Clinical Competency Examination

CANDIDATE HANDBOOK

Prepared by
The COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF NEWFOUNDLAND AND LABRADOR

Acknowledgement:

Gratitude for the generosity of the College of Acupuncturists of Alberta (CAA) in sharing their candidate handbook for amendment and use by CTCMPANL

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CTCMPANL

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1. General Information

The Candidate Handbook, hereinafter called the "Handbook", includes information, policies, and procedures pertaining to the CTCMPANL Clinical Competency Examination. This handbook focuses on CTCMPANL specific requirements, and although it is accurate at the time of publication, subsequent changes may take place without prior notice.

The regulatory body for acupuncturists in Newfoundland and Labrador is the Newfoundland and Labrador Council of Health Professionals (NLCHP). The NLCHP works conjointly with the CTCMPANL. The NLCHP is responsible for governing acupuncturists in accordance with the *Health Professions Act* and the *Acupuncture Regulation* through enforcing the requirements of the CTCMPANL

Registration as an acupuncturist under the Health Professions Act (the "Act") assures the public that acupuncturists are capable of practicing competently and safely, and are accountable under provincial legislation for their practice. Practitioners must meet minimum standards of competency in order to be considered eligible to become registered as an acupuncturist under the Act.

The focus of this handbook is the **CTCMPANL Clinical Competency Examination**

- **Needle Moxa Cupping Clinical Evaluation** –Demonstration of needling, moxibustion on a needle, cupping over needle, and clean needle techniques. Performed on a foam mannequin. Refer to Appendix C for more information.

- **Acupuncture Points Clinical Evaluation** –Demonstration of point-location and knowledge. Performed on a standardized patient. Refer to Appendix D for more information.

- **Pulse Assessment Clinical Evaluation** –Demonstration of pulse assessment and knowledge. Performed on a standardized patient. Refer to Appendix E for more information.

All correspondence and inquiries pertaining to the exam should be directed to the NLCHP:

NLCHP
38 Duffy Place - Suite 100
St. John's, NL
A1B 4M5

Applicants approved for registration with the NLCHP will be automatically registered to complete the Clinical Competency Exam at the next available exam date

2. Purpose of the CTCMPANL Clinical Competency Examination

The purpose of the CTCMPANL Clinical Competency Examination is to determine if candidates who desire to be registered to practice acupuncture in Newfoundland under the governance of the NLCHP have acquired minimal entry-level standards of practice. Please refer to the *Newfoundland Standards of Competency and Practice.*

The CTCMPANL Clinical Competency Examination is designed to assess knowledge, skills, and attitudes required for acupuncture practice. These skills include but are not limited to:

- The four inspections
- Data interpretation and analysis
- Diagnosis and differentiation of diagnosis
- Therapeutic strategy and principle
- Prescribing and locating the acupuncture points
- Applications of treatment such as needling, moxibustion, cupping, and TDP lamp operation
- Safety of practice
- Laws, Acts, Regulations and policies related to acupuncture practice in Newfoundland and Labrador
- Interviewing and communication

A pass result on the examinations indicates that the candidate has demonstrated a sufficient standard of competence.

3. Eligibility

Candidates must be approved for registration with the NLCHP to take the Clinical Competency Examination. Applicants approved for registration in NL will automatically be registered to complete the examination at the next available exam date.

Cost and Refund Policy

The cost for the examination is $450 for the following modalities:

- Needle Moxa Cupping Clinical Evaluation ($225)
- Acupuncture Points Clinical Evaluation ($225)

The Clinical Competency Exam fee ($450) will be refunded to applicants that submit a request to NLCHP at least 30 days prior to the examination. Applicants can submit a written request for examination withdrawal to administration@nlchp.ca.

Please note: the NLCHP registration fee and the college fee will not be refunded.

4. Language

All components of the **Clinical Competency Examinations** are offered in **English only**. No interpreters will be allowed in any examination setting.

5. Scoring

The Clinical Competency Examination is scored by comprehensively trained examiners.

The Examiners must meet the following criteria:

- Minimum 5 years in practice
- Currently registered with the NLCHP in good standing
- Not affiliated with any acupuncture TCM school for at least 3 years

Examiners in the needle moxa cupping evaluation utilize structured scoring sheets as a "checklist" to score the candidate during his or her performance on the examinations.

Examiners in acupuncture point evaluation pre-determine the locations of points on a standardized patient (male) and score candidates' location accuracy with a set standard. The examiners also score the candidate's knowledge on precautions and contraindications of the acupuncture points being tested.

Examiners in pulse assessment pre-determine the general pulse qualities on a standardized patient and score candidates' with a set standard. The examiners also score the candidate's knowledge of pulse qualities and how they can be affected.

The results of the scoring sheets and/or video footage may be reviewed to verify them. The scoring sheets will reflect emphasis on crucial elements that are important and fundamental to the minimal entry-level standards of practice of acupuncture, moxibustion, fire-cupping, point-location, and point precautions/contraindications.

The stations are designed to evaluate safe procedures and basic clinical skills. Further information about the scoring of each component of the exam can be found in Appendices B and C and D respectively.

7. Results / Retakes

Candidates will receive their examination results within eight (8) weeks after the examination is administered. A candidate who fails any part of the Clinical Competency Examination is required to retake that part only.

If you receive a CRITICAL ERROR on any part of the needle moxa cupping or acupuncture point evaluation, this is an AUTOMATIC FAIL, and you will be notified of this with your results.

Request for a Re-score of the Examination

Applicants may request a re-score of their examination results

To request a re-scoring of the Clinical Competency Exam, there are associated fees with this process, as a detailed re-scoring process needs to be carried out. Applicants can submit a written request to administration@nlchp.ca for a re-score within thirty (30) days of the date your examination results are released.

8. Confidentiality and Security of Test Materials

The security issues for registration examinations include eliminating unfair advantages among the candidates, and also avoiding the high administrative and financial costs of replacing examination materials. The utmost security of the content of the examination is maintained before, during, and after the examination. All examination materials are protected by copyright. Stringent security measures are in place to protect all items of examination material during all phases of development and execution; including development and review of material, reproduction, transportation, and disposal of examination materials; and presentation of material on examination day.

Candidates are rigorously subjected to the *Rules of Conduct* as described in the next section. Candidates who are found to have contravened the *Rules of Conduct* during the Clinical Competency Examination will have their results invalidated.

Candidates will be subject to the CTCMPANL's Rules of Conduct and the Rules of Conduct of third-party examinations.

9. Rules of Conduct for the Examinations

Each candidate who takes the examination, by his or her act of participating in that examination, agrees to the following *Rules of Conduct*:

1. Candidates acknowledge that the examination and the contents therein are the exclusive property of the CTCMPANL.

2. Candidates acknowledge that they can remove no part of the examination from the test site, nor can they give or receive assistance during the exam by unauthorized persons.

3. Candidates must remain silent in all areas of the examination site. This includes no communication between candidates or cell-phone use (texting or calling).

4. Candidates acknowledge that their participation in any act of cheating as described below may be sufficient cause for the CTCMPANL to terminate their participation, to invalidate the results of their examination, or to take other appropriate action.

5. Cheating refers to any act or omission by a candidate that could affect the result of that candidate, another candidate, or a potential future candidate. These acts include:
   (i) non-eligible individuals posing as eligible candidates,
   (ii) bringing study materials to the test area,
   (iii) giving or receiving assistance during the examination,
   (iv) any conduct during the examination that disturbs other candidates,
   (v) removing or attempting to remove examination material by any means, electronic or otherwise, from the testing site, and
   (vi) receiving or giving information or discussing any part of the examination content either before, during, or after* the examination.

**Debriefing increases the understanding of an examination station. Information gained in the debriefing, can be used by unsuccessful candidates to have an unfair advantage on future examinations. Confidentiality of station information should be considered in the same way as confidentiality of patient information – the duty to maintain confidentiality never ends*

10. Protocol of Suspected Irregular Examination Behaviour

If any candidate is caught or suspected of cheating or irregular examination behavior, the following protocols may apply:

1. If the examination site staff suspect cheating, they may confiscate a candidate's test materials, as well as other documents, objects, materials, or electronic devices (such as an iPod, smart phone, calculator, electronic translators, etc.) that could be used for cheating, and require the candidate to leave the examination site.

2. Candidates may be asked to move their seats during the examination if they are suspected of cheating.

3. The examination site personnel reports any suspected cheating to CTCMPANL.

4. CTCMPANL shall conduct appropriate investigations of the alleged cheating and shall make one of the following decisions:
    - declare that the occurrence of cheating was not established, or
    - declare that cheating did occur.

5. If the occurrence of cheating was not established, the candidate's score shall be released if possible, or the candidate shall be permitted to sit the next available examination without charge.

6. Cheating may be declared at any time after a candidate has registered and includes the time after the examination as well as after results have been released.

7. If it is declared that cheating did occur, one or more of the following may occur:
    - the candidate will be deemed to have failed the examination,
    - the Examination Administrators shall report their findings to CTCMPANL,
    - the candidate may be prosecuted, and/or
    - the CTCMPANL may deny future access to the examination.

**Please note that the Examination Administrator reserves the right to video-record candidates or groups of candidates in examination settings.*

11. Accommodation for Special Needs

Every attempt is made to ensure that the examinations are offered in a place and manner accessible to candidates with special needs. When appropriate, alternative accessibility arrangements under comparable testing conditions may be available to candidates with special needs.

Candidates who require accommodation for a physical, or other special need, must provide a written request to administration@nlchp.ca

Documentation (e.g. physician's letter, educational assessment, etc.) may be required for consideration prior to the exam. Requests for accommodation of special needs will be considered on a case-by-case basis.

12. Examination Procedures

In order to ensure that the examinations are administered in a standardized manner, candidates are requested to adhere to the following procedures:

1. Prior to beginning any part of the examination, each candidate must present at least one piece of identification bearing the candidate's name, photograph, and signature (e.g., passport, driver's license, etc.) to an examination administrator.

2. The examination site is restricted to candidates, examiners and examination personnel. No one else can enter this restricted area without permission from the Examination Committee. Candidates must not leave an examination room or the examination site during the course of the examination without the Examination Administrator's permission.

3. Candidates requesting a washroom break during the examination will be escorted. Extra time to complete the examination will not be afforded to these candidates.

4. Candidates must not convey examination related information in any matter whatsoever to other candidates during and/or after the examination. Due to confidentiality issues, there will be NO talking between candidates at the exam site.

5. Upon completing the examination, candidates must hand in to an examiner or examination administrator their examination booklets, answer sheets, and any notes (even blank/scrap paper) they made during the examination.

6. Candidates are expected to use the nomenclature for acupuncture points taken from the World Health Organization's *Standard Acupuncture Nomenclature, Parts 1 and 2*. (*These references are included as Appendix D of this document.*)

7. Candidates are not permitted to bring study materials, bags, purses, cell/smart phones, electronic translators, tablets, computers, or any other non-essential test related items into the examination area.

Additional Clinical Competency Examination Procedures

Please ensure you arrive early for your examination. We recommend you arrive at least **30 minutes** prior to your examination time.

Due to the constraints of scheduling, **candidates who arrive late for either part of this examination will not be permitted to take that part**. No guarantee is made that the tardy candidate will be able to complete that part for the current examination, and the candidate may be deferred to the next examination.

The **Needle Moxa Cupping Evaluation** will consist of "hands-on" application of three (3) modalities; namely, needling, moxibustion on a needle, and fire-cupping over a needle. **You must bring your own Acupuncture Kit**.

Candidates are required to maintain appropriate levels of professionalism, hygiene, safety, and skill levels throughout this part. For more information on this part, please refer to **Appendix B**

The **Acupuncture Points Evaluation** will require the candidate to locate ten (10) acupuncture points on a "live" standardized patient (male). **It is recommended that you bring a measurement tool for proportionate and straight-line measurement such as string, elastic, cun-meter, etc.**. For more information on this part, please refer to **Appendix C**.

The **Pulse Assessment Evaluation** will require the candidate to assess basic pulse qualities on a "live" standardized patient. The candidate will be assessed on their interactions with the patient, pulse taking, and knowledge of conditions that may influence pulse quality**.** For more information on this part, please refer to **Appendix D.**

13. Limits of Liability

While the CTCMPANL takes reasonable steps to ensure the accuracy and completeness of information of the Candidate Handbook, resources, and reports, the CTCMPANL are not responsible for damages in the event of errors or omissions regarding the examinations.

The CTCMPANL are not responsible for impacts of a personal, professional, or financial nature. This includes such impacts as; loss of income, loss of salary, and/or expenses incurred by an employer, a contractor, or a candidate. It is the responsibility of each candidate to have read and understood the limits of liability.

Further it is the candidate's responsibility to advise those interested parties (e.g., employers) about the limits of liability. By participating in the Clinical Competency Examinations, each candidate agrees that he or she shall take no action or other proceeding against the CTCMPANL or any of its exam administrators, officers, employees or agents for an act done in good faith, or for any neglect or default related to the examinations.

Appendix A: References

The Examination Committee suggests that the following references which, although not exhaustive, may be helpful to candidates in preparation for the CTCMPANL Clinical Competency Examinations. Candidates are also encouraged to consult comparable references as they wish.

Foundations of Traditional Chinese Medicine

1. **Chinese Acupuncture and Moxibustion** (1993) by Qiu Mao-liang, Zhang Shan-chen et al. Published by Longman Singapore Publishers Ltd. Distributed by Churchill Livingstone Inc., 650 Avenue of the Americas, New York, New York, 10011. ISBN: (unknown)
2. **Chinese Acupuncture and Moxibustion**(Sept 1st, 2012), Revised Edition. Cheng Xinnong (Chief Editor). Foreign Language Press Beijing ISBN: 7-119-01758-6
3. **Foundations of Chinese Medicine** (July 2015) by Giovanni Maciocia. Distributed by Churchill Livingstone, Robert Stevensen House, 1-7 Baxter Place, Leith Walk, Edinburgh, United Kingdom, EH1 3AF. ISBN: 0-44303980-1
4. **Human Anatomy and Physiology** (4th Edition) by Alexander P. Spence & Elliott B. Mason. Published by the Benjamin/Cummings Publishing Co. Inc., 2727 Sandhill Road, Menlo Park, California, USA, 94025. ISBN: 0-80536989-9

Four Inspections, Diagnosis, Differentiation of Syndromes, and Treatment Principles

1. **Chinese Acupuncture and Moxibustion** (1993) by Qiu Mao-liang, Zhang Shan-chen et al. Published by Longman Singapore Publishers Ltd. Distributed by Churchill Livingstone Inc., 650 Avenue of the Americas, New York, New York, 10011. ISBN: (unknown)
2. **Chinese Acupuncture and Moxibustion (**Sept 1st, 2012), Revised Edition. Cheng Xinnong (Chief Editor). Foreign Language Press Beijing ISBN: 7-119-01758-6
3. **Foundations of Chinese Medicine** (July 2015) by Giovannia Maciocia. Distributed by Churchill Livingstone, Robert Stevensen House, 1-7 Baxter Place, Leith Walk, Edinburgh, United Kingdom, EH1 3AF. ISBN: 0-44303980-1
4. **Pulse Diagnosis** (1985) by Li Shi Zhen, translated by Hoc Ku Huynh. Published by Paradigm Publications, 44 Linden Street, Brookline, MA, USA, 02146. ISBN: 0-912111-06-2
5. **Tongue Diagnosis in Chinese Medicine** (Jan 1st, 1995) by Giovannia Maciocia. Published by Eastland Press, #400, 119 First Avenue South, Seattle, Washington, USA, 98104, ISBN: 0-939616-04-1
6. **Guide to Physical Examination and History Taking** (Nov 12th, 2012, 11th Edition) by Barbara Bates, MD. Published by Blue Poppy Press, 1775 Linden Avenue, Boulder, Colorado, USA, 80304. ISBN: 0-912111-13-5
7. **The Medical Interview: Mastering Skills for Clinical Practice** (5th Edition) by John L. Coulehan and Marian R. Block. Published by F.A. Davis Company, 1915 Arch Street, Philadelphia, PA, 19103, USA, 2001.

8. **Practical Diagnosis in Traditional Chinese Medicine** by Tietao Deny *et. al.* Published by Churchill Livingstone, 1999. ISBN: 0-443-04582-8
9. **Chinese Pulse Diagnosis** by Leon I. Hammer.(April 25th, 2012) Published by Eastland Press. P.O. Box 99749, Seattle, WA, 98199, USA, 2001. ISBN: 200113148
10. **Diagnosis in Chinese Medicine – A Comprehensive Guide** by Giovannia Maciocia, published by Churchill Livingstone 2004, ISBN: 0-443-06448-2
11. **Atlas of Chinese Tongue Diagnosis** by Barbara Kirschbaum, published by Eastland Press, (Oct 1st, 2010) 2nd Edition, ISBN: 0-939616-33-5
12. **Diagnosis of Traditional Chinese Medicine** (2nd Edition) by Wang Lufen, Li Zhaoguao Bao Bai *et al.* Published by Publishing House of Shanghai University of TCM. ISBN: 7-81010-652-X/R-618
13. **Communication Skills for Medicine** by Margaret Lloyd. Published by Churchill Livingstone (May 22nd, 2009), 3rd Edition. ISBN: 0-443-07411-9

Point Location

1. **Chinese Acupuncture and Moxibustion**(1993) by Qiu Mao-Liang, Zang Shan-chen, *et al*. ISBN: 0-443-04223-3.
2. **Chinese Acupuncture and Moxibustion**(Sept 1st, 2012), Revised Edition. Cheng Xinnong (Chief Editor). Foreign Language Press Beijing ISBN: 7-119-01758-6
3. **A Manual of Acupuncture** by Peter Deadman *et. al.* (June 25th, 2007) Published by Eastland Press, 1240 Activity Drive, #D Vista, CA 92083, USA ISBN: 0-9510546-7-8
4. **The Location of Acupoints. State Standard of the People's Republic of China** by the Institute of Acupuncture and Moxibustion of the China Academy of Traditional Medicine. Published by Foreign Languages Press, Beijing, China 1990. ISBN: 0-8351-2749-4 or 7-119-01368-8
5. **Illustration of Composed Acupoints in Acupuncture – Moxibustion Use** by Liu Yan. Published by Shanghai Scientific and Technical Publishers 2004. ISBN: 7-5323-7136-0

Needle/Moxibustion/Cupping Techniques & Safety

1. **Chinese Acupuncture and Moxibustion** (Sept 1st, 2012) by Qiu Mao-liang, Zhang Shan-chen et al. Published by Longman Singapore Publishers Ltd. Distributed by Churchill Livingstone Inc., 650 Avenue of the Americas, New York, New York, 10011. ISBN: (unknown)
2. **Chinese Acupuncture and Moxibustion**(1999), Revised Edition. Cheng Xinnong (Chief Editor). Foreign Language Press Beijing ISBN: 7-119-017586
3. **The Practice of Chinese Medicine** (Dec 26th, 2007) by Giovannia Maciocia and Professor Zhou Zhong Ying. Published by Longman Singapore Publishers Ltd. Distributed by Churchill Livingstone Inc., 650 Avenue of the Americas, New York, New York, 10011. ISBN: 0-443-043051
4. **Clean Needle Technique for Acupuncturists** (Nov 1st, 2009). A Manual, guidelines and standards for the clean and safe clinical practice of acupuncture. Published by the National Commission for the Certification of Acupuncturists (NCCA), #501, 1424 – 16th Street NW, Washington, DC, USA, 20036.

5. **TCM Cupping Therapy** by Ilkay Zihni Ghivali, published by Churchill Livingstone.(July 2014, 3rd Edition) ISBN: 0-443-06038-X
6. **Acupuncture Safety Course Manual** (Grant MacEwan College in Edmonton and the Alberta College of Acupuncture and TCM in Calgary).
7. **Chinese Acupuncture and Moxibustion** by Zhao Jingsheng et al. Published by Publishing Home of Shanghai University of TCM. (2000) ISBN: 7-810108/R-633
8. **Diagrams of Acupuncture Manipulations** Chinese English Edition by Liu Yan. Published by Shanghai Scientific and Technical Publishers (Sept 1st, 2004) ISBN: 7-5323-5418-0
9. Safety Handbook for Alberta Acupuncturists (2017)

Acupuncture Treatment and Clinical Case Studies

1. **Acupuncture in Practice, Case History Insights for the West** by Hugh Macpherson, Ted Kaptchuk. Published by Churchill Livingstone, New York, 1997. ISBN: 0-443-05049X
2. **The Practice of Chinese Medicine** (Dec 26th, 2007) by Giovannia Maciocia and Professor Zhou Zhong Ying. Published by Longman Singapore Publishers Ltd. Distributed by Churchill Livingstone Inc., 650 Avenue of the Americas, New York, New York, 10011. ISBN: 0-443-043051
3. **Acupuncture Patterns and Practice** by Lixue Mei and Zhao Jingyi. Published by Eastland Press, P.O. Box 99749, Seattle, WA, 98199, USA, (Nov 1st) 2012 ISBN: 92-85309
4. **Clinical Handbook of Internal Medicine: the Treatment of Disease with Traditional Chinese Medicine,** Volumes 1, 2 and 3 by Will Maclean and Jane Lyttleson. Published by the Chinese Medicine Unit of the Faculty of Health, University of Western Sydney, P.O. Box 555, Cambeltown, NSW, 2560, Australia, 2000. ISBN: 1-875760-93-8
5. **Chinese Acupuncture and Moxibustion** (1993) by Qiu Mao-liang, Zhang Shan-chen et al. Published by Longman Singapore Publishers Ltd. Distributed by Churchill Livingstone Inc., 650 Avenue of the Americas, New York, New York, 10011. ISBN: (unknown)
6. **A Manual of Acupuncture** by Peter Deadman *et al.* Published by Eastland Press, 1240 Activity Drive, #D Vista, CA 92083, USA.(June 25th, 2007) ISBN: 0-9510546-7-8
7. **Acupuncture Desk Reference** by David J. Kuoch L.Ac. Published by Acumedwst, LLC., P.O. Box 48201, Los Angeles, CA 90048 USA. (2011) ISBN: 978-0-615-15463-3
8. **Understanding the Difficult Patient** by Nancy Bilello RN, L.Ac. Published by Blue Poppy Press, 5441 Western Ave. #2, Boulder, CO 80301 USA.(Oct 15th, 2005) ISBN: 978-1-891845-32-1
9. **Traditional Chinese Internal Medicine** by Gao Tianshu *et. al*. Published by China Press of Traditional Chinese Medicine No 28 Bei Shan Huan Dong Road, Chao Yang District, Beijing, China (2004)
10. **Handbook of Traditional Chinese Gynaecology** by Ting-Liang Zhang. Published by Blue Poppy Press, 5441 West Ave. #2, Boulder, CO 80301 USA. ISBN: 978-0936185064

Appendix B: Needle Moxa Cupping Clinical Evaluation

This appendix provides the following information regarding the **Needle Moxa Cupping** Clinical Evaluation:

1. Overview of the Station
2. General Guidelines
3. Instructions to Candidate
4. Candidate Worksheet
5. Candidate Procedure List
6. Scoring / Errors / Critical Errors
7. Re-score Request
8. Acupuncture Kit Supply List

1. Overview of the Station

This station will test your hands-on practical skills in the following areas:

- Professionalism
- Preparedness of Acupuncture Kit Supplies
- Infection control / hand-washing / aseptic techniques
- Obtaining Informed Consent
- Identifying acupuncture points
- Skin surface preparation
- Needling technique
- Moxibustion technique
- Cupping technique
- Demonstrating proper angle and depth of needle insertion
- Safe handling of materials
- Recognizing and responding to unexpected situations

The exam room will consist of two (2) examiners and one (1) videographer. When you enter the room to begin, the videographer will briefly stop you to get a picture of your candidate ID. After this, you may open your acupuncture kit and refer to the Candidate Worksheet (Figure 2) for an overview of the three steps you must perform. Your examiner will prompt you to begin the setup of your supplies.

Please note: This is a structured exam directed by the examiner. You must follow the examiner's instructions to facilitate proper scoring and workflow.

The room will contain a foam mannequin resting on a treatment table. A high-density pad will be on top of the foam mannequin. You may choose either the mannequin or the high-density pad to insert your needles, however, the high-density pad must be used for the cupping portion. There is a counter surface in the room for you to set up your supplies and equipment.

Please note: The mannequin will provide a soft or loose feeling to inserting the needle, while the high-density pad will provide a firm or tight feeling.
You are allowed fifteen (15) minutes to complete this station. At 15 minutes, the timer will knock at your door and the station will end.

2. General Guidelines

- Your examiner will prompt you for each step. A Candidate Procedure List is posted in each exam room for candidate's convenience. Many prompts are general, and it is up to you to demonstrate your ability to complete the task. For example, your examiner will prompt you to "set up your clean-field" but will not tell you "how" to do this. Similarly, you will be prompted to "proceed with Step 1 (Acupuncture) of the Candidate Worksheet and follow that instruction". There will be no further guidance until you finish this task, so when you wash your hands, how you prepare the skin surface, what angle or depth the needle goes in, etc.., is up to you.
- The examiners are trained to intently watch your infection control skills. If you wash your hands and touch them to anything before you insert your needle (like your Candidate Worksheet or your head) your examiner will flag this. If you fail to mention you wash your hands again, you may receive a Critical Error (see section 6. Scoring / Errors / Critical Errors).
- Always treat the foam mannequin as a "living" person. You may simply state things like "I let my patient know the risks associated with this procedure and I obtain her informed consent", or "I inspect the skin for any lesions", etc...
- The foam mannequin is considered to be a 165 lb (75 Kg) male of average build.
- The foam mannequin provides a soft and generally loose feeling to inserting a needle. A cup will not achieve suction on this surface.
- The high-density pad provides a firm and generally tight feeling to inserting a needle. This surface is especially used for the cupping step as it is the only surface that will allow proper suction.
- If you make a mistake, inform the examiner you have made the mistake and redo the procedure. If you forget to wash your hands, simply state "Oh, I would have washed my hands before I did that last step". By this recognition you will possibly salvage that portion.
- You must use the general body areas of the foam mannequin that correspond to the acupuncture point to insert your needle. For example, a point of the lower extremity should be placed on the lower extremity of the mannequin.
- If you are becoming sidetracked (i.e. wasting time) during this station, your examiner may give you a blunt instruction to move forward in efforts to keep you on time. With 15 minutes to complete this station you will need to properly manage your time.

3. Instructions to Candidate

Part 2 – Needle Moxa Cupping Clinical Evaluation

CTCMPANL Clinical Competency Examinations

Instructions to Candidate (2 PAGES)

Overview

In this clinical evaluation station you are required to demonstrate competent procedures in three areas: Needle technique, moxibustion on a needle, and fire-cupping over a needle. You will have fifteen (15) minutes to complete this station

Entering the Exam Staging Area

1. Enter the exam staging area only when prompted by exam staff.
2. The exam staff will lead you into the exam staging area and show you your exam room. Do not enter the exam room at this time.
3. All candidates will enter the exam rooms at the same time so please wait for the instruction to enter.

Please: No talking unless you have a specific question for the exam staff.

Entering the Exam Room – Timer Starts

1. In the exam room you will see two (2) examiners, one (1) videographer, and one (1) foam-mannequin on a table.
2. You will be provided one (1) copy of these instructions, one (1) Candidate Worksheet, and pens/pencils.
3. There will be a counter surface for you to set up your materials for this station. You may open your Acupuncture Supply Kit when you enter but you will be prompted to set everything up by the examiner.
4. It is recommended to review your Candidate Worksheet before you begin your setup.
5. The first instruction your examiner will give is "Please set up an appropriate sharps-container". The examiner will continue with prompts until the completion of this station.(A Candidate Procedure List is posted in each exam room for candidate's convenience.)

The examiner will prompt you throughout this station.

Page 1 of 2 – NEXT PAGE

Figure 1. Instructions to Candidate Page 1

Procedures for this Station

1. Be sure to fill in your *"Candidate ID"* and *"Track Number"* at the top of your Candidate Worksheet.
2. The Candidate Worksheet will list three (3) steps:
   - Step 1 will require you to demonstrate either one (1) tonifying (reinforcing) OR one (1) sedating (reducing) technique. You must insert the needle directly into the foam mannequin or the high-density pad. See Figure 1.
   - Step 2 will require you to demonstrate moxibustion on a needle (warming needle) technique. You must insert the needle directly into the foam mannequin or the high-density pad. See Figure 1.
   - Step 3 will require you to demonstrate fire-cupping over a needle technique. You must insert the needle into the high-density pad and place the cup over it. The high-density pad will allow suction for your cup. Your cup will not achieve suction on the foam-mannequin. See Figure a.
3. You must verbalize every instance of hand-washing to the examiner. Failure to do so may result in a Critical Error. Your examiner will NOT prompt you to wash your hands. You do not need to verbalize the entire hand-washing protocol. Simply state, "I wash my hands".
4. Your examiner will give you prompts for each step. Many prompts will require you to use your knowledge to complete them. For example, the prompt "Set up your clean-field" requires knowledge of how to perform this correctly.
5. This station doesn't require you to locate the acupuncture point, but you must be in the correct body area. For example, a knee point must be needled in the area of the mannequin's knee. The surface of the mannequin can be either front OR back. Do not flip the mannequin. You may reposition the high-density pad if necessary.
6. Proper needle technique, including depth and angle of insertion, must be followed for ALL THREE STEPS.
7. When you are finished, hand your Candidate Worksheet to your examiner.

The Foam Mannequin provides a soft surface to needle into. Cupping WILL NOT work here.

The High-density Pad provides a firm surface to needle into. Use this pad for cupping.

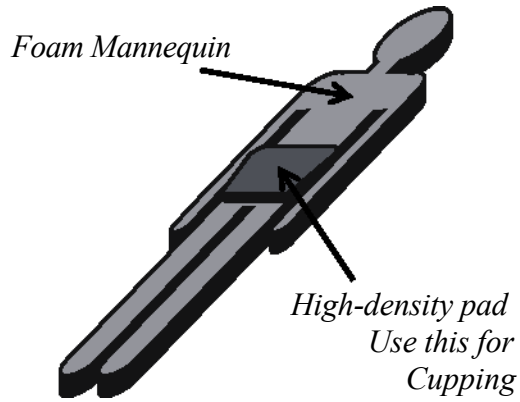


Figure a. Foam Mannequin

Treat the Foam Mannequin as a live patient!

Remember to wash your hands regularly! Just tell the examiner, "I wash my hands".

Figure 1. Instructions to Candidate Page 2

4. Candidate Worksheet

The Candidate Worksheet lists three (3) acupuncture points for the three (3) steps of this station. Please fill in your Candidate ID number, the Date of your exam, and your Track number. This worksheet must be handed to the examiner before leaving the exam room.

The first acupuncture point listed is for the Step 1 – Acupuncture. In our example the acupoint is GB 20 (Fengchi) and the instruction is to demonstrate one (1) tonifying (reinforcing method). After the initial setup of your acupuncture supplies, your examiner will prompt you to proceed with this step. After you have completed this, your examiner will prompt you to remove the needle and dispose of it properly. On the worksheet, you will see the headings "Notes:" and "Length of needle to use:". These headings are provided for you to organize your thoughts and WILL NOT BE USED IN THE SCORING. So feel free to jot down anything that helps you complete each step.

The second acupuncture point listed is for Step 2 – Moxa on a needle (warming needle). In our example the acupoint is BL 24 (Qihaishu). You will insert your needle and place a moxa cone on the needle. Always maintain proper depth and angle of your needle for this step and use proper patient protection. DO NOT IGNITE THE MOXIBUSTION MATERIALS for this step. Only verbalize and demonstrate by motion how you would ignite the materials.

The third acupuncture point listed is for Step 3 –Cupping over a needle. In our example the acupoint is BL 25 (Dachangshu). You will insert a needle into the high-density pad and use fire-cupping over the needle. THIS IS A LIVE STEP MEANING YOU MUST USE A FLAME TO ACHIEVE SUCTION WITH A GLASS CUP. Be sure to protect yourself, your patient, and your surroundings with this live step.

Please see Figure 2 for the example worksheet.

5. Candidate Procedure List

The Candidate Procedure List shows the prompts your examiner will give you. It is posted in each exam room for candidate's convenience. It is recommended to utilize this list and the example Worksheet to practice for this station.

These are the prompts:

1. Set up an appropriate **sharps-container.**
2. Set up a **waste-container.**
3. Set up a **clean-field.**
4. **Consult your Candidate Worksheet** and open **AT LEAST one (1) appropriate acupuncture needle for each step** and place them on the clean-field. **Total of AT LEAST three (3) needles.**
5. Open **AT LEAST three (3) pre-packaged alcohol swabs** and place them on the clean-field.
6. Place some **cotton balls** on the clean-field.

7. **Proceed with STEP 1 (acupuncture)** of the **Candidate Worksheet** and follow that instruction.
8. **Withdraw the needle and dispose of it appropriately.**
9. **Proceed with STEP 2 (moxa on a needle)** of the **Candidate Worksheet** and follow that instruction. Demonstrate the entire procedure and **verbalize when you will ignite any materials. Do not actually ignite any materials for this step.**
10. **Safely remove the moxibustion-cone and supplies.**
11. **Withdraw the needle, and dispose of it appropriately.**
12. **Proceed with STEP 3 (fire-cupping over a needle)** of the **Candidate Worksheet** and follow that instruction. This is a **"live" step**, where you will **use a flame to obtain suction from a glass cup.**
13. **Remove the cup.**
14. **Withdraw the needle and dispose of it appropriately.**
15. **This station is now complete.** Please pack up and **exit the room** in a timely manner.

6. Scoring / Errors / Critical Errors

This station utilizes a structured and procedural scoring sheet that the examiner completes as you demonstrate your skills. It is important to follow the examiner's prompts and the procedure list in order to allow your examiner to properly score you and not interfere with your time management.

This station evaluates your entry-level procedures when applying various modalities. Some procedures when performed incorrectly (or missed altogether) might constitute an **ERROR** or a **CRITICAL ERROR**.

ERRORS are considered as any procedure (or lack of) that puts the patient, practitioner, or property at risk. For scoring purposes, an ERROR will severely reduce your score in this station. These ERRORS are as follows:

- Inappropriate sharps container used
- No waste-container present
- Counter-top not washed and disinfected prior to clean-field setup
- Clean-field compromised
- Failure to mention hand-washing
- Multiple passes with the alcohol swab on skin surface
- Acupuncture needle shaft is touched by hand or moxa-shield
- Improper depth of insertion on non-critical areas (i.e. too deep)
- Failure to demonstrate at least one technique as stated in Step 1. (tonifying/reducing)
- Improper disposal of acupuncture needle
- Improper needle used for Moxa on needle (i.e. plastic handle)
- Moxa-cone not secure on needle (3 attempts)
- Inappropriate material used for moxa heat shield (e.g. paper)
- Holding a flame directly over or too close to the patient's body
- No mention of proper pre-sanitized cup
- Mishandling flammable materials

- Cup pushes needle deeper (over non-critical area)
- Flame overheats mouth of cup
- Failure to achieve suction with cup (3 attempts)
- Materials / Equipment missing or not prepared
- Other (unforeseen errors)

CRITICAL ERRORS occur when the patient or practitioner is placed in a substantial risk to their well-being. CRITICAL ERRORS CONSTITUTE AN AUTOMATIC FAIL on this station. These CRITICAL ERRORS are as follows:

- Patient skin-surface contaminated (i.e. Not swabbed)
- Failure to mention Hand-washing more than once
- Failure to demonstrate OR mention glove use when your hands show lesions/rashes/etc.*
- Inserting a needle too deeply or at an incorrect angle at an area that could damage the heart, lungs, or central nervous system
- Failing to use a heat-shield while performing moxibustion
- Dropping burning moxa onto the patient
- Failing to complete the exam or any of the three main parts (Step 1, 2, or 3)

If you have lesions, warts, infection, cuts, rashes, blisters, etc. present on your hands, you must either use gloves (if you feel comfortable for exam-purposes), or CLEARLY STATE "I will use gloves". Whether you use the former or latter method, you must state every instance of glove changing. You must still state your hand-washing as well.

Observations and Errors

- ❑ Inappropriate or no sharps container was used
- ❑ No waste-container was present
- ❑ Counter-top not washed and disinfected prior to clean-field setup
- ❑ Clean-field compromised
- ❑ Failed to mention hand-washing
- ❍ Multiple passes with the alcohol swab on skin surface
- ❑ Acupuncture needle shaft was touched by hand or moxa-shield
- ❑ Improper depth of insertion on non-critical area (i.e. too deep)
- ❑ Failed to demonstrate at least one technique as stated in Step 1. (tonifying/reducing)
- ❍ Improper disposal of acupuncture needle
- ❑ Improper needle used for Moxa on needle (i.e. plastic handle)
- ❑ Moxa-cone not secure on needle (3 attempts)
- ❑ Inappropriate material used for moxa heat shield (e.g. paper)
- ❑ Held a flame directly over or too close to the patient's body
- ❑ No mention of proper pre-sanitized cup
- ❑ Mishandled flammable materials
- ❑ Cup pushed needle deeper (over non-critical area)
- ❑ Flame overheated mouth of cup
- ❑ Failed to achieve suction with cup (3 attempts)
- ❑ Materials/Equipment missing or not prepared
- ❑ Other:

_____

Critical Errors

- ❑ Patient skin-surface contaminated (i.e. Not swabbed)
- ❑ Failed to mention Hand-washing more than once
- ❑ Failed to demonstrate OR mention glove use when hands showed lesions/rashes/etc.
- ❑ Inserted a needle too deeply or at an incorrect angle at a critical area
- ❑ Failed to use a heat-shield when performing moxibustion
- ❑ Dropped burning moxa onto the patient
- ❑ Failed to complete the exam or any of the three main parts (Step 1, 2, or 3)

EC Comments to Candidate ID 1234

– There was no mention of washing or disinfecting the counter surface before setting up your clean-field.

– When you were preparing the skin for moxa on needle (Step 2) you swabbed the skin with multiple passes using the same cotton swab.

– Your needle from moxa on needle was left in your ashtray and not disposed of properly.

8. Acupuncture Kit Supply List (Recommended Supplies)

General Supplies

- **Sharps Container** - An impervious commercial-made container labeled and designed specifically as a disposal unit for contaminated needles.
- **Waste Container** - To be used for non-critical waste disposal. Large, re-sealable plastic bags are allowed.
- **Small Biohazard Bag** – For blood-soaked cotton balls / gloves and other biohazardous waste.
- At least one (1) pair of **latex, nitrile, or vinyl gloves**.
- **Lighter** - To be used to demonstrate during moxa on a needle, and to ignite an alcohol-soaked cotton ball during fire-cupping.
- **Forceps** - To be used to remove moxibustion and/or a "hot" needle, and to hold the cotton ball during fire-cupping (Kelly forceps are recommended).

Acupuncture Specific Supplies

- One (1) pre-packaged **sterile-field (or drape)** to use as your clean-field
- At least five (5) 1 cun (1.0 inch/25mm), five (5) 1.5 cun (1.5 inch/40mm), and five (5) 2 cun (2.0 inch/50mm) pre-packaged, sterile, filiform **needles** with guide-tubes.
- At least five (5) pre-packaged, sterile **alcohol swabs**.
- At least ten (10) dry, clean **cotton balls**.

Moxibustion on Needle Specific Supplies

- At least two (2) **incense sticks**.
- At least two (2) **needle moxa** cylinders, or pre-formed moxa cones, or loose moxa to form cones (to be used on needle).
- A **metal scoop**, or half-split spoon, or forceps to remove the moxa from the needle.
- A metal **ashtray**.
- An appropriate **heat-shield** at least 3 inches (7cm) in diameter.

Fire-Cupping Specific Supplies

- At least one (1) medium and one (1) large **glass cup (must be pre-sanitized)**.
- 70 - 99% **Isopropyl Alcohol** (99% recommended).
- At least five (5) dry **cotton balls** to be soaked for ignition.
- You may use pre-soaked cotton balls if you prefer.

Appendix C: Acupuncture Points

This appendix provides the following information regarding the Acupuncture Points evaluation:

1. Overview of the Station
2. General Guidelines and Tips
3. Instructions to Candidate
4. Candidate Worksheet
5. Scoring / Critical Errors
6. Re-score Request

1. Overview of the Station

This station will test your hands-on practical skills and knowledge in the following areas:

- Knowledge of nomenclature and location descriptions of acupuncture points
- Knowledge of precautions and contraindications of acupuncture points
- Knowledge and hands-on skills of proportional measurements
- Hands-on skill in locating landmarks to locate acupuncture points
- Hands-on skill in accurately measuring distances on different parts of a human body to locate acupuncture points
- Hands-on skill in measuring straight lines to locate acupuncture points
- Awareness that some acupuncture points require certain body positions to better locate them
- Awareness that some acupuncture points require certain body positions (essential body position)for needling

The exam room will consist of two (2) examiners and possibly one (1) videographer. When you enter the room to begin, the videographer will briefly stop you to get a picture of your candidate ID. After this, you will receive a 2-page Candidate Worksheet (Figure 2) that lists ten (10) acupuncture points. You are required to locate points on a “live” standardized patient.. You may opt to complete any of the requested tasks in any order of your preference. You are allowed fifteen (15) minutes to complete this station. At 15 minutes, the timer will knock at your door and the station will end.

After you have left the room, the examiners will check your adhesive dots to the pre-marked locations to score your point location. The examiners will use the answer key to score the precautions and contraindications.

2. General Guidelines and Tips

In this station, the examiners are as silent as possible. After the greeting and brief instruction, **you may proceed independently** unless you require assistance or the examiners have instructions for you.

Point Location

- Be familiar with location descriptions, location methods, location notes, and precautions and contraindications.
- It is recommended to group the acupuncture points according to their body positions to use time more efficiently. (i.e. Prone, supine, lateral)
- This is a simulated station. Although your communication and professionalism are not evaluated in this station, you must still treat the standardized patient as a real patient.
- You may use the adhesive dots for temporary marking. Just be sure to remove them so there is no confusion for the examiners.
- Determine the best body positions for the points you will locate to more accurately find the locations. "Best body positions" including "Essential body positions", most safe and comfortable positions. For example, it is not advised to locate back-shu points with the patient in sitting position.
- An inappropriate patient body position may affect the accuracy of your location.
- When applicable, using anatomical landmark descriptions and supplemented with measuring methods to locate the point is the most accurate.
- When it comes to length measurement, in general, proportional are more accurate than quick-cun measurements. For example, when determining 3 cun in the upper abdomen, measuring 3/8ths from the sterno-costal angle to the umbilicus is more accurate than 1 handbreadth.
- When it comes to measuring, tools (cun-meters, graduated elastics, etc.) are more accurate than just hand-measuring and visual approximation.
- Although how you find the locations is not evaluated, tools are allowed and encouraged to improve the accuracy of straight-line measurements and proportional measurements. If you choose to use your hands only to measure (not recommended), make sure that have mastered this method to ensure accuracy.
- In general, your locating methods and skills are not evaluated. The examiners use the Key to assess your location accuracy (i.e. does your dot touch or overlap the pre-marked point). Some acupuncture points require certain body positions to needle them. You MUST instruct the standardized patient to position properly when you are placing the adhesive dots or you may not receive full marks. For example, for SI19 (Tinggong), you MUST place the dot with the patient's mouth open.
- Some Extra Points, such as Lanweixue, require verbal interaction with the patients to correctly locate them.
- Finalize your location by placing the adhesive dot only when the patient is in the safest or indicated position, if any, to perform acupuncture. Consider placement of the adhesive dots simulates inserting acupuncture needles.
- You are NOT ALLOWED to use sharp objects to press on standardized patients.
- The Exam Administrators regularly test the adhesive dots for "stickiness", by rubbing and pushing them after being stuck to the skin surface. The Standardized patient flips front to back several times to make sure the dots are up to standards. Standardized patients are shaved if necessary to assure the utmost fastening of the dots. In the RARE event that an adhesive dot falls off, the examiners will make notes and multiple-angle video footage will be utilized to determine the original accuracy.

3. Instructions to Candidate

You will be allotted time to review the Instructions to Candidate for this station prior to entering the exam area. Note that there are two (2) pages.

4. Candidate Worksheet

The Candidate Worksheet for this station consists of two (2) pages. Please fill in your Candidate ID, Exam Date, and Track Number at the top of the sheet. You will be required to locate 10 points in various locations.

5. Scoring / Critical Errors

For this station, the examiners will silently watch your point location and they may take notes while you work. When applicable, they will watch for proper patient positioning for those points that require Essential Body positions. For example, for SI19 (Tinggong), you MUST place the dot with the patient's mouth open.

Most of the evaluation is done when you leave the exam room at which time the examiners will check your adhesive dot locations against the pre-marked locations on the standardized patient (See Figure 3).

- For each correct point location, a candidate earns 3 marks.
- For each borderline point location, a candidate earns 1.5 marks.
- For each incorrect point location, a candidate earns 0 marks.
- For each failed Essential Body Position (position required for needling), a candidate loses 50% of the marks he/she has earned from that acupoint location.
- Some acupoints (i.e. Dannang Xue & Lanwei Xue) require a verbal verification from patients to find. Failing to do verbal verification from patient's results in a loss of 50% of the marks he/she has earned from that acupoint location.
- When multiple responses selected by a candidate while only some of them are correct, the candidate earns a portion of 1 mark that is proportional to the correct/error ratio of the responses.

Appendix D: Pulse Assessment

In this part you will be required to inspect one standard patient's pulse

Position and assess the pulse of the patient's left and right wrists

You will be assessed on the following

- Properly positioning the patient for pulse taking
- Properly positioning your fingers on the patient's wrists
- Properly questioning the patient on the factors which may affect the pulse

You must verbalize to the examiner every step you do. Sheets will be provided to record your findings.

Pulse Description and Analysis – Thoroughly assess the pulse of the patients left and right wrists. Choose the closest options from the worksheet to describe the pulse.

You have 25 minutes to complete this station.

Appendix E: Standard Nomenclature

Standard Acupuncture Nomenclature
as published by the World Health Organization

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Standard Acupuncture Nomenclature Introduction

Acupuncture as a medical science dates back more than 2500 years to the first Chinese dynasties. It has been constantly evolving since that time, particularly during the last 300 years, and more especially since 1950, when acupuncture science came to be widely developed, both in theory and practice.

Its development in China, with its many dialects, as well as in neighbouring countries where such languages as Japanese, Korean and Vietnamese are spoken, has given rise to a great many differences in nomenclature. Certain acupuncture points have a number of different names, while the different ways of pronouncing the same Han (Chinese) characters, and a variety of translations and transliterations have all added to the current confusion.

Efforts to develop a uniform nomenclature have been going on for some time. In 1965, the Japan Meridian and Points Committee was established, which recommended a tentative standard Japanese name for each acupuncture point, and an international numbering system. In China, the All China Acupuncture and Moxibustion Society established a committee which has developed a standard nomenclature. Since then, several other countries have formed national nomenclature committees.

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meetings:

- Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982.
- Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984.
- Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985.
- Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

After basic agreement at the regional level, a Scientific Group To Adopt A Standard International Acupuncture Nomenclature was held in Geneva in October-November 1989.

The working group in Manila agreed that there were a total of 361 classical acupuncture points and that the order of meridians an acupuncture points would be based on the circulation pattern of the meridians as currently perceived in China, Japan, Republic of Korea and Viet Nam.

It proposed that the standard nomenclature should consist of three essential elements, as follows: (1) alphanumeric code; (2) the Chinese phonetic alphabet (Pinyin) name; and (3) the Han (Chinese) characters of the meridian and the acupuncture point.

The alphanumeric code facilitates international exchange but lacks meaning from a therapeutic point of view and can lead to ambiguity, as exemplified by the meridian code of H, which can stand for both heart and liver (hepar), depending on the sources used. Nonetheless, the working group, noting that international exchange on acupuncture, at least in the Western Pacific Region, is mainly conducted in English, recommended that the alphanumeric code should be derived from the English language translation of the meridian names.

The Han character is widely used in oriental medicine in China, Japan, Republic of Korea, Singapore and Hong Kong, and gives the meridian and the acupuncture point name a meaning of therapeutic value which often defies translation. It should therefore be an essential element of the standard acupuncture nomenclature. It was also agreed that by using the Han characters, the original form of writing would be used with a simplified version of the characters in parentheses.

As we have observed, Han characters are difficult for non-Han-using readers, so it is important that their meaning should be expressed in other languages. The Chinese phonetic alphabet (Pinyin) names of the meridians and acupuncture points allow readers to pronounce them accurately. These names also facilitate the formation of an alphabetic index and thus make the study of acupuncture, especially the meaning of the Han characters, easier for those who do not use the Han language.

At the Manila meeting in 1982, the principle for deciding alphabetic codes of meridians was as follows:

1. When the Han character for a meridian consists of two characters, an alphabetic code consisting of two capital letters, one for each Han character, is used.
2. When the character for a meridian consists of one character, an alphabetic code of one capital letter is used.
3. When different meridians have the same alphabetic codes, a lower case letter is added to distinguish them. For example, L is used for Lung meridian and Liv for liver meridian; S is used for Stomach meridian and Sp for Spleen meridian.

At the Geneva meeting in 1989, this was again reviewed. The system adopted at the Manila meeting was used for seven years. Members of WHO regions other than the Western Pacific were also present at this meeting. Some of the participants found the code adopted in Manila somewhat confusing and difficult to remember. After careful discussion, it was agreed that each alphabetic code should consist of two capital letters.

The former and revised codes are as follows:

Name of Meridian	Alphabetic Code	
	Former (Manila, 1982)	Revised (Geneva, 1989)
1. Lung Meridian	L	LU
2. Large Intestine Meridian	LI	LI
3. Stomach Meridian	S	ST
4. Spleen Meridian	Sp	SP
5. Heart Meridian	H	HT
6. Small Intestine Meridian	SI	SI
7. Bladder Meridian	B	BL
8. Kidney Meridian	K	KI
9. Pericardium Meridian	P	PC
10. Triple Energizer Meridian	TE	TE
11. Gallbladder Meridian	G	GB
12. Liver Meridian	Liv	LR
13. Governor Vessel	GV	GV
14. Conception Vessel	CV	CV

With regard to the last two, the working group in Hong Kong in 1985 studied the concept of the "Eight Extra Meridians". These are the Governor Vessel Meridians and Conception Vessel

Meridian, adopted by the working group in Manila in 1982, plus six extra meridians. These were recognized and it was decided to omit the word "Meridians" after the Governor Vessel and Conception Vessel in order to standardize the nomenclature of the eight extra meridians. This was also adopted at the Geneva meeting in 1989.

The working group in Manila noted that if the acupuncture point name is accompanied by an explanation of the meaning of the Han character it would become more useful. Therefore the All China Acupuncture and Moxibustion Society has attempted to describe the acupuncture points briefly in terms of the basic theory of traditional Chinese medicine, such as Yin-Yang, Zhang-Fu, Qi, blood and anatomy, the Five Elements, as well as the clinical effects of acupuncture.

The text was adopted at the Regional Consultation Meeting in Tokyo in 1984, subject to minor revision. The final version was accepted after a careful discussion, particularly among members from China and Japan, during the working group meeting in Hong Kong in 1985. Then careful editing was done to make the English as precise as possible without changing the original meaning.

The working group in Manila also recommended that the equivalent names and code names of the acupuncture points as used in various countries should be collected, collated, verified and published, together with the standard acupuncture nomenclature.

This multilingual comparative list of acupuncture nomenclature was developed by Dr Wang Deshen, a member of the working group, and published as Standard Acupuncture Nomenclature, WHO Regional Publications, Western Pacific Series No.1, in 1984.

Lung Meridian, LU

Shoutaiyin Feijing Xue 手太阴肺经

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LU 1	Zhongfu	中府	LU 7	Lieque	列缺
LU 2	Yunmen	云门	LU 8	Jingqu	经渠
LU 3	Tianfu	天府	LU 9	Taiyuan	太渊
LU 4	Xiabai	侠白	LU 10	Yuji	鱼际
LU 5	Chize	尺泽	LU 11	Shaoshang	少商
LU 6	Kongzui	孔最			

Large Intestine Meridian, LI
Shouyangming Dachangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LI 1	Shangyang	商阳	LI 11	Quchi	曲池
LI 2	Erjian	二间	LI 12	Zhouliao	肘髎
LI 3	Sanjian	三间	LI 13	Shouwuli	手五里
LI 4	Hegu	合谷	LI 14	Binao	臂臑
LI 5	Yangxi	阳溪	LI 15	Jianyu	肩髃
LI 6	Pianli	偏历	LI 16	Jugu	巨骨
LI 7	Wenliu	温溜	LI 17	Tianding	天鼎
LI 8	Xialian	下廉	LI 18	Futu	扶突
LI 9	Shanglian	上廉	LI19	Heliao	禾髎
LI 10	Shousanli	手三里	LI 20	Yingxiang	迎香

Stomach Meridian, ST
Zuyangming Weijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
ST 1	Chengqi	承泣	ST 24	Huaroumen	滑肉门
ST 2	Sibai	四白	ST 25	Tianshu	天枢
ST 3	Juliao	巨髎	ST 26	Wailing	外陵
ST 4	Dicang	地仓	ST 27	Daju	大巨
ST 5	Daying	大迎	ST 28	Shuidao	水道
ST 6	Jiache	颊车	ST 29	Guilai	归来
ST 7	Xiaguan	下关	ST 30	Qichong	气冲
ST 8	Touwei	头维	ST 31	Biguan	髀关
ST 9	Renying	人迎	ST 32	Futu	伏兔
ST 10	Shuitu	水突	ST 33	Yinshi	阴市
ST 11	Qishe	气舍	ST 34	Liangqiu	梁丘
ST 12	Quepen	缺盆	ST 35	Dubi	犊鼻
ST 13	Qihu	气户	ST 36	Zusanli	足三里
ST 14	Kufang	库房	ST 37	Shangjuxu	上巨虚
ST 15	Wuyi	屋翳	ST 38	Tiaokou	条口
ST 16	Yingchuang	膺窗	ST 39	Xiajuxu	下巨虚
ST 17	Ruzhong	乳中	ST 40	Fenglong	丰隆
ST 18	Rugen	乳根	ST 41	Jiexi	解溪
ST 19	Burong	不容	ST 42	Chongyang	冲阳
ST 20	Chengman	承满	ST 43	Xiangu	陷谷
ST 21	Liangmen	梁门	ST 44	Neiting	内庭
ST 22	Guanmen	关门	ST 45	Lidui	历兑
ST 23	Taiyi	太乙			

Spleen Meridian, SP
Zutaiyin Pijing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
SP 1	Yinbai	隐白	SP 12	Chongmen	冲 i l l
SP 2	Dadu	大都	SP 13	Fushe	府舍
SP 3	Taibai	太白	SP 14	Fujie	腹结
S P 4	Gongsun	公孙	S P l5	Daheng	大横
S P 5	Shangqiu	商丘	SP 16	Fuai	腹哀
SP 6	Sanyinjiao	三阴交	SP 17	Shidou	食窦
S P 7	Lougu	漏谷	SP 18	Tianxi	天溪
SP 8	Diji	地机	SP 19	Xiongxiang	胸乡
S P 9	Yinlingquan	阴陵泉	SP 20	Zhourong	周荣
SP 10	Xuehai	血海	SP 21	Dabao	大包
SP ll	Jimen	箕 i l l			

Heart Meridian, HT
Shoushaoyin Xinjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
HT 1	Jiquan	极泉	HT 6	Yinxi	阴郄
HT 2	Qingling	青灵	HT 7	Shenmen	神 i l l
HT 3	Shaohai	少海	HT 8	Shaofu	少府
HT 4	Lingdao	灵道	HT 9	Shaochong	少冲
HT 5	Tongli	通里			

Small Intestine Meridian, SI
Shoutaiyang Xiaochangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
SI 1	Shaoze	少泽	SI 11	Tianzong	天宗
SI 2	Qiangu	前谷	SI 12	Bingfeng	秉风
SI 3	Houxi	后溪	SI 13	Quyuan	曲垣
SI 4	Wangu	腕骨	SI 14	Jianwaishu	肩外俞
SI 5	Yanggu	阳谷	SI 15	Jianzhongshu	肩中俞
SI 6	Yanglao	养老	SI 16	Tianchuang	天窗
SI 7	Zhizheng	支正	SI 17	Tianrong	天容
SI 8	Xiaohai	小海	SI 18	Quanliao	颧髎
SI 9	Jianzhen	肩贞	SI 19	Tinggong	听宫
SI 10	Naoshu	臑俞			

Bladder Meridian, BL
Zutaiyang Pangguangjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
BL 1	Jingming	睛明	BL 13	Feishu	肺俞
BL 2	Zanzhu	攒竹	BL 14	Jueyinshu	厥陰俞
BL 3	Meichong	眉衝	BL 15	Xinshu	心俞
BL 4	Quchai	曲差	BL 16	Dushu	督俞
BL 5	Wuchu	五處	BL 17	Geshu	膈俞
BL 6	Chengguang	承光	BL 18	Ganshu	肝俞
BL 7	Tongtian	通天	BL 19	Danshu	膽俞
BL 8	Luoque	絡卻	BL 20	Pishu	脾俞
BL 9	Yuzhen	玉枕	BL 21	Weishu	胃俞
BL 10	Tianzhu	天柱	BL 22	Sanjiaoshu	三焦俞
BL 11	Dazhu	大杼	BL 23	Shenshu	腎俞
BL 12	Fengmen	風門	BL 24	Qihaishu	氣海俞

BL 25	Dachangshu	大腸俞	BL 47	Hunmen	魂門
BL 26	Guanyuanshu	關元俞	BL 48	Yanggang	陽綱
BL 27	Xiaochangshu	小腸俞	BL 49	Yishe	意舍
BL 28	Pangguangshu	膀胱俞	BL 50	Weicang	胃倉
BL 29	Zhonglushu	中膂俞	BL 51	Huangmen	肓門
BL 30	Baihuanshu	白環俞	BL 52	Zhishi	志室
BL 31	Shangliao	上髎	BL 53	Baohuang	胞肓
BL 32	Ciliao	次髎	BL 54	Zhibian	秩邊
BL 33	Zhongliao	中髎	BL 55	Heyang	合陽
BL 34	Xialiao	下髎	BL 56	Chengjin	承筋
BL 35	Huiyang	會陽	BL 57	Chengshan	承山
BL 36	Chengfu	承扶	BL 58	Feiyang	飛揚
BL 37	Yinmen	殷門	BL 59	Fuyang	跗陽
BL 38	Fuxi	浮郄	BL 60	Kunlun	崑崙
BL 39	Weiyang	委陽	BL 61	Pushen	僕參
BL 40	Weizhong	委中	BL 62	Shenmai	申脈
BL 41	Fufen	附分	BL 63	Jinmen	金門
BL 42	Pohu	魄戶	BL 64	Jinggu	京骨
BL 43	Gaohuangshu	膏肓俞	BL 65	Shugu	束骨
BL 44	Shentang	神堂	BL 66	Zutonggu	足通谷
BL 45	Yixi	譩譆	BL 67	Zhiyin	至陰
BL 46	Geguan	膈關			

Kidney Meridian, KI
Zushaoyin Shenjing Xue

A.C.	Pinyin	Han character	*A.C.*	Pinyin	Han character
KI 1	Yongquan	itA	KI 15	Zhongzhu	Lrrit
KI 2	Rangu	WV-	KI 16	Huangshu	Waf
KI 3	Taixi	太 i'A	KI 17	Shangqu	0Elii
KI 4	Dazhong	JCIII	KI 18	Shiguan	石)
KI 5	Shuiquan	*A	KI 19	Yindu	13J1Z
KI 6	Zhaohai	P 海	KI 20	Futonggu	NAV-
KI 7	Fuliu	kSi	KI 21	Youmen	IZIn
KI 8	Jiaoxin	5-dri	KI 22	Bulang	步 10
KI 9	Zhubin	ZEA	KI 23	Shenfeng	4EIk
KI 10	Yingu	13J1V-	KI 24	Lingxu	灵 a
KI 11	Henggu	MA'	KI 25	Shencang	4EI 藏
KI 12	Dahe	JCt4	KI 26	Yuzhong	ALrr
KI 13	Qixue	l'IA"	KI 27	Shufu	aff(4
KI 14	Siman	RIX			

Pericardium Meridian, PC
Shaojueyin Xinbaojing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
PC 1	Tianchi	X4,	PC 6	Neiguan	1·1)
PC 2	Tianquan	XA	PC 7	Daling	JCRtt
PC 3	Quze	EliiA	PC 8	Laogong	···g,
PC 4	Ximen	tin	PC 9	Zhongchong	Lrrliti
PC 5	Jianshi	Ri51			

Triple Energizer Meridian, TE
Shoushaoyang Sanjiaojing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
TE 1	Guanchong	关冲	TE 13	Naohui	臑会
TE 2	Yemen	液门	TE 14	Jianliao	肩髎
TE 3	Zhongzhu	中渚	TE 15	Tianliao	天髎
TE 4	Yangchi	阳池	TE 16	Tianyou	天牖
TE 5	Waiguan	外关	TE 17	Yifeng	翳风
TE 6	Zhigou	支沟	TE 18	Qimai	瘈脉
TE 7	Huizong	会宗	TE 19	Luxi	颅息
TE 8	Sanyangluo	三阳络	TE 20	Jiaosun	角孙
TE 9	Sidu	四渎	TE 21	Ermen	耳门
TE 10	Tianjing	天井	TE 22	Erheliao	耳和髎
TE 11	Qinglengyuan	清冷渊	TE 23	Sizhukong	丝竹空
TE 12	Xiaoluo	消泺			

Gallbladder Meridian, GB
Zushaoyang Danjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
GB 1	Tongziliao	瞳子髎	GB 23	Zhejin	辄筋
GB 2	Tinghui	听会	GB 24	Riyue	日月
GB 3	Shangguan	上关	GB 25	Jingmen	京 i11
GB 4	Hanyan	颔厌	GB 26	Daimai	带脉
GB 5	Xuanlu	悬颅	GB 27	Wushu	五枢
GB 6	Xuanli	悬厘	GB 28	Weidao	维道
GB 7	Qubin	曲鬓	GB 29	Juliao	居髎
GB 8	Shuaigu	率谷	GB 30	Huantiao	环跳
GB 9	Tianchong	天冲	GB 31	Fengshi	风市
GB 10	Fubai	浮白	GB 32	Zhongdu	中渎
GB 11	Touqiaoyin	头窍阴	GB 33	Xiyangguan	膝阳关
GB 12	Wangu	完骨	GB 34	Yanglingquan	阳陵泉
GB 13	Benshen	本神	GB 35	Yangjiao	阳交
GB 14	Yangbai	阳白	GB 36	Waiqiu	外丘
GB 15	Toulinqi	头 IF 泣	GB 37	Guangming	光明
GB 16	Muchuang	目窗	GB 38	Yangfu	阳辅
GB 17	Zhengying	正营	GB 39	Xuanzhong	悬钟
GB 18	Chengling	承灵	GB 40	Qiuxu	丘墟
GB 19	Naokong	脑空	GB 41	Zulinqi	足 IF 泣
GB 20	Fengchi	风池	GB 42	Diwuhui	地五会
GB 21	Jianjing	肩井	GB 43	Xiaxi	侠溪
GB 22	Yuanye	渊腋	GB 44	Zuqiaoyin	足窍阴

Liver Meridian, LR
Zujueyin Ganjing Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
LR 1	Dadun	大敦	LR 8	Ququan	曲泉
LR 2	Xingjian	行间	LR 9	Yinbao	阴包
LR 3	Taichong	太冲	LR 10	Zuwuli	足五里
LR 4	Zhongfeng	中封	LR 11	Yinlian	阴廉
LR 5	Ligou	蠡沟	LR 12	Jimai	急脉
LR 6	Zhongdu	中都	LR 13	Zhangmen	章门
LR 7	Xiguan	膝关	LR 14	Qimen	期门

Governor Vessel Meridian, GV
Dumai Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
GV 1	Changqiang	长强	GV 15	Yamen	哑门
GV 2	Yaoshu	腰俞	GV 16	Fengfu	风府
GV 3	Yaoyangguan	腰阳关	GV 17	Naohu	脑户
GV 4	Mingmen	命门	GV 18	Qiangjian	强间
GV 5	Xuanshu	悬枢	GV 19	Houding	后顶
GV 6	Jizhong	脊中	GV 20	Baihui	百会
GV 7	Zhongshu	中枢	GV 21	Qianding	前顶
GV 8	Jinsuo	筋缩	GV 22	Xinhui	囟会
GV 9	Zhiyang	至阳	GV 23	Shangxing	上星
GV 10	Lingtai	灵台	GV 24	Shenting	神庭
GV 11	Shendao	神道	GV 25	Suliao	素髎
GV 12	Shenzhu	身柱	GV 26	Shuigou	水沟
GV 13	Taodao	陶道	GV 27	Duiduan	兑端
GV 14	Dazhui	大椎	GV 28	Yinjiao	龈交

Conception Vessel Meridian, CV
Renmai Xue

A.C.	Pinyin	Han character	A.C.	Pinyin	Han character
CV 1	Huiyin	会阴	CV 13	Shangwan	上脘
CV 2	Qugu	曲骨	CV 14	Juque	巨阙
CV 3	Zhongji	中极	CV 15	Jiuwei	鸠尾
CV 4	Guanyuan	关元	CV 16	Zhongting	中庭
CV 5	Shimen	石门	CV 17	Shanzhong	膻中
CV 6	Qihai	气海	CV 18	Yutang	玉堂
CV 7	Yinjiao	阴交	CV 19	Zigong	紫宫
CV 8	Shenque	神阙	CV 20	Huagai	华盖
CV 9	Shuifen	水分	CV 21	Xuanji	璇玑
CV 10	Xiawan	下脘	CV 22	Tiantu	天突
CV 11	Jianli	建里	CV 23	Lianquan	廉泉
CV 12	Zhongwan	中脘	CV 24	Chengjiang	承浆

List of Equivalent Alphabetic Codes of Meridian Names

	Meridian	S.C.*	Other alphabetic codes used +
1	Lung Meridian	LU	I F, Lu, Lu, P
2	Large Intestine	LI	II CO, Co, Dch, DI, Di, GI, IC, IG, Li
3	Stomach	ST	III E, Est, M, Ma, S, St, V,W
4	Spleen Meridian	SP	IV B, Bp, LP, RP, RT, Rt, Sp
5	Heart Meridian	HT	V C, HE, He, H, Ht, X
6	Small Intestine Meridian	SI	VI Dii, ID, IG, IT, Si, Xch
7	Bladder Meridian	BL	VII B, BI, PG, UB, V,Vu
8	Kidney Meridian	KI	VIII K, Ki, N, NI, Ni, R, RN, Rn, Sh
9	Pericardium Meridian	PC	IX CS, CX, ECs, EH, HC, Hc, KS, MC, MdH, P, Pe, XB
10	Triple Energizer Meridian	TE	X DE, T, TB, TH, TR, TW, SC, SJ, 3E, 3H
11	Gallbladder Meridian	GB	XI D, G, Go, VB, VF
12	Liver meridian	LR	XII F, G, H, LE, Le, LIV, LV, Lv, Liv
13	Governor Meridian	GV	XIII DM, DU, Du, GG, Go, Gv, LG, Lg, T, TM, VG, Vg
14	Conception Meridian	CV	XIV Co, Cv, J, JM, KG, Kg, REN, Ren, RM, VC,Vc

* This is part of the alphabetic code element of the standard acupuncture nomenclature proposed by the WHO Regional Working Group on the Standardization of Acupuncture Nomenclature

\+ Some of the alphabetic codes shown here have already been discarded but may still have been used in older documents. They have therefore been included in this list.

Appendix F

Standard Acupuncture Nomenclature as published by the World Health Organization

Part 2

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INTRODUCTION

With a view to achieving global agreement on a standard acupuncture nomenclature, the World Health Organization Regional Office for the Western Pacific has to date sponsored four regional meeting:

(a) Working Group on the Standardization of Acupuncture Nomenclature, Manila, December 1982;
(b) Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, May 1984;
(c) Second Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, July 1985; and
(d) Third Working Group on the Standardization of Acupuncture Nomenclature, Seoul, June 1987.

The Manila meeting in 1982 established the nomenclature structure of the meridian and acupuncture points, and reached a consensus on 361 classical acupuncture points.

The Tokyo meeting in 1984 approved the standard nomenclature of 31 extra points and adopted brief explanations covering 361 classical acupuncture point names, the standard nomenclature of scalp acupuncture and the basic lines for locations of acupuncture points, except the Lateral Cranial Line and the Lateral Abdominal Line.

The Hong Kong meeting in 1985 approved 17 extra and new points, the standard nomenclature of the eight extra meridians, with the exception of “Chongmai”, and the Standard English nomenclature of the basic technical terms of acupuncture.

The Seoul meeting in 1987 finalized the standard nomenclature of the eight extra meridians, developed the standard nomenclature of selected auricular points, acupuncture needles and unit for location of meridians and acupuncture points, finalized the standard nomenclature of forty-eight extra points, and adopted guidelines for development of the acupuncture chart.

A pamphlet entitled **Standard Acupuncture Nomenclature** was published and copies were distributed throughout the world. In 1984, a booklet entitled **Standard Acupuncture Nomenclature,** giving a comparative multilingual list in English, French, Japanese, Korean and Vietnamese, was also published as a WHO Regional Publication, Western Pacific Series No. 1. This is now under revision, including the explanation of acupuncture point names.

The present pamphlet consists of six sections:

(1) Standard nomenclature of basic technical terms of acupuncture;
(2) Standard nomenclature of eight extra meridians;
(3) Standard nomenclature of extra points;
(4) Standard nomenclature of scalp acupuncture;
(5) Standard nomenclature of acupuncture needle;
(6) Standard nomenclature of the unit of measurement;

STANDARD NOMENCLATURE OF BASIC TECHNICAL TERMS OF ACUPUNCTURE

There have been differences in the English nomenclature of basic technical terms of acupuncture. For instance, Jing(经)was sometimes translated as “meridian”，but at other times as "channel'. Another example is Zhenjiuxue (针灸穴), which was translated as "acupuncture point”. The following standard nomenclature was adopted at the meeting held in Hong Kong in 1985:

Meridians	Jing	经
Collateral	Luo	络
Meridian and Collateral	Jingluo	经络
Main Meridian	Zhengjing	正經
Extra Meridian	Qijing	奇經
Meridian Point	Jingxue	經穴
Extra Point	Qixue	奇穴
Acupuncture point	Zhenjiuxue	針灸穴

STANDARD NOMENCLATURE OF EIGHT EXTRA MERIDIANS

At the meeting in Hong Kong in 1985, after a careful and detailed study and debate, the nomenclature for extra meridians was adopted with the exception of “Chongmai”.

The term "Eight Extra Meridians” which includes the Conception and Governor Vessel Meridian plus six extra meridians, was officially recognized as the corporate title of this group.

It was unanimously decided to omit the terms "meridian" after Conception Vessel and Governor Vessel in order to standardize the nomenclature of the eight extra meridians

The members were required to find a suitable English equivalent for “Chongmai” and to report to the Third Regional Working Group.

At the meeting in Seoul in 1987 “Chongmai” was again discussed. Each member, such as Infusion Vessel, Sea Vessel, Gush Vessel, Flush Vessel, Charging Vessel and Ancestral Vessel proposed various names. Most of the suggestions referred to the description in Neijing(gg Canon of Medicine) i.e. ‘sea of the blood and gas'. Members from China, however, noted that it was impossible for them to find a suitable English equivalent.

After a lengthy discussion, the terms Charging, Flush, Gush, Infusion were grouped as one with similar meaning, and considering the alphanumeric code, it was finally decided to use Flush Vessel and the abbreviation FV, with a footnote 'Further investigation of a more suitable English nomenclature might be necessary'.

Thus, the nomenclature of the eight extra meridians is as follow:

GV	**Dumai**	**Governor Vessel**
CV	**Renmai**	**Conception Vessel**
FV	**Chongmai**	**Flush Vessel**
BV	**Daimai**	**Belt Vessel**
YinHV	**Yinqiaomai**	**Yin Heel Vessel**
YangHV	**Yangqiaomai**	**Yang Heel Vessel**
YinLV	**Yinweimai**	**Yin Link Vessel**
YangLV	**Yangweimai**	**Yang Link Vessel**

*Further investigation of a more suitable English nomenclature might be necessary.

STANDARD NOMENCLATURE OF EXTRA POINTS

At the Tokyo meeting in 1984, 31 extra points were adopted, all of which are those recorded in medical classics and widely used. At the Hong Kong meeting in 1985, 5 extra points and 12 new points were points were adopted using the following criteria:

1) The points should be common use
2) They must be clinically effective
3) They must have a clear anatomical location
4) They must be at least 0.5 cun away from a classical acupuncture point
5) If an extra point has the same name as an existing points, a prefix must be added to it

At the Seoul meeting in 1987, a suitable nomenclature for all the 48 acupuncture points was discussed. After careful consideration, it was unanimously agreed that all points outside the 361 classical acupuncture points should be called Extra Points. This should include all new points introduced after 1901 AD, including 12 new points adopted in Hong Kong, namely, Qiuhou, Shangyingxiang, Yiming, Dingchuan, Yaoyi, Xiazhishi, Yaotongdian, Wailaogong, Lanwei, Dannang, Neixiyuan and Xinei. Thus, all told, the Working Group adopted 48 extra points.

The alphanumeric code of these 48 extra points was then discussed. The following principles were established and the alphanumeric code was adopted:

1) Head, neck and trunk regions, form the higher to the lower level;
2) Upper and lower extremities, from the proximal to the distal level and, if at the same level, from the medial to lateral.

The following standard nomenclature was adopted for the 48 extra points.

Head and Neck (Toujing 頭頸)

Ex-HN 1	Sishencong	四 神 聪
Ex-HN 2	Dangyang	当 阳
Ex-HN 3	Yintang	印 堂
Ex-HN 4	Yuyao	鱼 腰
Ex-HN 5	Taiyang	太 阳
Ex-HN 6	Erjian	耳 尖
Ex-HN 7	Qiuhou	球 后
Ex-HN 8	Bitong	鼻 通
Ex-HN 9	Neiyingxiang	内 迎 香
Ex-HN 10	Juquan	聚 泉
Ex-HN 11	Haiquan	海 泉
Ex-HN 12	Jinjin	金 津
Ex-HN 13	Yuye	玉 液
Ex-HN 14	Yiming	翳 明
Ex-HN 15	Jingbailao	颈 百 劳

Chest and Abdomen (Xiongfu HI)

Ex-CA 1	Zigong	子 宫

Back (Bei 背)

Ex-B 1	Dingchuan	定 喘
Ex-B 2	Jiaji	夹 脊
Ex-B 3	Weiwanxiashu	胃 脘 T 俞
Ex-B 4	Pigen	痞 根
Ex-B 5	Xiajishu	T 极 俞
Ex-B 6	Yaoyi	腰 宜
Ex-B 7	Yaoyan	腰 眼
Ex-B 8	Shiqizhui	十 七 椎
Ex-B 9	Yaoqi	腰 奇

Upper Extremities (Shangzhi 上肢)

Ex-UE 1	Zhoujian	肘 尖
Ex-UE 2	Erbai	ii 白
Ex-UE 3	Zhongquan	中 泉
Ex-UE 4	Zhongkui	中 魁
Ex-UE 5	Dagukong	大 骨 空
Ex-UE 6	Xiaogukong	小 骨 空
Ex-UE 7	Yaotongdian	腰 痛 点
Ex-UE 8	Wailaogong	外 劳 宫
Ex-UE 9	Baxie	A 邪
Ex-UE 10	Sifeng	四 缝
Ex-UE 11	Shixuan	十 宣

Lower Extremities (Xiazhi 下肢)

Ex-LE 1	Kuangu	髋 骨
Ex-LE 2	Heding	鹤 顶
Ex-LE 3	Baichongwo	百 虫 窝
Ex-LE 4	Neixiyan	内 膝 眼
Ex-LE 5	Xiyan	膝 眼
Ex-LE 6	Dannang	胆 囊
Ex-LE 7	Lanwei	阑 尾
Ex-LE 8	Neihuaijian	内 踝 尖
Ex-LE 9	Waihuaijian	外 踝 尖
Ex-LE 10	Bafeng	A 风
Ex-LE 11	Duyin	独 阴
Ex-LE 12	Qiduan	气 端

STANDARD NOMENCLATURE OF THE UNIT OF MEASUREMENT

At the Seoul meeting in 1987, the Working Group discussed the unit for location of meridians. It was reported that different units were in use. Some countries used the term "inch" or other equivalent units in English. However, most of the countries used the cun/Cun, or tsun/Tsun.

After a long discussion, it was decided to use the cun (non-italicized) as the standardized nomenclature for the unit.

It was also noted that there were two different ways of defining the cun. Therefore, it was also decided that the following standard nomenclature should be used in each measurement method*:

B-Cun	Gudu Fencun	骨度分 cf	Bone proportional Cun
F-Cun	Shouzhi Tongshencun	手指同身 cf	Finger Cun

The Working Group also discussed standardization of the measurement of parts of the body using the Cun.

Thirty-six parts of the body mentioned in Neijing (J 經 : Canon of Medicine) were reviewed one by one. The following criteria were used:

1) Commonly used
2) Easy to measure
3) Clearly defined anatomically
4) Not controversial among the members

Some controversial parts were left for further investigation.

Standard measurements of six parts of the body were adopted as follows:

1) From the upper border of the Manibrium to the end of the body of the Sternum = 9 B-Cun
2) From the end of the body of the Sternum to the Umbilicus = 8 B-Cun
3) From the Umbilicus to the upper border of the symphysis pubis = 5 B-Cun
4) From the Medial Malleolus to the ground = 3 B-Cun
5) From the great Trochanta to the knee joint =19 B-Cun
6) From the knee joint to the prominence of Lateral Malleolus = 16 B-Cun

7) * In Acupuncture Points Station, , B-Cun/Gudu Fencun/骨度分寸/Bone proportional Cun method prevails when there is discrepancy between these 2 methods