

# **Practice Competencies and Performance Indicators for the Use of Acupuncture by Registered Massage Therapists in Ontario**



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## Introduction

Acupuncture is a controlled act under the *Regulated Health Professions Act, 1991*. College of Massage Therapists of Ontario (CMTO) registrants (hereinafter referred to as “Registered Massage Therapists” or “Massage Therapists”, “RMTs”, or “MTs”) may be authorized<sup>1</sup> to perform acupuncture provided that:

- (a) They have completed a Confirmed Acupuncture Education Program;
- (b) They practise acupuncture within the Scope of Practice of Massage Therapy; and
- (c) They practise according to the Acupuncture Standards of Practice established by CMTO.

The purpose of this document is to define the entry-level acupuncture practice requirements for Registered Massage Therapists (RMTs), and delineate the learning outcomes that are to be provided by acupuncture education programs to enable their inclusion by CMTO in the list of “Confirmed Acupuncture Education Programs”.

## The Acupuncture Practice Competencies

Entry-level acupuncture practice for Massage Therapists is defined in terms of the required practice competencies.

A practice competency is a description of a task that is performed in practice, and which can be carried out to a specified level of proficiency<sup>2</sup>.

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<sup>1</sup> This authorization is done pursuant to an exception granted in the Controlled Acts Regulation (O.Reg. 107/96) under the *Regulated Health Professions Act, 1991*, which requires that acupuncture must be performed in accordance with the Standard of Practice and within the scope of Massage Therapy.

<sup>2</sup> The proficiency required of RMTs practising acupuncture has the following characteristics:

- When presented with routine situations, the RMT applies relevant acupuncture competencies in a manner consistent with generally accepted standards in acupuncture, without supervision or direction, and within a reasonable timeframe. The RMT selects and applies competencies in an informed manner. The RMT anticipates what outcomes to expect in a given situation, and responds appropriately.
- The RMT practising acupuncture recognizes unusual, difficult to resolve and complex acupuncture-related situations which may be beyond their capacity. The RMT takes appropriate and ethical steps to address these situations, which may include seeking consultation, supervision or mentorship, reviewing research literature, or making a referral.

Registrants who wish authorization to perform acupuncture must demonstrate to the College that they possess these competencies. CMTO considers that these competencies represent a minimum level of achievement for the performance of acupuncture by RMTs. Once they have received authorization, RMTs may choose to limit their acupuncture treatments and perform a range of tasks that draw upon only a sub-set of the entry-level competencies. Alternatively they may choose to undertake more advanced training in acupuncture, and to develop acupuncture competencies beyond those listed here, but in either case, RMTs must practice acupuncture only to the limits of their competence and only within the Scope of Practice of Massage Therapy.

At all times an RMT's performance of acupuncture must be within the Scope of Practice of Massage Therapy, which is the assessment of the soft tissues and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.

In 2012 CMTO approved updated entry-to-practice competencies for Massage Therapists, comprising 147 practice competencies that are required prior to initial registration as an RMT. The Massage Therapy competencies are clustered into three broad areas of practice:

- Professional Practice;
- Assessment and Treatment Planning; and
- Treatment and Client Self-Care.

It is assumed that RMTs practising acupuncture already possess the entry-to-practice Massage Therapy competencies. The acupuncture competencies are additional competencies, specific to the use of acupuncture.

There are 24 acupuncture competencies clustered into the following areas of practice:

- Foundational Knowledge;
- Treatment Planning;
- Treatment; and
- Risk Management.

## The Performance Indicators

CMTO relies upon successful completion of a Confirmed Acupuncture Education Program as an indication that registrants possess the required acupuncture practice competencies. In order to receive approval, educational programs must confirm that they assess student learning outcomes which are consistent with performance indicators derived from the practice competencies.

A performance indicator is an activity that can be carried out in an assessment vehicle<sup>3</sup>, successful completion of which provides an indication of an individual's ability to proficiently perform a practice competency.

Programs must confirm that they teach and assess their students relative to the performance indicators in two pre-defined educational environments as identified here:

- Academic education, which takes place in a classroom or through guided independent study, and which involves learning whereby students develop knowledge and thinking skills, and beliefs and values, that enable them to perform the required performance indicators. Assessment in the academic environment must take place through written and / or oral evaluations designed to determine performance consistent with the definition of proficiency stated on page 2.
- Simulation involves students learning the practical skills required to perform the Performance Indicators, under the direction of an experienced professional authorized to practise acupuncture, with a simulated client<sup>4</sup>. Assessment in the simulation environment must take place in a manner that ensures repeated and reliable performance consistent with the definition of proficiency stated on page 2.

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<sup>3</sup> In this context the education program is regarded as an assessment vehicle for the practice competencies.

<sup>4</sup> Learning and assessment in a clinical environment is an acceptable alternative.

PRACTICE COMPETENCIES		PERFORMANCE INDICATORS		Academic	Simulation
<b>1</b>	<b>FOUNDATIONAL KNOWLEDGE</b>				
1.1	Apply knowledge of the physiological responses to needling.				
		a	Explain the purposes, effects and outcomes of needling.	x	
1.2	Apply knowledge of indications, precautions and contraindications relative to needling.				
		a	Describe the indications for needling.	x	
		b	Describe the precautions and contraindications for needling.	x	
		c	Relate indications, precautions and contraindications to client presentation and stage of life.	x	
1.3	Use a recognized system of terminology to name acupuncture points.				
		a	Identify acupuncture points in a clear and consistent manner.	x	
		b	Use either traditional or neuroanatomical acupuncture terminology.	x	
1.4	Identify the anatomical location of points.				
		a	Describe the anatomical location of the acupuncture points listed in Appendix 1.	x	
1.5	Identify indications for the use of points.				
		a	Identify indications for the needling of acupuncture points listed in Appendix 1.	x	
		b	Identify indications for the needling of motor points.	x	
		c	Identify indications for the needling of myofascial trigger points.	x	
1.6	Apply knowledge of the precautions and contraindications for the use of points.				
		a	Identify the precautions and contraindications for needling of the acupuncture points listed in Appendix 1.	x	
		b	Identify the precautions and contraindications for the needling of motor points.	x	
		c	Identify the precautions and contraindications for the needling of myofascial trigger points.	x	
1.7	Apply knowledge of needle types, characteristics and uses.				

		a	Describe the characteristics and uses of filiform needles..	x	
		b	Describe factors affecting selection of length, diameter, depth and angle of insertion of filiform needles.	x	
		c	Identify factors that affect the safety and quality of needles.	x	
1.8	Apply knowledge of manual, thermal and electrical point stimulation techniques.				
		a	Describe the indications, contraindications and precautions for point stimulation.	x	
		b	Describe manual, thermal and electrical methods of point stimulation.	x	
1.90	Apply knowledge of signs and symptoms of adverse reactions to acupuncture.				
		a	Describe adverse reactions.	x	
		b	Describe signs and symptoms of adverse reactions.	x	
		c	Describe appropriate responses to adverse reactions.	x	
1.10	Apply knowledge of legislative, regulatory and municipal requirements affecting acupuncture practice.				
		a	Identify current legislation affecting the use of acupuncture.	x	
		b	Describe the role of CMTO in regulating the use of acupuncture by RMTs.	x	
		c	Identify regulatory requirements affecting the use of acupuncture by RMTs.	x	
		d	Identify ways in which municipal regulations may affect the use of acupuncture.	x	
<b>2</b>	<b>TREATMENT PLANNING</b>				
2.1	Develop a comprehensive treatment plan.				
		a	Ensure that the acupuncture treatment is within the Massage Therapy Scope of Practice.	x	
		b	Select points based upon client goals, assessment, and desired outcomes.	x	x
		c	Select needle type, diameter and length.	x	x
		d	Determine angle and depth of insertion.	x	x
		e	Determine stimulation method.	x	x
		f	Determine duration, frequency and anticipated number of treatments.	x	x
		g	Document treatment plan.	x	x
		h	Modify plan throughout treatment based on client response.	x	x

2.2	Communicate treatment plan to patient.				
		a	Explain benefits of treatment to client.		x
		b	Explain plan and procedures to client.		x
		c	Advise client of precautions, potential risks and side effects.		x
<b>3</b>	<b>TREATMENT</b>				
3.1	Position and drape client.				
		a	Explain principles of positioning and draping related to client comfort and safety.	x	
		b	Explain positioning requirements for specific conditions.	x	
		c	Explain principles of draping and positioning related to point access.	x	
		d	Position client for treatment.		x
		e	Ensure appropriate draping.		x
3.2	Locate selected point on client.				
		a	Locate on a client the points listed in Appendix 1.		x
3.3	Prepare site.				
		a	Ensure access to target tissue.		x
		b	Ensure skin is free of oils, creams and lotions.		x
		c	Describe situations where skin disinfection is advisable.	x	
		d	Demonstrate skin disinfection technique.		x
3.4	Insert needle to target.				
		a	Insert needle to proper angle and depth.		x
		b	Adjust needle in response to client reaction.	x	x
3.5	Apply stimulation method.				
		a	Apply stimulation to needle.		x
		b	Adjust stimulation in response to client reaction.	x	x
3.6	Remove needle.				
		a	Remove needle.		x
		b	Inspect needle site and respond to tissue reaction.	x	x
		c	Employ a method to ensure removal of all needles.		x
3.7	Dispose of needles.				
		a	Dispose of needle in approved sharps / biohazard container.		x
3.8	Direct client in acupuncture-related post-treatment care.				
		a	Direct client in managing side effects.	x	x

<b>4</b>	<b>RISK MANAGEMENT</b>				
4.1	Use clean needle techniques.	a	Explain the purpose of clean needle techniques.	x	
		b	Describe the components of clean needle techniques.	x	
		c	Employ clean needle techniques.		x
4.2	Manage adverse client reactions.				
		a	Recognize and respond to adverse emotional reactions.	x	x
		b	Recognize and respond to adverse physiological reactions including fainting.	x	x
		c	Recognize and respond to pathological conditions resulting from treatment including organ puncture and infection.	x	x
		d	Identify adverse reactions that require immediate medical attention or referral.	x	x
4.3	Manage needle incidents.	a	Describe techniques for removal of stuck needles.	x	
		b	Describe removal of bent needles.	x	
		c	Describe removal of broken needles.	x	
		d	Identify stuck, bent and broken needles that require medical attention.	x	
		e	Describe how client is to remove and dispose of missed needles.	x	
4.4	Ensure workplace safety relative to handling of needles and biohazards.			x	
		a	Describe methods for needle storage, handling and disposal in the workplace.	x	
		b	Describe methods for managing biohazards in the workplace.	x	
		c	Describe management of needle stick injuries.	x	
		d	Provide information to others concerning safe handling of needles and biohazards.	x	
		e	Ensure proper storage and disposal of sharps and biohazards.		x



## Appendix 1

*The table below lists the acupuncture points referred to in Practice Competencies 1.4, 1.5, 1.6 and 3.2*

MERIDIAN	POINTS
Lung	1,2,3,5,7,9,10
Large intestine	4,10,11,12,15,20
Stomach	2,3,4,5,6,7,8,35,36,38,41
Spleen	3,4,5,6,9,10
Heart	3,5,6,7
Small intestine	3,5,6,9,10,11,12,13, 14, 19
Urinary bladder	2,10, 11, 13, 14 15,16, 17, 18, 19, 20, 21, 22, 23,25,27,28, 31,32,33,34,36, 37, 40, 53, 54, 58,60, 62,67
Kidney	3,6,7,10
Pericardium	3,5,6,7
Triple warmer (energizer)	5,10,14,15,17,21,23
Gallbladder	1,2,14,20,21,30,34,39,40
Liver	3,8
Conception vessel	4,6,12,17
Governing vessel	3,4,14,15,16,20,26
Other points	Tai yang
	Huatuojiuji
	Sishencong
	Yintang
	Bitong
	Bafeng
	Baxie
	Xiyan