typical practice. The practice and study of traditional Chinese medicine (TCM) or Oriental medicine is another matter. This specialty, which includes herbal and botanical prescriptions, as well as acupuncture as a part of its philosophy, is an extremely difficult and challenging complete Asian healing system. It is ancient in its derivations and based in part on legend, myth, folklore, superstition and

shamanism. However, it can be quite effective in clinical practice when applied by a competent practitioner. The majority of students studying TCM attend school for approximately three years part-time, as compared to the intense full-time classroom and clinic schedule of chiropractic or medical school. It has been said and is generally recognized that to attain competency in TCM, 25 years of practice is necessary.

Acupuncture, on the other hand, as a separate and distinct healing art that differs from Oriental medicine, is easy to learn; easy to utilize in practice; is not time-consuming when practiced in the Euro-Asian and Japanese styles; allows the doctor to see an unlimited number of patients, rather than the six to eight per day of the TCM practitioner; and may be a reimbursable modality. The overwhelming majority of DCs and MDs who practice the principles of acupuncture for pain relief and condition response do not immerse themselves in the complexities and questionable practices and diagnoses of TCM, but may refer for it if deemed necessary.

When practiced with non-penetrating lasers, electronic or simple pressure stimulation, acupuncture may be referred to as meridian therapy. This is especially true of those practitioners in the few states that do not yet allow for the practice of acupuncture. Meridian therapy is nothing more than the utilization of the principles of acupuncture, but utilizing accepted physiotherapy modalities such as TENS, light, percussive therapy, ultrasound etc., for therapeutic application. Everything remains the same philosophically, with the exception of the stimulation devices.

The obvious first approach to adding acupuncture/meridian therapy to a clinical practice is to become competent through successful completion of one or more of the accelerated acupuncture programs offered by or through our chiropractic colleges. Most states require 100-300 hours of postgraduate education in order to practice acupuncture, which may be obtained through the curriculum of the college offering acupuncture or by combining programs from various colleges to meet the hour requirement of the state.

Once the doctor feels confident, competent and has met the educational requirements for the state, incorporating the procedure of acupoint stimulation becomes natural and easy. Acupuncture may be employed on a variety of levels, from local pain relief as an adjunct to a chiropractic procedure, to complete meridian balancing in the treatment of somato-viscero conditions. Acupuncture may be utilized as easily as general stimulation on tender spots in the area of pain, termed "Ah-Shi" points, to stimulation over surgical or other scar tissue, which disrupts the body's energy fields. Acupuncture/meridian therapy diagnosis of involved pathways and the selection of the proper acupoints to bring about balance is an incredibly accurate,

reliable, speedy and low overhead, high financial yield diagnostic modality. It requires minimal operational skill and examination evaluation is clinically significant for the doctor who has an academic background in the working mechanisms of acupuncture. The entire diagnostic procedure takes less than two minutes to perform. It may focus specifically on musculoskeletal or somato-viscero conditions. This diagnostic procedure replaces the questionable, time-consuming and unreliable ancient art of pulse diagnosis, long considered the cornerstone of Oriental medicine.

With all of the benefits, both clinically and financially, it is inconceivable that a full-scope practitioner would not want to add this incredible dimension of healing to his or her armamentarium. It behooves practitioners with a background in acupuncture to take additional refresher programs to get their enthusiasm and skills honed. For those who have no background in acupuncture, it is not too late in your professional life to add this exciting dimension to your practice in 2004.

Best wishes,

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