

**CHIROPRACTORS REGISTRATION BOARD OF VICTORIA
STANDARDS OF PRACTICE CODES**

**THE PRACTICE OF
ACUPUNCTURE AND DRY NEEDLING
BY CHIROPRACTORS**

OCTOBER 2007

1. INTRODUCTION

The guidelines below apply to registered chiropractors in Victoria who have been endorsed to engage in the practice of Acupuncture and to registered chiropractors who practice Dry Needling.

1. The Board is charged with the responsibility of protecting the health and safety of the public by ensuring that Chiropractors are competent to practise in the disciplines that they are legally engaged.
2. The Board accepts that the usual meaning of competence is the ability to perform a task to set standards. The standards that the Board accepts for independent practice of Acupuncture and/or of Dry Needling are those that are supported by scientific observation. Where there is no such evidence the standards are harder to define but they are then usually determined by their conformity with ethical standards and common sense.
3. The Board considers that the following guidelines will apply to all practitioners who perform Acupuncture and/or Dry Needling. It is intended that these guidelines be read in conjunction with those for Infection control jointly issued by the Chinese Medicine Registration Board and the Department of Human Services.

2. GUIDELINES

The Board expects that any Chiropractor who practices Acupuncture and/or Dry Needling will:

1. In **assessing** patients:

- (a) Perform a history and physical examination of the patient, sufficient to make, or confirm, a generally recognised diagnosis that meets the standard of practice generally expected of the profession.
- (b) Investigate, when necessary, utilising generally accepted modalities pertinent to the patient's complaint; where any other methods of investigation are used informed consent must be obtained;

- (c) Reach a diagnosis that reasonable practitioners would reach, supported by the clinical findings;
- (d) Advise the patient of the evidence-based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge.

2. In caring for patients:

- (a) Have demonstrable current knowledge and skills in their area of practice;
- (b) Act ethically and in their patient's best interests according to the fundamental values of the profession.
- (c) Provide sufficient information to allow patients to make informed choices, and to refer to, or consult with, others when the patient requests it, when the practitioner requires assistance and/or when the standard of practice requires it.
- (d) Not misrepresent information or opinion. Patients must be made aware of the likely effectiveness of a given therapy according to published and accepted information, notwithstanding the practitioner's individual beliefs.
- (e) Obtain informed consent to any proposed form of patient care.

3. In advancing knowledge, and providing patient care in areas of uncertainty where a treatment has no proven efficacy:

- (a) Ensure that their patients are told the degree to which tests, treatments or procedures have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety.
- (b) Be prepared to collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be shared with, and critically appraised by, the profession.

3. ASSESSING COMPLAINTS OR CONCERNS

In assessing complaints or concerns related to the practice of any Chiropractor endorsed to practice Acupuncture or who practices Dry Needling, the Board will particularly consider the following questions:

- (a) Has an adequate patient assessment been conducted in each case, including history and physical examination, laboratory studies, imaging and other evaluative measures to determine that the patient has the condition for which treatment is being prescribed?
- (b) Is the methodology, if any, promoted for diagnosis as reliable as other available methods of diagnosis? Are the diagnostic tools reliable?
- (c) What is the risk/benefit ratio for the treatment? Is it greater or less than that for other treatments for the same condition?

- (d) Is the treatment extrapolated from reliable scientific evidence, including properly conducted clinical trials, and/or is it supported by a credible scientific rationale?
- (e) Is there reasonable expectation that the treatment offered would result in a favourable patient outcome? What evidence is there for favourable outcomes?
- (f) Is the practitioner excessively compensated for the service provided? Has the patient been fully informed about costs?
- (g) Are the practitioner's promotional claims supported by reliable scientific evidence?
- (h) Is the benefit achieved by the practitioner greater than that which can be expected by placebo alone?
- (i) Has the patient's informed consent been obtained and adequately documented in the case record?
- (j) In case of clinical research, has a formally constituted ethics committee given its approval to the investigation or treatment?

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