



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF CHIROPRACTIC EXAMINERS

3605 Missouri Boulevard
P.O. Box 672
Jefferson City, MO 65102-0672
573-751-2104
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800-735-2966 TTY Relay Missouri
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chiropractic@pr.mo.gov

Loree V. Kessler, MPA
Executive Director

**State Board of Chiropractic Examiners
OPEN SESSION CONFERENCE CALL
TENTATIVE AGENDA
Toll Free Number – 573-526-5712
Long Distance – 866-630-9350
February 2, 2012 – 12:00 P.M.
Division of Professional Registration
3605 Missouri Boulevard - Jefferson City Missouri**

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri State Board of Chiropractic Examiners, P.O. Box 672, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 751-0018 to ensure available accommodations. The text telephone for the Deaf or Hard of Hearing is 800/735-2966 or 800/735-2466 for Voice Relay Missouri.

Except to the extent disclosure is otherwise required by law, the Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The Board may convene in closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public, with the motion and vote recorded in open session minutes.

Please see attached agenda for this meeting.

Attachment

**State Board of Chiropractic Examiners
OPEN SESSION CONFERENCE CALL
TENTATIVE AGENDA
Toll Free Number – 573-526-5712
Long Distance – 866-630-9350
February 2, 2012 – 12:00 P.M.
Division of Professional Registration
3305 Missouri Boulevard - Jefferson City Missouri**

Call to Order	Dr. William Madosky, Board President
Roll Call	Executive Director
Approval of Agenda	Pages 1 - 2
1. Approval of Minutes	Pages 3 - 5
• January 4, 2012 Conference Call	
• January 6, 2012 Mail Ballot	
2. HB 300 – Sports Related Head Trauma	Pages 6 - 8
• Response from Cleveland	
3. Upcoming Meetings	Pages 9 - 16
• FCLB – May 2 – 6, 2012 Memorandum	
• Part IV Exam – May 18 – 20, 2012	
• Part IV Test Committee – June 8 & 9, 2012	
• Part IV Exam – November 9 – 11, 2012	
4. Acupuncture Reinstatement	Pages 17 - 18
5. Acupuncture Continuing Education	Page 19
• Research Articles	Pages 20 - 40
• State to State Comparison	Pages 41 - 51

Motions to Close

Section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.

OPEN SESSION MINUTES
Missouri State Board of Chiropractic Examiners
January 4, 2012 – 12:30 p.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 12:30 p.m., the Missouri State Board of Chiropractic Examiners conference call meeting was called to order by Dr. Gary Carver, Board President, at the Missouri Division of Professional Registration, 3605 Missouri Boulevard in Jefferson City, Missouri. The Executive I facilitated roll call.

Board Members Present

Gary Carver, D.C., President
William Madosky, D.C., Secretary
Paul Nahon, Public Member
Jack Rushin, D. C., Member
Homer Thompson, D.C., Member

Staff Present

Jeanette Wilde, Executive I
Greg Mitchell, Counsel
Becky Dunn, Licensure Technician I (temporary employee)

Ms. Kessler was unable to attend the conference call meeting due to a prior commitment.

Dr. Carver stated he would be voting in open and closed session.

A motion was made by Dr. Madosky and seconded by Dr. Thompson to approve the open session agenda. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Thompson, Mr. Nahon, and Dr. Madosky. Motion carried unanimously.

A motion was made by Dr. Rushin and seconded by Dr. Thompson to approve the open session minutes of the November 17, 2011 board meeting amending the November 17 minutes to include adding "or other board certified radiologists" under the continuing education item. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Thompson, Mr. Nahon, and Dr. Madosky. Motion carried unanimously.

A motion was made by Dr. Thompson and seconded by Dr. Madosky to approve the open session minutes of the November 23, 2011 and December 2, 2011 mail ballot minutes. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Thompson, Mr. Nahon, and Dr. Madosky. Motion carried unanimously.

Election of Officers

A motion was made by Dr. Rushin and seconded by Dr. Thompson nominating Dr. Madosky for board president. No other nominations were offered. Board members voting in favor: Dr. Rushin, Dr. Thompson, Mr. Nahon, and Dr. Carver. Dr. Madosky recused himself from the vote and was elected board president. Dr. Madosky will begin his term at the next meeting.

Missouri State Board of Chiropractic Examiners
Open Session Minutes
January 4, 2012
Page 2

A motion was made by Dr. Thompson and seconded by Dr. Madosky nominating Dr. Rushin as board secretary. No other nominations were offered. Board members voting in favor: Dr. Carver, Dr. Madosky, Dr. Thompson, and Mr. Nahon. Dr. Rushin recused himself from the vote and was elected board secretary.

Athletic Head Injury & Trauma/House Bill 300

Board members expressed concern that the profession must take an active role in this area. Dr. Carver indicated he would contact Cleveland Chiropractic College, Dr. Rushin will contact CCE and Palmer, and Dr. Madosky will contact the NBCE to provide confirmation that concussion diagnosis and management is commonly taught to chiropractors. The information will be coordinated by staff with counsel continuing to communication with.

Continuing Education Application Training

A motion was made by Dr. Madosky and seconded by Dr. Thompson authorizing the executive director and the executive I to coordinate conference calls to the providers regarding the implementation of the continuing education forms. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Madosky, Mr. Nahon, and Dr. Thompson. Motion carried unanimously.

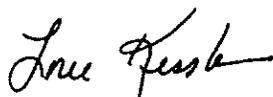
Acupuncture Regulation

A motion was made by Dr. Thompson and seconded by Mr. Nahon that the regulation regarding continuing education to maintain acupuncture certification be rescinded and no additional continuing education be required to maintain the MTAA certification. After board discussion, Dr. Thompson withdrew his motion and Mr. Nahon withdrew his second.

A motion was made by Dr. Madosky and seconded by Dr. Thompson to table the discussion until the March meeting, allowing board members to review the regulation and assemble any applicable information. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Madosky, Mr. Nahon, and Dr. Thompson. Motion carried unanimously.

At 12:58 p.m., a motion was made by Dr. Madosky and seconded by Dr. Thompson to convene in closed session pursuant to section 610.021 subsection (14), 324.001.8 and 324.001.9, RSMo for the purpose of discussing investigative reports and or complaints and or audits and or other information pertaining to the licensee or applicant, section 610.021 Subsection (1) RSMo for the purpose of discussing general legal actions, causes of actions or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsections of 610.021 RSMo which authorizes agencies to go into closed sessions during those meetings. Board members voting aye: Dr. Carver, Dr. Rushin, Mr. Nahon, Dr. Thompson and Dr. Madosky. Motion carried unanimously.

At 1:22 p.m., a motion was made by Dr. Madosky and seconded by Dr. Rushin to convene in open session and adjourn. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Madosky, Mr. Nahon, and Dr. Thompson. Motion carried unanimously.



Executive Director

Approved by Board on

Missouri State Board of Chiropractic Examiners
Open Session Minutes
January 4, 2012
Page 2

OPEN MINUTES
Missouri State Board of Chiropractic Examiners
Division of Professional Registration
3605 Missouri Boulevard, Jefferson City, Missouri
Mail Ballot February 2, 2012

On this date, a closed mail ballot was sent to the members of the Missouri State Board of Chiropractic Examiners pursuant to section 610.021(14) RSMo.

Mail Ballots Sent to:

William Madosky, DC, President
Jack Rushin, DC, Secretary
Gary Carver, DC, Member
Homer Thompson, DC
Paul Nahon, Public Member

The Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13) and (14), RSMo, and Sections 324.001.8 and 324.001.9 RSMo.



Executive Director

Approved by Board on



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
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Loree V. Kessler, MPA
Executive Director

December 12, 2011

ASHLEY E. CLEVELAND MA, DC
PROVOST
CLEVELAND CHIROPRACTIC COLLEGE OF KANSAS CITY
10850 LOWELL AVENUE
OVERLAND PARK KS 66210

Dear Dr. Cleveland:

Your name was provided to the State Board as the contact person for questions regarding education and curriculum requirements for your chiropractic students. Please feel free to share this letter with the faculty at Cleveland.

The Missouri State Board of Chiropractic Examiners has been contacted by a licensee regarding the implementation of HB 300. This legislation was passed during the 2011 regular session and deals with young athletes that have suffered a head/brain injury. The purpose of this letter is to request any information you can provide regarding education or training students receive during their normal course of study relating to head injury, brain injury or head trauma. I have included a copy of HB 300 for your information.

Thank you for your response to this request.

Sincerely,

Loree Kessler
Executive Director

CLEVELAND CHIROPRACTIC COLLEGE

Kansas City | Los Angeles

10850 LOWELL AVE. OVERLAND PARK, KS 66210
800.467.2252 • 913.234.0600 • 913.234.0904 FAX

590 NORTH VERMONT AVE. LOS ANGELES, CA 90004
800.466.2252 • 323.906.2095 • 323.906.2094 FAX

www.cleveland.edu

January 5, 2011

Ms. Loree Kessler, Executive Director
Missouri State Board of Chiropractic Examiners
3605 Missouri Boulevard
P.O. Box 672
Jefferson City, MO 65102-0672

Dear Ms. Kessler:

Consistent with the standards of the Council on Chiropractic Education, Cleveland Chiropractic College of Kansas City has as part of its mission to educate Doctors of Chiropractic to be primary health care providers. The college understands that the Doctor of Chiropractic may serve members of the public as their family doctor, referring to other providers when indicated, and thus the curriculum is designed to prepare a competent, ethical practitioner for the types of conditions s/he is likely to see. As well, the college understands that many doctors of chiropractic work with athletes in a variety of roles, from serving as team chiropractors to dedicating their entire practices to sports injuries and athletic conditioning. Thus the core curriculum includes assessment, diagnosis, management and referral for common conditions seen in such practices. Recently, the college has added an elective course designed to enhance students' competencies for such practices. It is entitled, *Sports Chiropractic*.

Within the core curriculum leading to the Doctor of Chiropractic degree, students learn the neuroanatomy, neurophysiology and pathology related to head trauma and brain injury in a variety of pre-clinical courses. Neuromusculoskeletal diagnosis courses provide further information on common methods of assessment when head trauma/brain injury is suspected.

Clinical Neurology, a 4 credit-hour course with 60 trimester contact hours, covers head trauma and brain injury in depth. It includes such topics as a review of clinical brain anatomy and tracts, review of nervous system examination, headache and facial pain (diagnosis, causes, common management), disorders of cognitive function, disorders of equilibrium, disorders of vision, diagnosis and management of stroke, head trauma and differential diagnosis of subarachnoid versus subdural hemorrhage, diagnosis, management and return-to-play criteria in concussion.

Emergency Methods/Cardiopulmonary Resuscitation, a 1.5 credit-hour course with 30 trimester contact hours, covers coup-contrecoup injuries and concussion, and subdural and epidural hematomas. Emergency management of these injuries, including calling 911, securing the cervical spine and managing airway, breathing and circulation until EMS arrives, is also addressed.

Should you require further information about the curriculum or need clarification on any items addressed in this letter, please don't hesitate to contact me.

Sincerely,



Ashley E. Cleveland MA, DC

Provost

Copies to: Dr. Julia Bartlett, Dean of Clinical Education
 Dr. Paul Barlett, Dean of Pre-Clinical Education
 Dr. Carl S. Cleveland III, President
 Dr. Gary Carver, Missouri State Board of Chiropractic Examiners



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Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members

From: Loree Kessler

A handwritten signature in black ink that reads "Loree Kessler".

CC:

Date: January 18, 2012

Re: Annual Meetings

During the November meeting, Drs. Rushin and Thompson indicated an interest in attending the annual meeting of the FCLB and NBCE May 2-6 in San Antonio. I have contacted the Federation regarding a meeting agenda and was advised it would be available at the end of January. Without an agenda, I am unable to submit an out of state travel request at this time.

In the past board members arrive at the conference on Thursday of the conference and depart on Saturday. Once the agenda is available, plans can be made accordingly.

In the meantime the board needs to designate its delegates to the Federation and National Board meetings. This detail can be submitted at this time while this office waits for the meeting agenda and results of the travel request, once it is submitted.

Kessler, Loree

From: kwebb@fclb.org
Sent: Monday, January 09, 2012 9:38 AM
To: Kessler, Loree
Subject: Copy FYI: FCLB Elections and Bylaws



Federation of Chiropractic Licensing Boards

EXECUTIVE OFFICES

5401 W 10th Street
 Suite 101
 Greeley, Colorado 80634

970 356 3500
 970 356 3599 FAX

www.fclb.org
 info@fclb.org

Donna M Liewer
 Executive Director

OFFICERS

Lawrence O'Connor, D.C.
 President

LeRoy Otto, D.C.
 Vice President

Farrell Grossman, D.C.
 Treasurer

Daniel Saint-Germain, D.C.
 Immediate Past President

EXECUTIVE BOARD

Gary R Pennebaker, D.C.
 Board Chair and
 District II Director

Donn J Fahrendorf, D.C.
 District I Director

Ali Jafar, D.C.
 District III Director

Maggie Colucci, D.C.
 District IV Director

Michael Coon, D.C.
 District IV Director

**ADMINISTRATIVE
FELLOW DIRECTOR**

Lany Spicer, D.C.

TO: FCLB Member Board Offices and Chairs
FROM: Lawrence O'Connor, D.C., President
DATE: January 6, 2012

RE: Registering FCLB Delegates & Alternates
 Dues Payment
 Elected Offices
 Bylaws / Resolutions
 FCLB Awards Program

Dear Friends,

Now is the time for you to begin to exercise your privileges as an FCLB member!

1) REGISTERING YOUR FCLB DELEGATE AND ALTERNATE

In accordance with our bylaws and board policy, your board's FCLB delegate and alternate must be designated no later than 30 days prior to the Annual Business Meeting. Therefore, we need your designation postmarked via mail or fax no later than Thursday, April 5, 2012.

The delegate and alternate begin their FCLB service effective with the postmark date of the designation, and continue until the following year when re-designation is required. Please refer to the FCLB policies regarding changes in designation of delegates and alternates after official registration has occurred.

Click here for a form to assist you in the designation process, or you may designate your representatives on your board's official letterhead. In the case of difficult time circumstances, e-mail notification is also accepted. Please refer to the detailed policy.

If your delegate and alternate are not properly designated, they may attend the meeting but will not be allowed to vote.

Designating your FCLB delegate and alternate is completely separate from registering your NBCE delegate and alternate. Different conditions may apply, and separate registration is required. Call Kay Leff at the NBCE at 970-356-9100.

2) DUES PAYMENT

Please note that your FCLB 2012 membership dues must be paid prior to the Annual Business Meeting to ensure your board's vote. The Annual Business Meeting will be held on Saturday, May 5, 2012. For administrative purposes, we appreciate your payment by Thursday, April 5, 2012.

3) ELECTED OFFICES

The FCLB positions open for election the year are:

- Five positions on the Nominating Committee (one year term)
- Administrative Fellow Director position - (three year term)
- Districts IV and V Director and Alternate Director positions (three year term)

The Nominating Committee will offer a slate of candidates for the Nominating Committee and Administrative Fellow positions from among those who apply by the Monday, March 5, 2012 deadline specified in the FCLB bylaws. The Nominating Committee does not slate candidates for FCLB District Directors or Alternate Directors.

To seek to be slated, please send a letter of interest and your curriculum vitae postmarked by Monday, March 5, 2012, to the FCLB's executive offices. Candidates may also run from the floor.

About the Nominating Committee

Please note that service on the 2012-13 Nominating Committee precludes you from seeking any FCLB elected office from now through the conclusion of the 2013 annual business meeting.

Eligibility for the 2012-13 Nominating Committee: Must be an FCLB Fellow or Administrative Fellow at the time of nomination and election (currently on a chiropractic regulatory board). Must have attended at least two annual meetings of the Federation prior to nomination. Nominating Committee terms are for one year.

The current Nominating Committee will offer a slate of candidates for the five future Nominating Committee positions from among those who apply by the deadline specified in the FCLB bylaws.

To seek to be slated for the Nominating Committee, please send a letter of interest and your curriculum vitae postmarked by Monday, March 5, 2012, to the FCLB's executive offices. Candidates may also run from the floor.

About the Administrative Fellow Director Position

Candidates for Administrative Fellow Director are advised to submit a letter of interest and curriculum vitae to the Federation's executive offices postmarked by Monday, March 5, 2012. The term for the FCLB Administrative Fellow Director Position is a three-year term.

About the District Director and Alternate Director Positions

Elections will be held in San Antonio, Texas on Saturday morning, May 5, as the District Caucus. Two District Director seats on the Board are open, as well as their alternate positions. District Directors may be elected for no more than 2 three-year terms.

- District IV - Dr. Maggie Colucci has completed one term and is eligible for re-election as District IV Director. District IV elected Dr. Gary Counselman (KS) as the District IV Alternate Director during the district caucus in Marco Island, Florida (2011) and he will be eligible for initial election at the District Caucus.
- District V - Dr. Michael Coon is eligible for initial election to a three year term as District V Director, as Dr. Coon assumed the role of District Director upon Dr. Farrel Grossman's election to the position of FCLB Treasurer during the FCLB Annual Meeting in Marco Island, FL (2012). The District V Alternate Director position is open for election as well.

4) BYLAWS / RESOLUTIONS

BYLAWS: For your advance review, [click here to view our current bylaws](#). I encourage you to review the document. Please note the Sunday, February 5, 2012, deadline to propose any amendments you believe may benefit the Federation's membership, so that they can be postmarked by Monday, March 5, 2012, in accordance with the notice requirements of our bylaws. Please feel free to contact our executive offices with any questions.

The FCLB Board of Directors will meet on January 20 - 21, 2012. If you would like your proposed bylaws amendment to be reviewed by the Board of Directors prior to being sent to the membership, please have your proposed amendment to the FCLB executive offices no later than Thursday, January 19th.

To date, one bylaws amendment has been proposed for the FCLB Board of Directors to review.

RESOLUTIONS: These should be sponsored by at least one FCLB delegate from a board with current membership in good standing. Resolutions may be proposed at any time during the year, but must be received no later than 8:00 AM on Friday, May 4, 2012. Advance submission allows the FCLB staff and the Resolutions and Bylaws Committee time to review the ideas, and to work with the sponsors to ensure proper format and clear language. The delegates vote on resolutions during the Annual Business Meeting.

5) FCLB AWARDS PROGRAM

Nomination forms for our [George Arvidson Award for Meritorious Service](#) and [The Earl L. Wiley, D.C. Outstanding Board](#) awards can be accessed online. If you have nominees for either award, please submit your form to the FCLB executive offices by Monday, February 27, 2012.

The 2012 conference program promises to be one of our finest. The opportunity to collaborate with our fellow board members, college representatives and administrative regulators ensures a wide perspective on regulatory issues.

If this is your first Federation conference, we promise you great information and friendship. If

you're already an active part of our family, we welcome you home again. Like any good family, we're eager to hear your successes and offer support for your challenges. See you in San Antonio, Texas!

DEADLINE SUMMARY

February 5 - Bylaws amendment deadline for the 2012 Annual Meeting

February 27 - Award nomination deadline

March 5 - Intent to Run for FCLB Office and Nominating Committee Deadline

April 5 - FCLB Voting Delegate/Alternate Designation Deadline

May 4 - Resolutions Deadline



901 54th Avenue / Greeley, Colorado 80634 / Tel. 970-356-9100 / www.nbce.org

January 9, 2012

Loree Kessler
Executive Director
Missouri State Board of Chiropractic Examiners
PO Box 672
Jefferson City, MO 65102-0672

Dear Ms. Kessler:

The National Board of Chiropractic Examiners' Annual Business Meeting of NBCE State Delegates will be held on Friday, May 4, 2012 at the *Hyatt Regency San Antonio*, 123 Losoya Street, San Antonio, Texas.

At this time, the National Board of Chiropractic Examiners requests the following action from each state licensing board: please designate an NBCE delegate and alternate delegate by Monday, March 5, 2012.

- **NBCE Delegate and Alternate Delegate** – The delegate and alternate delegate must be a chiropractic member of your state licensing board. The delegate and alternate delegate positions are a one-year term beginning 60 days prior to the 2012 NBCE Annual Business Meeting of State Delegates and ending 60 days prior to the 2013 NBCE Annual Business Meeting of State Delegates. In the event the delegate is unable to attend the meeting, the alternate delegate would be given voting privileges.

When submitting your designations, please note the following:

- 1) Written designation of the voting delegate and alternate delegate must be submitted on **official state board stationery**;
- 2) Full name of the delegate and alternate delegate and current contact information (i.e. mailing address, phone and facsimile numbers and e-mail address) should be included;
- 3) Signature of the Secretary of the state board office or other authorized person (i.e. board president, executive director) is required;
- 4) Written notification via the U.S. Postal Service to the NBCE Executive Office, 901 54th Avenue, Greeley, Colorado 80634 **must be postmarked by midnight, Monday, March 5, 2012;**
– OR –
- 5) Via facsimile which must be sent to the NBCE Executive Office at 800-867-6578 and **be received by 5:00pm MST on Monday, March 5, 2012;**
- 6) WRITTEN NOTIFICATION VIA E-MAIL WILL **NOT BE ACCEPTED**

Officers and Directors:

N. Edwin Weathersby, D.C.
President

Norman E. Outzs, Jr., D.C.
Vice President

Paul N. Morin, D.C.
Treasurer

Oliver R. Smith, Jr., D.C.
Secretary

Donna L. Craft, D.C.

Salvatore D. LaRusso, D.C.

Robin R. Lacy, D.C.

Lawrence O'Connor, D.C.

LeRoy F. Otto, D.C.

Daniel Saint-Germain, D.C., FICC

Ronald B. Tripp, Jr., D.C.

Horace C. Elliott

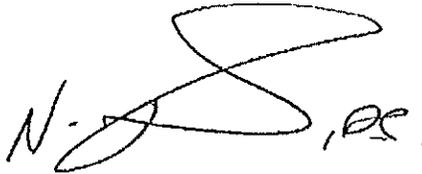
Executive Vice President

Please do not confuse these delegate designations and deadlines with those of the Federation of Chiropractic Licensing Boards as they are different.

If no one from your state board will be able to attend the annual business meeting, we encourage your state board to appoint an NBCE Delegate for communication/contact purposes throughout the year.

We thank you for your attention to this important matter. We look forward to seeing you in May.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Edwin Weathersby, DC". The signature is stylized with a large, looping flourish.

N. Edwin Weathersby, DC
President

NEW/kki

cc Gary Carver, DC, President, Missouri State Board of Chiropractic Examiners &
NBCE Delegate
NBCE Board of Directors
Horace C. Elliott, NBCE Executive Vice President



Wilde, Jeanette

From: gdc7@att.net
Sent: Wednesday, January 04, 2012 5:48 PM
To: Kessler, Loree; Wilde, Jeanette
Subject: FW: NBCE 2012 Schedule

Just wanted to make sure you all receive this.

Thanks

GLC

From: Deborah Beeman [mailto:dbeeman@NBCE.org]
Sent: Wednesday, January 04, 2012 5:17 PM
To: 'Gary Carver'
Subject: FW: NBCE 2012 Schedule

Each year the National Board of Chiropractic Examiners administers two Part IV Practical Examinations and hosts a Part IV Test Committee meeting. Many of you hold board meetings quarterly; therefore, we want to inform you of our 2012 schedule in advance. We hope this assists in planning for your state board members to participate.

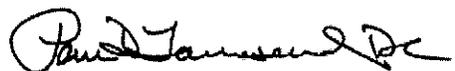
If your chiropractic board members' schedules permit, we invite you to recommend two state board members (licensed DC's) to participate as examiners in the administration of each practical exam; and one state board member (licensed DC) to participate in the June Test Committee meeting. You do not have to let us know right now; we will send the necessary paperwork prior to each event asking for this information.

The dates for the two Part IV examinations and the Part IV Test Committee meeting for 2012 are as follows:

Spring Part IV Exam - May 18, 19, & 20, 2012
Part IV Test Committee meeting - June 8 & 9, 2012
Fall Part IV exam - November 9, 10, & 11, 2012

If you have any questions you can email me; or you may call me at 1-800-964-6223 Ext. 163 or Debora Beeman at Ext. 154.

Sincerely,



Dr. Paul D. Townsend
Director of Practical Testing
Research & Development



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
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chiropractic@pr.mo.gov

Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members

From: Loree Kessler

A handwritten signature in black ink that reads "Loree Kessler".

CC: File

Date: January 18, 2012

Re: Acupuncture Certification - Reinstatement

When the MTAA certification is not renewed, a licensee has three years to reinstate the certification by providing documentation that the licensee has completed the required hours of continuing education (see regulation attached). If the MTAA certification has not been current for three years or more, the licensee must complete 100 hours of board approved education and pass the national examination.

While the State Board regulation allows three years for an MTAA certification to be reinstated, it allows five years to reinstate the license. Please be prepared to discuss the timeframe for reinstatement of the MTAA credential.

20 CSR 2070-2.031 Meridian Therapy / Acupressure / Acupuncture

PURPOSE: This rule sets out the acceptable qualifications, procedures and continuing education requirements for the use of meridian therapy/acupressure/acupuncture (in this rule Meridian Therapy) by Missouri licensed chiropractors.

(1) When used in the rules of the board, the terms Meridian Therapy or acupressure or acupuncture shall mean methods of diagnosing and the treatment of a patient by stimulating specific points on or within the body by various methods including, but not limited to, manipulation, heat, cold, pressure, vibration, ultrasound, light, electrocurrent, and shortneedle insertion for the purpose of obtaining a biopositive reflex response by nerve stimulation.

(2) Acceptable practice and use of Meridian Therapy shall be limited to those methods and procedures that are commonly taught in chiropractic colleges having status with the Council on Chiropractic Education or are methods or procedures which have been approved by the board.

(3) In order to ensure that the public health and safety are protected and to maintain high standards of trust and confidence in the chiropractic profession and ensure the proper conduct of the chiropractic practice involving the use of Meridian Therapy, the requirements contained in this rule must be met prior to one engaging in therapeutic procedures or announcing the availability of therapeutic procedures to the public.

(A) Each licensee seeking to provide Meridian Therapy in any of its aspects shall obtain a certificate from the board, which shall indicate that the licensee has complied with the provisions of this rule and has met the minimum standards contained in this rule. The application for a certificate shall be on a form provided by the board and accompanied by the required fee.

(B) In addition to the other information required to be provided on the application, each applicant shall certify to the board that s/he has either—1) successfully completed at least one hundred (100) hours' training, of undergraduate or postgraduate or a combination of each, in the use and administration of Meridian Therapy, which training was presented by a college of chiropractic having status with the Council on Chiropractic Education or 2) successfully completed at least one hundred (100) hours' training in the use and administration of Meridian Therapy in a course of study approved by the board.

(C) Effective March 1, 2005, an applicant for certification in Meridian Therapy shall pass the examination for acupuncture administered by the National Board of Chiropractic Examiners (N.B.C.E.) or an exam approved by the board.

(D) In order to maintain a valid certificate in Meridian Therapy, a licensee who holds a certificate at the time of making his/her license renewal must certify to the board that s/he has completed biennially a minimum of twelve (12) hours of continuing education, approved by the board, in Meridian Therapy. This continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2.080(5), the general studies category of continuing education.

1. Continuing education in the area of Meridian Therapy, acupuncture, and acupressure may also be submitted to the board for approval as formal continuing education hours.

(E) If a licensee allows his/her certification to lapse, the certification may be reinstated up to three (3) years after it has lapsed by submitting an application for reinstatement on a form provided by the board accompanied by the required fee, and upon the presentation to the board of twelve (12) hours of postgraduate study in Meridian Therapy, acupuncture, or acupressure prior to reinstatement of certification. The postgraduate study must be a course approved by the board.

(F) If a licensee allows his/her certification to lapse for more than three (3) years the licensee shall comply with the requirements of subsection (3)(B) of this rule, providing the hours were not used to obtain the original certification.

(4) Any licensee who shall advertise or announce to the public in any communication or solicitation that s/he engages in or provides Meridian Therapy in any of its aspects without having first complied with this rule shall be deemed to have engaged in false, misleading, or deceptive advertising.

(5) Sterilization of Nondisposable Needles and Disposition of Disposable Needles.

(A) Where nondisposable needles are used for acupuncture, the needles must be sterilized by—

1. Autoclave;
2. Dry heat sterilization; or
3. Ethylene oxide sterilization in accordance with directions of the manufacturer.

(B) Needles must be individually packaged for each patient. The individually packaged needles must either be discarded following patient treatment or sterilized according to the methods of sterilization listed in subsection (5)(A) when nondisposable needles are used.

(C) Needles must be disposed of according to Missouri and federal laws regarding disposal of infectious waste. In addition, all needles must be placed in rigid, leakproof and puncture resistant containers and sealed before disposal pursuant to 10 CSR 80-7.010. Noncorrosive needles must be used.

AUTHORITY: sections 331.010, 331.030.5 and .8, 331.050.1, and 331.100.2, RSMo Supp. 2008. This rule originally filed as 4 CSR 70-2.031. Original rule filed Jan. 5, 1987, effective April 11, 1987. Amended: Filed March 4, 1994, effective Aug. 8,*

Mailed/Faxed to state board members 1/16/2011

FROM: Dr. William Madosky
TO: Board Members

This meeting marks the second time we are discussing this issue after a revision of the rules during 2008/2009. Everyone currently on the MBCE was also involved in that process so there is no need for a lengthy review. In order to have a conversation/meeting offering us the best chance for resolution I am suggesting the following guidelines:

1. Be prepared. You will be receiving information from the MBCE office. I expect that everyone to have read the information and be prepared to discuss it.
2. If you have information that you deem important please get it to Jeanette ASAP so that it can be distributed to the other board members in time for them to be prepared.
3. Be an active listener. Because this is a telephone conference we do not have the luxury of face to face contact.
4. Remember the primary goal of the MBCE is to protect the public.
4. We are discussing this issue with the possibility of resolution. The conversation may raise additional questions that need to be addressed at following meetings.

The meeting will begin by considering the possibility of rescinding a motion made during our January meeting to discuss this matter during our March meeting. If that motion succeeds a brief review of the history of the rule revision from 2007/2008 will follow. At some point we will have to consider a legal opinion of this matter in closed session. All other pertinent issues will be discussed in either open or closed session as needed. Following this any action the MBCE considers will be discussed.

Please know that additional items will be on the agenda as well. Thank you in advance for your time, consideration and efforts in preparation for this meeting.

Dr Madosky



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

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Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members

From: Loree Kessler

A handwritten signature in cursive script that reads "Loree Kessler".

CC:

Date: January 13, 2012

Re: Acupuncture Research

Dr. Madosky contacted Logan Chiropractic College requesting research articles from the last five years. The abstract of those articles are included in the open session agenda materials for the February 2nd conference call meeting. This information has been scanned into the chiropractic board library for future reference also.

PubMed



Search

Display Settings: Abstract



J Dent. 2011 May;39(5):341-50. Epub 2011 Feb 25.

Acupuncture for treating temporomandibular joint disorders: a systematic review and meta-analysis of randomized, sham-controlled trials.

Jung A, Shin BC, Lee MS, Sim H, Ernst E.

School of Korean Medicine, Pusan National University, Yangsan, South Korea.

Abstract

OBJECTIVE: The aim of this article was to assess the clinical evidence for or against acupuncture and acupuncture-like therapies as treatments for temporomandibular joint disorder (TMD).

DATA: This systematic review includes randomized clinical trials (RCTs) of acupuncture as a treatment for TMD compared to sham acupuncture. The search terms were selected according to medical subject heading (MeSH).

SOURCES: Systematic searches were conducted in 13 electronic databases up to July 2010; Medline, PubMed, The Cochrane Library 2010 (Issue 7), CINAHL, EMBASE, seven Korean Medical Databases and a Chinese Medical Database.

STUDY SELECTION: All parallel or cross-over RCTs of acupuncture for TMD were searched without language restrictions. Studies in which no clinical data and complex interventions were excluded. Finally, total of 7 RCTs met our inclusion criteria.

CONCLUSIONS: In conclusion, our systematic review and meta-analysis demonstrate that the evidence for acupuncture as a symptomatic treatment of TMD is limited. Further rigorous studies are, however, required to establish beyond doubt whether acupuncture has therapeutic value for this indication.

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Comment in

Evid Based Dent. 2011;12(3):89.

PMID:21354460[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

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Display Settings: Abstract



Arch Intern Med. 2007 Sep 24;167(17):1892-8.

German Acupuncture Trials (GERAC) for chronic low back pain: randomized, multicenter, blinded, parallel-group trial with 3 groups.

Haake M, Müller HH, Schade-Brittinger C, Basler HD, Schäfer H, Maier C, Endres HG, Trampisch HJ, Molsberger A.

Orthopaedic Department, University of Regensburg, Bad Abbach, Germany.

Erratum in

Arch Intern Med. 2007 Oct 22;167(19):2072.

Abstract

BACKGROUND: To our knowledge, verum acupuncture has never been directly compared with sham acupuncture and guideline-based conventional therapy in patients with chronic low back pain.

METHODS: A patient- and observer-blinded randomized controlled trial conducted in Germany involving 340 outpatient practices, including 1162 patients aged 18 to 86 years (mean +/- SD age, 50 +/- 15 years) with a history of chronic low back pain for a mean of 8 years. Patients underwent ten 30-minute sessions, generally 2 sessions per week, of verum acupuncture (n = 387) according to principles of traditional Chinese medicine; sham acupuncture (n = 387) consisting of superficial needling at nonacupuncture points; or conventional therapy, a combination of drugs, physical therapy, and exercise (n = 388). Five additional sessions were offered to patients who had a partial response to treatment (10%-50% reduction in pain intensity). Primary outcome was response after 6 months, defined as 33% improvement or better on 3 pain-related items on the Von Korff Chronic Pain Grade Scale questionnaire or 12% improvement or better on the back-specific Hanover Functional Ability Questionnaire. Patients who were unblinded or had recourse to other than permitted concomitant therapies during follow-up were classified as nonresponders regardless of symptom improvement.

RESULTS: At 6 months, response rate was 47.6% in the verum acupuncture group, 44.2% in the sham acupuncture group, and 27.4% in the conventional therapy group. Differences among groups were as follows: verum vs sham, 3.4% (95% confidence interval, -3.7% to 10.3%; P = .39); verum vs conventional therapy, 20.2% (95% confidence interval, 13.4% to 26.7%; P < .001); and sham vs conventional therapy, 16.8% (95% confidence interval, 10.1% to 23.4%; P < .001).

CONCLUSIONS: Low back pain improved after acupuncture treatment for at least 6 months. Effectiveness of acupuncture, either verum or sham, was almost twice that of conventional therapy.

Comment in

Arch Intern Med. 2008 Mar 10;168(5):551; author reply 551-2.

Arch Intern Med. 2008 Mar 10;168(5):550-1.

Arch Intern Med. 2008 May 12;168(9):1011; author reply 1012.

PubMed

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Circulation. 2007 Jun 19;115(24):3121-9. Epub 2007 Jun 4.

Randomized trial of acupuncture to lower blood pressure.

Flachskampf FA, Gallasch J, Gefeller O, Gan J, Mao J, Pfahlberg AB, Wortmann A, Klinghammer L, Pflederer W, Daniel WG.

Med Klinik 2, Universitätsklinikum Erlangen, Ulmenweg 18, 91054 Erlangen, Germany.
frank.flachskampf@rzmail.uni-erlangen.de

Abstract

BACKGROUND: Arterial hypertension is a prime cause of morbidity and mortality in the general population. Pharmacological treatment has limitations resulting from drug side effects, costs, and patient compliance. Thus, we investigated whether traditional Chinese medicine acupuncture is able to lower blood pressure.

METHODS AND RESULTS: We randomized 160 outpatients (age, 58+/-8 years; 78 men) with uncomplicated arterial hypertension in a single-blind fashion to a 6-week course of active acupuncture or sham acupuncture (22 sessions of 30 minutes' duration). Seventy-eight percent were receiving antihypertensive medication, which remained unchanged. Primary outcome parameters were mean 24-hour ambulatory blood pressure levels after the treatment course and 3 and 6 months later. One hundred forty patients finished the treatment course (72 with active treatment, 68 with sham treatment). There was a significant ($P < 0.001$) difference in posttreatment blood pressures adjusted for baseline values between the active and sham acupuncture groups at the end of treatment. For the primary outcome, the difference between treatment groups amounted to 6.4 mm Hg (95% CI, 3.5 to 9.2) and 3.7 mm Hg (95% CI, 1.6 to 5.8) for 24-hour systolic and diastolic blood pressures, respectively. In the active acupuncture group, mean 24-hour ambulatory systolic and diastolic blood pressures decreased significantly after treatment by 5.4 mm Hg (95% CI, 3.2 to 7.6) and 3.0 mm Hg (95% CI, 1.5 to 4.6), respectively. At 3 and 6 months, mean systolic and diastolic blood pressures returned to pretreatment levels in the active treatment group.

CONCLUSIONS: Acupuncture according to traditional Chinese medicine, but not sham acupuncture, after 6 weeks of treatment significantly lowered mean 24-hour ambulatory blood pressures; the effect disappeared after cessation of acupuncture treatment.

Comment in

Circulation. 2008 Jan 15;117(2):e12; author reply e13.

Forsch Komplementmed. 2007 Dec;14(6):371-3.

Circulation. 2007 Jun 19;115(24):3048-9.

Forsch Komplementmed. 2007 Dec;14(6):371, 374-5.

Forsch Komplementmed. 2007 Dec;14(6):371, 373-4.

PMID:17548730[PubMed - indexed for MEDLINE] Free full text

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 Wolters Kluwer |  Lippincott Williams & Wilkins[Clin J Pain. 2007 May;23\(4\):316-22.](#)

Effect of acupuncture-like electrical stimulation on chronic tension-type headache: a randomized, double-blinded, placebo-controlled trial.

[Wang K](#), [Svensson P](#), [Arendt-Nielsen L](#).Center for Sensory-Motor Interaction, Orofacial Pain Laboratory, Aalborg University, Aalborg, Denmark. kelun@smi.auc.dk

Abstract

OBJECTIVE: The aim of this study was to examine the effect of acupuncture-like electrical stimulation on chronic tension-type headache (TTH) in a randomized, double-blinded, placebo-controlled study.

METHODS: Thirty-six patients (18 men, 18 women) with chronic TTH in accordance with the criteria of International Headache Society were investigated. The patients were randomly assigned into 2 groups: a treatment group and a placebo group. Pain duration, pain intensity on a 0 to 10 cm visual analog scale, number of headache attacks, and use of medication were recorded in a diary for 2 weeks before treatment (baseline), early stage of treatment (Treat-1; 2 wk), late stage of treatment (Treat-2; 4 wk), and after the end of treatment (Post-1, Post-2, Post-3 corresponding to 2, 4, and 6-wk follow-up). The patients also provided an overall evaluation of the treatment effect at each stage. Patients were taught how to use either an acupuncture-like electrical stimulator or a sham stimulator (identical but incapable of delivering an electric current) and then instructed to use the device at home. Six acupoints, bilateral EX-HN5, GB 20, LI 4, were selected to be stimulated 3 minutes for each point, twice a day. Friedman repeated measure analysis of variance on rank was used to test the data.

RESULTS: The pain duration was shortened at Treat-1 and pain intensity was decreased at Treat-1 and Treat-2 compared with baseline. The overall evaluation of the 2 treatments indicated improvements in both the treatment and the placebo groups, but with no significant difference between the groups ($P>0.061$). Despite the apparent improvement in both the treatment and placebo groups, a decrease in analgesic use was only observed in the treatment group. There was also a significant positive correlation between the reported intensity of the stimulus-evoked sensation and the evaluation of the effect of either active or placebo treatments ($P=0.039$).

CONCLUSIONS: The use of acupuncture-like electrical stimulation was not associated with significant adverse effects. These results indicate that acupuncture-like electrical stimulation is a safe and potentially analgesic-sparing therapy that may be considered as an adjunctive treatment for patients with chronic TTH although the clinical effect on pain seems to be marginal in the present set-up.

PMID:17449992[PubMed - indexed for MEDLINE]

PubMed

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Rheumatology (Oxford). 2007 Mar;46(3):384-90. Epub 2007 Jan 10.

Acupuncture treatment for chronic knee pain: a systematic review.

White A, Foster NE, Cummings M, Barlas P.

Peninsula Medical School, Universities of Exeter and Plymouth, Plymouth, UK.
adrian.white@pms.ac.uk

Abstract

OBJECTIVES: To evaluate the effects of acupuncture on pain and function in patients with chronic knee pain.

METHODS: Systematic review and meta-analysis of randomized controlled trials of adequate acupuncture. Computerized databases and reference lists of articles were searched in June 2006. Studies were selected in which adults with chronic knee pain or osteoarthritis of the knee were randomized to receive either acupuncture treatment or a control consisting of sham (placebo) acupuncture, other sham treatments, no additional intervention (usual care), or an active intervention. The main outcome measures were short-term pain and function, and study validity was assessed using a modification of a previously published instrument.

RESULTS: Thirteen RCTs were included, of which eight used adequate acupuncture and provided WOMAC outcomes, so were combined in meta-analyses. Six of these had validity scores of more than 50%. Combining five studies in 1334 patients, acupuncture was superior to sham acupuncture for both pain (weighted mean difference in WOMAC pain subscale score = 2.0, 95% CI 0.57-3.40) and for WOMAC function subscale (4.32, 0.60-8.05). The differences were still significant at long-term follow-up. Acupuncture was also significantly superior to no additional intervention. There were insufficient studies to compare acupuncture with other sham or active interventions.

CONCLUSIONS: Acupuncture that meets criteria for adequate treatment is significantly superior to sham acupuncture and to no additional intervention in improving pain and function in patients with chronic knee pain. Due to the heterogeneity in the results, however, further research is required to confirm these findings and provide more information on long-term effects.

PMID:17215263[PubMed - indexed for MEDLINE] [Free full text](#)

Publication Types, MeSH Terms

LinkOut - more resources

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[Pain.](#) 2006 Dec 15;126(1-3):245-55. Epub 2006 Aug 23.

Efficacy and safety of acupuncture for chronic uncomplicated neck pain: a randomised controlled study.

[Vas J](#), [Perea-Milla E](#), [Méndez C](#), [Sánchez Navarro C](#), [León Rubio JM](#), [Brioso M](#), [García Obrero I](#).

Pain Treatment Unit, Dos Hermanas A Primary Healthcare Centre, Dos Hermanas, Sevilla, Spain.
jvas@acmas.com

Abstract

Chronic neck pain is highly prevalent. To determine the efficacy and safety of acupuncture, in comparison with transcutaneous nerve stimulation-placebo (TENS-placebo) in the treatment of chronic uncomplicated neck pain, a single blind prospective study was designed, to be carried out at a Primary Healthcare Centre, with random assignment to two parallel groups and with evaluation and analysis by independent evaluators. A random assignment was made from 123 patients of the 149 initially recruited. These patients had been diagnosed with uncomplicated neck pain and experienced neck motion-related pain intensity equal to or exceeding 30 on a visual analogue scale (VAS) from 0 to 100 mm. The treatment with acupuncture was compared with TENS-placebo, applied over 5 sessions in three weeks. The primary endpoint was the change in maximum pain intensity related to motion of the neck, one week after the final treatment. Sensitivity was analysed per protocol (PP) and variant analyses were by intention to treat (ITT). Adjustment was made for confounders by multiple linear regression, including baseline values and rescue therapy. By ITT analysis, the change in the pain-VAS variable was greater among the experimental group (28.1 (95% CI 21.4-34.7)). The improvements in quality of life (physical aspect), active neck mobility and reduced rescue medication were clinically and statistically significant. In the treatment of the intensity of chronic neck pain, acupuncture is more effective than the placebo treatment and presents a safety profile making it suitable for routine use in clinical practice.

PMID:16934402[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

PubMed



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Full Text
OnlineHeadache. 2006 Nov-Dec;46(10):1492-502.

Effectiveness and tolerability of acupuncture compared with metoprolol in migraine prophylaxis.

Streng A, Linde K, Hoppe A, Pfaffenrath V, Hammes M, Wagenpfeil S, Weidenhammer W, Melchart D.

Centre for Complementary Medicine Research, Department of Internal Medicine II, Technische Universität München, Munich, Germany.

Abstract

OBJECTIVES: In a randomized controlled multicenter trial extending over 24 weeks, we investigated whether acupuncture is as effective and safe as metoprolol in the prophylactic treatment of migraine under conditions similar to routine care.

METHODS: One hundred fourteen migraine patients could be randomized to treatment over 12 weeks either with acupuncture (8 to 15 sessions) or metoprolol (100 to 200 mg daily). Main outcome measure was the difference in the number of migraine days between baseline and the weeks 9 to 12 after randomization (derived from a headache diary).

RESULTS: Two of 59 patients randomized to acupuncture withdrew prematurely from the study compared to 18 of 55 randomized to metoprolol. The number of migraine days decreased by 2.5 +/- 2.9 days (baseline 5.8 +/- 2.5 days) in the acupuncture group compared to 2.2 +/- 2.7 days (baseline 5.8 +/- 2.9 days) in the metoprolol group ($P = .721$). The proportion of responders (reduction of migraine attacks by $>$ or $=50\%$) was 61% for acupuncture and 49% for metoprolol. Both physicians and patients reported fewer adverse effects in the acupuncture group.

CONCLUSIONS: Due to missing the recruitment target (480 patients) and the high drop-out in the metoprolol group the results must be interpreted with caution. Still, they suggest that acupuncture might be an effective and safe treatment option for patients unwilling or unable to use drug prophylaxis.

PMID:17115982[PubMed - indexed for MEDLINE]

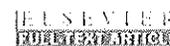
Publication Types, MeSH Terms, Substances

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[Pain](#). 2006 Nov;125(1-2):98-106. Epub 2006 Jun 14.

Acupuncture for patients with chronic neck pain.

[Witt CM](#), [Jena S](#), [Brinkhaus B](#), [Lieber B](#), [Wegscheider K](#), [Willich SN](#).

Institute of Social Medicine, Epidemiology, and Health Economics, Charité University Medical Center, Berlin, Germany. claudia.witt@charite.de

Abstract

Acupuncture is widely used by patients with neck pain, but there is a lack of information about its effectiveness in routine medical care. The aim was to investigate the effectiveness of acupuncture in addition to routine care in patients with chronic neck pain compared to treatment with routine care alone. We performed a randomized controlled multicentre trial plus non-randomized cohort in general practices in Germany. 14,161 patients with chronic neck pain (duration >6 months). Patients were randomly allocated to an acupuncture group or a control group receiving no acupuncture. Patients in the acupuncture group received up to 15 acupuncture sessions over three months. Patients who did not consent to randomization received acupuncture treatment. All subjects were allowed to receive usual medical care in addition to study treatment. Neck pain and disability (NPAD Scale by Wheeler) after three months. Of 14,161 patients (mean age 50.9±13.1 years, 68% female) 1880 were randomized to acupuncture and 1886 to control, and 10,395 included into the non-randomized acupuncture group. At three months, neck pain and disability improved by 16.2 (SE: 0.4) to 38.3 (SE: 0.4); and by 3.9 (SE: 0.4) to 50.5 (SE: 0.4), difference 12.3 (p<0.001) in the acupuncture and control group, respectively. Treatment success was essentially maintained through six months. Non-randomized patients had more severe symptoms at baseline and showed higher neck pain and disability improvement compared to randomized patients. Treatment with acupuncture added to routine care in patients with chronic neck pain was associated with improvements in neck pain and disability compared to treatment with routine care alone.

PMID:16781068[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

PubMed

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Rheumatology (Oxford). 2006 Nov;45(11):1331-7. Epub 2006 Aug 27.

Acupuncture for peripheral joint osteoarthritis: a systematic review and meta-analysis.

Kwon YD, Pittler MH, Ernst E.

Complementary Medicine, Peninsula Medical School, Universities of Exeter and Plymouth, 25 Victoria Park Road, Exeter EX2 4NT, UK.

Abstract

OBJECTIVE: To evaluate the evidence for the effectiveness of acupuncture in peripheral joint osteoarthritis (OA).

METHODS: Systematic searches were conducted on Medline, Embase, AMED, Cochrane Library, CINAHL, British Nursing Index, PsychINFO and CAMPAIN until July 2005. Hand-searches included conference proceedings and our own files.

There were no restrictions regarding the language of publication. All randomized controlled trials (RCTs) of acupuncture for patients with peripheral joint OA were considered for inclusion. Trials assessing needle acupuncture with or without electrical stimulation were considered if sham- or placebo-controlled or controlled against a comparator intervention. Trials testing other forms of acupuncture were excluded. Methodological quality was assessed and, where possible, meta-analyses were performed.

RESULTS: Thirty-one possibly relevant studies were identified and 18 RCTs were included. Ten trials tested manual acupuncture and eight trials tested electro-acupuncture. Overall, ten studies demonstrated greater pain reduction in acupuncture groups compared with controls. The meta-analysis of homogeneous data showed a significant effect of manual acupuncture compared with sham acupuncture (standardized mean difference 0.24, 95% confidence interval 0.01-0.47, $P = 0.04$, $n = 329$), which is supported by data for knee OA. The extent of heterogeneity in trials of electro-acupuncture prevented a meaningful meta-analysis.

CONCLUSIONS: Sham-controlled RCTs suggest specific effects of acupuncture for pain control in patients with peripheral joint OA. Considering its favourable safety profile acupuncture seems an option worthy of consideration particularly for knee OA. Further studies are required particularly for manual or electro-acupuncture in hip OA.

PMID:16936326[PubMed - indexed for MEDLINE] [Free full text](#)

Publication Types, MeSH Terms

[LinkOut - more resources](#)

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Full text - FREE
BMJFull text article
in PubMed Central

[BMJ](#). 2006 Sep 23;333(7569):623. Epub 2006 Sep 15.

Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain.

[Thomas KJ](#), [MacPherson H](#), [Thorpe L](#), [Brazier J](#), [Fitter M](#), [Campbell MJ](#), [Roman M](#), [Walters SJ](#), [Nicholl J](#).

School of Health and Related Research, University of Sheffield.

Abstract

OBJECTIVE: To determine whether a short course of traditional acupuncture improves longer term outcomes for patients with persistent non-specific low back pain in primary care.

DESIGN: Pragmatic, open, randomised controlled trial.

SETTING: Three private acupuncture clinics and 18 general practices in York, England.

PARTICIPANTS: 241 adults aged 18-65 with non-specific low back pain of 4-52 weeks' duration.

INTERVENTIONS: 10 individualised acupuncture treatments from one of six qualified acupuncturists (160 patients) or usual care only (81 patients).

MAIN OUTCOME MEASURES: The primary outcome was SF-36 bodily pain, measured at 12 and 24 months. Other outcomes included reported use of analgesics, scores on the Oswestry pain disability index, safety, and patient satisfaction.

RESULTS: 39 general practitioners referred 289 patients of whom 241 were randomised. At 12 months average SF-36 pain scores increased by 33.2 to 64.0 in the acupuncture group and by 27.9 to 58.3 in the control group. Adjusting for baseline score and for any clustering by acupuncturist, the estimated intervention effect was 5.6 points (95% confidence interval -0.2 to 11.4) at 12 months (n = 213) and 8.0 points (2.8 to 13.2) at 24 months (n = 182). The magnitude of the difference between the groups was about 10%-15% of the final pain score in the control group. Functional disability was not improved. No serious or life threatening events were reported.

CONCLUSIONS: Weak evidence was found of an effect of acupuncture on persistent non-specific low back pain at 12 months, but stronger evidence of a small benefit at 24 months. Referral to a qualified traditional acupuncturist for a short course of treatment seems safe and acceptable to patients with low back pain.

TRIAL REGISTRATION: ISRCTN80764175 [controlled-trials.com].

Comment in

[BMJ](#). 2006 Sep 23;333(7569):611-2.

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BMJ Journals

Acupunct Med. 2006 Sep;24(3):103-8.

Relief of low back pain immediately after acupuncture treatment--a randomised, placebo controlled trial.

Inoue M, Kitakoji H, Ishizaki N, Tawa M, Yano T, Katsumi Y, Kawakita K.

Department of Acupuncture and Moxibustion II. mo_inoue@muom.meiji-u.ac.jp

Abstract

BACKGROUND: The purpose of this study was to examine the immediate effect of single acupuncture stimulation to the most painful point in patients with low back pain.

METHOD: A randomised, evaluator-blinded, sham controlled clinical trial was conducted in which 31 patients with low back pain were randomly allocated to either an acupuncture group (n = 15) or a sham acupuncture group (n = 16). Both acupuncture and sham acupuncture were performed at the most painful point on the lower back of the subjects. For the acupuncture group, a stainless steel needle was inserted to a depth of 20 mm and manually stimulated (sparrow pecking method) for 20 seconds, while for the sham treatment a guide tube without a needle was placed at the point and tapped on the skin. Changes in low back pain were evaluated with a visual analogue scale (VAS) and the Schober test. Participants were also asked if they felt the needling sensation or not. The therapy and the evaluation were independently performed by two different acupuncturists.

RESULTS: VAS score and the Schober test score showed significant improvement after treatment as compared with the sham group (P = 0.02, 0.001, respectively). There were no significant differences in the needling sensation between the acupuncture and sham group.

CONCLUSION: These results suggest that acupuncture at the most painful point gives immediate relief of low back pain.

PMID:17013356[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

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Full Text
OnlineWILEY
DISCOVER

Cochrane Database Syst Rev. 2006 Jul 19;3:CD004870.

Acupuncture for neck disorders.

Trinh KV, Graham N, Gross AR, Goldsmith CH, Wang E, Cameron ID, Kay T; Cervical Overview Group.

McMaster University, DeGroote School of Medicine, Office of MD Admissions, 1200 Main Street West, MDCL-3112, Hamilton, Ontario, Canada L8N 3Z5. trinhk@mcmaster.ca

Abstract

BACKGROUND: Neck pain is one of the three most frequently reported complaints of the musculoskeletal system. Treatments for neck pain are varied, as are the perceptions of benefits. Acupuncture has been used as an alternative to more traditional treatments for musculoskeletal pain. This review summarizes the most current scientific evidence on the effectiveness of acupuncture for acute, subacute and chronic neck pain.

OBJECTIVES: To determine the effects of acupuncture for individuals with neck pain.

SEARCH STRATEGY: We searched CENTRAL (2006, issue 1) and MEDLINE, EMBASE, MANTIS, CINAHL from their beginning to February 2006. We searched reference lists and the acupuncture database TCMLARS in China.

SELECTION CRITERIA: Any published trial using randomized (RCT) or quasi-randomized (quasi-RCT) assignment to the intervention groups, either in full text or abstract form, were included.

DATA COLLECTION AND ANALYSIS: Two reviewers made independent decisions for each step of the review: article inclusion, data abstraction and assessment of trial methodological quality. Study quality was assessed using the Jadad criteria. Consensus was used to resolve disagreements. When clinical heterogeneity was absent, we combined studies using random-effects meta-analysis models.

MAIN RESULTS: We did not find any trials that examined the effects of acupuncture for acute or subacute pain, but we found 10 trials that examined acupuncture treatments for chronic neck pain. Overall, methodological quality had a mean of 2.3/5 on the Jadad Scale. For chronic mechanical neck disorders, there was moderate evidence that acupuncture was more effective for pain relief than some types of sham controls, measured immediately post-treatment. There was moderate evidence that acupuncture was more effective than inactive, sham treatments measured immediately post-treatment and at short-term follow-up (pooled standardized mean difference (SMD) -0.37, 95% confidence interval (CI) -0.61 to -0.12). There was limited evidence that acupuncture was more effective than massage at short-term follow-up. For chronic neck disorders with radicular symptoms, there was moderate evidence that acupuncture was more effective than a wait-list control at short-term follow-up.

AUTHORS' CONCLUSIONS: There is moderate evidence that acupuncture relieves pain better than some sham treatments, measured at the end of the

treatment. There is moderate evidence that those who received acupuncture reported less pain at short term follow-up than those on a waiting list. There is also moderate evidence that acupuncture is more effective than inactive treatments for relieving pain post-treatment and this is maintained at short-term follow-up.

PMID: 16856065[PubMed - indexed for MEDLINE]

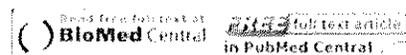
Publication Types, MeSH Terms

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BMC Complement Altern Med. 2006 Jul 7;6:25.

How might acupuncture work? A systematic review of physiologic rationales from clinical trials.

Moffet HH.

Kaiser Permanente--Division of Research, Oakland, CA, USA. Howard.H.Moffet@kp.org

Abstract

BACKGROUND: Scientific interest in acupuncture has led numerous investigators to conduct clinical trials to test the efficacy of acupuncture for various conditions, but the mechanisms underlying acupuncture are poorly understood.

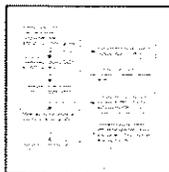
METHODS: The author conducted a PubMed search to obtain a fair sample of acupuncture clinical trials published in English in 2005. Each article was reviewed for a physiologic rationale, as well as study objectives and outcomes, experimental and control interventions, country of origin, funding sources and journal type.

RESULTS: Seventy-nine acupuncture clinical trials were identified. Twenty-six studies (33%) offered no physiologic rationale. Fifty-three studies (67%) posited a physiologic basis for acupuncture: 33 (62% of 53) proposed neurochemical mechanisms, 2 (4%) segmental nervous system effects, 6 (11%) autonomic nervous system regulation, 3 (6%) local effects, 5 (9%) effects on brain function and 5 (9%) other effects. No rationale was proposed for stroke; otherwise having a rationale was not associated with objective, positive or negative findings, means of intervention, country of origin, funding source or journal type. The dominant explanation for how acupuncture might work involves neurochemical responses and is not reported to be dependent on treatment objective, specific points, means or method of stimulation.

CONCLUSION: Many acupuncture trials fail to offer a meaningful rationale, but proposing a rationale can help investigators to develop and test a causal hypothesis, choose an appropriate control and rule out placebo effects. Acupuncture may stimulate self-regulatory processes independent of the treatment objective, points, means or methods used; this would account for acupuncture's reported benefits in so many disparate pathologic conditions.

PMID:16824230[PubMed - indexed for MEDLINE] PMCID: PMC1523365 Free PMC Article

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Acupunct Med. 2006 Mar;24(1):5-12.

Effects of trigger point acupuncture on chronic low back pain in elderly patients--a sham-controlled randomised trial.

Itoh K, Katsumi Y, Hirota S, Kitakoji H.

Department of Clinical Acupuncture and Moxibustion, Meiji University of Oriental Medicine, Kyoto, Japan. k_ito@muom.meiji-u.ac.jp

Abstract

INTRODUCTION: There is some evidence for the efficacy of acupuncture, but it remains unclear whether trigger point acupuncture is effective. Our objective was to evaluate the effects of trigger point acupuncture on pain and quality of life in chronic low back pain patients compared with sham acupuncture.

METHODS: Twenty-six consecutive out-patients (17 women, 9 men; age range: 65-91 years) from the Department of Orthopaedic Surgery, Meiji University of Oriental Medicine, with non-radiating low back pain for at least six months and normal neurological examination, were randomised to two groups. Each group received one phase of trigger point acupuncture and one of sham acupuncture with a three week washout period between them, over 12 weeks. Group A (n = 13) received trigger point acupuncture in the first phase and sham acupuncture in the second. Group B (n = 13) received the same interventions in the reverse order. Outcome measures were pain intensity (visual analogue scale, VAS) and Roland Morris Questionnaire.

RESULTS: Nineteen patients were included in the analysis. At the end of the first treatment phase, group A receiving trigger point acupuncture scored significantly lower VAS (P < 0.001) and Roland Morris Questionnaire scores (P < 0.01) than the sham control group. There were significant within-group reductions in pain in both groups during the trigger point acupuncture phase but not in the sham treatment phase. However, the beneficial effects were not sustained.

CONCLUSION: These results suggest that trigger point acupuncture may have greater short term effects on low back pain in elderly patients than sham acupuncture.

PMID:16618043[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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Arch Intern Med. 2006 Feb 27;166(4):450-7.

Acupuncture in patients with chronic low back pain: a randomized controlled trial.

Brinkhaus B, Witt CM, Jena S, Linde K, Streng A, Wagenpfeil S, Irnich D, Walther HU, Melchart D, Willich SN.

Institute of Social Medicine, Epidemiology, and Health Economics, Charité, University Medical Center, Berlin, Germany. benno.brinkhaus@charite.de

Abstract

BACKGROUND: Acupuncture is widely used by patients with low back pain, although its effectiveness is unclear. We investigated the efficacy of acupuncture compared with minimal acupuncture and with no acupuncture in patients with chronic low back pain.

METHODS: Patients were randomized to treatment with acupuncture, minimal acupuncture (superficial needling at nonacupuncture points), or a waiting list control. Acupuncture and minimal acupuncture were administered by specialized acupuncture physicians in 30 outpatient centers, and consisted of 12 sessions per patient over 8 weeks. Patients completed standardized questionnaires at baseline and at 8, 26, and 52 weeks after randomization. The primary outcome variable was the change in low back pain intensity from baseline to the end of week 8, as determined on a visual analog scale (range, 0-100 mm).

RESULTS: A total of 298 patients (67.8% female; mean +/- SD age, 59 +/- 9 years) were included. Between baseline and week 8, pain intensity decreased by a mean +/- SD of 28.7 +/- 30.3 mm in the acupuncture group, 23.6 +/- 31.0 mm in the minimal acupuncture group, and 6.9 +/- 22.0 mm in the waiting list group. The difference for the acupuncture vs minimal acupuncture group was 5.1 mm (95% confidence interval, -3.7 to 13.9 mm; $P = .26$), and the difference for the acupuncture vs waiting list group was 21.7 mm (95% confidence interval, 13.9-30.0 mm; $P < .001$). Also, at 26 ($P = .96$) and 52 ($P = .61$) weeks, pain did not differ significantly between the acupuncture and the minimal acupuncture groups.

CONCLUSION: Acupuncture was more effective in improving pain than no acupuncture treatment in patients with chronic low back pain, whereas there were no significant differences between acupuncture and minimal acupuncture.

Comment in

Arch Intern Med. 2006 Jul 24;166(14):1527-8; author reply 1528.

Evid Based Nurs. 2006 Oct;9(4):111.

PMID:16505266[PubMed - indexed for MEDLINE] Free full text

Publication Types, MeSH Terms

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Blackwell[J Intern Med.](#) 2006 Feb;259(2):125-37.

Acupuncture--a critical analysis.

[Ernst E.](#)Complementary Medicine, Peninsula Medical School, Universities of Exeter & Plymouth, Exeter, UK. edzard.ernst@pms.ac.uk

Abstract

Even though widely used in today's clinical practice, acupuncture has remained a controversial subject. Many reviews are currently available but most lack a critical stance and some are overtly promotional. The aim of this overview is to provide a balanced, critical analysis of the existing evidence. Some of the original concepts of traditional acupuncture are not supported by good scientific evidence. Several plausible theories attempt to explain how acupuncture works but none are proved beyond doubt. The clinical effectiveness of acupuncture continues to attract controversy. Many controlled clinical trials and numerous systematic reviews of these studies have been published. Considerable problems are encountered when interpreting these data. Heterogeneity is a significant drawback of both clinical trials and systematic reviews. Some of the controversies may be resolved through the use of the new 'placebo needles' which enable researchers to adequately control for placebo effects of acupuncture. The majority of studies using such devices fails to show effects beyond a placebo response. Acupuncture has been associated with serious adverse events but most large-scale studies suggest that these are probably rare. Nonserious adverse effects occur in 7-11% of all patients. In conclusion, acupuncture remains steeped in controversy. Some findings are encouraging but others suggest that its clinical effects mainly depend on a placebo response.

PMID:16420542[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms**LinkOut - more resources**

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in PubMed Central

BMJ. 2005 Aug 13;331(7513):376-82. Epub 2005 Jul 29.

Acupuncture in patients with tension-type headache: randomised controlled trial.

Melchart D, Streng A, Hoppe A, Brinkhaus B, Witt C, Wagenpfeil S, Pfaffenrath V, Hammes M, Hummelsberger J, Irnich D, Weidenhammer W, Willich SN, Linde K.

Centre for Complementary Medicine Research, Department of Internal Medicine II, Technische Universität München, Kaiserstr 9, 80801 Munich, Germany.

Abstract

OBJECTIVE: To investigate the effectiveness of acupuncture compared with minimal acupuncture and with no acupuncture in patients with tension-type headache.

DESIGN: Three armed randomised controlled multicentre trial.

SETTING: 28 outpatient centres in Germany.

PARTICIPANTS: 270 patients (74% women, mean age 43 (SD 13) years) with episodic or chronic tension-type headache.

INTERVENTIONS: Acupuncture, minimal acupuncture (superficial needling at non-acupuncture points), or waiting list control. Acupuncture and minimal acupuncture were administered by specialised physicians and consisted of 12 sessions per patient over eight weeks.

MAIN OUTCOME MEASURE: Difference in numbers of days with headache between the four weeks before randomisation and weeks 9-12 after randomisation, as recorded by participants in headache diaries.

RESULTS: The number of days with headache decreased by 7.2 (SD 6.5) days in the acupuncture group compared with 6.6 (SD 6.0) days in the minimal acupuncture group and 1.5 (SD 3.7) days in the waiting list group (difference: acupuncture v minimal acupuncture, 0.6 days, 95% confidence interval -1.5 to 2.6 days, $P = 0.58$; acupuncture v waiting list, 5.7 days, 3.9 to 7.5 days, $P < 0.001$). The proportion of responders (at least 50% reduction in days with headache) was 46% in the acupuncture group, 35% in the minimal acupuncture group, and 4% in the waiting list group.

CONCLUSIONS: The acupuncture intervention investigated in this trial was more effective than no treatment but not significantly more effective than minimal acupuncture for the treatment of tension-type headache.

TRIAL REGISTRATION NUMBER: ISRCTN9737659.

PMID:16055451[PubMed - indexed for MEDLINE] PMCID: PMC1184247 Free PMC Article

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Ann Intern Med. 2005 Apr 19;142(8):651-63.

Meta-analysis: acupuncture for low back pain.

Manheimer E, White A, Berman B, Forsys K, Ernst E.

University of Maryland School of Medicine, Center for Integrative Medicine, Baltimore, Maryland 21207, USA.

Erratum in

Ann Intern Med. 2005 Jun 7;142(11):950-1.

Abstract

BACKGROUND: Low back pain limits activity and is the second most frequent reason for physician visits. Previous research shows widespread use of acupuncture for low back pain.

PURPOSE: To assess acupuncture's effectiveness for treating low back pain.

DATA SOURCES: Randomized, controlled trials were identified through searches of MEDLINE, Cochrane Central, EMBASE, AMED, CINAHL, CISCOP, and GERA databases through August 2004. Additional data sources included previous reviews and personal contacts with colleagues.

STUDY SELECTION: Randomized, controlled trials comparing needle acupuncture with sham acupuncture, other sham treatments, no additional treatment, or another active treatment for patients with low back pain.

DATA EXTRACTION: Data were dually extracted for the outcomes of pain, functional status, overall improvement, return to work, and analgesic consumption. In addition, study quality was assessed.

DATA SYNTHESIS: The 33 randomized, controlled trials that met inclusion criteria were subgrouped according to acute or chronic pain, style of acupuncture, and type of control group used. The principal [correction] measure of effect size was the standardized mean difference, since the trials assessed the same outcome but measured it in various ways. For the primary outcome of short-term relief of chronic pain, the meta-analyses showed that acupuncture is significantly more effective than sham treatment (standardized mean difference, 0.54 [95% CI, 0.35 to 0.73]; 7 trials) and no additional treatment (standardized mean difference, 0.69 [CI, 0.40 to 0.98]; 8 trials). For patients with acute low back pain, data are sparse and inconclusive. Data are also insufficient for drawing conclusions about acupuncture's short-term effectiveness compared with most other therapies.

LIMITATIONS: The quantity and quality of the included trials varied.

CONCLUSIONS: Acupuncture effectively relieves chronic low back pain. No evidence suggests that acupuncture is more effective than other active therapies.

Comment in

Ann Intern Med. 2005 Nov 1;143(9):691-2; author reply 692-3.

PMID:15838072[PubMed - indexed for MEDLINE]

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[Med J Aust.](#) 2004 Oct 4;181(7 Suppl):S29-46.

Effectiveness of complementary and self-help treatments for anxiety disorders.

[Jorm AF](#), [Christensen H](#), [Griffiths KM](#), [Parslow RA](#), [Rodgers B](#), [Blewitt KA](#).

Centre for Mental Health Research, Australian National University, Building 63, Eggleston Road, Acton, ACT 0200, Australia. anthony.jorm@anu.edu.au.

Abstract

OBJECTIVES: To review the evidence for the effectiveness of complementary and self-help treatments for anxiety disorders.

DATA SOURCES: Systematic literature search using PubMed, PsycLit, and the Cochrane Library.

DATA SYNTHESIS: 108 treatments were identified and grouped under the categories of medicines and homoeopathic remedies, physical treatments, lifestyle, and dietary changes. We give a description of the 34 treatments (for which evidence was found in the literature searched), the rationale behind the treatments, a review of studies on effectiveness, and the level of evidence for the effectiveness studies.

CONCLUSIONS: The treatments with the best evidence of effectiveness are kava (for generalised anxiety), exercise (for generalised anxiety), relaxation training (for generalised anxiety, panic disorder, dental phobia and test anxiety) and bibliotherapy (for specific phobias). There is more limited evidence to support the effectiveness of acupuncture, music, autogenic training and meditation for generalised anxiety; for inositol in the treatment of panic disorder and obsessive-compulsive disorder; and for alcohol avoidance by people with alcohol-use disorders to reduce a range of anxiety disorders.

PMID:15462640[PubMed - indexed for MEDLINE] [Free full text](#)

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**NATIONWIDE
COMPARISON**

**ACUPUNCTURE
CERTIFICATION**

ACUPUNCTURE LICENSURE/CERTIFICATION COMPARISON

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Alabama (email response)	YES		Rule 190X-3-.01	None noted	None noted	100 hrs study and national exam
Alaska	Not w/in scope of practice	ARTICLE 4. GENERAL PROVISIONS Section 230. Practice of chiropractic 900. Definitions Sec. 08.20.900. Definitions	No	No	No	(5) "chiropractic core methodology" means the treatment and prevention of subluxation complex by chiropractic adjustment...chiropractic core methodology does not incorporate the use of prescription drugs, surgery, needle acupuncture , obstetrics, or x-rays used for therapeutic purposes;
Arizona (email response)	Yes	Sec. 08.20.900. Definitions 32-922.02/32-925	Article 6 Section R4-7-601.	No	None noted	Minimum of one hundred hours of study in acupuncture at an accredited chiropractic college or postgraduate study with an instructor on the active or postgraduate staff of an accredited chiropractic college. Passed a board approved acupuncture examination
Arkansas	No		E. PROFESSIONAL PRACTICES. 5. Acupuncture	None noted	None noted	5. Acupuncture. (a) A chiropractic physician licensed to practice chiropractic pursuant to the Arkansas Chiropractic Practices Act, shall be entitled to practice acupuncture as part of chiropractic practice upon completion of one hundred (100) hours training in acupuncture/meridian therapy from a college accredited by the Council on Chiropractic Education.

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
California	No mention of acupuncture	Title 16 of the California Code of Regulations, Division 4, beginning at Section 301. Article 1. 302 General Provisions		None noted	None noted	No mention of acupuncture throughout the title act.
Colorado	No	Article 33, Part 1 12-33-102. Definitions, (1.7)	3 CCR 707-1 Rule 17	None noted	None noted	Completing a minimum of a combined total of 100 hours of theoretical study and supervised clinical instruction obtained from a school of chiropractic approved by the Council on Chiropractic Education or the equivalent hours of study and clinical supervision obtained from an instructor; and 2. Passing a nationally recognized acupuncture examination. "Chiropractic" includes treatment by acupuncture when performed by an appropriately trained chiropractor as determined by the Colorado state board of chiropractic examiners.
Connecticut	No	Chapter 372(3) Section 20-28. Examination. Scope of practice		None noted	None Noted	Scope of practice (3) Treat the human body by manual, mechanical, electrical or natural methods, including acupuncture , or by use of physical means, including light, heat, water or exercise in preparation for chiropractic adjustment or manipulation, and by the oral administration of foods, food concentrates, food

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Delaware	Yes		700 Board of Chiropractic 1.0 Chiropractic Defined; Limitations of Chiropractic License 1.1	None Noted	None noted	700 Board of Chiropractic 1.0 Chiropractic Defined; Limitations of Chiropractic License 1.1 1.1 An adjunctive procedure not otherwise prohibited by Chapter 7 which aids and or assists the chiropractor in providing chiropractic care and includes by way of example and is not limited to: Acupuncture Procedures
District of Columbia	No mention of acupuncture	3-1202.16	Title 17 4800	None noted		(c)1.Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical, or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise; by the use of acupuncture
Florida (email response)	Yes	460.403	64B2-13.004 Continuing Education	Yes certification required	Yes 12 hours	See below
Florida statute and/or regulation (3) Beginning on April 1, 2012, each licensee certified in acupuncture by the Board shall obtain four (4) hours of Board approved acupuncture continuing education. Two (2) hours shall be in the area of safety and risk management and two (2) hours shall be in the area of technique. These four (4) hours shall be obtained as part of the forty (40) hours required in each licensure biennium. Licensees certified in acupuncture must complete the hours required in subsection 64B2-13.004(2), F.A.C.						
Georgia (email response)	No	§ 43-9-16. Scope of practice; injury from want of reasonable degree of care is a tort				No CE noted (f) Chiropractors shall not use venipuncture, capillary puncture, acupuncture , or any other technique which is invasive of the human body either by penetrating the skin or through any of the orifices of the body or through the use of colonics. Nothing in this subsection shall be construed to prohibit a chiropractor who is licensed to perform acupuncture under Article 3 of Chapter 34 of this title from engaging in the practice of acupuncture
Hawaii	No mention of acupuncture					

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Idaho	No mention of acupuncture					
Illinois	No			No		Acupuncture is within the scope of practice.
Indiana (email response)	Not w/in scope of practice		No	No		
Iowa (email response)	Yes	Chapter 645.43		Yes	12 hours every renewal cycle	See below
Iowa statute and/or regulation 44.3(2) Specific criteria. (3) Starting with the 2006 renewal cycle, a minimum of 12 hours per biennium of continuing education in the field of acupuncture if the chiropractic physician is engaged in the practice of acupuncture. Continuing education hours in the field of acupuncture earned between December 31, 2003, and June 30, 2004, up to a maximum of 12 hours may be used to satisfy licensure renewal requirements for either the 2004 or 2006 renewal cycle. The licensee may use the earned continuing education credit hours only once. Credit can not be duplicated for both the 2004 and 2006 compliance periods.						
Kansas	The website of the Board of Healing Arts states "Acupuncture is within the scope of the healing arts and may be performed by a doctor of chiropractic or a person to whom that doctor delegates authority through supervision and direction." Unable to find specific statutory or regulatory references relating to acupuncture and licensed chiropractors.					
Kentucky (email response)	Not w/in scope of practice			No	No	
Louisiana (email response)	Yes	Chapter 36 Chiropractors Part I General and Section 37:2801.A(c) and 37:1358		Yes certification required.	None noted	See below
28013 Louisiana statute and/or regulation 7:2801.A(c). Definitions 3. (c) The practice of chiropractic does not include the right to prescribe, dispense, or administer medicine or drugs, or to engage in the practice of major or minor surgery, obstetrics, X-ray therapy, radium therapy, or nuclear medicine. For purposes of this Chapter, the terms "medicine" and "drugs" shall not include orthotic devices, vitamin, mineral, and nutritional supplements, therapeutic devices, postural modification equipment, exercise equipment, or homeopathic remedies. Any chiropractor applying to practice acupuncture shall comply with the provisions of R.S. 37:1358. R.S. 37:1358 Acupuncturists' assistant (Medical Practice Act) The board shall certify as an acupuncturists' assistant an individual to practice in Louisiana who has successfully completed thirty-six months in training in a school or clinic of traditional Chinese acupuncture approved by the board, or an individual who has been appointed or employed at a licensed or accredited						

Louisiana hospital, medical school or clinic to perform acupuncture for research purposes. The acupuncturists' assistant must be employed by and work under the physical direction, control, and supervision of a physician or an acupuncturist certified by the board to practice acupuncture and must perform such duties, services and functions assigned by said employer at a place of employer's practice unless said duties, services, and functions are performed in the physical presence of said employer or licensed physician or certified acupuncturists.						
Maine (email response)	Yes	Title 32 Chapter 9 451 Definitions	02 297	Certification required	12 hours required	See below
Maine statute and/or regulation 32 §451. DEFINITIONS 1. Chiropractic. "Chiropractic" includes chiropractic acupuncture . Chiropractic recognizes the inherent recuperative capability of the human body as it relates to the spinal column, musculo-skeletal and nervous system. 1-A. Chiropractic acupuncture. "Chiropractic acupuncture" means the insertion of acupuncture needles through the skin at specific points. It is a chiropractic methodology used for the correction of the soft tissue components contributing to subluxation and the accompanying physiological or mechanical abnormalities. Except as provided in section 502, chiropractic acupuncture may only be practiced by a licensee who has received a chiropractic acupuncture certification from the board. 32 §502-A. CHIROPRACTIC ACUPUNCTURE CERTIFICATION The board shall adopt rules, which are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A, authorizing and governing the use of chiropractic acupuncture by certified licensees. Chapter 4 2.C. Renewal certification and continuing education. To maintain certification in chiropractic acupuncture methods, a licensee who holds current certification at the time of license renewal must certify to the Board during each biennium, that s/he has completed a minimum of twelve (12) hours of postgraduate chiropractic acupuncture training approved by the Board. Said hours may be applied toward satisfying the required continuing education requirements in Chapter 6 (1) (A).						
Maryland (email response)	Not w/in scope of practice			No	No	
Massachusetts	No mention of acupuncture					
Michigan (email response)	Not w/in scope of practice			No	No	
Minnesota (email response)	Yes	Chapter 148.01	2500.0100 Subsection 3, Definitions &4a Continuing education	Yes Certification required.	Yes completion of an additional 2 units of licensees 20 unit annual ce requirement on an annual basis.	See below
Minnesota statute and/or regulation 2500.0100 DEFINITIONS Acupuncture. "Acupuncture" means a modality of treating abnormal physical conditions by stimulating various points of the body or interruption of the coetaneous integrity by needle insertion to secure a reflex relief of the symptoms by nerve stimulation as utilized as an adjunct to chiropractic adjustment. Subp. 4a. Continuing education unit. "Continuing education unit" means one 50-minute session that qualifies under part 2500.1500 or 2500.1550 as an approved program.						

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Mississippi	No mention of acupuncture					
Missouri	Yes	Yes	Yes	Yes	12 hours biennially	
Montana (email response)	Not w/in scope of practice			No	No	
Nebraska (email response)	Yes	Section 38-811	172 NAC 29	Acupuncture CE not required but may be used for continuing education.	None	See below

Nebraska statute and/or regulation

29-008.01 General Requirements For Licensee: On or before August 1, 1986, and on or before August 1 of each even-numbered year thereafter, each Nebraska-licensed chiropractor/chiropractic physician in active practice within the State of Nebraska must:

1. Complete 36 hours of acceptable continuing education during the preceding 24 month period. No more hours than the total number of acceptable hours offered in Nebraska will be required during this period. An individual will not receive more than eight hours continuing education credit for any one day of attendance. The Board will at least 180 days before August 1, 2002, and August 1, of each even-numbered year thereafter, notify all Nebraska-licensed chiropractor/chiropractic physicians in active practice, of the categories and number of hours in each category each chiropractor/chiropractic physician must obtain from those listed in 172 NAC 29-008.01, item 2.b., 1 through 9, but not exceeding a total of four hours. Four of the remaining 32 continuing education hours must be obtained from those listed in 172 NAC 29-008.01, item 2.a., and the remaining 28 hours may be obtained from acceptable continuing education programs in these subject areas or other subject areas

Nevada (email response)	Not w/in scope of practice			No	No	
New Hampshire	No mention of acupuncture					
New Jersey (email response)	Not w/in scope of practice			No	No	
New Mexico	No mention of acupuncture					
New York	Not w/in scope of practice					
North Carolina	No mention of acupuncture					

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
North Dakota	Yes	NDCC 28-30-02 and 43-06-041	Chapter 17-02-04-06	Yes Certification Required	None mentioned	See below
North Dakota statute and/or regulation 17-02-04-06 1..... 2. A chiropractor may only practice needle acupuncture if the chiropractor is certified to practice needle acupuncture by the board. 3. A minimum of one hundred hours of training in needle acupuncture sponsored by a council of chiropractic education accredited college of chiropractic is required before a chiropractor may be certified to practice needle acupuncture. 4. The one hundred hours of training in acupuncture must be certified by the sponsoring college and registered by the sponsoring college with the executive director of the board. 5. When the required hours of training are registered by the sponsoring college, the board will issue the chiropractor a letter certifying that the chiropractor is authorized to practice needle acupuncture.						
Ohio	Yes	Chapter 4734	Section 4734 141 Section 4734.281	Yes certification required		See below
Ohio statute and/or regulation 4734.141 Except for individuals described in section 4762.02 of the Revised Code, no person who holds a license to practice chiropractic issued by the state chiropractic board shall engage in the practice of acupuncture unless the person holds a valid certificate to practice acupuncture issued by the board under section 4734.283 of the Revised Code. 4734.281 Practice of Acupuncture by chiropractors- Except in cases where a chiropractor holds a certificate issued under section 4762.04 of the Revised Code or is an individual described in division (B) of section 4762.02 of the Revised Code, a chiropractor licensed under this chapter shall not engage in the practice of acupuncture unless the chiropractor holds a valid certificate to practice acupuncture issued by the state chiropractic board under this chapter.						
Oklahoma	No mention of acupuncture					
Oregon	Not w/in scope of practice			No	No	
Pennsylvania (email response)	Not w/in scope of practice			No	No	
Rhode Island	No mention of acupuncture					
South Carolina	<i>The acupuncture exam administered by NBCE is accepted by the state, however, there is no reference to acupuncture within the statute or regulations.</i>					
South Dakota	<i>The acupuncture exam administered by NBCE is accepted by the state, and the board accepts specialty council certification based upon ACA approval. However, there is no reference to acupuncture within the statute or regulations.</i>					

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Tennessee (email response)	Yes		Rule 0260-02(4) and Rule 0260-02-.12	Yes	Yes 6 classroom hours each year.	See below
<p>Tennessee statute and/or regulation (4) Acupuncture – Any licensed chiropractic physician who practices acupuncture shall, prior to commencing such practice, complete two hundred and fifty (250) hours of an acupuncture course accredited by an agency or entity acceptable to the Board and pass the National Board of Chiropractic Examiners Acupuncture Exam. 0260-02-.12 CONTINUING EDUCATION. (1) Basic requirements - The Board of Chiropractic Examiners requires each licensee to complete twenty-four (24) clock hours of Board-approved continuing education each calendar year (January 1 — December 31). (a) Acupuncture — Licensees who practice acupuncture shall have six (6) classroom hours each year of the required twenty-four (24) hours in the area of acupuncture. Such licensees must have first met the requirements of Rule 0260-02-.02(4). No credit for continuing education shall be awarded beyond the six (6) hours each year. Licensees who do not practice acupuncture shall not be granted credit for acupuncture continuing education.</p>						
Texas	No	No	Title 22 Part 3 Chapter 75 Rule 75.21 Acupuncture	No	No	100 hours training in acupuncture from chiropractic college or board approved. Pass acupuncture exam administered by NBCE or NCCAOM
Utah (email response)	Yes	Title 58 Chapter 73 - 101	Administrative Code R156-73-601 and R156-73-303b(4)	Not required	Yes – 10 hours	See below
<p>Utah statute and/or regulation R156-73-101. Title. This rule is known as the "Chiropractic Physician Practice Act Rule". R156-73-102. Definitions..... (1) "Clinical acupuncture" means the application of mechanical, thermal, manual, and/or electrical stimulation of acupuncture points and meridians, including the insertion of needles, by a chiropractic physician that has demonstrated competency and training by completing a recognized course that is sponsored by an institution or organization approved to sponsor continuing education, as defined in Section R156-73-303b. 73-303(4) As part of the 40 continuing education hours required every two years, a chiropractic physician, who provides acupuncture services as a part of their practice, shall complete 10 hours of acupuncture related continuing education.</p>						
Vermont	No mention of acupuncture					

STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Virginia (email response)	Yes	Title 54.1 Chapter 29	Rules 18VAC85 20-235	No	No	Chiropractors are allowed to practice acupuncture under a current/active chiropractic license if they have completed a minimum of 200 hours of acupuncture instruction to include 50 hours of clinical instruction supervised by a person authorized to practice acupuncture in the US. There is no specific CE requirement for chiropractors who practice acupuncture.
Washington (email response)	Not w/in scope of practice			No	No	
West Virginia	Within scope of practice	Chapter 30-16-20		No	No	100 hours of education in acupuncture pass NBCE or International Academy of Medical of Medical Acupuncture or other organization equivalent to or greater in their requirements for certification.
Wisconsin	Not w/in scope of practice	Chapter 446	Chir 4.05 (1)	No	No	Chir 4.05 Prohibited practice. (1) SCOPE OF PRACTICE. A license to practice chiropractic does not authorize the license holder to engage in practice beyond the scope of chiropractic practice, as described in s. Chir 4.03. Practice beyond the scope of chiropractic

						includes, but is not limited to, the following... 3. Acupuncture by needle insertion or invasive laser application.
Wyoming	No mention of acupuncture					
Puerto Rico	No mention of acupuncture					
US Virgin Islands						
Guam	No mention of acupuncture					

OPEN SESSION MINUTES
Missouri State Board of Chiropractic Examiners
February 2, 2012 – 12:00 noon
Missouri Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 12:00 p.m. the Missouri State Board of Chiropractic Examiners convened by telephone conference call with the meeting called to order by Dr. William Madosky, President, at the Missouri Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. Roll call was facilitated by the executive director.

State Board Members Present

Dr. William Madosky, President
Dr. Jack Rushin, Secretary
Paul Nahon, Public Member
Dr. Gary Carver
Dr. Homer Thompson

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Processing Technician Supervisor
Greg Mitchell, Counsel

Dr. Madosky stated he would be voting in open and closed session.

A motion was made by Dr. Thompson and seconded by Dr. Carver to approve the open session agenda. Board members voting aye: Dr. William Madosky, Dr. Jack Rushin, Dr. Homer Thompson, Mr. Paul Nahon, and Dr. Gary Carver. Motion carried unanimously.

A motion was made by Dr. Carver and seconded by Dr. Rushin to approve the open session minutes of the January 4, 2012 conference call and January 6, 2012 mail ballot minutes. Board members voting aye: Dr. William Madosky, Dr. Jack Rushin, Dr. Homer Thompson, Mr. Paul Nahon, and Dr. Gary Carver. Motion carried unanimously.

HB 300 – Sports Related Head Trauma Treatment

The board reviewed written responses from Cleveland and National University regarding the education provided to students enrolled in their respective chiropractic programs. Counsel was instructed to email talking points to Dr. Carver to discuss the implementation of HB 300 and corresponding regulations to be published in the Missouri Register. The executive director was instructed to send a copy of the file regarding HB 300 to all board members. Dr. Thompson requested any information regarding any funding required to implement the legislation.

Upcoming Meetings

The executive director reported that the agenda for the FCLB annual meeting was not yet available and an out of state travel request would be submitted for Dr. Thompson to attend the FCLB and NBCE annual meetings as Missouri's voting delegate.

Dr. Madosky stated he would be unable to attend the May 18-20, 2012 session of the Part IV national examination and Dr. Carver reported Kansas City would not have a test site for the May examination and was asked by Dr. Madosky to consider representing the board at the St. Louis site. Board members were reminded of the Part IV test development meetings June 8-9 in Greeley and Part IV exams November 9-11, 2012.

Acupuncture Reinstatement Regulation

The board discussed the confusion between the time frame to reinstate an expired or inactive license versus a certification and instructed staff to draft regulatory language to reflect the timeframe to reinstate a certification that mirrored reinstatement of a license.

Acupuncture Continuing Education

A motion as made by Dr. Thompson and seconded by Mr. Nahon to rescind the motion from the January 4, 2012 conference call regarding the discussion of the acupuncture regulation to be scheduled for the March 15, 2012 board meeting. The board discussed the procedure regarding moving a discussion from a future meeting to the current conference. Dr. Thompson moved to rescind his motion and Mr. Nahon rescinded his section.

All information scheduled for review on the February conference call will be included on the March 15th meeting agenda.

At 12:44 p.m. a motion was made by Mr. Nahon and seconded by Dr. Thompson to convene in closed session pursuant to section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Board members voting aye: Dr. William Madosky, Dr. Jack Rushin, Dr. Homer Thompson, Mr. Paul Nahon, and Dr. Gary Carver. Motion carried unanimously.

At 1:25 p.m., a motion was made by Dr. Carver and seconded by Dr. Rushin to convene in open session and adjourn the conference call meeting. Board members voting aye: Dr. William Madosky, Dr. Jack Rushin, Dr. Homer Thompson, Mr. Paul Nahon, and Dr. Gary Carver. Motion carried unanimously.



Executive Director

Approved by State Board on March 15, 2012