

**Response to
Consultation on the
Regulation of
Acupuncture in Ontario**

Ontario Physiotherapy Association

March 16, 2005

Response to Consultation on the Regulation of Acupuncture in Ontario

The Ontario Physiotherapy Association (OPA) is the professional association representing over 4500 registered physiotherapists, students and associates in the province of Ontario. OPA is committed to leadership in physiotherapy through the provision of advocacy, professional development and career support services for its members, enabling them to be successful in their careers and in providing quality physiotherapy services to the citizens of Ontario.

How do you use acupuncture in your practice?

In Ontario, more than 1600 physiotherapists use acupuncture in their practices as part of the management of patients with musculoskeletal or neurological conditions.

Physiotherapists use many types of modalities in our practice including thermal and electrical modalities. Acupuncture is considered a modality within the scope of practice of physiotherapists in Canada.

The National Institute of Health (NIH)ⁱ, one of eight health agencies of the Public Health Services and part of the U.S. Department of Health and Human Services, has concluded that there is a number of pain-related conditions for which acupuncture may be effective as an adjunct therapy and which is commonly treated by physiotherapists. Conditions include stroke rehabilitation, headaches, chronic neck painⁱⁱ, tennis elbow, fibromyalgia, low back pain, carpal tunnel syndrome, and osteoarthritisⁱⁱⁱ. The NIH report is consistent with HPRAC's view that there is empirical evidence of efficacy sufficient to justify the use of acupuncture by health professionals in Ontario, especially in the treatment of low back pain and migraines.^{iv}

Acupuncture is used primarily by physiotherapists to control back and other pain, neuromuscular disorders and to decrease swelling, in order to increase physical function. As such, acupuncture is an integral part of physiotherapy's current statutory scope of practice, namely:

"the treatment, rehabilitation and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain".

What is your opinion on allowing only TCM practitioners and regulated health professionals with the controlled act of performing a procedure on tissue under the dermis (physicians, nurses, dentists) versus allowing regulated health professionals who do not have the controlled act (physiotherapists, chiropractors, massage therapists) but who currently perform acupuncture under the legislative exemption?

Our profession does not support limiting the practice of acupuncture to TCM practitioners, physicians, nurses and dentists. Physiotherapists have been using

acupuncture as part of their practice since prior to the enactment of the RHPA and the Physiotherapy Act of 1991 and this has been reflected by the inclusion of physiotherapists in the exemption clause.

Physiotherapists meet the two criteria set out by HPRAC to select those professions that should be authorized to perform the controlled act of acupuncture. The first criterion was that acupuncture must be within the statutory scope of practice of the profession. The second criterion was that the profession should have an authorized act associated with the controlled act of performing a procedure on tissue below the dermis:

“HPRAC notes that there are professions that currently have statutory authority to do acupuncture. This observation is based on a determination of whether acupuncture fits within the professions’ current scope of practice statement and whether the profession is currently authorized the controlled act of performing a procedure on tissue below the dermis.”

The physiotherapy scope of practice reads as:

“The practice of physiotherapy is the assessment of physical function and the treatment, rehabilitation and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain.”
(*Physiotherapy Act*, 1991, s. 3.)

The physiotherapy-authorized act of relevance is *tracheal suctioning*, which amounts to procedures below the dermis. HPRAC refers to the chiropody-authorized act of cutting subcutaneous tissues of the foot as an illustration of “performing a procedure on tissue below the dermis”.^v The OPA respectfully suggests that tracheal suctioning is analogous in terms of risk in this regard.

We, therefore, suggest the *Physiotherapy Act* be amended to include the authorized act of acupuncture as has been included in the professional legislation, regulations or bylaws of other provinces such as British Columbia, Alberta, Saskatchewan, Manitoba and Québec (called ‘dry needling’ in the province).

The profession and its association cannot support the creation of a separate College to regulate the provision of acupuncture in Ontario. Protection of the public can be achieved through the inclusion of acupuncture as a controlled act accessible to certain health professions with appropriate education and training such as physiotherapy.

What about unregulated health professionals?

As a matter of principle, the OPA believes that a controlled act should not be administered by unregulated practitioners. By definition, a controlled act constitutes a risk of harm to the public. As such, that controlled act should be available only to practitioners who are regulated by a statutory regulatory body having the mandate to

serve and protect the public interest. Being subject to a statutory regulatory body also provides patients who have experienced a misadventure with access to a complaints and disciplinary procedure.

The OPA recognizes that many practitioners who are currently unregulated and are unlikely to be regulated in the near future perform acupuncture. Prohibiting them from continuing to perform in the control act will, therefore, generate some economic hardship for the practitioners and perhaps reduce access to the procedure, particularly in those geographic areas where regulated practitioners are in short supply. However, the protection of the public against the risk of harm must be paramount. We recognize that some type of regulatory mechanism may need to be considered for these practitioners.

What is your education and training and what are the factors that make for the ideal training and education in TCM and acupuncture?

To practice physiotherapy in Ontario, a physiotherapist must graduate from one of the entry-level undergraduate or graduate university programs at a Canadian university, and have completed an internship in a recognized health care facility. After graduation from a recognized school of physiotherapy or rehabilitation, the College of Physiotherapists of Ontario requires that candidates pass the Physiotherapy National Examination.

According to the College of Physiotherapists of Ontario, in 2004 over 1660 registered physiotherapists indicated that they used acupuncture in their practice. The Canadian Physiotherapy Association (CPA) has a position statement regarding acupuncture. (See Appendix A.) The CPA recommends that physiotherapists who wish to utilize acupuncture complete a program of study after graduation that meets the criteria and objectives set out in the Acupuncture Position Statement. In 2002, 471 physiotherapists had completed courses and the certification process provided by the Acupuncture Foundation of Canada Institute. We anticipate that the College of Physiotherapists of Ontario, in consultation with the other colleges that are granted the authorized act, would develop a standard of practice consistent with the requirements of the AFCI, or an equivalent, as the minimum certification and competency required to practice acupuncture.

The College of Physiotherapists of Ontario recommends that a physiotherapist performing acupuncture should have received training at an educational institution that trains and certifies individuals to practice acupuncture. (See Appendix B) For example, in Canada, appropriate training is available through the Acupuncture Foundation of Canada Institute, the University of Alberta, the International College of Oriental Medicine and the UpLedge Institute.

In Ontario, we would also need to recognize labour mobility issues, so that a physiotherapist trained to practice acupuncture in other provinces through recognized programs have their qualifications recognized for practice in the province of Ontario.

Final Comments

The OPA is strongly of the view that the authorized act of acupuncture should be extended to multiple colleges, rather than being granted only to one college. The latter approach would require those who practice acupuncture to register with two colleges, which is expensive for the practitioner and also complicates regulation in cases where competency requirements and levels of reporting may conflict. We believe that regulatory effectiveness is best achieved with multiple colleges having access to the authorized act and practitioners having only to register with one college.

Appendix A



Canadian
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Association
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position statement

Acupuncture

The Canadian Physiotherapy Association (CPA) considers acupuncture for the treatment of pain and/or neuromuscular disorders and as a preventative measure and an aid to general health, within the scope of physiotherapy practice. The use of acupuncture by physiotherapists is viewed as an appropriate extension of entry-level physiotherapy skills. When using acupuncture, members of the Association shall serve the public by exercising professional judgment in accordance with the CPA Code of Ethics and Rules of Conduct.

For the purposes of this statement, acupuncture is defined as the stimulation of a certain point or points on the body by the insertion of needles to prevent or modify the perception of pain and/or to alter physiological functions, including pain control for the treatment of certain diseases or dysfunction's of the body.

The CPA recommends that physiotherapists who wish to utilize acupuncture complete a program of study after graduation, which meets the following criteria and objectives:

Criteria

The program includes instruction in appropriate knowledge and skills. The program provides participants with the knowledge base and clinical skills necessary to apply acupuncture techniques safely and competently. The program concludes with a formal written and practical evaluation of the participant's competency to utilize acupuncture.

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Position statements are statements on political, ethical and social issues impacting on patient welfare, the role and practice of physiotherapy or that affects the Association and its members. They are frequently time-limited. Persons wishing to use them more than two years after publication should confirm their status with the Canadian Physiotherapy Association, 2345 Yonge Street Suite 410, Toronto ON M4P 2E5. Tel. (416) 932-1888, 1-800-387-8679. Fax (416) 932-9708. E-mail information@physiotherapy.ca

Objectives:

Upon completion of the program, participants should be able to:

- Integrate the scientific and neurophysiological principles related to the application of acupuncture for the treatment of pain and/or neuromuscular disorders
- Discuss acupuncture treatment principles and justify the treatment approach chosen
- Use anatomical principles to locate acupuncture points
- Describe the contraindications, precautions and complications of acupuncture and methods for dealing with emergency situations
- Demonstrate the clinical application of methods and techniques used in acupuncture
- Demonstrate needle insertion procedures on acupuncture points
- Evaluate methods of pain control including acupuncture
- Measure the outcomes of treatments applied.

The reader is advised that there may be provincial regulations or legislation that guide practice in this area. Readers should contact their provincial regulatory body for details.

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Appendix B



THE PRACTICE OF ACUPUNCTURE BY PHYSIOTHERAPISTS

Acupuncture is a therapeutic treatment, which consists of inserting fine needles into the body at specific points along energy pathways or meridians. The age-old practice, which is widely used to relieve the symptoms of some physical and psychological conditions, is often integrated by physiotherapists into the treatment of patients with pain or physical dysfunction.

Acupuncture falls within the scope of practice¹ for physiotherapists, which covers “the assessment of physical function and the treatment, rehabilitation and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain.”

Under the Regulated Health Professions Act (RHPA) in Ontario, anyone can advertise and practice acupuncture, regardless of qualifications or experience. “Acupuncturists” are not regulated health professionals. A physiotherapist performing acupuncture should:

- recognize that under the RHPA, the practice of acupuncture is not included under the controlled act of performing a procedure on tissue below the dermis. Physiotherapists therefore may perform acupuncture in accordance with standards and policies of the College.
- limit his or her use of the modality to the treatment of generally accepted physical disorders within the scope of practice for physiotherapists, and refrain from using acupuncture to assist with smoking cessation or to promote weight loss within their physiotherapy practice.

- have received appropriate training at an educational organization which trains and certifies individuals to practice acupuncture. While a registered physiotherapist will be knowledgeable of the anatomy, physiology and pathophysiology requirements needed to practice acupuncture, he or she must be trained in the technical application modality. For example, in Canada, appropriate acupuncture training is available through the Acupuncture Foundation of Canada, the University of Alberta, the International College of Oriental Medicine and the UpLedge Institute.

- perform acupuncture only at the member’s level of training and competence

- adhere to the College’s standards of practice.

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The information contained in this position statement may be time limited. Persons referring to this information more than two years from the date of publication should contact the College to confirm that the information is current.

Position Statement

¹ The Physiotherapy Act, 1991

Note: The term “client” and “patient” may be used interchangeably

ⁱ The National Institutes of Health (NIH) began as a one-room Laboratory of Hygiene in 1887. The NIH today is one of the world's foremost medical research centers, and the Federal focal point for medical research in the U.S.

The NIH mission “is to uncover new knowledge that will lead to better health for everyone. NIH works toward that mission by:

- ▶ conducting research in its own laboratories;
- ▶ supporting the research of non-Federal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad;
- ▶ helping in the training of research investigators; and
- ▶ fostering communication of medical information.” (www.nih.gov)

ⁱⁱ Rheumatol, J. , “Acupuncture and Chronic Neck Pain”, 1998, Oct; 37(10): 1118-22.

ⁱⁱⁱ See Haslam, R., “A Comparison of Acupuncture with Advice and Exercises on the Symptomatic Treatment of Osteoarthritis of the Hip – A Randomised Controlled Trial”, *Acupuncture Med* , 2001 June 19(1): 19-26.

^{iv} HPRAC Advice to the Minister of Health and Long-Term Care, *Traditional Chinese Medicine and Acupuncture*, April 2001, p. 16.

^v HPRAC Recommendations to the Minister on Traditional Chinese Medicine and Acupuncture, April 2001, p.11.