

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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chiropractic@pr.mo.gov

Loree V. Kessler, MPA
Executive Director

**State Board of Chiropractic Examiners
TENTATIVE AGENDA
March 15, 2012 – 8:00 a.m.
Missouri Council of School Administrators
3550 Amazonas Drive - 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
TENTATIVE AGENDA
March 15, 2012 – 8:00 a.m.
Missouri Council of School Administrators
3550 Amazonas Drive - Jefferson City Missouri**

Call to Order	Dr. William Madosky, Board President
Roll Call	
Approval of Agenda	
1. Letter to Board Members	Dr. Madosky
2. Approval of Minutes	
• January 13, 2012 Mail Ballot	
• January 27, 2012 Mail Ballot	
• February 2, 2012 Conference Call	
3. Financial Report	
• Budget Information	
4. Legislation	
• SB 764 - Sunshine Law Bill	
• SB 469 / HB 1135 Admin Rule Bill	Greg Mitchell
• SB 572 / HB 1297 Temporary License	
HB 300 Update	Dr. Carver
5. Newsletter Topics	
6. Chiropractic Franchises Article	
7. Thomas Kramer DC Inquiry	
• Prolotherapy	
• PRP Injections	
8. Appearance Script	
9. Continuing Education	Dr Madosky / Jeanette Wilde
• Examples of Concerns of Completion of CE Forms	
10. Insurance Consulting Continuing Education	Dr. Carver
11. Acupuncture Continuing Education	
• Research Articles	
• State to State Comparison	

12. Upcoming Meetings
• NBCE May 2012 Part IV Exam
• FCLB Conference – May 2 – 6, 2012

Motion 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.

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Loree V. Kessler, MPA
Executive Director

February 2012

Dear Fellow Board Members:

Following our last telephone conference I began to think about what the MBCE could accomplish during my second term as president. It is apparent that the impact of the Edwards case is significant and that the opinion of the Appellate Court must now be considered during any future action we take. With this consideration in mind I suggest we use a significant portion of our March meeting to do strategic planning regarding the issues before us and how we can best approach them. Below are several topics I believe are important and ask for your help in identifying others.

1. Based in part on the court ruling, explore what are our responsibilities in protecting the public and protecting the rights of the individual DC when a complaint has been filed. I have asked Loree, Greg and Don Eggen, Chief Investigator of CIU, to discuss commonly used investigative techniques and offer suggestions. A review of our current complaint and consent forms and a comparison what other boards within our division use can serve as guidelines.
2. Finalize the CE requirements and help our vendors understand the updated application process with the intention of moving completely to an electronic filing process by the end of 2012. As you know we have developed an application designed to improve the quality of the courses and have directed Loree and Jeanette to speak with our CE vendors about these changes. Let's also look at qualifications for a CE vendor and develop guidelines to periodically evaluate old and new vendors. Loree and Jeanette are working with the IT section to update our current CE database that is placed on the MBCE website. Our licensees need easy access to approved seminars in their area and the various categories of CE.
3. Use our newsletter to provide information more frequently. An example would be to address the most common reasons for filing a complaint and explain what steps a DC needs to consider when addressing the complaint. I have asked the staff to develop newsletter topics we can discuss in March. Please forward any ideas that you have to either Loree or Jeanette prior to the meeting.
4. Review the advertising and professional conduct rules to make any necessary changes reflecting technology advances especially in relationship to patient privacy and advertisement.

It is my hope and intention to make this a productive year for our board. I need your help to accomplish this task. Thank you for your efforts and time.

Wm Madosky, DC

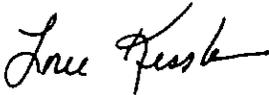
OPEN MINUTES
Missouri State Board of Chiropractic Examiners
Division of Professional Registration
3605 Missouri Boulevard, Jefferson City, Missouri
Mail Ballot January 13, 2012

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

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Executive Director

Approved by Board on February 2, 2012

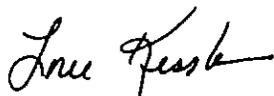
OPEN MINUTES
Missouri State Board of Chiropractic Examiners
Division of Professional Registration
3605 Missouri Boulevard, Jefferson City, Missouri
Mail Ballot January 27, 2012

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 February 2, 2012

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

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Chiropractors - 0630																
2	FY 2012 Monthly Fund Balance Sheet																
3		FY 2012 Actual													FY 2012 Projections		
4		July	August	September	October	November	December	January	February	March	April	May	June	Lapsed July	YTD Total	Projected	Remainin (Projected) YTD Total
5	Beginning Fund Balance	765,794.82	755,785.48	743,274.32	731,458.26	718,953.67	710,324.01	698,524.46	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	39,066.56	49,385.00	10,318.44
6	Revenue	3,429.25	7,073.50	2,200.31	3,953.50	10,850.75	6,869.25	4,690.00	0.00	0.00	0.00	0.00	0.00	0.00	39,066.56	49,385.00	10,318.44
7	Total Funds Available	769,224.07	762,858.98	745,474.63	735,411.76	729,804.42	717,193.26	703,214.46	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	39,066.56	49,385.00	10,318.44
8																	
9	Appropriation Costs:																
10	Expense and Equipment	3,315.45	5,848.71	4,965.67	5,891.75	10,082.90	8,301.88	4,700.29	0.00	0.00	0.00	0.00	0.00	0.00	43,106.65	149,567.00	106,460.35
11	Personal Service and Per Diem	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	Total Appropriation Costs	3,315.45	5,848.71	4,965.67	5,891.75	10,082.90	8,301.88	4,700.29	0.00	0.00	0.00	0.00	0.00	0.00	43,106.65	149,567.00	106,460.35
13																	
14	Transfer Costs:																
15	Rent	0.00	214.88	0.00	438.39	0.00	429.76	223.84	0.00	0.00	0.00	0.00	0.00	0.00	1,306.87	2,613.13	1,306.26
16	Workers Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17	Board Staff Fringe Benefits/Unemployment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	DIFP Department Cost Allocation	202.94	0.00	0.00	199.71	77.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	479.76	814.71	334.95
19	Licensee Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00	1,000.00
20	Biennium Sweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21																	
22																	
23																	
24																	
25																	
26	PR Transfer:																
27	Division-Wide Costs	0.00	590.10	713.13	955.23	671.13	665.55	760.46	0.00	0.00	0.00	0.00	0.00	0.00	4,355.60	14,085.82	9,730.22
28	Purchasing Staff	0.00	13.30	19.84	21.96	19.84	21.25	19.09	0.00	0.00	0.00	0.00	0.00	0.00	115.28	157.38	42.10
29	PR/IT Staff	0.00	180.48	295.79	312.76	271.46	336.36	209.26	0.00	0.00	0.00	0.00	0.00	0.00	1,606.11	4,257.67	2,651.56
30	Legal Team	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	CRR Staff	0.00	100.95	120.04	119.17	123.21	118.76	115.86	0.00	0.00	0.00	0.00	0.00	0.00	697.99	1,523.67	825.68
32	Board Specific:																
33	Expense/Equipment	0.00	(193.20)	0.00	136.14	16.87	186.38	8.29	0.00	0.00	0.00	0.00	0.00	0.00	154.48	5,133.00	4,978.52
34	Start-up Loan Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	Personal Services	0.00	5,549.44	4,962.03	5,588.09	5,387.04	5,413.02	4,688.02	0.00	0.00	0.00	0.00	0.00	0.00	31,587.64	68,954.06	37,366.42
36	Fringe Benefits	0.00	1,839.57	1,794.66	1,840.76	1,828.91	1,829.16	1,783.91	0.00	0.00	0.00	0.00	0.00	0.00	10,916.97	33,711.64	22,794.67
37	Technical Support Staff	0.00	289.47	281.04	264.15	240.65	284.51	306.88	0.00	0.00	0.00	0.00	0.00	0.00	1,666.70	4,630.26	2,963.56
38	Central Mail Processing	0.00	235.86	233.48	253.08	305.05	302.32	250.99	0.00	0.00	0.00	0.00	0.00	0.00	1,580.78	3,095.35	1,514.57
39	CIU Investigations	0.00	445.77	630.69	436.90	456.24	779.85	831.88	0.00	0.00	0.00	0.00	0.00	0.00	3,581.33	7,419.14	3,837.81
40	Total PR Transfer	0.00	9,051.74	9,050.70	9,928.24	9,320.40	9,937.16	8,974.64	0.00	0.00	0.00	0.00	0.00	0.00	56,262.88	142,967.99	86,705.11
41																	
42	Total OA Cost Allocation Transfer	0.00	590.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	590.00	2,362.00	1,772.00
43																	
44	GR Transfer:																
45	Attorney General	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
46	Administrative Hearing Comm.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	2,000.00
47	Total GR Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	2,000.00
48																	
49	FY 2011 Transfers Carried Over:																
50	FY 2011 June PR Transfer	9,920.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,920.20	9,920.20	0.00
51	FY 2011 July Lapse PR Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
52	FY 2011 PR Transfer Adjustment	0.00	3,902.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,902.69	3,902.69	0.00
53	FY 2011 Final Rent Transfer Adj	0.00	(7.68)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(7.68)	(7.68)	0.00
54	FY 2011 Final DIFP Transfer Adj	0.00	(15.68)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(15.68)	(15.68)	0.00
55	FY 2011 AG - June	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
56	FY 2011 AHC - June	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
57	Total FY 2011 Transfers Carried Over	9,920.20	3,879.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,799.53	13,799.53	0.00
58	Total Transfers	10,123.14	13,735.95	9,050.70	10,566.34	9,397.51	10,366.92	9,198.48	0.00	0.00	0.00	0.00	0.00	0.00	72,439.04	165,557.36	93,118.32
59	Total Appropriation Costs and Transfers	13,438.59	19,584.66	14,016.37	16,458.09	19,480.41	18,668.80	13,898.77	0.00	0.00	0.00	0.00	0.00	0.00	115,545.69	315,124.36	199,578.67
60	Ending Fund Balance	755,785.48	743,274.32	731,458.26	718,953.67	710,324.01	698,524.46	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	689,315.69	39,066.56	49,385.00	10,318.44

*FY 2012 YTD Expenses by Budget Class Code
As of January 31, 2012
Chiropractors (0630)
Expense & Equipment: Approp 0820*

<i>Budget Object Class</i>	<i>Budget Object Class Name</i>	<i>YTD Expended</i>	<i>Appropriation</i>	<i>Remaining Appropriation</i>	<i>Percent Remaining</i>
140	TRAVEL, IN-STATE	3,721.21	12,000.00	8,278.79	68.99%
160	TRAVEL, OUT-OF-STATE		10,000.00	10,000.00	100.00%
180	FUEL & UTILITIES		60.00	60.00	100.00%
190	SUPPLIES	2,104.08	9,505.00	7,400.92	77.86%
320	PROFESSIONAL DEVELOPMENT	200.00	6,500.00	6,300.00	96.92%
340	COMMUNICATION SERV & SUPP	554.89	2,000.00	1,445.11	72.26%
400	PROFESSIONAL SERVICES	35,936.82	97,000.00	61,063.18	62.95%
420	HOUSEKEEP & JANITOR SERV			0.00	
430	M&R SERVICES		4,402.00	4,402.00	100.00%
480	COMPUTER EQUIPMENT			0.00	
560	MOTORIZED EQUIPMENT			0.00	
580	OFFICE EQUIPMENT		4,000.00	4,000.00	100.00%
590	OTHER EQUIPMENT		2,000.00	2,000.00	100.00%
640	PROPERTY & IMPROVEMENTS			0.00	
680	BUILDING LEASE PAYMENTS		200.00	200.00	100.00%
690	EQUIPMENT RENTAL & LEASES			0.00	
740	MISCELLANEOUS EXPENSES	589.65	1,900.00	1,310.35	68.97%
	TOTAL	43,106.65	149,567.00	106,460.35	71.18%



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
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 573-751-0735 FAX
 800-735-2966 TTY Relay Missouri
 800-735-2466 Voice Relay Missouri
 chiropractic@pr.mo.gov

Loree V. Kessler, MPA
 Executive Director

Memo

To: Board Members

From: Loree Kessler

CC: File

Date: February 28, 2012

Re: Budget Update

The House Budget Committee hearing was held January 24 and the Senate hearing was February 1, 2012. Overall, there were few questions regarding PR's and the boards' budget request other than clarifying one or two items. As you may know agencies have been advised of a 5% budget reduction in the areas of in state travel, out state travel, supplies, and professional development.

Additionally, discussion continues in both the House and Senate regarding the "E" designation (estimate) on budget requests. These indicators are often used on items such as examination fees processed by the board, refunds, and transfers as such costs vary from year to year. For example, I estimate \$8,000 in transfers to general revenue for processing our payments, publishing regulations, etc based upon past expenditures. This amount includes an "E" meaning should the expenditures for transfers exceed \$8,000 the state board is authorized to pay the amount exceeding the \$8,000 UNLESS the additional amount is significant. Should the "E" designation be removed, anytime spending exceeds that amount, a supplemental appropriation will be required.

Outlined below is a potential scenario regarding the 5% reductions.

Category	Allocation FY 12 & 13	5% Reduction Allocation FY 14	FY 2012 Total Spent / Not Spent
In State Travel	\$12,000	\$600.00	\$6,747 / \$5,252
Out State Travel	\$10,000	\$500.00	\$ 367 / \$9,633
Supplies	\$ 9,505	\$475.25	\$6,305 / \$3,200
Professional Development	\$ 6,500	\$325.00	\$2,385 / \$4,015

Legislative Tracking Date: 2/28/12

SB469 Similar to HB1135 and contains some language similar to SB604)	Sen. Dixon Rep. Jason Smith	Administrative Rules - Requires periodic review of all administrative rules and modifies provisions regarding the awarding of certain fees in administrative actions.	2/23/12 (H) - Second Read
HB1135 Similar to SB469	Rep. Jason Smith	Administrative Rules - Require sunset of all administrative rules based on time of promulgation; allow agency to repromulgate a rule that is set to sunset. <i>1/26/12 - Bill was Third Read and Passed in the House by a vote of 102/57</i>	1/25/12 - (S) First Read
SB604	Sen. Green	Attorney Fees - Prohibits a state agency from requesting an additional appropriation of state moneys to satisfy an award of attorney fees and other expenses. This language is also included in SB469.	1/26/12 - Referred to (S) Judiciary Civil/Criminal Jurisprudence
SB644	Sen Schaefer	Physical Therapists - Reimbursement amounts and copays paid by health carriers for any particular health care service or procedure rendered by a physical therapist shall be in the same amount as reimbursements paid by health carriers to any other licensed physical therapist performing the same or similar procedures. Such uniform reimbursement requirement shall apply regardless of the setting or venue in which the health care services or procedures are rendered	2/2 Referred to (S) Small Business, Insurance & Industry
SB 672 (Similar to HB1297)	Sen. Brown	Higher Education Credits for Former Military - Changes the professional licensure requirements for current and former military personnel.	2/9/12 - Hearing Completed (S) Veterans Affairs/Pension/Urban Affairs
SB 682 (Similar to HB1399)	Sen. Dempsey	Spinal Injections - Mandates that injections around the spine under certain guidance techniques be performed by licensed physicians.	2/14/12 (S) Health Mental Health/Seniors Families - Hearing Held
SB750	Sen. Schmittt	Health Care Providers - Relating to advertising by health care providers. This bill requires advertisements to include the type of licensure held by the individual; prohibits misleading or deceptive statements; requires specific certification details be included in advertisements; and prohibits the aiding, assisting, employing or advising a person to engage in an act contrary to the provider's degree of licensure	2/9/12 Referred to (S) Health Mental Health/Seniors Families
SB764	Sen. Schaefer	Sunshine Law - Modifies various provisions of the sunshine law to include public body cannot discuss a topic not posted on the agenda i.e. no agenda additions at a meeting. Encourages custodian of records to maintain an index of public records. Changes what agency can bill for research time locating records and charging for obtaining information on whether a record is subject to sunshine law and legal fees associated with sunshine law compliance	2/9/12 Referred to (S) General Laws Committee
HB1072	Rep. Sater	Volunteer Health Services Act - Establishes the Volunteer Health Services Act to allow certain licensed health professionals to provide services without additional licensure requirements.	2/23/12 (H) - Voted do pass Rules Committee
HB 1297 (Similar to SB672)	Rep. Davis	Professional Licensure Military Personnel - Changes the professional licensure requirements for current and former military personnel.	HB1297 1/1712 - (H) Referred to Professional Registration and Licensing
HB 1399 (Similar to SB682)	Rep. Richardson	Interventional Pain Management - Requires the injection of therapeutic substances around the spine or spinal cord for the treatment of pain syndromes by certain methods be performed only by a licensed physician.	2/15/12 - (H) Professional Registration and Licensing - Hearing Completed
HB 1533	Rep. Schoeller	Chiropractors - This bill requires licensed chiropractors to be reimbursed under the MO HealthNet Program for providing services currently covered and within the scope of chiropractic practice.	2/21/12 (H) Health Insurance Hearing Completed
HB1563	Rep. Sater	Legend Drugs - Changes the requirements for pharmacies regarding the sale, purchase, or trade of legend drugs. Rep. Sater communicated the intent was to allow Missouri pharmacies to sell, purchase or trade legend drugs from or to other pharmacies and health care practitioners that are not licensed in this state	HB1297 1/1712 - (H) Referred to Professional Registration and Licensing
HB1622	Rep. Jones	Ads for Health Care Services - Establishes the criteria for advertisements for health care services	2/2/12 - (H) Second Read



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
573-751-0735 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
chiropractic@pr.mo.gov

Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members

From: Loree Kessler

CC: File

Date: February 28, 2012

Re: Newsletter 2012

The last newsletter was published over a year ago and is one of the projects outlined in Dr. Madosky's letter to the state board. You may recall that the newsletter no longer be printed and mailed to licensees. To reduce printing and postage costs, licensees will receive a postcard notification on accessing the newsletter at the state board's website and instructions on how to obtain a printed copy from the state board office if unable to download the newsletter.

The newsletter includes a letter from the state board president. Since Dr. Carver served as president last year, Dr. Carver may want to contribute an article as past president also.

Potential Articles

Continuing education reminder/update
How to apply for board approved formal continuing education
Overview on complaint processing (NCMIC article)
Advertising and marketing regulatory reminders
Disposing of medical records & x-rays (NCMIC article)
Patient confidentiality (HIPAA article)
Debt collection practices (Previous complaint)
Clarifying impact of Kunkel case on inquiries to board (case sent to board via email and fax)
Massage therapy business licensure
Acupuncture Advisory Committee Update
Financial report/Statistics

Massage Envy owners add chiropractic franchises

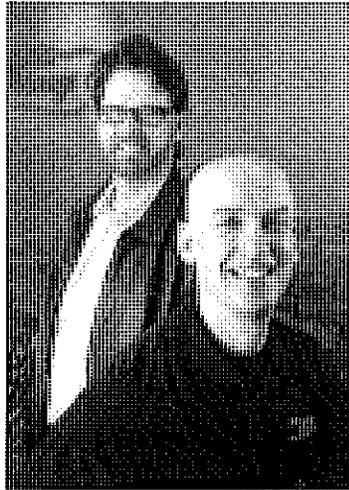
BY E.B. SOLOMONT
esolomont@bizjournals.com

The St. Louis owners of three Massage Envy locations have set their sights on a new franchise business. The joint... the chiropractic place.

Mike Klearman and Bruce Conner paid \$145,000 in September to become regional developers of The Joint, and the two hope to open 20 locations within two years with other franchise owners. The fee for each franchise is \$29,000. Build-out and start-up costs range from \$105,000 to \$145,000 and projected revenue for each location is \$400,000 by the second year in business.

Arizona-based The Joint, led by John Leonasio, the former CEO of Massage Envy, currently has 138 franchises nationwide and agreements with regional developers in 15 states. The company was founded in 1999 in Tucson by Dr. Fred Gerretzen. It was acquired in 2010 by Austin, Texas-based Business Ventures Corp., which hired Leonasio as CEO to lead an expansion to 1,500 locations within a decade.

Klearman and Conner have owned Massage Envy franchisees since 2005 and 2006, respectively, and stayed in touch with Leonasio after he left Massage Envy. Klearman owns and operates Massage Envy locations in Chesterfield and Wildwood and Conner owns one in Sunset Hills. Klearman said his franchisees generate around \$1 million a year each and he has no plan to sell them. "The joint and chiropractic industry runs parallel with Massage Envy," he said. "We feel we can duplicate the same success we've had with Massage Envy." Leonard Vines, a franchise attorney at Greensfelder, Hemker & Gale, P.C. said with signs the economy may be starting to recover, franchise businesses are poised to do well. "Although financing remains a challenge, certain types of franchises, such as those in health care, those that provide products and services to 'baby



BRIAN CASHIN

Massage Envy franchise owners Bruce Conner (left) and Mike Klearman (right) plan to open a franchised chiropractic business.

boomers,' those that take advantage of new technologies and new concepts in quick service restaurants, continue to spark interest," he said. Vacant storefronts and reduced rents can open doors for franchisees looking to open shop in premier locations.

Klearman and Conner, who self-funded their investment in The Joint, are finalizing details for their first location, which they hope will be in Clayton. A typical Joint location is 800 square feet to 1,200 square feet and has an open floor plan. Operating costs run between \$12,000 and \$15,000 a month and include the cost of employing a full-time and a part-time chiropractor in each location. The Joint, who accepts no reservations and does not bill through insurance, charges \$19 for an initial visit and consultation. Members pay \$49 for four adjustments.

TLC bringing 25 call center jobs

BY E.B. SOLOMONT
esolomont@bizjournals.com

Eye care company TLC Vision Corp., also known as TLC Laser Eye Care Centers, is moving its corporate call center to Chesterfield, creating 25 new jobs in the area.

The Chesterfield-based company's corporate call center is currently based in Toronto, Canada. TLC is nearing completion of a build-out that will accommodate the call center within its 20,563-square-foot headquarters, located on Swingley Ridge Road across from the Chesterfield Mall.

The call center will take up 1,500 square feet in the Chesterfield building. Commercial Installation and Construction Co. and PMSG, a division of Color Art Integrated Interiors, are doing the renovation. The project cost is about \$100,000.

TLC Vision, headed by President and COO Ellen Jo Plass, has 800 employees

worldwide, including 50 in St. Louis. The company has more than 70 laser eye surgery centers in the United States and Canada. TLC Vision filed for Chapter 11 bankruptcy in December 2009 and emerged in May 2010 after being acquired by Charlesbank Capital Partners LLC and H.L.G. Capital LLC. The company's competitors include LCA-Vision Inc. and locally, Clarkson Eyecare and Crown Vision Center.

Nationwide, the popularity of laser eye surgery peaked in 2001, when 1.4 million procedures were done, according to Market Scope LLC, a St. Louis-based eye surgery market research firm. Last year, 780,000 surgeries were done, roughly 30 percent in corporate laser centers like TLC Vision and LCA-Vision. "LASIK's an out-of-pocket expenditure," said David Harmon, a principal at Market Scope, referring to the decline. The average cost of laser eye surgery is \$2,000 an eye, he said.

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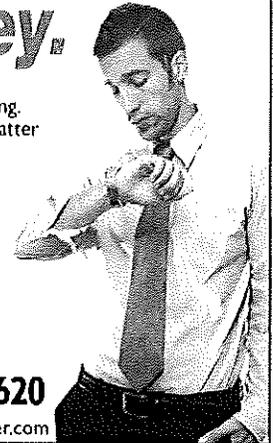
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OLIN BUSINESS SCHOOL

Kessler, Loree

From: Thomas Kramer [Dr.Kramer@southcountypaininstitute.com]
Sent: Thursday, February 23, 2012 2:24 PM
To: Kessler, Loree
Subject: RE: Scope of Practice question

So if I may ask, what is the point of the board? If I can't ask you guys how would my attorney know? My attorney has always told me to ask you guys since you determine if I lose my license or not.

Thanks for the input on my name at the bottom, luckily it's not marketing to anyone. I have my DC on my business cards and all marketing paperwork.

From: Kessler, Loree [mailto:loree.kessler@pr.mo.gov]
Sent: Thursday, February 23, 2012 2:12 PM
To: Thomas Kramer
Subject: RE: Scope of Practice question

This office cannot provide legal advice regarding services you may or may not provide. You are encouraged to consult with your attorney regarding the scope of practice for licensed chiropractors. I am sorry I could not be of assistance.

As a reminder, in your email there is no reference to your licensure as a chiropractor. The term DC, chiropractic, chiropractor, or chiropractic physician must be included on all marketing, promotional and/or advertising materials.

From: Thomas Kramer [mailto:Dr.Kramer@southcountypaininstitute.com]
Sent: Thursday, February 23, 2012 1:39 PM
To: chiropractic@pr.mo.gov
Subject: Scope of Practice question

I have been informed that I can legally perform prolotherapy as long as I have taken the necessary steps to learn exactly how to do them. Is this true?

Also, PRP injections are becoming more and more prevalent. Since this is basically injecting a patients own blood into them; is this allowed as well? Neither uses medication and just want to make sure if I move forward with this I will still be within my scope.

Thanks a ton,
Tommy Kramer

Dr. Thomas Kramer
CHIEF OF STAFF

South County Pain Institute
4116 Von Talge Road, Suite B
St. Louis, MO 63128

314-892-8787 PH
314-892-8790 FX

SouthCountyPainInstitute.com



INFORMAL MEETING SCRIPT –

*Make sure the respondent is sworn in by the court reporter
If represented by legal counsel request counsel state their name and law firm
If accompanied by guests or witnesses, each person must state their name or be introduced by
the licensee along with their relationship to the licensee.*

Board President: Let us state for the record that today's date is _____. It is now _____ (a.m. or p.m.) and the Missouri State Board of Chiropractic Examiners is meeting at _____, in Jefferson City, Missouri. My name is _____ and I am Board President. I would like Board members and staff to introduce themselves. *(Allow members and staff to introduce themselves)*

Board President: On behalf of the board, I would like to outline several procedural matters concerning this meeting.

First, a court reporter is present recording everything that is being said and you will receive a copy of the transcribed record.

Secondly, you were asked to meet with the State Board and are doing so voluntarily. You have not been subpoenaed or otherwise compelled to attend this meeting.

Third, this is a closed, confidential meeting with the state board. This meeting is not open to the public and any questions, your responses, and any discussion with you during this meeting cannot be disclosed to the public by the state board or staff without your permission.

Fourth, information obtained from this meeting, combined with information already possessed by the state board, can be used in filing a disciplinary action with the Administrative Hearing Commission.

Finally, please understand it is your choice whether or not to respond to a question from a state board or staff member, you have the right to consult your attorney at any time during this meeting, and you can leave the meeting at any time.

Board President: Do you understand that any statement made by you will be taken as sworn testimony and that such testimony can be used by the State Board in future proceedings if it deems it appropriate to do so?

Respondent:

Board President: Are you licensed or certified in any other state?

(If the response is affirmative see next question.)

Board President: *Has your license from another state ever been subject to any final disciplinary action by the Board in that state?*

Respondent:

Board President: Do you understand that you are here to discuss

Respondent:

Board President: Would you like to make a brief opening statement?

Respondent:

(After any statement ask the Board members and counsel if they have any questions.)

Board President (at the conclusion of the meeting)- Thank you for meeting with the State Board. You will receive a written response from the State Board and a copy of the transcribed record within the next few weeks.



Sponsor Type

- State Organization
- National Organization
- CCE Approved School
- Other: _____

State Board of Chiropractic Examiners
 PO Box 672, 3605 Missouri Boulevard
 Jefferson City, Missouri 65102
 Telephone Number: 573-751-2104
 Fax Number: 573-751-0735

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. Sponsoring Organization: _____

2. Sponsoring Organization Primary Contact Person: _____

3. Sponsoring Organization Address: _____

4. Email Address of Primary Contact Person: _____

5. Telephone Number of Primary Contact Person: _____

6. Fax Number of Primary Contact Person: _____

7. Sponsoring Organization Second Contact Person (if applicable): _____

8. Email Address of Second Contact Person: _____

9. Telephone Number: _____

10. Fax Number: _____

PRACTICE MANAGEMENT: NOT APPROVED FOR POSTGRADUATE EDUCATION IN MISSOURI

11. Title of Entire Seminar
ACCRAAC 2012

12. Name of Speaker/Instructor	13. Title of Seminar(s) Session	14. Category Requested	15. No. of Credit Hrs. For Session	16. Begin & End Times	17. One Date(a) and Location(b) of Seminar Per Line	FOR BOARD USE ONLY		
						Approved	Not Approved	Reason for denial
	ACCRAAC 2012: Diversity – The Future of Healthcare and the Chiropractic Profession	Research	1	a.m. 9:00 a.m. 10:00am	a) 3/16/2012 b) Las Vegas, NV			2012005409
	ACCRAAC 2012: Diversity and Chiropractic – Why Should We Care?	Research	1.5	a.m. 10:30am p.m. 12:00	a) 3/16/2012 b) Las Vegas, NV			5410
	ACCRAAC 2012: Thriving in Practice as a Primary Spine Care Practitioner	Research	1.5	a.m. 10:30am p.m. 12:00	a) 3/16/2012 b) Las Vegas, NV			5411
	ACCRAAC 2012: Writing an NIH Grant Application – Key Strategies for Writing About You and Your Collaborators	Research	1.5	a.m. 10:30am p.m. 12:00	a) 3/16/2012 b) Las Vegas, NV			5412
	ACCRAAC 2012: Teaching and Integrating Evidence Based Practice Skills in the Clinic- Applying Evidence for Therapy and Diagnostics	Research	1.5	a.m. 10:30am p.m. 12:00	a) 3/16/2012 b) Las Vegas, NV			5413
	ACCRAAC 2012: Topics In Diversity	Research	1.5	p.m. 1:30 p.m. 3:00	a) 3/16/2012 b) Las Vegas, NV			5414
	ACCRAAC 2012: Topics in Chiropractic Research I	Research	1.5	p.m. 1:30 p.m. 3:00	a) 3/16/2012 b) Las Vegas, NV			5415
	ACCRAAC 2012: Topics in Sports and Adolescents	Research	1.5	p.m. 1:30 p.m. 3:00	a) 3/16/2012 b) Las Vegas, NV			5416
18.	Total Number of Hours Requested		48					
19.	Total Amount of Fee Attached (\$5.00 per session)		\$165					

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Signature _____

Date: January 19, 2012

12. Name of Speaker/Instructor	13. Seminar(s) Session	14. Category Requested	15. No. of Credit Hrs. For Session	16. Begin & End Times	17. Date and Location of Seminar	FOR BOARD USE ONLY		
						Approved	Not Approved	Reason for denial
	ACCRAC 2012: Topics in Educational Research I	Research	1.5	p.m. 1:30 p.m. 3:00	a) 3/16/2012 b) Las Vegas, NV			2012005417
	ACCRAC 2012: Literature Review Clinical Updates	Research	1.5	p.m. 3:30 p.m. 5:00	a) 3/16/2012 b) Las Vegas, NV			5418
	ACCRAC 2012: Topics in Chiropractic Research II	Research	1.5	p.m. 3:30 p.m. 5:00	a) 3/16/2012 b) Las Vegas, NV			5419
	ACCRAC 2012: Topics in Diagnostic Imaging	Research	1.5	p.m. 3:30 p.m. 5:00	a) 3/16/2012 b) Las Vegas, NV			5420
	ACCRAC 2012: Topics in Educational Research II	Research	1.5	p.m. 3:30 p.m. 5:00	a) 3/16/2012 b) Las Vegas, NV			5421
	ACCRAC 2012: It's My Decision. Autonomy: Understanding How This Core Bioethical Principle Impacts Chiropractic Research, Education and Patient Care	Research	1.5	p.m. 6:00 p.m. 7:30	a) 3/16/2012 b) Las Vegas, NV			5422
	ACCRAC 2012: ACC Primary Care Task Force	Research	1.5	p.m. 6:00 p.m. 7:30	a) 3/16/2012 b) Las Vegas, NV			5423
	ACCRAC 2012: Writing and Publishing a Case Report	Research	1.5	p.m. 6:00 p.m. 7:30	a) 3/16/2012 b) Las Vegas, NV			5424
	ACCRAC 2012: Implementing Ethical Practice Management Concepts into Chiropractic College Curricula	Research	1.5	p.m. 6:00 p.m. 7:30	a) 3/16/2012 b) Las Vegas, NV			5425
	ACCRAC 2012: How to use Databases and Search Engines to Find the Scholarly Literature	Research	1.5	p.m. 6:00 p.m. 7:30	a) 3/16/2012 b) Las Vegas, NV			5426
	ACCRAC 2012: Topics in Educational Methods	Research	1.5	a.m. 8:00 a.m. 9:30	a) 3/17/2012 b) Las Vegas, NV			5427
	ACCRAC 2012: Topics in Chiropractic Research III	Research	1.5	a.m. 8:00 a.m. 9:30	a) 3/17/2012 b) Las Vegas, NV			5428
	ACCRAC 2012: Topics in Clinical Research I	Research	1.5	a.m. 8:00 a.m. 9:30	a) 3/17/2012 b) Las Vegas, NV			5429
	ACCRAC 2012: Topics in Educational Research III	Research	1.5	a.m. 8:00 a.m. 9:30	a) 3/17/2012 b) Las Vegas, NV			5430
	ACCRAC 2012: Topics in Interdisciplinary Education and Practice	Research	1.5	a.m. 10:30 p.m. 12:00	a) 3/17/2012 b) Las Vegas, NV			5431
	ACCRAC 2012: Topics in Educational Methods and Technology	Research	1.5	a.m. 10:30 p.m. 12:00	a) 3/17/2012 b) Las Vegas, NV			5432
	ACCRAC 2012: Topics in Clinical Research II	Research	1.5	a.m. 10:30 p.m. 12:00	a) 3/17/2012 b) Las Vegas, NV			5433



Missouri Department of Economic Development
Missouri Division of Professional Registration

Sponsor Type

- State Association/District
- National Organization
- CCE Approved Chiropractic College
- Other: _____

State Board of Chiropractic Examiners
PO Box 672, 3605 Missouri Boulevard
Jefferson City, Missouri 65102
Telephone Number: 573-751-2104
Fax Number: 573-751-0735

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. _____ 2. Sponsoring Organization Primary Contact Person _____

3. Sponsoring Organization Address _____ 4. Email Address of Primary Contact Person _____

5. Telephone Number of Primary Contact Person _____ 6. Number of Primary Contact Person _____ 7. Sponsoring Organization 2nd Contact Person (if applicable) _____

8. E-mail Address of Second Contact Person _____ 9. 2nd Contact Person Telephone Number _____ 10. Fax Number (if different than #6) _____

11. New Application Amended application

13. Name of Speaker/Instructor	14. Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times	18. One Date(a) and Location(b) of Seminar Per Line	FOR BOARD USE ONLY		
						Approved	Not Approved	Reason for denial
		25 25 ²⁵ Insurance ^{Approved} Insurance	4	a.m. 12:30 p.m. 5:00	a) 6/21/12 b) Oak Brook, IL			2012005475
"	"	health promotion/wellness	1.5	a.m. 8:00 a.m. 9:30	a) 6/22/12 b) Oak Brook, IL			5476
"	"	Nutrition	1.5	a.m. 10:15 p.m. 11:45	a) 6/22/12 b) Oak Brook, IL			5477
"	"	Insurance ^{Approved} Insurance	3	a.m. 1:30 p.m. 5:00	a) 6/22/12 b) Oak Brook, IL			5478
"	"	Chiropractic Principles	1.5	a.m. 8:00 p.m. 9:30	a) 6/23/12 b) Oak Brook, IL			5479
"	"	Differential Diagnosis	1.5	a.m. 10:15 a.m. 11:45	a) 6/23/12 b) Oak Brook, IL			5480
"	"	Chiropractic Principles & Technique	1.5	a.m. 2:00 p.m. 3:30	a) 6/23/12 b) Oak Brook, IL			5481
"	"	Differential/Physical Diagnosis	1.5	a.m. 4:00 p.m. 5:30	a) 6/23/12 b) Oak Brook, IL			5482
19. Total Number of Hours Requested			20					12
20. Total Amount of Fee Attached (\$5.00 per session)			\$ 50					

Signature _____ Date 1/24/2012



Missouri Department of Economic Development
Missouri Division of Professional Registration

Sponsor Type

- State Association/District
- National Organization
- CCE Approved Chiropractic College
- Other _____

State Board of Chiropractic Examiners
PO Box 672, 3605 Missouri Boulevard
Jefferson City, Missouri 65102
Telephone Number: 573-751-2104
Fax Number: 573-751-0735

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. _____ 2. _____

3. _____

5. _____ on 7. _____ (if applicable)

8. E-mail Address of Second Contact Person _____ 10. Fax Number (if different than #5) _____

11. New Application Amended application

12. Title of Entire Seminar _____

13. Name of Speaker/Instructor	14. Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times	18. One Date(s) and Location(s) of Seminar Per Line	FOR BOARD USE ONLY		
						Approved	Not Approved	Reason for denial
		X-ray	4	6:00 am - 8:00 am	Dec 2, 2011			2011004533
		C.D.T	4	8:00 am - 12:00 pm	St. Louis			34
		MHAa ACP	12	8:00 am - 9:00 pm	Dec 3, 11 St. Louis			35
		Ins/CP EP+BT	4	12:30 pm - 4:30 pm	Dec 3, 11 St. Louis			36
		Nut.	4	9:00 am - 12:00 pm	Dec 3, 11 St. Louis			37
		Diaq	4	8:00 am - 12:00 pm	Dec 4 St. Louis			38
		49wll ness	4	2:30 pm - 4:30 pm	Dec 4 St. Louis			39
		Ins/CP OS CT	8	8:00 am - 4:30 pm	Dec 4 St. Louis			40
19. Total Number of Hours Requested			48					33
20. Total Amount of Fee Attached (\$5.00 per session)			\$ 45					

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Date _____



Missouri Department of Economic Development
Missouri Division of Professional Registration

Sponsor Type

State Association/District
 National Organization
 CCE Approved Chiropractic College
 Other: _____

State Board of Chiropractic Examiners
PO Box 672, 3605 Missouri Boulevard
Jefferson City, Missouri 65102
Telephone Number: 573-751-2104
Fax Number: 573-751-0735

000002 AUG 22 -

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

2. Sponsoring Organization Primary Contact Person _____

8. Email Address of Second Contact Person _____

9. 2nd Contact Person Telephone Number _____

10. Fax Number (if different than #9) _____

11. New Application Amended application

12. Title of Course _____

13. Name of Speaker/Instructor	14. Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times	18. One Date(a) and Location(b) of Seminar Per Line
✓	Vertebral and Cervical Spinal Stabilization	Multitention	4	a.m. 6:00 p.m. 10:00	a) Oct 21, 2011 b) St. Louis
✓	Evaluating Adolescent Function	Diagnosis of PMA	4	a.m. 8:00 p.m. 12:00	a) Oct 22, 2011 b) St. Louis
✓	LEGAL Chiropractic Share Session	Record Keeping Case Studies	4	a.m. 12:30 p.m. 4:30	a) Oct 22, 11 b) St. Louis
✓	Musculology	Soft Tissue Injuries	4	a.m. 5:00 p.m. 9:00	a) Oct 22, 11 b) St. Louis
✓	Acupuncture and Orthopedics	ACUP	12	a.m. 8:00 p.m. 9:00	a) Oct 22, 11 b) St. Louis
✓	Chiropractic History	Chiro Principles	4	a.m. 12:30 p.m. 4:30	a) Oct 23, 11 b) St. Louis
✓	Insurance Consumer Ethical Practice	IC and Ethical	4	a.m. 8:00 p.m. 12:00	a) Oct 23, 11 b) St. Louis

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Approved	Not Approved	Reason for denial
		2011004359
		4360
		RECEIVED
		4361
		AUG 19 2011
		4362
		BOARD OF HEALING ARTS
		4363
		4364
		4365
		4366

19. Total Number of Hours Requested **48**

20. Total Amount of Fee Attached (\$5.00 per session) **\$ 45.00**

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Date _____



Missouri Department of Economic Development
Missouri Division of Professional Registration

Sponsor Type

- State Association/District
- National Organization
- CCE Approved Chiropractic College
- Other: _____

Slate Board of Chiropractic Examiners
PO Box 672, 3605 Missouri Boulevard
Jefferson City, Missouri 65102
Telephone Number: 573-751-2104
Fax Number: 573-751-0735

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

000280 DEC-5-11

2. Sponsoring Organization Primary Contact Person

8. E-mail Address of Second Contact Person

9. 2nd Contact Person Telephone Number

10. Fax Number (if different than #6)

11. New Application Amended application

13. Name of Speaker/Instructor	Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times		18. One Date(a) and Location(b) of Seminar Per Line	FOR BOARD USE ONLY		
							Approved	Not Approved	Reason for denial
	Imoral Defience (12)	CP&T	4	a.m. 8:00		a) Jan 28, 2012			2011005011
				p.m. 12:00		b) St. Louis			
	Acupuncture (MTAA) (3)	MTAA	12	a.m. 8:00		a) 1/28/12			5012
				p.m. 9:00		b) St. Louis			
	Understanding Liver Function (2)	Diag	4	a.m. 12:30		a) 1/28/12			5013
				p.m. 4:30		b) St. Louis			
	Practical Implications in the Office (13)	Case studies	4	a.m. 5:00		a) 1/28/12			5014
				p.m. 9:00		b) St. Louis			
				a.m.		a)			
				p.m.		b)			
				a.m.		a)			
				p.m.		b)			
				a.m.		a)			
				p.m.		b)			
19.	Total Number of Hours Requested								
20.	Total Amount of Fee Attached (\$5.00 per session)		\$						

Signature

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Date

1/28/11



Missouri Department of Economic Development
Missouri Division of Professional Registration

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

Sponsor Type

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- National Organization
- CCE Approved Chiropractic College
- Other: _____

State Board of Chiropractic Examiners
PO Box 672, 3605 Missouri Boulevard
Jefferson City, Missouri 65102
Telephone Number: 573-751-2104
Fax Number: 573-751-0735

2. Sponsoring Organization Primary Contact Person

5. Telephone Number of Primary Contact Person

6. Fax Number of Primary Contact Person

7. Sponsoring Organization 2nd Contact Person (if applicable)

8. Email Address of Second Contact Person

Fax Number (if different than #6)

11. New Application Amended application

13. Name of Speaker/Instructor	14. Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times		18. One Date(a) and Location(b) of Seminar Per Line	FOR BOARD USE ONLY		
				a.m.	p.m.		Approved	Not Approved	Reason for denial
	Secrets of the Masters Moxa/Cupping Small intestine/liver	M.T.A.A.	6	a.m. 8:00		a) 2-17-2012 b) KCMO			201105206
	Bio-identical Hormone Restoration	Phys/DX Nutrition	2	a.m. 2:00		a) 2-17-2012 b) KCMO			5207
	Clinical Lab Testing Part B	Phys/DX Phys/DX	4	a.m. 4:00		a) 2-17-2012 b) KCMO			5208
	6 vascular-Somatosensory Part B	Phys/DX Phys/DX	4	a.m. 8:00		a) 2-18-2012 b) KCMO			5209
	Neuroimmune mech of Subly Complex & Nutr Recommendation Part B (By Request)	Phys/DX Nutrition	4	a.m. Noon		a) 2-18-2012 b) KCMO			5210
	ART in Practice	Phys/DX	4	a.m. 4:00		a) 2-18-2012 b) KCMO			5211
	ICD-10 - Getting Ready	Technique Case study Research or Ins/Const	6	a.m. 8:00		a) 2-19-2012 b) KCMO			5212
19. Total Number of Hours Requested			30						
20. Total Amount of Fee Attached (\$5.00 per session)			\$ 35						

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Date



Missouri Department of Economic Development
Missouri Division of Professional Registrar

Sponsor Type

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- National Organization
- CCE Approved Chiropractic College

State Board of Chiropractors
PO Box 672, 3605 M.
Jefferson City, Missouri
Telephone Number: 573-
Fax Number: 573-751-073.

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. Sponsoring Organization Name

3. Sponsor

5. Telephone

Other: _____
2. Sponsoring Organization Primary Contact Person: _____

11. New Application Amended application

12. Title of Entire Seminar						FOR BOARD USE ONLY		
13. Name of Speaker/Instructor	14. Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times	18. One Date(a) and Location(b) of Seminar Per Line	Approved	Not Approved	Reason for denial
	Government Stimulus Plan and Meaningful Use	Record Keeping	3	a.m. 9:00 p.m. 10:45 AM	a) 1/27/12 b) Springfield, MO			2011005197
	Cases of the Unknown Conventional Radiography + Advanced Imaging	Diagnostic Imaging	3	a.m. 11:00 p.m. 2:00	a) 1/27/12 b) Springfield, MO			5198
	Supercharge Your Practice Empower Your Patients with Active Care	Chiropractic Principles/Techniques	6	p.m. 2:20 p.m. 8:45	a) 1/27/12 b) Springfield, MO			5199
	Advanced Nutrient Administration an Overview	Nutrition	12	a.m. 8:00 p.m. 8:45	a) 1/27/12 b) Springfield, MO			5200
	Chiropractic Management of Concussion.	Physical Diagnosis	6	a.m. 8:00 p.m. 2:00	a) 1/28/12 b) Springfield, MO			5201
	Chiropractic Legal Seminar	Ethical Practices	3	p.m. 2:20 p.m. 5:05	a) 1/28/12 b) Springfield, MO			5202
	Diagnosis and Treatment of Lower Extremity.	Chiropractic Principles/Techniques	3	p.m. 6:00 p.m. 8:45	a) 1/28/12 b) Springfield, MO			5203
	Graying and Auricular Protocols	Acupuncture	6	a.m. 11:00 p.m. 5:05	a) 1/28/12 b) Springfield, MO			5204
19. Total Number of Hours Requested			42					
20. Total Amount of Fee Attached (\$5.00 per session)			\$40					

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Signature: _____ Date: _____



Missouri Department of Economic Development
Missouri Division of Professional Registration

Sponsor Type

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National Organization

CCE Approved Chiropractic College

Other: _____

State Board of Chiropractic Examiners
PO Box 572, 3605 Missouri Boulevard
Jefferson City, Missouri 65102
Telephone Number: 573-751-2104
Fax Number: 573-751-0735

000182 SEP 12

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. Sponsor: _____

2. Email Address of Second Contact Person: _____

3. 2nd Contact Person: _____ Fax Number (if different than #2): _____

4. New Application Amended application

13. Name of Speaker/Instructor	14. Title of Seminar(s) Session	15. Category Requested	16. No. of Credit Hrs. For Session	17. Begin & End Times	18. One Date(a) and Location(b) of Seminar Per Line	FOR BOARD USE ONLY		
						Approved	Not Approved	Reason for denial
	New Approach to Metabolic Syndromes	Dix/DX Nutrition (Nutr)	4	8:00-11:00 AM	12-2-2011	✓		ok 2011004501 ✓
	Purification and Nutrition	Dix/DX Nutr	4	8:00-11:00 AM	12-2-2011	✓		4hr diff dx 4502 ✓
	Clinical Lab Testing	Dix/DX Nutr	4	8:00-11:00 AM	12-2-2011	✓		3hr diff dx 1hr not 4503 ✓
	NeuroImmune Mech. of Subluxation Complex & Nutritional Recommendations	Dix/DX Nutr	4	8:00-11:00 AM	12-3-2011	✓		3hr diff dx 1hr not 4504 ✓
	The 6 Viscero-Somatic Symptom & Every DC Must Know	Dix/DX Nutr	4	8:00-11:00 AM	12-3-2011	✓		4hr diff dx 4505 ✓
	Chiropractic Statistics to Health Prom & Wellness	MTAA	6	8:00-11:00 AM	12-3-2011	✓		ok 4506 ✓
	Secrets of a Modern Lung/Lg Intestine Cupping/Moxa	MTAA	6	8:00-11:00 AM	12-4-2011	✓		ok 4507 ✓
19. Total Number of Hours Requested								
20. Total Amount of Fee Attached (\$5.00 per session)			\$35					

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- National Organization
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- Other: _____

State Board of Chiropractic Examiners
 PO Box 672, 3605 Missouri Boulevard
 Jefferson City, Missouri 65102
 Telephone Number: 573-751-2104
 Fax Number: 573-751-0735

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. Sponsoring Organization Name: _____

2. Sponsoring Organization Primary Contact Person: _____

3. Sponsoring Organization Address: _____

4. Email Address of Primary Contact Person: _____

5. Name of Primary Contact Person: _____

6. Fax Number of Primary Contact Person: _____

7. Sponsoring Organization Second Contact Person (if applicable): _____

8. Second Contact Person: _____

9. Telephone Number: _____

10. Fax Number: _____

PRACTICE MANAGEMENT: NOT APPROVED FOR POSTGRADUATE EDUCATION IN MISSOURI

11. Title of Entire Seminar

12. Name of Speaker/Instructor	13. Title of Seminar(s) Session	14. Category Requested	15. No. of Credit Hrs. For Session	16. Begin & End Times	17. One Date(a) and Location(b) of Seminar Per Line	FOR BOARD USE ONLY		
						Approved	Not Approved	Reason for denial
	Posture Practice Online 2012	Chiro Principle	1		Online			20/201557
	Posture Practice Online 2012	Chiro Principle	1		Online			
	Posture Practice Online 2012	Chiro Principle	1		Online			
	Posture Practice Online 2012	Chiro Principle	1		Online			
Total Number of Hours Requested			15 hours					
19.	Total Amount of Fee Attached (\$5.00 per session)		\$75.00					

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Signature: _____ Date: _____



Missouri Department of Economic Development
Missouri Division of Professional Registration

Sponsor Type

State Board of Chiropractic Examiners
PO Box 672, 3605 Missouri Boulevard
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Telephone Number: 573-751-2104
Fax Number: 573-751-0735

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1. Sponsoring Organization Name _____ 2. Sponsoring Organization Primary Contact Person _____
 3. Sponsoring Organization Address _____
 4. Telephone Number of Primary Contact Person _____ 5. Fax Number of Primary Contact Person _____ 6. Telephone Number of Primary Contact Person _____
 7. E-mail Address of Second Contact Person _____ 8. Telephone Number _____ 9. Second Contact Person _____

PRACTICE MANAGEMENT: NOT APPROVED FOR POSTGRADUATE EDUCATION IN MISSOURI

11. Title of Entire Seminar Bio-Geometric Integration I						FOR BOARD USE ONLY		
12. Name of Speaker/Instructor	13. Title of Seminar(s) Session	14. Category Requested	15. No. of Credit Hrs. For Session	16. Begin & End Times	17. One Date(a) and Location(b) of Seminar Per Line	Approved	Not Approved	Reason for denial
	Bio-Geometric Integration I	Philosophy of Chiro, Clinical Sciences & Basic Sciences	3	p.m. 7:00 p.m. 10:00	a) April 20, 2012 b) Burlingame, CA			
	Bio-Geometric Integration I	Adjustive Technique, Clinical Sciences & examination procedures	8	a.m. 9:00 p.m. 7:00	a) April 21, 2012 b) Burlingame, CA			
	Bio-Geometric Integration I	Adjustive Technique & Philosophy of Chiro	7	a.m. 9:00 p.m. 5:00	a) April 22, 2012 b) Burlingame, CA			
	Bio-Geometric Integration I	Philosophy of Chiro, Clinical Sciences & Basic Sciences	3	p.m. 7:00 p.m. 10:00	a) May 4, 2012 b) Davenport, IA			
	Bio-Geometric Integration I	Adjustive Technique, Clinical Sciences & examination procedures	8	a.m. 9:00 p.m. 7:00	a) May 5, 2012 b) Davenport, IA			
	Bio-Geometric Integration I	Adjustive Technique & Philosophy of Chiro	7	a.m. 9:00 p.m. 5:00	a) May 6, 2012 b) Davenport, IA			
	Bio-Geometric Integration I	Philosophy of Chiro, Clinical Sciences & Basic Sciences	3	p.m. 7:00 p.m. 10:00	a) May 11, 2012 b) Marietta, GA			
	Bio-Geometric Integration I	Adjustive Technique, Clinical Sciences & examination procedures	8	a.m. 9:00 p.m. 7:00	a) May 12, 2012 b) Marietta, GA			
18.	Total Number of Hours Requested		72					

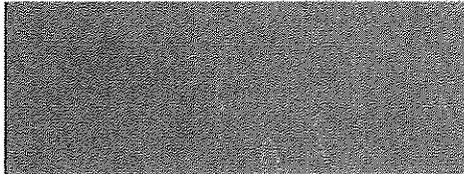
000050 FEB 16 2012

January 30, 2012



Attendance Verification

This is to certify that:



has attended 12.50 hours of continuing education/license renewal at the following program

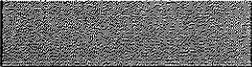
Course Code: MO2012IC01

Course Title: Insurance Consultant Certification Program: Session 1

Dates: January 7-8, 2012

Times: Sa 1pm-7:30pm Su 8am-2pm

Location: Logan College of Chiropractic-Campus
1851 Schoettler Rd. PO Box 1065
Chesterfield, MO 63006-1065

License #: 

State Approval : MO (2011-003666) 11.5 Hrs Ins Con or Record Keeping, KS,
KY

No Prior Approval Required IL, NE, IA

Hi Loree Kessler, just an fyi. It was not easy to find a seminar to meet my required hours in insurance consulting, now the question is. Did I get 12.5 ceh's or 11.5 ceh's. Traveled across the state twice (spent over 7 hours travel time), seminar expense, lodging expenses and it show's 0.5 hours short of my required 12 ceh's. This has been resolved however this is yet another example of the confusion regarding insurance consulting hours and availabilities



Ralph Barrale, DC
Vice President of Chiropractic Affairs
and Postgraduate Education

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636-227-2100
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E-mail postgrad@logan.edu



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
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573-751-2104
573-751-0735 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
chiropractic@pr.mo.gov

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

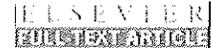
Re: Acupuncture Research

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

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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

PubMed

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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

PubMed

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 Access to Full Text
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 Home[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

Search

Display Settings: Abstract

FREE FINAL TEXT

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](#)

PubMed

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Display Settings: Abstract



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

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Headache. 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, Liecker 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

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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

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[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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Full Text
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

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DISCOVER SOMETHING GREAT[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] PMID: PMC1523365 Free PMC Article

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BMJ Journals[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**LinkOut - more resources**

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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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DISCOVER SOMETHING GREAT[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]

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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.

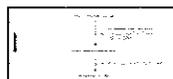
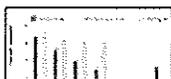
RESULTS: The number of days with headache decreased by 7.2 (SD 6.5) days in the acupuncture group compared with 6.6 (SD 6.0) days in the minimal acupuncture group and 1.5 (SD 3.7) days in the waiting list group (difference: acupuncture v minimal acupuncture, 0.6 days, 95% confidence interval -1.5 to 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] PMID: 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, Forys 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

Publication Types, MeSH Terms

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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
Licensure not required						
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;
Licensure, NCCAOM and exam required State regulatory agency: Regulation of Acupuncturists						
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
Licensure and exam require. State regulator agency: State of Arizona Acupuncture Board of Examiners						
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.
Licensure, NCCAOM and exam required. State regulatory agency: Arkansas State Board of Acupuncture & Related Techniques						

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.
Licensure required. State regulatory agency: California Acupuncture Board						
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.
Licensure, NCCAOM and exam required. State regulatory agency: Office of Acupuncture Licensure						
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
Licensure and exam required. State regulatory agency: Department of Public Health						

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
License, NCCAOM and exam required. State regulatory agency: Board of Medical Licensure and Discipline						
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
License and exam required. State regulatory agency: DC Board of Medicine						
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.						
License and exam required. State regulatory agency: Florida Dept of Health, Board of Acupuncture						
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
License, NCCAOM and exam required. State regulatory agency: Georgia Composite Medical Board						

Hawaii	No mention of acupuncture					
License and exam required. State regulatory agency: Dept of Commerce & Consumer Affairs, Professional and Vocational Licensing, Acupuncture						
STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Idaho	No mention of acupuncture					
License, NCCAOM and exam required. State regulatory agency: Board of Acupuncture						
Illinois	No			No		Acupuncture is within the scope of practice.
License and exam required. State regulatory agency: Illinois Board of Acupuncture						
Indiana (email response)	Not w/in scope of practice		No	No		
License, NCCAOM and exam required. State regulatory agency: Medical Licensing Board, Acupuncture Advisory Committee						
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.						
License, NCCAOM and exam required. State regulatory agency: Board of Medicine						
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.					
Licensure not required.						
Kentucky (email response)	Not w/in scope of practice			No	No	
License and exam required. State regulatory agency:						
Louisiana (email response)	Yes	Chapter 36 Chiropractors Part I General and Section 37:2801.A(c)		Yes certification required.	None noted	See below

		and 37:1358				
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.						
License required. State regulatory agency: Board of Medical Examiners						
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).						
License, NCCAOM and exam required, State regulatory agency: Board of Complementary Health Care Providers						
Maryland (email response)	Not w/in scope of practice			No	No	
Licensure is required. State regulatory agency: Board of Acupuncture						
Massachusetts	No mention of acupuncture					
License, NCCAOM, and exam required. State regulatory agency: Board of Registration in Medicine						
Michigan	Not w/in scope			No	No	

(email response)	of practice					
License, NCCAOM, and exam required. State regulatory agency: Board of Acupuncture						
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 cutaneous 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.						
License, NCCAOM, and exam required. State regulatory agency: Board of Medical Practice						
STATE	SPECIALTY	STATUTE	REGULATION	ACUPUNCTURE CE REQUIRED	ACUPUNCTURE CE HOURS	ADDITIONAL INFO
Mississippi	No mention of acupuncture					
License, NCCAOM and exam required. State regulatory agency: State Board of Medical Licensure						
Missouri	Yes	Yes	Yes	Yes	12 hours biennially	
License, NCCAOM, and exam required. State regulatory agency: Board of Chiropractic Examiners, Acupuncturist Advisory Committee						
Montana (email response)	Not w/in scope of practice			No	No	
License and exam required. State regulatory agency: Board of Medical Examiners						
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						
License and exam required. State regulatory agency: Dept of Health and Human Services						
Nevada (email response)	Not w/in scope of practice			No	No	
License and exam required. State regulatory agency: Board of Oriental Medicine						
New Hampshire	No mention of acupuncture					
License, NCCAOM and exam required. State regulatory agency: Board of Acupuncture Licensing						
New Jersey (email response)	Not w/in scope of practice			No	No	
License and exam required. State regulatory agency: Board of Medical Examiners						
New Mexico	No mention of acupuncture					
License and exam required. State regulatory agency: Board of Acupuncture and Oriental Medicine						
New York	Not w/in scope of practice					
License and exam required. State regulatory agency: State Education Department's Office of the Professions, Board of Regents						
North Carolina	No mention of acupuncture					
License and exam required. State regulatory agency: Acupuncture Licensing Board						
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.						
Licensure is not required.						
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.

License, NCCAOM and exam required. State regulatory agency: State Medical Board

Oklahoma	No mention of acupuncture					
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Licensure is not required.

Oregon	Not w/in scope of practice			No	No	
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License, NCCAOM and exam required. State regulatory agency: Medical Board

Pennsylvania (email response)	Not w/in scope of practice			No	No	
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License and exam required. State regulatory agency: Board of Medicine

Rhode Island	No mention of acupuncture					
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License and exam required. State regulatory agency: Dept of Health

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>					
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License, NCCAOM and exam required. State regulatory agency: Board of Medical Examiners

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>					
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Licensure is not required.

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. License, NCCAOM and exam required. State regulatory agency: Advisory Committee for Acupuncture assists the Board of Medical Examiners</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
<p>License and exam required. State regulatory agency: State Board of acupuncture Examiners</p>						
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>						

License, NCCAOM and exam required. State regulatory agency: Acupuncture Licensing Board						
Vermont	No mention of acupuncture					
License and exam required. State regulatory agency: Secretary of State, Acupuncture Advisor						
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.
License, NCCAOM and exam required. State regulatory agency: Board of Medicine, Acupuncture Advisory Board						
Washington (email response)	Not w/in scope of practice			No	No	
License and exam required. State regulatory agency: Dept of Health						
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.
License and exam required. State regulatory agency: Board of Acupuncture						
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.
License and exam required. State regulatory agency: Dept of Safety and Professional Services						
Wyoming	No mention of acupuncture					
Licensure is not required.						
Puerto Rico	No mention of acupuncture					
No information found						
US Virgin Islands						
No information found						
Guam	No mention of acupuncture					
License required. State regulatory agency: Board of Allied Health Examiners						

Information in a shaded row references the acupuncture licensure requirements of that state.

Wilde, Jeanette

From: Kessler, Loree
Sent: Tuesday, February 21, 2012 7:08 AM
To: Wilde, Jeanette
Subject: FW: National Board of Chiropractic Examiners May 2012 Part IV Examination
Attachments: Nomination Form_distributed.pdf

Please place on March open session agenda. Thanks.

From: Deborah Beeman [mailto:dbeeman@NBCE.org]
Sent: Monday, February 20, 2012 2:01 PM
To: Kessler, Loree
Cc: William F. Madosky DC (WMadoskydc@aol.com)
Subject: National Board of Chiropractic Examiners May 2012 Part IV Examination

Your state licensing board has indicated that it will accept and/or require the National Board of Chiropractic Examiners' Part IV Practical Examination Program. The NBCE has agreed to support the attendance of one or two board members from each participating state at the May 2012 Part IV exam administration.

You are invited to recommend one or two examining board members to represent your state and its chiropractic licensing agency as examiners at the NBCE's May 18, 19 & 20, 2012 Part IV Practical Examination administration. (A list of colleges where the exam will be given is enclosed.) These individuals must be licensed chiropractors and appointed members of your board or the executive director (licensed chiropractor) of your board. Your recommended appointees must also be individuals who are able and willing to follow directions and instructions given by the National Board representatives pertaining to the evaluation of the candidates' clinical competence.

The NBCE will reimburse your state's representative(s) for:

1. The lowest round-trip coach airfare
2. Hotel room and tax
3. Reasonable ground transportation expenses and
4. An honorarium provided to all examiners.

Your recommended state appointee(s) will be asked to submit an NBCE voucher at the test site. The NBCE requests copies of airline tickets, hotel bills, and ground transportation expenses to be sent to Dr. Paul Townsend **no later than four weeks** following the May 2012 Part IV examination.

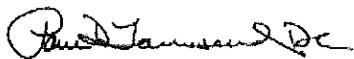
An orientation and instructional meeting will be held for all examiners at each Part IV exam test site on Friday evening, May 18th at 7:00 PM in a designated location at each Part IV exam test site. Specific details will be communicated to all appointed examiners by the NBCE well in advance of the examination administration. All participating examiners will be paid \$125 per exam rotation honorarium plus \$50 for attending the Friday evening orientation.

Please provide names, addresses and telephone numbers on the enclosed form of the individuals your state licensing board would like to recommend for the May 2012 Part IV exam (along with a copy of their resume) to me by **Friday, March 30, 2012.**

Early notification of these individuals is essential in order to obtain the best airfares and hotel

accommodations. You may FAX the form to **970-356-1095** or mail it to NBCE, 901 54th Avenue, Greeley, CO 80634. If you have any questions regarding this matter, please contact me at **1-800-964-6223 Ext. 163** or Debora Beeman at **Ext. 154**.

Sincerely,

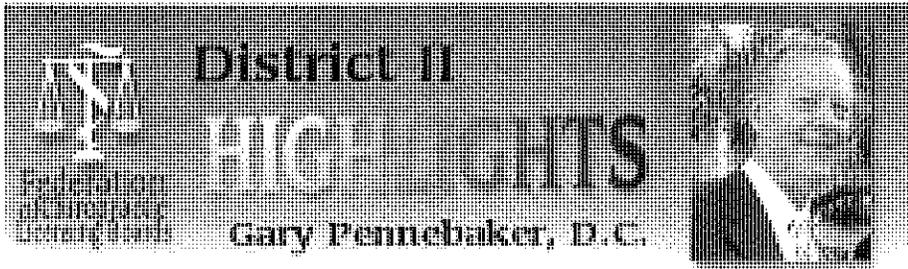
A handwritten signature in black ink, appearing to read "Paul Townsend D.C.", written in a cursive style.

Paul Townsend, D.C.
Director of Practical Testing

PT:djb

Enclosure

c: Horace C. Elliott, NBCE Executive Vice President
State Board Presidents



(952) 941-2225 grpdc@comcast.net

Important Deadlines
February 3
Bylaws Amendments
February 27
Award Nominations
March 4
Intent to Run
April 2
Hotel Room Block
April 5
Voting Delegate / Alternate
Designation

January 26, 2012

This past weekend, I met with my fellow members of the FCLB Board of Directors for our annual midyear meeting. I am sending by both PDF and e-mail highlights of our discussions for you to share with your board. Just click to follow any link on the e-mail for more information.

- 2012 CONFERENCE

The FCLB 2012 Conference is approaching! We will be gathering in San Antonio, Texas from May 2-6 and have some exciting things in the works. Please make plans to send a representative to join us and, if you haven't already, designate your voting delegate and alternate. Please visit our [website](#) for more information.

- ALUMNI DISTRICT

If you or one of your fellow board members will be leaving your board soon, please don't forget to register as an [honorary fellow with the FCLB](#). We are developing an Alumni District so we may continue to invite your participation and benefit from your experience.

- CERTIFIED CLINICAL CHIROPRACTIC ASSISTANTS

We are continuing to work on the [CCCA program](#). As a board, we reviewed the draft policies, and plan to have something to share with you in San Antonio. NBCE is hard at work on the pilot exam.

- PACE

ACA's educational arm, the American Chiropractic Foundation, is the newest [PACE Recognized](#) provider. More organizations are also in the application pipeline.

- STUDENT LEADERS

The FCLB Board was happy to meet with a group of chiropractic student leaders who were visiting the NBCE headquarters this weekend. Special thanks to the NBCE for sharing this opportunity with us. The students were a group of bright, driven individuals. The future of chiropractic is in very good hands.

Should you wish further information about this or any of the FCLB meetings, you may always contact me via e-mail at grpdc@comcast.net or by phone at (952) 941-2225. You can also view the [minutes of all our meetings](#) online.

Finally, please feel free to share this information with the rest of your board. A printable PDF version is attached.

Working Together -
Gary Pennebaker, D.C.
District II Director

OPEN SESSION MINUTES
Missouri State Board of Chiropractic Examiners
March 15, 2012 – 8:00 a.m.
Missouri Association for School Administrators
3550 Amazonas Drive – Jefferson City, Missouri

At 8:05 a.m., the Missouri State Board of Chiropractic Examiners was called to order by Board President Dr. William Madosky at the Missouri Association of School Administrators located at 3550 Amazonas Drive in Jefferson City, Missouri. The executive director facilitated roll call.

Board Members Present

Dr. William Madosky, President
Dr. Jack Rushin, Vice-President
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. Carver and seconded by Dr. Thompson to approve the open session agenda. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

Each board member and staff person expressed their personal appreciation of Mr. Paul Nahon, public member who recently resigned.

A motion was made by Dr. Carver and seconded by Dr. Rushin to approve the January 13 and January 27, 2012 mail ballot minutes and the February 2, 2012 conference call minutes. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

State Board Projects

Dr. Madosky addressed the state board regarding the upcoming year and projects the state board would like to accomplish. Areas discussed were utilization of the newsletter, the new website function, and continuing education.

Dr. Rushin indicated a need to assemble case studies of the most frequent complaints for a presentation at the state convention. Additionally, an overview of the complaints of the last five years may be helpful for licensees to understand the most frequent problems brought to the state board's attention.

The executive director explained the script read by the board president when meeting with licensees had been updated, as well as the notice to licensees when the state board requests

a meeting. The changes in the initial notification and meeting script will better prepare licensees and individuals to meet with the board.

A motion was made by Dr. Carver and seconded by Dr. Rushin to approve the open session minutes of the January 13 and 27, 2012 mail ballots and February 2, 2012 conference call. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

Financial Report

The executive director provided an overview of revenue and expenditures for FY 2012, the 5% reduction to in and out state travel, supplies and professional development and the discontinuance of the “estimate or E” indicator that accompanied the appropriation of boards comprising the division. The percentage reductions and elimination of the “E” are currently under consideration by the general assembly.

Legislation

The executive director and board counsel provided an overview of SB 764-Sunshine law; SB 469/HB 1135-administrative rules and SB 572/1297-temporary licensure. No official action taken by the state board.

HB 300 2011 Legislative Session/Treatment Head Injury & Trauma

Dr. Carver reported that he contacted the state association regarding probable regulatory language to be filed by the Department of Health and Senior Services. The state board staff will continue to monitor the Missouri Register for regulatory language also. The state board noted that regulatory language would need to be reviewed in coordination with the state association and chiropractic colleges.

Newsletter

The state board discussed topics for the fall 2012 newsletter to include the following areas;

- Continuing Education reminder/update
- How to apply for board approved formal continuing education
- Overview on complaint processing
- Advertising and marketing regulatory reminders
- Disposing of medical records & x-rays
- Patient confidentiality
- Debt collection practices
- Clarifying impact of Kunkel case on inquiries to board
- Massage therapy business licensure
- Acupuncture Advisory Committee Update
- Financial report/Statistics
- Facebook, technology etc & communicating with patients
- Duplicating x-rays and ownership of x-rays

At 9:22 a.m., the state board took a recess and reconvened at 9:35 a.m.

Thomas Kramer, DC Correspondence

The executive director was instructed to send Dr. Kramer a letter requesting the following information; comprehensive overview of prolotherapy, how he would use it in his office, education and/or training he has had or is considering to include source of training, and availability of products to chiropractic physicians.

Appearance Script

The state board reviewed the script utilized when meeting with the board in closed session. The state board commented that licensees need to better understand the purpose of the meeting and be prepared to answer questions. The executive director explained that in the past, licensees may not have had or known what materials the state board was reviewing during the meeting. To avoid such confusion, the executive director explained, a copy of the closed agenda materials would be sent with the letter inviting a licensee to meet with the state board.

Continuing Education

The state board discussed the problems experienced with the forms filed by continuing education providers. The executive director and processing technician supervisor provided an overview of difficulties experienced with forms that were improperly completed and the time spent on making corrections. The state board was reminded of the new forms approved at the November meeting and that once the forms were in a PDF format, conference call training would be scheduled for continuing education providers.

At 10:06 a.m., a motion was made by Dr. Carver and seconded by Dr. Rushin 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.. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

At 10:52 a.m., a motion was made by Dr. Carver and seconded by Dr. Rushin to convene in open session. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

Insurance Consulting Continuing Education

Dr. Carver explained the problems experienced by licensees in obtaining twelve (12) hours of formal continuing education dedicated to insurance consulting. He indicated the number of insurance consultants has declined over time, along with the availability of hours.

The state board discussed various options to address the training and continuing education, noting that the initial one hundred hours is mandated by section 376.423 RSMo. A motion was made by Dr. Carver and seconded by Dr. Rushin to amend the regulation regarding insurance consulting continuing education allowing chiropractic physicians to utilize twelve (12) formal

continuing education hours for insurance consulting as part of the twenty-four (24) formal hours and not general/self study hours.

At 11:20 a.m., the state board took a recess until 11:42 a.m.

Acupuncture Continuing Education

The board discussed acupuncture continuing education and recommended the regulation be amended allowing twelve hours of formal continuing education in acupuncture apply to the twenty-four (24) formal hours instead of the general/self-study category.

Upcoming Meetings

- FCLB and NBCE national meetings May 2-6. An out of state travel request has been submitted for Dr. Thompson to attend on the state board's behalf.
- Part IV National Examinations May 18-20th. Dr. Carver stated he will be an examiner at the Iowa site.

The state board tentatively scheduled the following conference calls for 12:15p.m.: April 18, May 16, July 18, August 15, October 17, and December 19.

Face to face meetings are scheduled for June 14, September 20, and November 15.

At 11:45 a.m., a motion was made by Dr. Rushin 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. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

A 2:01 p.m., a motion was made by Dr. Carver and seconded by Dr. Rushin to convene in open session. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

A 2:02 p.m., a motion was made by Dr. Thompson and seconded by Dr. Carver to adjourn the meeting. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

At 2:10 a.m. the state board reconvened in open session, called to order by State Board President William Madosky. At 2:11 p.m., a motion was made by Dr. Carver and seconded by Dr. Rushin 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. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

At 2:17 p.m., a motion was made by Dr. Thompson and seconded by Dr. Carver to convene in open session. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.

A 2:18 p.m., a motion was made by Dr. Rushin and seconded by Dr. Carver to adjourn the meeting. State Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver and Dr. Madosky. Motion carried unanimously.



Executive Director

Approved by State Board on April 18, 2012