CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE

ACUPUNCTURIST PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST PROFESSION

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PROFESSIONAL EXAMINATION SERVICES

EXECUTIVE SUMMARY

The California Acupuncture Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of Acupuncture practice in California. The purpose of the occupational analysis is to define practice for Acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the California Acupuncture Licensing Examination (CALE).

An initial focus group of practitioners and educators was held in February 2014 to discuss the traditional content-based OA process for defining critical tasks performed in the practice and knowledge needed to perform those tasks. Additional discussions involved examining critical tasks and knowledge for the Acupuncture profession from a condition-centered perspective based on practitioners' primary focus of treatment.

After the initial focus group, OPES test specialists conducted a literature review for the profession (e.g., previous OA reports, articles, publications) and conducted telephone interviews with ten Acupuncturists throughout California. The purpose of these interviews was to identify the tasks performed in Acupuncture practice and the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the interviews and literature review, OPES test specialists developed a preliminary list of tasks performed in Acupuncture practice along with statements representing the knowledge needed to perform those tasks.

Three workshops were subsequently convened to review and refine the preliminary task list and the preliminary knowledge list. The workshops were conducted in April, May, and June of 2014 and each workshop was comprised of a different grouping of 8-10 California-licensed Acupuncturist subject matter experts (SMEs) with diverse backgrounds in the acupuncture profession (e.g., location of practice, years licensed, specialty area). The goals of the first workshop were to 1) review the preliminary task and knowledge lists and 2) identify changes and trends in Acupuncture practice specific to California. The second workshop was conducted to review and refine the task and knowledge statements derived from the first workshop. The third workshop was held to finalize the task and knowledge lists and the demographic variables and rating scales that were to be used in the next phase of the OA. SMEs in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation.

Upon completion of the three workshops, OPES developed a three-part questionnaire to be completed by Acupuncturists statewide. Development of the questionnaire included a pilot study using a group of 17 licensees who had participated in the task and knowledge statement development workshops. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in July 2014.

In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. Licensees were also asked to identify the primary focus of treatment for the majority of their patients (e.g., Women's Health, Pain Management) and the primary modality (e.g., Point Needling, Herbal Therapy, Cupping) and technique they most frequently utilized (e.g., Traditional Chinese Medicine, Five Element, Dr. Tan) to treat patients' conditions.

In the second part of the questionnaire, the licensees were asked to rate specific job tasks in terms of importance (i.e., how important the task was to performance of the licensee's current practice) and frequency (i.e., how often the licensee performed the task in the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge was to performance of their current practice.

The Board sent letters to the entire population of over 8,000 California-licensed Acupuncturists inviting them to complete the questionnaire online. Eleven percent of the Acupuncturists (957) responded by accessing the Web-based survey. The final sample size included in the data analysis was 485. This final response rate reflects two adjustments; 1) non California-licensed Acupuncturists who responded to the questionnaire were removed from the sample, 2) incomplete, erroneous, and partially completed questionnaires were removed from the sample. The demographic composition of the final respondent sample is representative of the California Acupuncturist population.

OPES test specialists then performed data analyses on the task and knowledge ratings. Task ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement. Once the data was analyzed, two additional workshops with a diverse sample of 10 California-licensed Acupuncturists serving as subject matter experts (SMEs) were conducted. The purpose of each workshop was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The SMEs in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights.

The resulting content outline for the Acupuncturist profession is structured into five content areas weighted by criticality relative to the other content areas. The outline specifies the job tasks and knowledge critical to safe and effective Acupuncture practice in California at the time of licensure. In addition, a supplemental tool was created using the questionnaire data gathered regarding practitioners' primary focus of treatment and correlated modality and techniques used during treatment.

The content outline developed as a result of this occupational analysis serves as a basis for developing a written examination for inclusion in the process of granting California Acupuncturist licensure. The supplemental tool developed in this occupational analysis serves as a guide for writing test item scenarios from a common treatment perspective. At this time, California licensure as an Acupuncturist is granted by meeting the requisite education and training requirements and passing the California Acupuncture Licensing Examination (CALE).

OVERVIEW OF ACUPUNCTURIST CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient Assessment	The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.	31
II. Diagnostic Impression and Treatment Plan	The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.	10.5
III. Providing Acupuncture Treatment	The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.	35
IV. Herbal Therapy	The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.	10.5
V. Regulations for Public Health and Safety	The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.	13
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The California Acupuncture Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) to identify critical job activities performed by licensed Acupuncturists. This OA was part of the Board's comprehensive review of Acupuncture practice in California. The purpose of the OA is to define practice for Acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA serve as the basis for determining the description of practice for the Acupuncture profession in California.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by Acupuncturists in independent practice. The technical expertise of California-licensed Acupuncturists was used throughout the OA process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected Acupuncturists to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current Acupuncture practice during the development phase of the occupational analysis, and participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the OA questionnaire. Following administration of the OA questionnaire, groups of SMEs were convened at OPES to review the results and finalize the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code, Section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code, Section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (1999), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The Acupuncturist occupation is described as follows in the California Business and Professions Code, Sections 4925-4934.2:

(c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
(d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of ten California-licensed Acupuncturists to contact for telephone interviews. During the semi-structured interviews, licensed Acupuncturists were asked to identify all of the activities performed that are specific to the Acupuncture profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES staff conducted a literature review of the Acupuncture profession (e.g, previous OA reports, articles, publications) and integrated the information gathered during the interviews to develop task and knowledge statements. The statements were then organized into the major content areas of practice.

In April, May, and June 2014, OPES facilitated three workshops with 8-10 Acupuncturists serving as subject matter experts (SMEs) from diverse backgrounds (e.g., years licensed, specialty, location of practice) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness, and to assign each statement to the appropriate content area. The SME groups verified that the content areas were independent and non-overlapping. The SMEs also performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas. The SMEs in the May and June workshops were asked to verify proposed demographic variables for the OA questionnaire which would be used to ascertain the diversity (e.g., location, years licensed, work setting) of the sample, the types of common treatment focus categories (e.g., Pain Management, Addiction, Mental Health), and the treatment modalities (e.g., Point Needling, Herbal Therapy, Cupping) and techniques (e.g., Traditional Chinese Medicine, Five Element) used to address patient conditions.

Once the demographic-based variables were verified, and the lists of task and knowledge statements were finalized, the information was used to develop an online questionnaire that was sent to all California-Licensed Acupuncturists for completion.

QUESTIONNAIRE DEVELOPMENT

OPES developed the online occupational analysis survey, a questionnaire soliciting the licensees' ratings of the job task and knowledge statements for analysis. The surveyed Acupuncturists were instructed to rate each job task in terms of how important the task was to the performance of their current practice (IMPORTANCE) and how often they

performed the task (FREQUENCY). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents and to allow for the further analyses of the ratings from the perspective of practitioners' primary focus of treatment. The questionnaire can be found in Appendix F.

PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot survey. The pilot survey was reviewed by a group of 17 SMEs who had participated in the task and knowledge statement development workshops. Feedback from the pilot study was provided regarding the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES staff developed a letter for dissemination by the Board to all California-licensed Acupuncturists. The letter invited the Acupuncturists to contribute to the development of a current description of Acupuncture practice by participating in an online questionnaire. The questionnaire invitation letter can be found in Appendix E. The online format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

Eleven percent of the Acupuncturists (N = 957) responded by accessing the Web-based survey. The final sample size included in the data analysis was 485, or 5 percent of the California-licensed Acupuncturist population. This response rate reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as Acupuncturists in California were excluded from analysis. And second, the reconciliation process removed surveys containing incomplete and unresponsive data. Based on a review of the demographic composition, the respondent sample was representative of the population of California Acupuncturists.

DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 29.5 percent had been practicing as Acupuncturists for 5 years or less, 55.9 percent had been practicing between 6 and 20 years, and 14 percent had been practicing for more than 20 years.

The respondents were asked to indicate the types of settings where they provide services as an Acupuncturist. Sole ownership or working as a Practitioner in an independent setting was reported by 59.8 percent of the sample. Working as an Independent Practitioner in a group setting was reported by 19.2 percent of the sample. The remaining respondents reported their work setting as Acupuncture Medical Group (9.1 percent), Interdisciplinary Medical Group (4.5 percent), House Calls/Home Visits (4.3 percent), Multiple Settings (2 percent), and Hospital (1 percent). The majority of respondents worked 21 hours or more a week (65.8 percent). In addition, 63.5 percent of respondents reported working in an Urban setting.

Respondents were asked to report any languages in which they had verbal and/or written proficiency. English-speaking fluency was reported by 90.5 percent of the respondents with 90.1 percent of respondents reporting written English proficiency. Respondents also reported that 73.4 percent of their patients spoke English fluently. Additionally, 51.8 percent of respondents indicated that they took the English version of the California Acupuncture Licensing Examination.

In order to facilitate a condition-centered approach to the description of Acupuncture based on primary focus of treatment, respondents were asked to indicate (from a list of available treatment focus categories established in the May and June workshops) the primary treatment focus categories for which their patients received services. Pain Management (53.6 percent), General Health (25.4 percent), and Women's Health (6 percent) were the primary treatment focus categories selected most frequently by respondents. Point Needling (81.9 percent), Electroacupuncture (19.6 percent), and Herbal Therapy (17.3 percent) were the most frequently reported treatment modalities utilized by respondents. Additionally, the technique reported as most frequently incorporated into treatment by practitioners was Traditional Chinese Medicine (58.74 percent).

When asked to report the approximate gross income generated from their Acupuncture practice, 42.7 percent of respondents specified an income below $40,000 a year, 16.3 percent specified an income between $40,000 and $59,999, 14.8 percent specified an income between $60,000 and $79,999, 9.9 percent specified an income between $80,000 and $99,999, and 11.1 percent specified an income of above $100,000. Respondents were asked to report the primary source of income with the most frequent responses being Health Insurance (47.2 percent), Private Insurance (42.9 percent), and Cash out of Pocket (33.8 percent).

More detailed demographic information from the respondents can be found in Tables 1 through 19.

TABLE 1 – NUMBER OF YEARS PRACTICING AS A CALIFORNIA-LICENSED ACUPUNCTURIST:

YEARS	N	PERCENT
0 to 5	143	29.5
6 to 10	127	26.2
11 to 20	144	29.7
More than 20 years	68	14.0
Missing	3	00.6
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 1 – NUMBER OF YEARS PRACTICING AS A CALIFORNIA-LICENSED ACUPUNCTURIST

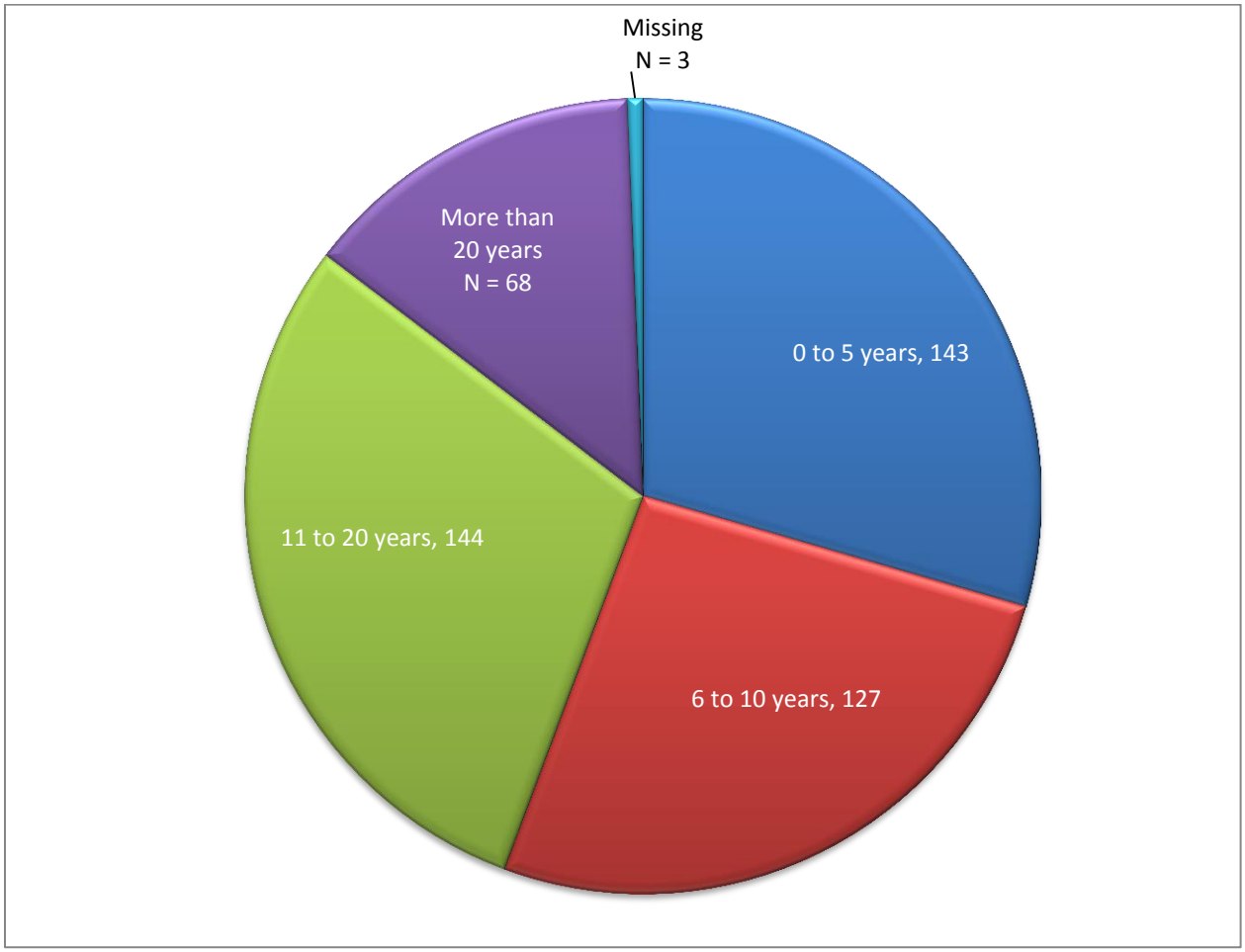

TABLE 2 – NUMBER OF PRACTICE SETTINGS/CLINIC LOCATIONS UTILIZED AS A CALIFORNIA-LICENSED ACUPUNCTURIST:

SETTINGS/CLINIC LOCATIONS	N	PERCENT
1	343	70.7
2 - 4	128	26.4
5 or more	9	1.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 2 – NUMBER OF PRACTICE SETTINGS/CLINIC LOCATIONS UTILIZED AS A CALIFORNIA-LICENSED ACUPUNCTURIST

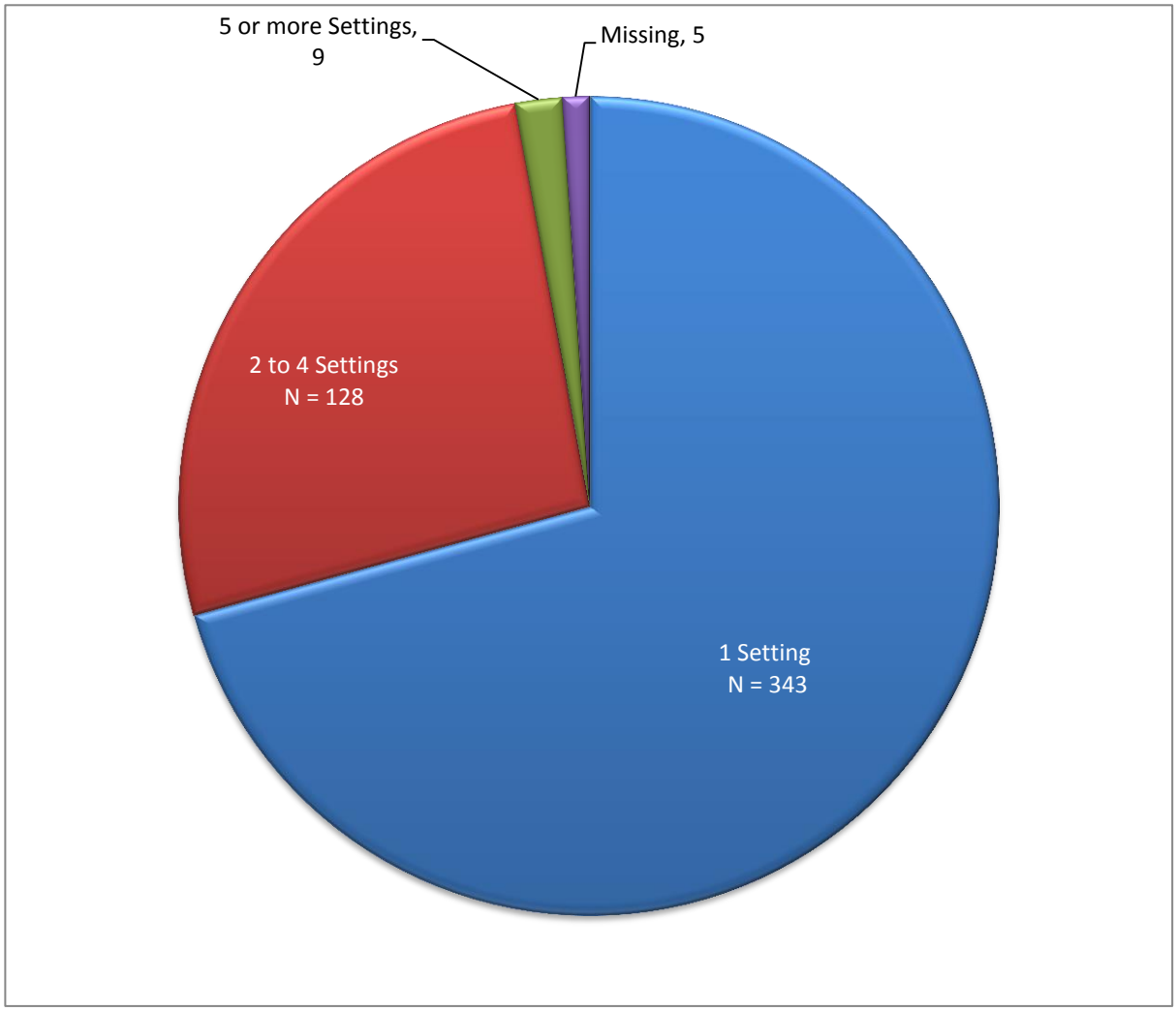

TABLE 3 – PRIMARY PRACTICE SETTING

PRACTICE SETTING	N	PERCENT
Sole Owner/Practitioner Independent Setting	290	59.80
Independent Practitioner in Group Setting	93	19.20
Acupuncture Medical Group (Inc. or LLC)	44	9.10
Interdisciplinary Medical Group	22	4.5
House Calls/Home Visits	21	4.3
Multiple Settings	9	2.0
Hospital	6	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 3 – PRIMARY PRACTICE SETTING

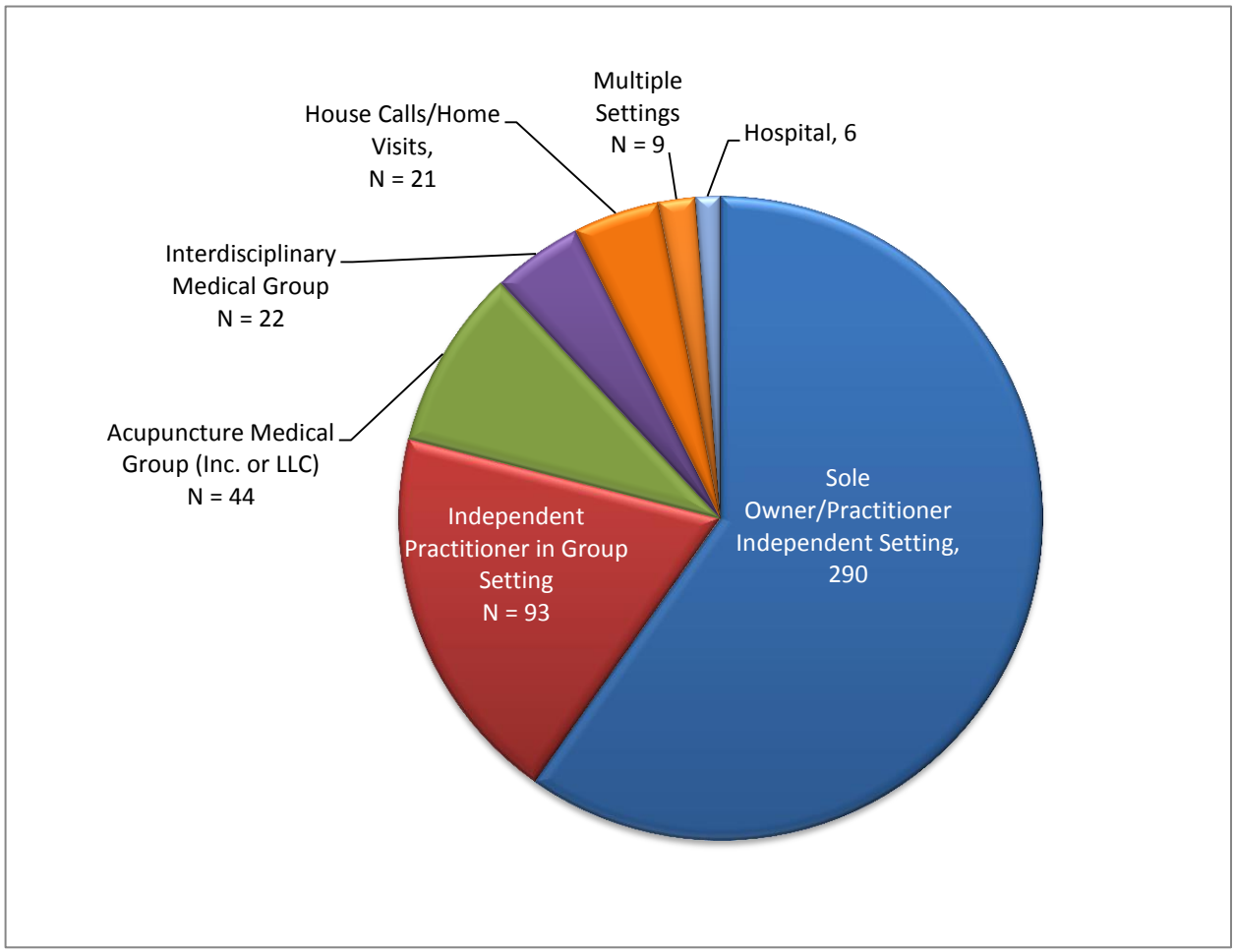

TABLE 4 – NUMBER OF HOURS WORKED PER WEEK

HOURS WORKED	N	PERCENT
0 - 10 hours	63	13.0
11 to 20 hours	100	20.6
21 to 39 hours	188	38.8
40 or more hours	131	27.0
Missing	3	.6
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 4 – NUMBER OF HOURS WORKED PER WEEK

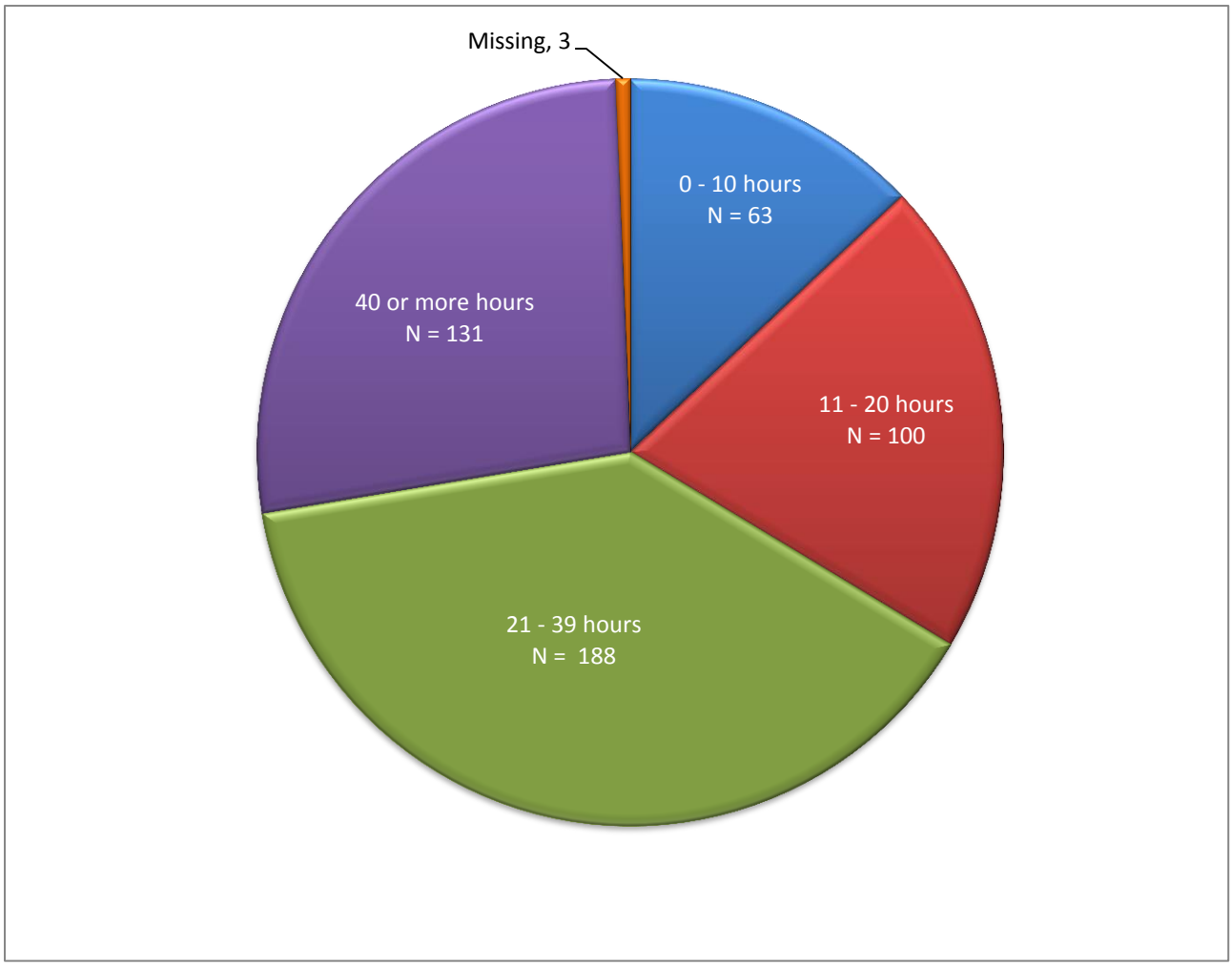

TABLE 5 – TYPE OF LOCATION

LOCATION	N	PERCENT
Urban	308	63.5
Suburban	143	29.5
Rural	25	5.2
Missing	9	1.9
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 5 – TYPE OF LOCATION

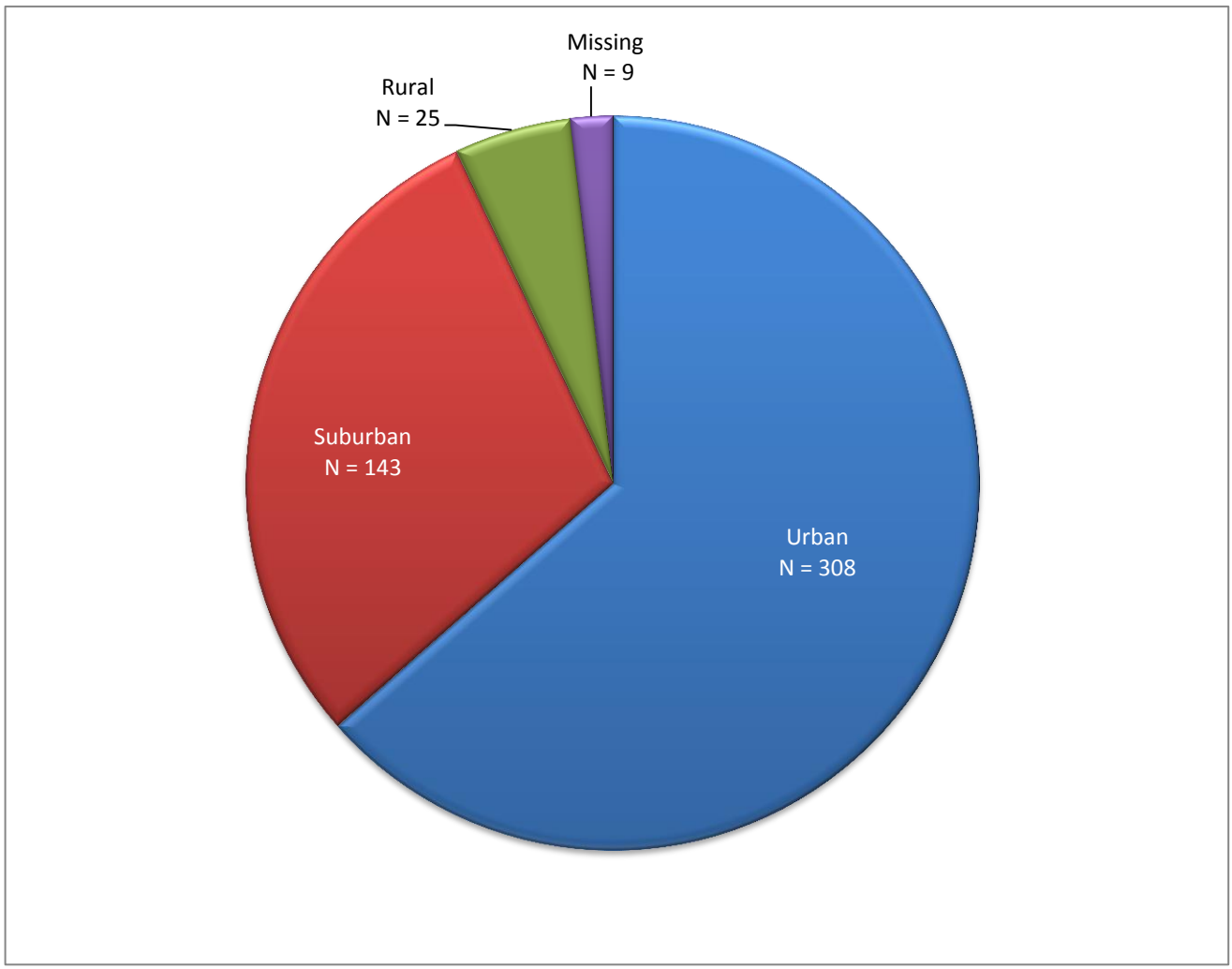

TABLE 6 – LANGUAGES SPOKEN*

LANGUAGE	N	PERCENT
English	439	90.5
Chinese	179	36.9
Korean	104	21.4
Spanish	41	8.5

*Respondents were permitted to select multiple languages

TABLE 7 – ABILITY TO READ ENGLISH PROFICIENTLY

PROFICIENCY	N	PERCENT
Yes	437	90.1
No	43	8.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 8 – LANGUAGE IN WHICH THE CALIFORNIA ACUPUNCTURE LICENSING EXAMINATION (CALE) WAS TAKEN

CALE LANGUAGE	N	PERCENT
English	251	51.8
Chinese	147	30.3
Korean	82	16.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 9 – PATIENTS' PRIMARY LANGUAGE

PATIENT LANGUAGE	N	PERCENT
English	356	73.4
Chinese	69	14.2
Korean	40	8.2
Spanish	3	.6
Missing	17	3.5
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 10 – HIGHEST LEVEL OF EDUCATION

EDUCATION	N	PERCENT
Certificate	9	1.9
Associate's Degree	3	.6
Bachelor's Degree	24	4.9
Master's Degree in Traditional Chinese Medicine	264	54.4
Master's Degree in another field	22	4.5
Doctorate Degree in Asian Medicine	113	23.3
Doctorate Degree in another field	33	6.8
Other formal education	8	1.6
Missing	9	1.9
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 6 – HIGHEST LEVEL OF EDUCATION

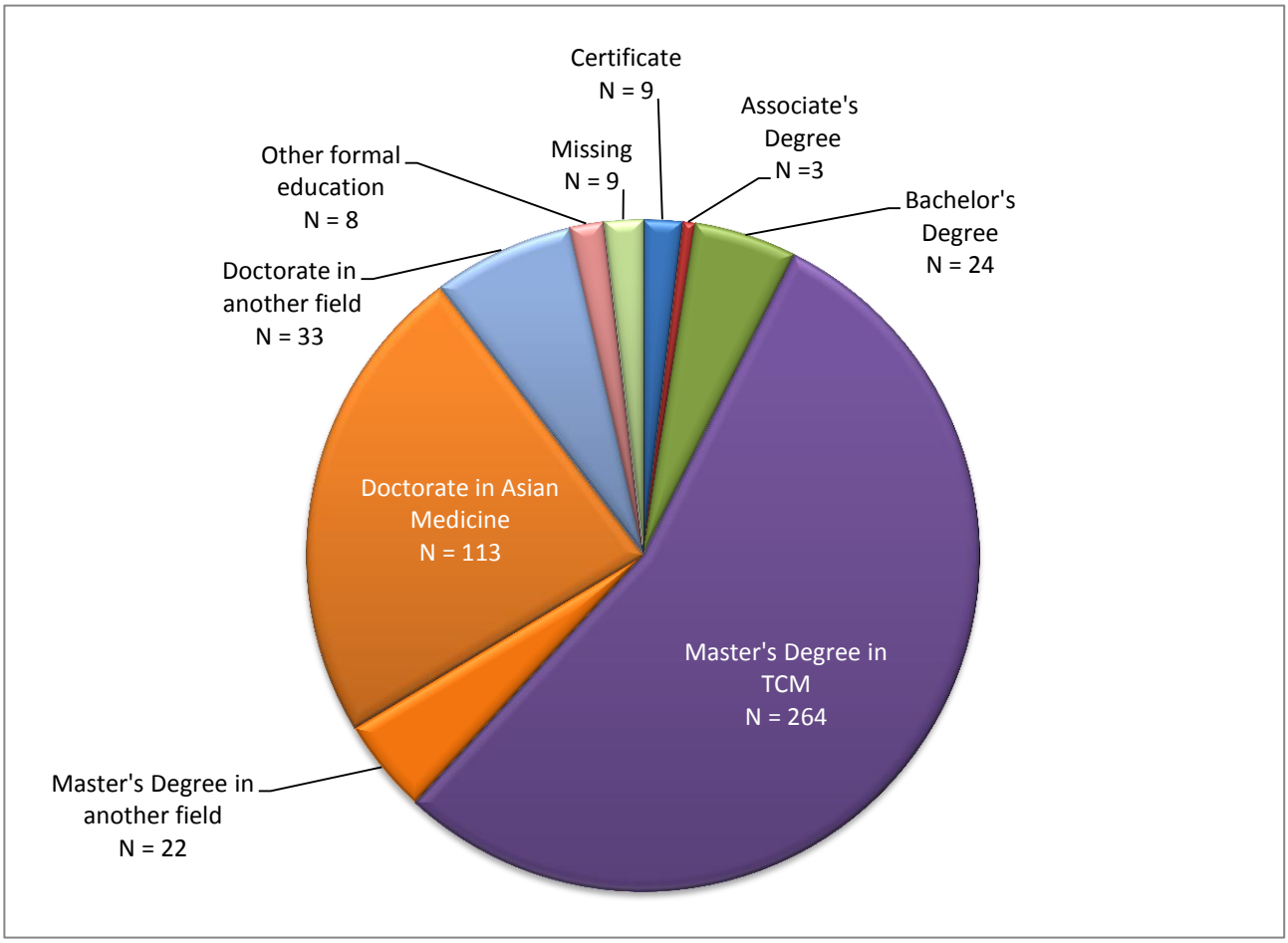

TABLE 11 – ADDITIONAL CALIFORNIA LICENSES HELD (related to Acupuncture practice)*

OTHER LICENSES	N	PERCENT*
Chiropractic	3	.6
Clinical Laboratory Scientist	3	.6
Certified Massage Therapist	11	2.2
Licensed Vocational Nurse	2	.4
Naturopathic Doctor	3	.6
Physical Therapist	2	.4
Registered Nurse	10	2.1
Teaching	3	.6

* Out of 485 total respondents

TABLE 12 – PRIMARY TREATMENT FOCUS CATEGORY

CATEGORY	N	PERCENT
Immune Disorder	11	2.3
Men's Health	1	.2
Women's Health	29	6.0
Gastrointestinal	7	1.4
Pain Management	260	53.6
Neurological	5	1.0
Dermatology/Cosmetic	3	.6
Addiction	3	.6
Mental Health	8	1.6
Endocrine Health	5	1.0
Cardiovascular	6	1.2
Oncology Support	8	1.6
General	123	25.4
Pediatrics	14	2.9
Missing	2	.4
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 7 – PRIMARY TREATMENT FOCUS CATEGORY

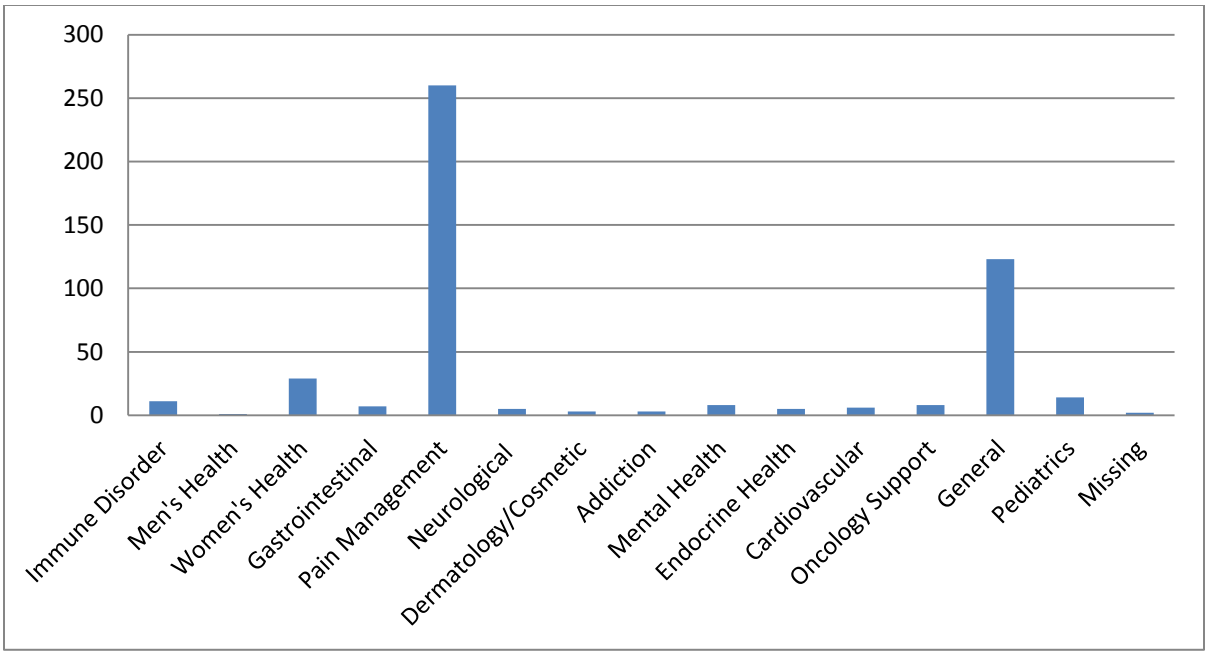

TABLE 13 – PERCENTAGE TIME SPENT (MINIMUM-MAXIMUM PERCENT SELECTED, MEAN, & STANDARD DEVIATION) ON PRIMARY TREATMENT FOCUS CATEGORY

CATEGORY	MIN-MAX	MEAN	SD
Immune Disorder	6% – 61%	26.50%	18.78%
Women's Health	1% – 68%	31.24%	18.49%
Gastrointestinal	1% – 71%	34.86%	22.08%
Pain Management	1% – 85%	25.74%	15.66%
Neurological	11% – 51%	26.40%	15.52%
Dermatology/Cosmetic	11% – 41%	24.33%	15.28%
Addiction	1% – 35%	22.33%	18.58%
Mental Health	6% – 71%	33.86%	25.30%
Endocrine Health	16% – 71%	42.00%	20.74%
Cardiovascular	2% – 41%	20.00%	17.15%
Oncology Support	1% – 56%	28.50%	16.26%
General	1% – 91%	12.79%	18.57%
Pediatrics	8% – 76%	31.54%	18.99%

TABLE 14 – TREATMENT MODALITIES UTILIZED (HIGHEST RANK)*

TREATMENT MODALITIES	N	PERCENT
Point Needling	397	81.9
Electroacupuncture	95	19.6
Herbal Therapy	84	17.3
Moxa	31	6.4
Cupping	48	9.9
Gua Sha	13	2.7
Tui Na	45	9.3
Massage Therapy	37	7.6

*Respondents were permitted to select multiple treatment modalities

FIGURE 8 –TREATMENT MODALITIES UTILIZED (HIGHEST RANK)

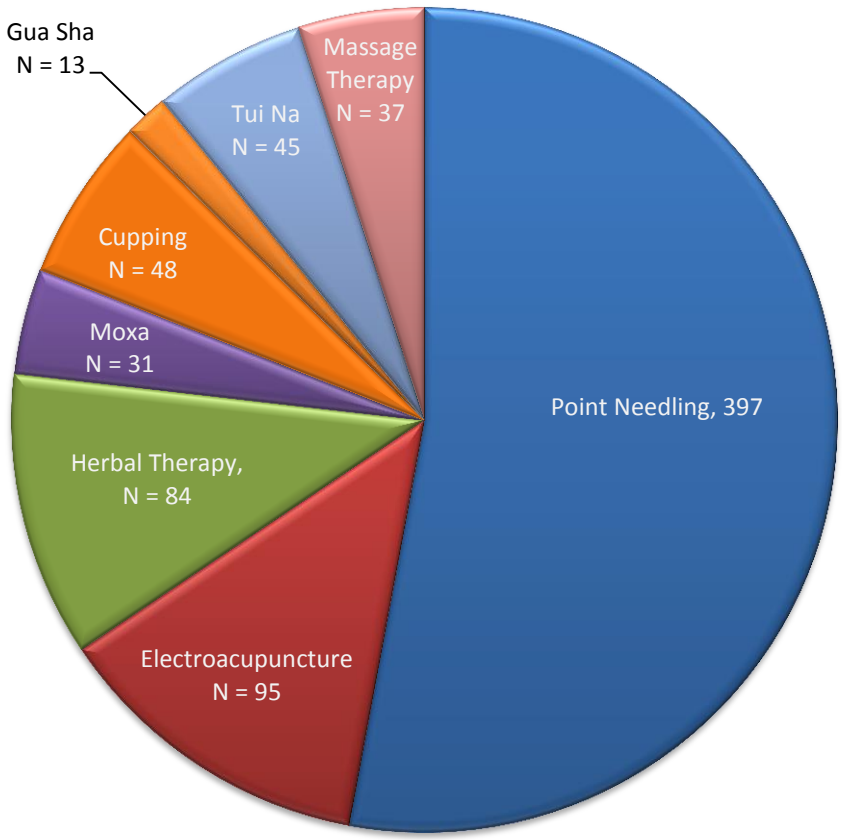

TABLE 15 –PERCENTAGE TIME SPENT (MINIMUM-MAXIMUM PERCENT SELECTED, MEAN, & STANDARD DEVIATION) INCORPORATING SPECIFIC TECHNIQUE

TECHNIQUE	MIN-MAX	MEAN	SD
Traditional Chinese Medicine	0% – 100%	58.74%	28.30%
Neurophysiological	0 %– 100%	17.77%	19.31%
Five Elements	0% – 100%	19.91%	21.37%
Auricular	0% – 99%	11.49%	11.64%
Scalp	0% – 50%	7.48%	6.34%
Master Tung	0% – 100%	18.42%	18.80%
Korean Hand	0% – 100%	11.24%	18.25%
Japanese	0% – 100%	22.00%	31.79%
Doctor Tan	0% – 90%	16.49%	20.91%

FIGURE 9 – PERCENTAGE OF TIME SPENT INCORPORATING SPECIFIC TECHNIQUE

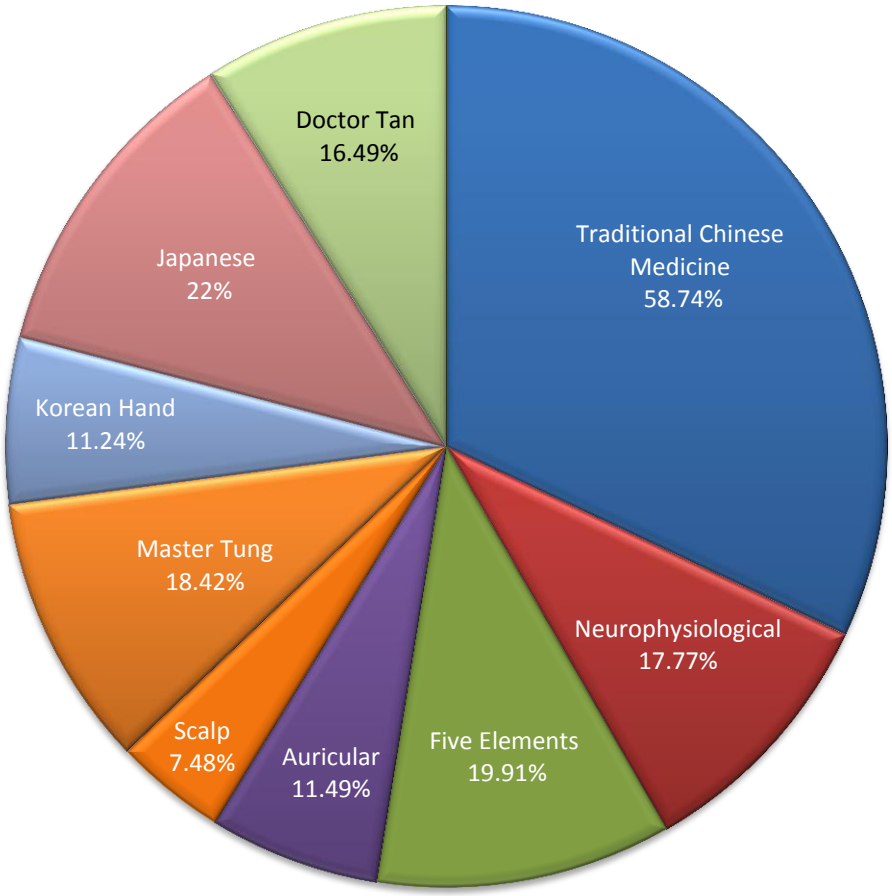

TABLE 16 – APPROXIMATE GROSS ANNUAL INCOME

INCOME	N	PERCENT
Up to $20,999	113	23.3
$21,000 – $39,999	94	19.4
$40,000 – $59,999	79	16.3
$60,000 – $79,999	72	14.8
$80,000 - $99,999	48	9.9
More than $100,000	54	11.1
Missing	25	5.2
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 10 – APPROXIMATE GROSS ANNUAL INCOME

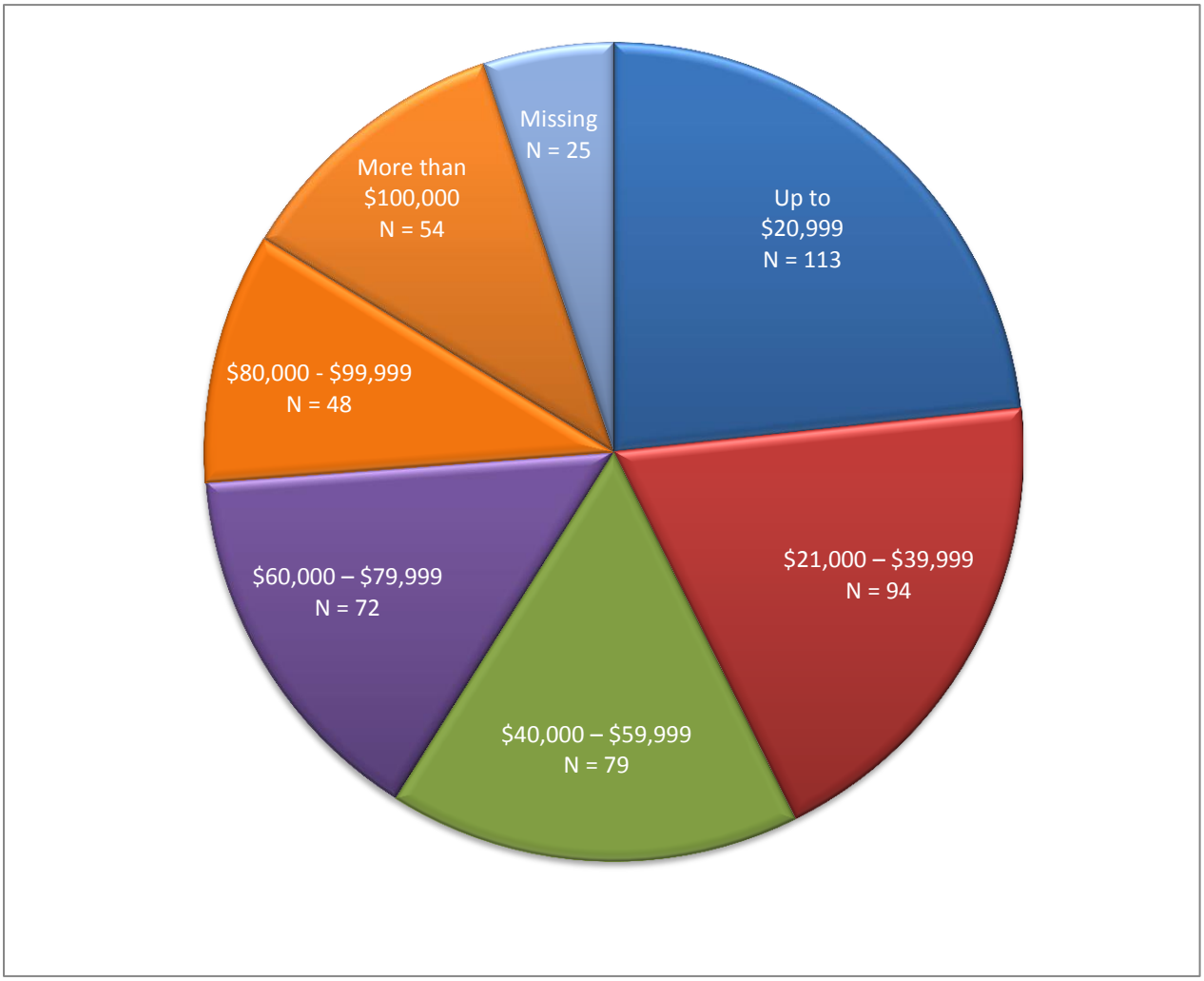

TABLE 17 – PRIMARY SOURCES OF INCOME*

INCOME SOURCES	N	PERCENT
Health Insurance	229	47.2
Workers' Compensation	85	17.5
Medicaid/Medicare	14	2.9
Private Insurance (e.g., HMO, PPO)	208	42.9
Personal Injury	97	20.0
Veteran Affairs	10	2.1
Cash/Out of Pocket	164	33.8

*Respondents were permitted to select multiple sources of income

FIGURE 11 – PRIMARY SOURCES OF INCOME

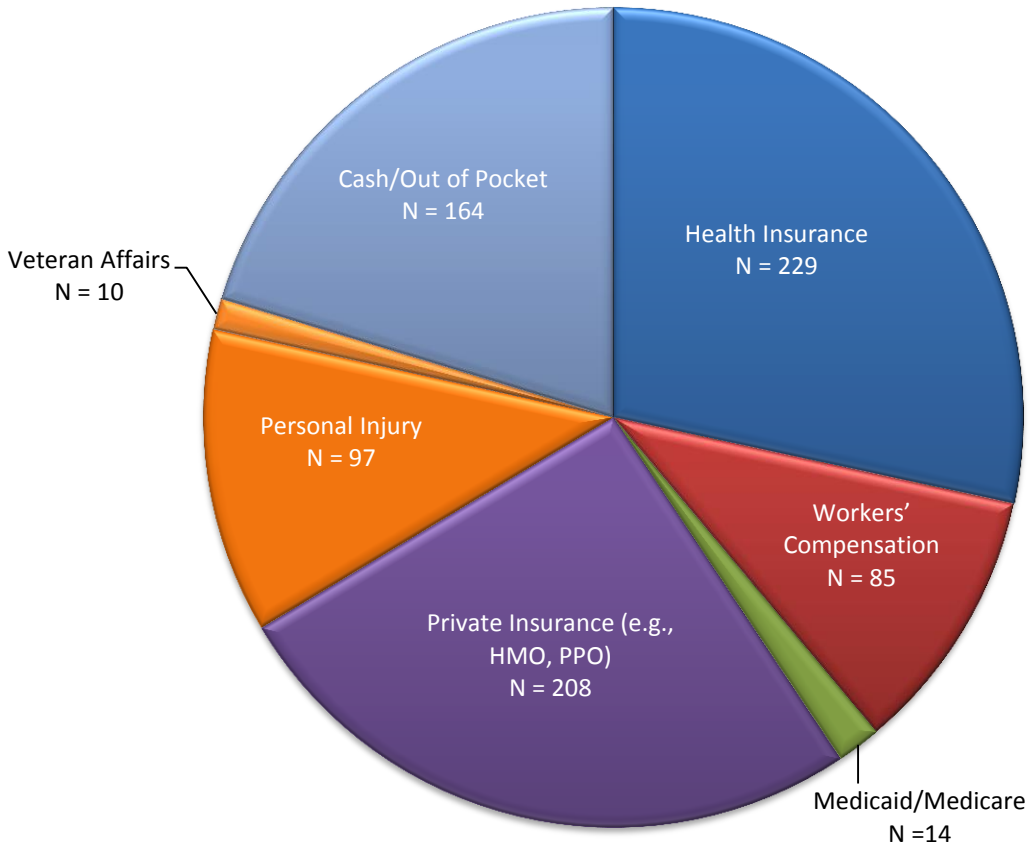

TABLE 18 – TRAINING PROGRAM PREPARED RESPONDENTS FOR FIRST YEAR IN PRACTICE

PREPAREDNESS	N	PERCENT
Yes	351	72.4
No	127	26.2
Missing	7	1.4
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 19 – RESPONDENTS BY REGION

SOUTHERN CALIFORNIA

County of Practice	Frequency
Imperial	1
Inyo	1
San Bernardino	3
San Diego	37
Los Angeles	162
Orange	66
Riverside	16
TOTAL	286

SAN FRANCISCO AREA

County of Practice	Frequency
Alameda	29
Amador	2
Contra Costa	6
Marin	10
San Francisco	20
San Mateo	10
Santa Clara	46
Santa Cruz	6
TOTAL	129

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	4
Kern	1
Kings	1
Merced	2
San Joaquin	3
Stanislaus	2
TOTAL	13

SACRAMENTO VALLEY

County of Practice	Frequency
Sacramento	10
Yolo	1
TOTAL	11

SIERRA MOUNTAIN

County of Practice	Frequency
El Dorado	2
Nevada	3
Placer	3
Plumas	1
Tuolumne	1
TOTAL	10

NORTH COAST

County of Practice	Frequency
Humboldt	2
Mendocino	2
Sonoma	13
TOTAL	17

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	2
San Luis Obispo	1
Santa Barbara	4
Ventura	6
TOTAL	13

DECLINED TO ANSWER

	Frequency
TOTAL	6

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained by the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal-consistency of the respondents' ratings of job task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 20 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .99) and task importance (α = .99) across content areas were highly reliable. Table 21 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .99) across content areas were highly reliable. These results indicate that the responding Acupuncturists rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 20 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
I. Patient Assessment	41	.98	.98
II. Diagnostic Impression and Treatment Plan	16	.96	.97
III. Providing Acupuncture Treatment	56	.98	.98
IV. Herbal Therapy	14	.97	.97
V. Regulations for Public Health and Safety	14	.93	.93
Total	141	.99	.99

TABLE 21 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
I. Patient Assessment	73	.99
II. Diagnostic Impression and Treatment Plan	40	.98
III. Providing Acupuncture Treatment	62	.98
IV. Herbal Therapy	20	.98
V. Regulations for Public Health and Safety	24	.97
Total	219	.99

TASK CRITICAL VALUES

Two workshops, each comprised of 10 California-licensed Acupuncturists acting as subject matter experts (SMEs), were convened at OPES in October and November 2014. The goals of the two workshops were to review the average importance and frequency ratings for tasks as well as the criticality indices of all task and knowledge statements. The desired outcome of these workshops was to identify the essential tasks and knowledge required for safe and effective Acupuncture practice at the time of licensure.

In order to determine the critical values (criticality) of the task statements, the importance rating (Ii) and the frequency rating (Fi) for each task were multiplied for each respondent, and the products averaged across respondents.

Critical task index = mean [(Fi) X (Ii)]

The task statements were then ranked according to the tasks' critical values. The task statements and their mean ratings and associated critical values are presented in Appendix A.

The SMEs who participated in the October 2014 workshop evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that a cutoff value of 10.00 should be set, based on their view of the relative importance of all tasks to Acupuncture practice. Eight task statements did not meet the cut-off value and were thus excluded from the content outline. Exclusion of a task statement from the content outline does not mean that the task is not performed in the Acupuncture practice, however, it was considered not critical for testing relative to other tasks. The SMEs in the November 2014 Workshop performed an independent review of the same data and arrived at the same conclusion of the SMEs from the October workshop.

KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each body of knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix B.

The SMES who participated in the October 2014 workshop, evaluating critical task indices, also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to Acupuncture practice, the SMEs determined that a cutoff value of 3.00 should be established. Five knowledge statements did not meet the cut-off value and were thus excluded from the content outline. Exclusion of a knowledge statement from the content outline does not mean that the body of knowledge is not used in the Acupuncture practice, however, it was considered not critical for testing relative to other knowledge concepts. The SMEs in the November 2014 workshop independently reviewed the same data and arrived at the same conclusion of the SMEs from the October workshop.

CHAPTER 5. EXAMINATION PLAN

TASK – KNOWLEDGE LINKAGE

The SMEs who participated in the October 2014 workshop reviewed the preliminary assignments of the task and knowledge statements to content areas and determined the appropriate linkage of specific knowledge statements to task statements. The content areas were developed so that they were non-overlapping and described major areas of practice. The SMEs who participated in the November 2014 workshop reviewed the October workshop results, including the task and knowledge linkage, and agreed with the outcome.

CONTENT AREAS AND WEIGHTS

In order for the November 2014 group of SMEs to determine the relative weights of the content areas, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below.

$$\frac{\textit{Sum of Critical Values for Tasks in Content Area}}{\textit{Sum of Critical Values for All Tasks}} = \textit{Percent Weight of Content Area}$$

In reviewing the preliminary weights based solely on the task critical values (TCV Prelim. Wts.), the SMEs determined these weights were reflective of the relative importance of the content areas to Acupuncture practice in California. In determining the final weighting of the content areas, the November 2014 group of SMEs, looked at the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to Acupuncture practice in California. A summary of final content area weights based on the task critical values are presented in Table 22. A more detailed breakdown of the final content area weights is presented in Table 23. The content outline for the Acupuncture profession is presented in Table 24.

CRITICAL INDICES BY PRIMARY FOCUS OF TREATMENT

Additional calculations were performed from a condition-centered approach, based on the practitioners' primary focus of treatment, by parsing the critical values data by primary treatment focus. The three primary focuses of treatment, Pain Management, Women's Health, and General Health, were examined to determine differences in the critical values of each task statement. The calculation of the critical indices by primary treatment focus can be found in Appendix C.

PRIMARY FOCUS OF TREATMENT - TREATMENT MODALITY AND TECHNIQUE CORRELATIONS

Using the data parsed by primary focus of treatment (e.g., Pain Management, Women's Health, General Health), correlations between treatment modalities (e.g., Point Needling, Electroacupuncture, Herbal Therapy) and techniques utilized (e.g., Traditional Chinese Medicine, Five Element) were examined. Correlations were evaluated using Pearson's r which determines the significance of the relationship between the primary treatment focus selected and each treatment modality and technique employed by respondents. The Pearson's r-value indicates the strength and direction (+ or -) of the correlation ranging from 0 to 1. The higher the number, the stronger the relationship whether negative or positive. A positive correlation between a treatment modality and technique indicates that when that modality is utilized by the respondents, they are more likely to use the particular technique. A negative correlation between a treatment modality and technique indicates that when that modality is utilized by the respondents, they are less likely to use the particular technique. The correlations can be found in Table 25.

The results of these additional analyses were used to develop a supplemental tool, within which tasks identified in the content outline are linked with the primary focus of treatment and the treatment modality and technique most strongly correlated within that focus area. Thus, the supplemental tool is intended to be used as an accompaniment to the Content Outline. The supplemental tool can enable a more focused situational approach to examination item development (i.e., item scenarios written from a common treatment perspective). The supplemental tool was verified to be thorough and accurate by the Acupuncturists who participated in the final November 2014 workshop and can be found in Appendix D.

TABLE 22 – CONTENT AREA WEIGHTS

Content Area		TCV Prelim. Wts.	Final Weights
I.	Patient Assessment	31	31
II.	Diagnostic Impression	10.5	10.5
III.	Acupuncture Treatment	35	35
IV.	Herbal Therapy	10.5	10.5
V.	Regulations for Public Health and Safety	13	13
Total		100	100

TABLE 23 – DETAILED BREAKDOWN CONTENT AREA WEIGHTS

Content area	Number of Tasks in Content Subarea	Number of Tasks in Content Area	Task Indices in Content Subarea	Task Indices in Content Area	Content Subarea Weight (%)	Area Weight (%)
I. Patient Assessment		41		637.09		31%
A. Obtain Patient's History	22		349.11		16.5%	
B. Perform Physical Examination	16		240.68		12%	
C. Evaluate for Herbs, Supplements, and Western Pharmacology	1		17.28		1%	
D. Implement Diagnostic Testing	2		30.01		1.5%	
II. Developing a Diagnostic Impression		14		217.99		10.5%
III. Providing Acupuncture Treatment		50		725.99		35%
A. Point Selection Principles and Categories	25		345.76		17.5%	
B. Point Location and Needling Techniques	8		138.78		5.5%	
C. Implement Adjunct Modalities	10		132.22		7%	
D. Patient Education	7		109.26		5%	
IV. Herbal Therapy		14		217.44		10.5%
V. Regulations for Public Health and Safety		14		269.42		13%
Total		133*		2067.63		100%

*NOTE: *Total (N=133) reflects the deduction of the 8 tasks that did not meet the Task Importance cut off explained in Chapter 4.*

TABLE 24 – CONTENT OUTLINE: ACUPUNCTURIST

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) – Assess patient's presenting complaints by gathering patient health and treatment history.	**T1.** Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K2.** Knowledge of techniques for obtaining vital signs. **K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K5.** Knowledge of the impact of patient genetics and heredity on symptom development. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T2.** Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K5.** Knowledge of the impact of patient genetics and heredity on symptom development. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.
	T3. Gather information regarding the history of present illness as it relates to chief complaint of patient.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T4.** Interview patient regarding prior treatments provided for chief complaint.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods.
	T5. Interview patient regarding emotional state and life events that contribute to present complaint.	**K7.** Knowledge of the impact of emotions on pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.
	T6. Interview patient regarding sleep patterns that contribute to present complaint.	**K8.** Knowledge of the patterns of sleep associated with pathology.
	T7. Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	**K9.** Knowledge of external and internal influences that impact current health status. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T8.** Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	**K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.
	T9. Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	**K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K16.** Knowledge of the effect of herbal and food flavors and temperatures on pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology. **K19.** Knowledge of the association between characteristics of thirst and patterns of disharmony.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T10.** Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	**K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K16.** Knowledge of the effect of herbal and food flavors and temperatures on pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology.
	T11. Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	**K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology. **K19.** Knowledge of the association between characteristics of thirst and patterns of disharmony.
	T12. Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	**K12.** Knowledge of the gastrointestinal system. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T13.** Interview patient regarding gynecological symptoms to determine nature of imbalance.	**K20.** Knowledge of the anatomy and physiology of human body systems. **K21.** Knowledge of patterns of disharmony associated with menstruation. **K22.** Knowledge of the female reproductive system. **K23.** Knowledge of patterns of disharmony associated with pregnancy and childbirth. **K24.** Knowledge of patterns of disharmony associated with menopause.
	T14. Interview patient regarding urogenital symptoms to determine nature of imbalance.	**K25.** Knowledge of patterns of disharmony associated with the male reproductive system. **K26.** Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.
	T15. Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	**K26.** Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.
	T16. Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	**K12.** Knowledge of the gastrointestinal system. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K27.** Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T17.** Evaluate patient for the presence of fever and/or chills to determine present health condition.	**K28.** Knowledge of the association between fever and/or chills and pathogenic influences. **K21.** Knowledge of patterns of disharmony associated with menstruation.
	T18. Evaluate patient patterns of perspiration to determine nature of imbalance.	**K29.** Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.
	T19. Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	**K30.** Knowledge of the relationship between ocular symptoms and pathology. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).
	T20. Interview patient regarding auditory function to determine nature of imbalance.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K31.** Knowledge of the relationship between auricular symptoms and pathology. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
A. Obtain Patient's History (16.5%) (cont.)	**T21.** Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K32.** Knowledge of pain characteristics resulting from pathological influences. **K52.** Knowledge of methodology for assessment of nature and quality of pain.
	T27. Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	**K39.** Knowledge of the theory of Jin Ye characteristics. **K42.** Knowledge of mucus characteristics and pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
B. Perform Physical Examination (12%) - Assess patient's condition using Western and Oriental Medicine examination techniques.	**T22.** Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	**K7.** Knowledge of the impact of emotions on pathology. **K33.** Knowledge of the theory of Qi. **K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen. **K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.
	T23. Observe patient (e.g., presence, affect) to determine spirit/Shen.	**K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen.
	T24. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	**K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.
	T25. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	**K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).
	T26. Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	**K40.** Knowledge of the relationship between quality and strength of voice and patterns of disharmony.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
B. Perform Physical Examination (12%) (cont.)	**T28.** Evaluate patient phlegm characteristics to determine nature of imbalance.	**K39.** Knowledge of the theory of Jin Ye characteristics. **K41.** Knowledge of phlegm characteristics and pathology.
	T29. Evaluate patient respiratory system to determine nature of imbalance.	**K43.** Knowledge of signs and symptoms of impaired respiratory function. **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K65.** Knowledge of clinical indications of cardiopulmonary dysfunction. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).
	T30. Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K20.** Knowledge of the anatomy and physiology of human body systems. **K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K55.** Knowledge of Western medical terminology and definitions. **K67.** Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.
	T31. Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K20.** Knowledge of the anatomy and physiology of human body systems.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
B. Perform Physical Examination (12%) (cont.)	**T31.** Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	**K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K52.** Knowledge of methodology for assessment of nature and quality of pain. **K55.** Knowledge of Western medical terminology and definitions.
	T32. Observe patient tongue body and coating to determine nature of imbalance.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K50.** Knowledge of tongue characteristics associated with pathology and health.
	T33. Assess patient radial pulse to determine nature of imbalance.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body.
	T34. Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	**K12.** Knowledge of the gastrointestinal system. **K13.** Knowledge of methods for palpating the abdomen. **K20.** Knowledge of the anatomy and physiology of human body systems. **K22.** Knowledge of the female reproductive system. **K46.** Knowledge of neuromusculoskeletal conditions.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
B. Perform Physical Examination (12%) (cont.)	**T34.** Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	**K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body. **K52.** Knowledge of methodology for assessment of nature and quality of pain. **K66.** Knowledge of palpation techniques for determination of pathology.
	T37. Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	**K3.** Knowledge of methods for palpating the abdomen. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).
	T38. Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	**K44.** Knowledge of skin characteristics associated with pathology. **K55.** Knowledge of Western medical terminology and definitions.
	T40. Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	**K68.** Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure). **K69.** Knowledge of methods for administering cardiopulmonary resuscitation. **K70.** Knowledge of methods for providing first aid treatment.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
B. Perform Physical Examination (12%) (cont.)	**T41.** Perform physical exam on patient to determine present health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K2.** Knowledge of techniques for obtaining vital signs. **K13.** Knowledge of methods for palpating the abdomen. **K20.** Knowledge of the anatomy and physiology of human body systems. **K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen. **K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K44.** Knowledge of skin characteristics associated with pathology. **K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K50.** Knowledge of tongue characteristics associated with pathology and health. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body. **K52.** Knowledge of methodology for assessment of nature and quality of pain.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
B. Perform Physical Examination (12%) (cont.)	**T41.** Perform physical exam on patient to determine present health condition.	**K53.** Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle). **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear). **K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K65.** Knowledge of clinical indications of cardiopulmonary dysfunction. **K66.** Knowledge of palpation techniques for determination of pathology. **K67.** Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
C. Evaluate for Herbs, Supplements, and Western Medicine (1%) – Assess patient's use of herbs, supplements, and Western medications to determine impact on patient's condition.	**T35.** Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	**K3.** Knowledge of interview techniques for obtaining health history. **K56.** Knowledge of the classification of commonly prescribed Western medications. **K57.** Knowledge of the clinical indications of commonly prescribed Western medications. **K58.** Knowledge of side effects of commonly prescribed Western medications. **K59.** Knowledge of clinical indications of commonly prescribed herbs and supplements. **K60.** Knowledge of side effects of commonly used herbs and supplements. **K61.** Knowledge of interactions between commonly used supplements, herbs, and Western medications.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	***Job Task***	***Associated Knowledge***
D. Implement Diagnostic Testing (1.5%) – Assess patient's condition by using results from Western diagnostic tests.	**T36.** Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	**K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K63.** Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).
	T39. Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	**K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K55.** Knowledge of Western medical terminology and definitions. **K58.** Knowledge of side effects of commonly prescribed Western medications. **K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K63.** Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography). **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K68.** Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure). **K70.** Knowledge of methods for providing first aid treatment. **K73.** Knowledge of the environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T42. Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K75.** Knowledge of the association between radial pulse findings and pathology. **K76.** Knowledge of the association between tongue characteristics and pathology. **K77.** Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.
T43. Identify affected channel by evaluating information gathered from patient.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K78.** Knowledge of the relationship between the Organs and channels in disease progression and transformation. **K82.** Knowledge of clinical indicators associated with disease of the channels. **K83.** Knowledge of the distribution, functions, and clinical significance of the channels.
T44. Differentiate between root and branch of condition to focus patient treatment.	**K84.** Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony. **K85.** Knowledge of methods for prioritizing pathology or disharmony symptoms.
T45. Prioritize findings regarding patient to develop treatment strategy.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K84.** Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony. **K85.** Knowledge of methods for prioritizing pathology or disharmony symptoms.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T46. Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	**K102.** Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles. **K103.** Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan. **K105.** Knowledge of treatment strategies for using tonification and/or sedation points. **K106.** Knowledge of the association between stimulation techniques and treatment principles.
T47. Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	**K103.** Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan. **K105.** Knowledge of treatment strategies for using tonification and/or sedation points. **K106.** Knowledge of the association between stimulation techniques and treatment principles.
T48. Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	**K79.** Knowledge of the relationships, patterns, and changes of Yin and Yang.
T49. Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	**K86.** Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.
T50. Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	**K80.** Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood). **K87**. Knowledge of the functions of and relationship between the Zang Fu and the channels. **K88.** Knowledge of the clinical indications associated with Zang Fu pathology. **K89.** Knowledge of methods for identifying simultaneous Zang Fu disharmonies.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T51. Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K79.** Knowledge of the relationships, patterns, and changes of Yin and Yang. **K81.** Knowledge of disease progression from superficial to deep levels of the human body. **K90.** Knowledge of methods for differentiating patterns of Hot and Cold conditions. **K91.** Knowledge of methods for differentiating Empty and Full patterns.
T52. Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	**K92.** Knowledge of the functions associated with the types of Qi. **K93.** Knowledge of the characteristics and functions associated with Blood. **K94.** Knowledge of the disharmonies associated with Qi and Blood. **K98.** Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.
T53. Utilize Four Level differentiation to determine progression of pathogen.	**K96.** Knowledge of patterns of disharmony associated with the Four Levels.
T54. Utilize Six Stage differentiation to determine progression of pathogen.	**K95.** Knowledge of patterns of disharmony associated with the Six Stages.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	***Associated Knowledge***
T57. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	**K99.** Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns. **K100.** Knowledge of Western medical diagnoses and physiological processes involved with disease progression.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) – Select acupuncture points and combinations, including microsystems (e.g., auricular, scalp), to provide therapeutic treatment for disharmonies.	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K120.** Knowledge of methods for combining distal and proximal points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K122.** Knowledge of principles for combining points from different channels. **K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition. **K124.** Knowledge of the method for balancing the points on the upper part of the body with those of the lower part. **K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K126.** Knowledge of treatment strategies that use centrally located points that relate to the extremities. **K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center. **K128.** Knowledge of the therapeutic use of Ashi points. **K129.** Knowledge of the therapeutic use of points along the Muscle channels. **K130.** Knowledge of the effects of using Front-Mu points in treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment. **K133.** Knowledge of treatment principles for using Lower He-Sea points. **K134.** Knowledge of techniques for choosing points according to channel theory. **K135.** Knowledge of the efficacy of using particular points during progressive phases of treatment. **K136.** Knowledge of significance of selecting points based upon specific time of day. **K137.** Knowledge of therapeutic use of Five Shu (Five Transporting) points. **K138.** Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels. **K139.** Knowledge of therapeutic use of Extraordinary points. **K140.** Knowledge of therapeutic use of Intersecting/Crossing points of the channel. **K141.** Knowledge of therapeutic use of Luo-Connecting points. **K142.** Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels. **K143.** Knowledge of therapeutic use of Yuan-Source points. **K144.** Knowledge of therapeutic use of Xi-Cleft points. **K145.** Knowledge of therapeutic use of tonification and/or sedation techniques. **K146.** Knowledge of therapeutic use of Four Seas points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K147.** Knowledge of therapeutic use of Influential points. **K148.** Knowledge of therapeutic use of Mother/Son points (Four Needle Technique). **K149.** Knowledge of the theory of the Five Elements. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K151.** Knowledge of needle manipulation techniques. **K152.** Knowledge of the needle retention methods for pathological conditions. **K153.** Knowledge of the impact of patient constitution and condition on duration of needle retention. **K154.** Knowledge of patient positions for locating and needling acupuncture points. **K155.** Knowledge of recommended needling depths and angles. **K167.** Knowledge of patient symptoms that indicate need for treatment modification. **K168.** Knowledge of contraindications for needling.
	T59. Select distal and/or proximal points on patient to treat affected channels and conditions.	**K120.** Knowledge of methods for combining distal and proximal points.
	T60. Select local points on patient by evaluating clinical indications to treat condition.	**K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K128.** Knowledge of the therapeutic use of Ashi points. **K129.** Knowledge of the therapeutic use of points along the Muscle channels.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T61.** Select points from different channels on patient to combine treatment of root and branch.	**K119.** Knowledge of the association between points and internal Organs and channels. **K122.** Knowledge of principles for combining points from different channels. **K134.** Knowledge of techniques for choosing points according to channel theory. **K142.** Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.
	T62. Select points on patient opposite to area of patient complaint to treat condition.	**K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
	T63. Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	**K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition. **K124.** Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.
	T64. Select points from Yin and Yang channels to balance the treatment prescription for patient.	**K122.** Knowledge of principles for combining points from different channels. **K134.** Knowledge of techniques for choosing points according to channel theory.
	T65. Select front and back points on patient to enhance treatment effect.	**K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K130.** Knowledge of the effects of using Front-Mu points in treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T65.** Select front and back points on patient to enhance treatment effect.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.
	T67. Select points on the extremities of patient to treat conditions occurring in the center.	**K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center.
	T68. Select Ashi points on patient to enhance treatment effect.	**K128.** Knowledge of the therapeutic use of Ashi points.
	T69. Select points along the Muscle channels of patient to enhance treatment effect.	**K129.** Knowledge of the therapeutic use of points along the Muscle channels.
	T70. Select Front-Mu (Alarm) points on patient to address acute imbalances.	**K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K130.** Knowledge of the effects of using Front-Mu points in treatment **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.
	T71. Select Back-Shu (Transport) points on patient to address chronic imbalances.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T72.** Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center. **K133.** Knowledge of treatment principles for using Lower He-Sea points. **K134.** Knowledge of techniques for choosing points according to channel theory.
	T73. Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	**K137.** Knowledge of therapeutic use of Five Shu (Five Transporting) points. **K148.** Knowledge of therapeutic use of Mother/Son points (Four Needle Technique). **K149.** Knowledge of the theory of the Five Elements.
	T74. Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	**K138.** Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.
	T75. Select Extra points on patient based on clinical indications to treat condition.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T75.** Select Extra points on patient based on clinical indications to treat condition.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points.
	T76. Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	**K140.** Knowledge of therapeutic use of Intersecting/Crossing points of the channel.
	T77. Select Luo-Connecting points on patient to treat internally and externally related channels.	**K141.** Knowledge of therapeutic use of Luo-Connecting points.
	T78. Select Yuan-Source points on patient to access fundamental Qi for the channel.	**K143.** Knowledge of therapeutic use of Yuan-Source points.
	T79. Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	**K144.** Knowledge of therapeutic use of Xi-Cleft points.
	T80. Select Eight Influential points on patient to treat condition.	**K139.** Knowledge of therapeutic use of Extraordinary points. **K147.** Knowledge of therapeutic use of Influential points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
A. Point Selection Principles and Categories (17.5%) (cont.)	**T106.** Select scalp points based on clinical indications to treat patient condition.	**K164.** Knowledge of the techniques of scalp acupuncture.
	T107. Select auricular points based on clinical indications to treat patient condition.	**K165.** Knowledge of the techniques of auricular acupuncture.
	T109. Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	**K135.** Knowledge of the efficacy of using particular points during progressive phases of treatment. **K167.** Knowledge of patient symptoms that indicate need for treatment modification.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
B. Point Location and Needling Techniques (5.5%) – Locate acupuncture points, insert needles, and apply needling techniques.	**T85.** Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	**K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location.
	T86. Evaluate patient condition to determine needle retention time for optimal treatment effects.	**K152.** Knowledge of the needle retention methods for pathological conditions.
	T87. Place patient into recommended position for needle insertion.	**K154.** Knowledge of patient positions for locating and needling acupuncture points.
	T88. Insert needle within standard depth range to stimulate point on patient.	**K155.** Knowledge of recommended needling depths and angles.
	T89. Manipulate needle to produce therapeutic effect in patient.	**K151.** Knowledge of needle manipulation techniques.
	T90. Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	**K168.** Knowledge of contraindications for needling.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
B. Point Location and Needling Techniques (5.5%) (cont.)	**T91.** Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	**K116.** Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves). **K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K155.** Knowledge of recommended needling depths and angles. **K169.** Knowledge of points and conditions that should be needled with caution.
	T108. Evaluate patient stress response to treatment by monitoring vital signs.	**K166.** Knowledge of signs and symptoms of patient distress.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
C. Implement Adjunct Modalities (7%) – Enhance treatment effectiveness by utilizing supportive treatments and recognizing contraindications.	**T92.** Apply moxibustion techniques on patient to treat indicated conditions.	**K156.** Knowledge of the application of moxibustion techniques. **K172.** Knowledge of contraindications for moxibustion.
	T93. Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	**K156.** Knowledge of the application of moxibustion techniques. **K172.** Knowledge of contraindications for moxibustion.
	T94. Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	**K157.** Knowledge of the application of electroacupuncture techniques. **K170.** Knowledge of contraindications for electroacupuncture.
	T95. Identify contraindications for electroacupuncture to avoid injury and/or complications.	**K157.** Knowledge of the application of electroacupuncture techniques. **K170.** Knowledge of contraindications for electroacupuncture.
	T96. Perform cupping techniques on patient to treat condition.	**K158.** Knowledge of the application of cupping techniques. **K171.** Knowledge of contraindications for cupping.
	T97. Identify contraindications for cupping to avoid injury and/or complications.	**K158.** Knowledge of the application of cupping techniques. **K171.** Knowledge of contraindications for cupping.
	T99. Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	**K175.** Knowledge of contraindications for Gua Sha techniques.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
C. Implement Adjunct Modalities (7%) (cont.)	**T100.** Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	**K159.** Knowledge of the application of soft tissue massage techniques. **K173.** Knowledge of contraindications for soft tissue massage. **K174.** Knowledge of contraindications for adjunctive therapies.
	T101. Identify contraindications for massage techniques to avoid injury and/or complications.	**K159.** Knowledge of the application of soft tissue massage techniques. **K173.** Knowledge of contraindications for soft tissue massage. **K174.** Knowledge of contraindications for adjunctive therapies.
	T103. Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	**K156.** Knowledge of the application of moxibustion techniques. **K160.** Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises). **K165.** Knowledge of the techniques of auricular acupuncture. **K172.** Knowledge of contraindications for moxibustion. **K174.** Knowledge of contraindications for adjunctive therapies.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
D. Patient Education (5%) – Provide Oriental Medicine education to patient regarding lifestyle, diet, and self-care.	**T102.** Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	**K156.** Knowledge of the application of moxibustion techniques. **K160.** Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises). **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K165.** Knowledge of the techniques of auricular acupuncture. **K174.** Knowledge of contraindications for adjunctive therapies.
	T104. Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	**K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.
	T105. Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	**K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.
	T110. Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	**K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
D. Patient Education (5%) (cont.)	**T111.** Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K167.** Knowledge of patient symptoms that indicate need for treatment modification.
	T112. Provide patient with information regarding physiological systems to explain how the body functions.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K166.** Knowledge of signs and symptoms of patient distress.
	T113. Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	***Job Task***	***Associated Knowledge***
D. Patient Education (5%) (cont.)	**T113.** Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	**K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K166.** Knowledge of signs and symptoms of patient distress.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	***Associated Knowledge***
T114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	**K176.** Knowledge of therapeutic uses for herbs and herbal formulas. **K177.** Knowledge of the categories of herbs and herbal formulas according to therapeutic properties. **K178.** Knowledge of the effects of herbs and herbal formulas on channels and Organs. **K179.** Knowledge of modifications of herbal formulas. **K180.** Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas. **K181.** Knowledge of the hierarchical principles governing herbal formulas. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas. **K185.** Knowledge of the interactions between diet and herbal therapies. **K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas. **K187.** Knowledge of the practice of herbal formula preparation. **K188.** Knowledge of the relationships between herbal formulas and treatment principles. **K189.** Knowledge of strategies for combining herb ingredients to form an herbal formula. **K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K191.** Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks). **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	***Associated Knowledge***
T114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	**K193.** Knowledge of the effects of processing herbs on efficacy and toxicity. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T115. Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	**K176.** Knowledge of therapeutic uses for herbs and herbal formulas. **K177.** Knowledge of the categories of herbs and herbal formulas according to therapeutic properties. **K178.** Knowledge of the effects of herbs and herbal formulas on channels and Organs. **K179.** Knowledge of modifications of herbal formulas. **K180.** Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas. **K181.** Knowledge of the hierarchical principles governing herbal formulas. **K182.** Knowledge of the association between therapeutic effects of points and herbal therapy. **K183.** Knowledge of interactions between herbal therapies and Western medications.
T116. Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	**K181.** Knowledge of the hierarchical principles governing herbal formulas.
T117. Identify complementary herb qualities and point functions to provide integrated treatment.	**K182.** Knowledge of the association between therapeutic effects of points and herbal therapy.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	***Associated Knowledge***
T118. Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	**K183.** Knowledge of interactions between herbal therapies and Western medications.
T119. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.
T120. Monitor effects of herbs when combined with Western medications to determine interactions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.
T121. Identify patient conditions that are contraindicated for recommending herbs.	**K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas. **K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K193.** Knowledge of the effects of processing herbs on efficacy and toxicity. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T122. Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	**K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T123. Determine effective dosage of herbal therapy by evaluating patient condition.	**K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	***Associated Knowledge***
T124. Evaluate patient response to herbal therapy to determine if modifications are indicated.	**K179.** Knowledge of modifications of herbal formulas. **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
T125. Monitor patient response to herbal therapy for side effects.	**K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T126. Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	**K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas. **K191.** Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks). **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.
T127. Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	***Associated Knowledge***
T128. Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K202.** Knowledge of guidelines for writing medical records and reports.
T129. Develop advertisements in accordance with legal guidelines regarding services provided.	**K197.** Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.
T130. Maintain patient records in accordance with State and federal regulations.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K202.** Knowledge of guidelines for writing medical records and reports. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.
T131. Maintain patient confidentiality in accordance with State and federal regulations.	**K199.** Knowledge of legal requirements for protecting patient confidentiality. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	***Associated Knowledge***
T132. Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	**K200.** Knowledge of indicators of child, elder, and dependent adult abuse. **K201.** Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.
T133. Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	**K218.** Knowledge of laws regulating practice techniques for California-licensed acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T134. Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	**K209.** Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases. **K210.** Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens. **K211.** Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases. **K212.** Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases. **K214.** Knowledge of the risks of infectious diseases in the practitioner and patient environment.
T135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	**K215.** Knowledge of standards and procedures for the Clean Needle Technique. **K216.** Knowledge of the methods for isolating used needles.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	***Associated Knowledge***
T135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	**K217.** Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.
T136. Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	**K215.** Knowledge of standards and procedures for the Clean Needle Technique. **K216.** Knowledge of the methods for isolating used needles. **K217.** Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.
T137. Adhere to ethical standards and professional boundaries while interacting with patients.	**K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T138. Adhere to professional standards regarding substance use within the treatment environment.	**K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	**K197.** Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services. **K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K202.** Knowledge of guidelines for writing medical records and reports.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	***Associated Knowledge***
T139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	**K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T140. Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	**K202.** Knowledge of guidelines for writing medical records and reports. **K203.** Knowledge of methods for using Western medical diagnostic codes. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.
T141. Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K199.** Knowledge of legal requirements for protecting patient confidentiality. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K218.** Knowledge of laws regulating practice techniques for California-licensed acupuncturists.

Table 25

PRIMARY FOCUS OF TREATMENT -
TREATMENT MODALITY AND TECHNIQUE CORRELATIONS

WOMEN'S HEALTH	
Modality/Technique	**Pearson's r**
Point Needling/Traditional Chinese Medicine	.30***
Point Needling/Five Element	.40***
PAIN MANAGEMENT	
Modality/Technique	**Pearson's r**
Point Needling/Japanese	.43*
Electroacupuncture/Neurophysiological	-.251*
Electroacupuncture/Korean Hand	-.40*
Herbal Therapy/Neurophysiological	.17***
Moxa/Traditional Chinese Medicine	.15**
Moxa/Auri cular	-.21*
Moxa/Scalp	-.21**
Moxa/Korean Hand	.33*
Cupping/Scalp	.22*
Gua Sha/Scalp	-.20***
Gua Sha/Korean Hand	-.47*
Massage Therapy/Scalp	-.23**
Massage Therapy/Master Tung	.31*
GENERAL	
Modality/Technique	**Pearson's r**
Point Needling/Traditional Chinese Medicine	.17**
Electroacupuncture/Traditional Chinese Medicine	-.23*
Electroacupuncture/Neurophysiological	-.32*
Electroacupuncture/Doctor Tan	-.48*
Herbal Therapy/Auricular	-.25*
Herbal Therapy/Scalp	.22***
Cupping/Scalp	.35*
Gua Sha/Auricular	-.34*
Gua Sha/Doctor Tan	.69*
Tui Na/Auricular	-.30*

Note: The Pearson's r-value indicates the strength and direction (+ or -) of the correlation and can range from 0 to 1.0 (+ or -). The higher the number, the stronger the relationship whether negative or positive. The p-value is the probability that the Pearson's r-value is due to chance.
*Correlations are significant at the p>.01 to ≤ .05 level
** Correlations are significant at the p>.05 to ≤ .10 level
*** Correlations are significant at the p>.10 to ≤ .16 level

CHAPTER 6. CONCLUSION

The occupational analysis of the Acupuncturist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Acupuncture. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Acupuncturist content outline contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A. CRITICALITY INDICES FOR ALL TASKS

I. Patient Assessment

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	4.69	4.76	22.64
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	4.46	4.55	20.78
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	4.41	4.51	20.43
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	4.21	4.41	19.13
33.	Assess patient radial pulse to determine nature of imbalance.	4.15	4.29	18.83
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	4.15	4.31	18.71
32.	Observe patient tongue body and coating to determine nature of imbalance.	4.12	4.28	18.70
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	4.01	4.15	17.62
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	4.06	4.09	17.55
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	4.01	4.08	17.28
4.	Interview patient regarding prior treatments provided for chief complaint.	3.90	4.21	17.27

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	3.98	4.13	17.25
6.	Interview patient regarding sleep patterns that contribute to present complaint.	3.95	4.18	17.13
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	3.93	4.11	16.96
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	3.89	4.05	16.64
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	4.55	3.46	16.17
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	3.85	3.96	16.15
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	3.82	3.93	16.00
7.	Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	3.79	3.98	15.92
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	3.78	3.92	15.81
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	4.09	3.65	15.81

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	3.82	3.82	15.61
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	3.76	3.71	15.18
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	3.97	4.14	14.69
41.	Perform physical exam on patient to determine present health condition.	3.67	3.51	14.55
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	3.56	3.69	14.27
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	3.65	3.55	14.20
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	3.43	3.66	13.76
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	3.47	3.58	13.64
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	3.46	3.49	13.40
29.	Evaluate patient respiratory system to determine nature of imbalance.	3.49	3.47	13.34
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	3.41	3.48	13.21
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	3.51	3.43	13.15

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	3.31	3.48	12.93
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	3.36	3.47	12.87
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	3.30	3.51	12.81
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	3.40	3.32	12.67
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	3.07	3.17	11.85
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	3.15	3.26	11.59
20.	Interview patient regarding auditory function to determine nature of imbalance.	2.96	3.05	10.37
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	3.04	2.81	10.22

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

II. Diagnostic Impression and Treatment Plan

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	4.29	4.33	19.52
45.	Prioritize findings regarding patient to develop treatment strategy.	4.17	4.18	18.28
43.	Identify affected channel by evaluating information gathered from patient.	4.07	4.15	17.89
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	3.99	4.04	17.26
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	4.00	4.00	17.17
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	3.90	3.96	16.82
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	3.90	3.91	16.52
44.	Differentiate between root and branch of condition to focus patient treatment.	3.90	3.92	16.45
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	3.79	3.81	15.97
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	3.64	3.66	15.02
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	3.53	3.43	13.78
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	3.22	3.21	12.49

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
54.	Utilize Six Stage differentiation to determine progression of pathogen.	3.00	2.88	10.46
53.	Utilize Four Level differentiation to determine progression of pathogen.	2.97	2.85	10.36
56.**	Determine Jin Ye quality by patient evaluation to develop diagnostic impression.	~~2.54~~	~~2.46~~	~~8.43~~
55.**	Utilize San Jiao theory to develop differential diagnosis.	~~2.54~~	~~2.49~~	~~8.42~~

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

III. Providing Acupuncture Treatment

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	4.49	4.37	20.33
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	4.43	4.32	19.83
58.	Develop a point prescription for patient based on treatment principles to restore balance.	4.19	4.28	18.93
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	4.21	4.28	18.79
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	4.12	4.25	18.36
87.	Place patient into recommended position for needle insertion.	4.07	4.18	17.99
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	4.05	4.12	17.85
88.	Insert needle within standard depth range to stimulate point on patient.	4.02	4.14	17.70
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	4.08	4.11	17.58
60.	Select local points on patient by evaluating clinical indications to treat condition.	3.97	4.08	17.15
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	3.94	3.95	16.58

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
68.	Select Ashi points on patient to enhance treatment effect.	3.84	3.99	16.28
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	3.85	3.93	16.28
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	3.85	3.96	16.23
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	4.01	3.63	16.19
61.	Select points from different channels on patient to combine treatment of root and branch.	3.84	3.90	16.09
89.	Manipulate needle to produce therapeutic effect in patient.	3.78	3.85	15.86
97.	Identify contraindications for cupping to avoid injury and/or complications.	3.98	3.56	15.50
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	3.78	3.78	15.35
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	3.81	3.66	15.32
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	3.66	3.80	15.13
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	3.57	3.73	14.69

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
112.	Provide patient with information regarding physiological systems to explain how the body functions.	3.64	3.71	14.64
67.	Select points on the extremities of patient to treat conditions occurring in the center.	3.55	3.67	14.45
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	3.67	3.43	14.45
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	3.59	3.61	14.34
62.	Select points on patient opposite to area of patient complaint to treat condition.	3.47	3.60	13.79
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	3.52	3.52	13.75
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	3.78	3.20	13.68
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	3.40	3.55	13.67
75.	Select Extra points on patient based on clinical indications to treat condition.	3.43	3.53	13.34
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	3.42	3.41	13.10
65.	Select front and back points on patient to enhance treatment effect.	3.37	3.40	12.98
108.	Evaluate patient stress response to treatment by monitoring vital signs.	3.43	3.30	12.92
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	3.29	3.22	12.68

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	3.35	3.32	12.56
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	3.23	3.24	12.42
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	3.29	3.29	12.42
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	3.30	3.27	12.21
69.	Select points along the Muscle channels of patient to enhance treatment effect.	3.21	3.26	12.10
96.	Perform cupping techniques on patient to treat condition.	3.33	3.21	12.05
107.	Select auricular points based on clinical indications to treat patient condition.	3.28	3.27	12.04
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	3.24	3.15	11.66
80.	Select Eight Influential points on patient to treat condition.	3.19	3.16	11.59
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	3.12	3.11	11.49
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	3.15	3.13	11.47
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	3.14	3.11	11.20
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	3.26	2.54	10.57

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
92.	Apply moxibustion techniques on patient to treat indicated conditions.	3.17	2.71	10.30
106.	Select scalp points based on clinical indications to treat patient condition.	3.03	2.81	10.11
66.**	Select points in the center of patient to treat conditions occurring in the extremities.	~~2.82~~	~~2.85~~	~~9.96~~
81.**	Select Four Seas points on patient to treat condition.	~~2.82~~	~~2.71~~	~~9.33~~
84.**	Select Mother/Son (Four Needle Technique) points on patient to address Five Element imbalances.	~~2.64~~	~~2.43~~	~~8.64~~
98.**	Perform Gua-sha techniques on patient to treat condition.	~~2.35~~	~~1.90~~	~~6.34~~
83.**	Utilize Bleeding technique on patient to treat condition.	~~2.42~~	~~1.89~~	~~6.33~~
82.**	Utilize Seven Star needling technique on patient to treat condition.	~~1.88~~	~~1.58~~	~~4.48~~

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

IV. Herbal Therapy

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
125.	Monitor patient response to herbal therapy for side effects.	4.20	3.98	17.72
121.	Identify patient conditions that are contraindicated for recommending herbs.	4.26	3.89	17.67
126.	Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	4.13	3.95	17.49
124.	Evaluate patient response to herbal therapy to determine if modifications are indicated.	4.11	3.91	17.12
119.	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	4.20	3.80	17.07
123.	Determine effective dosage of herbal therapy by evaluating patient condition.	4.10	3.92	17.07
122.	Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	4.01	3.82	16.47
120.	Monitor effects of herbs when combined with Western medications to determine interactions.	4.08	3.62	16.06
114.	Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	3.90	3.67	15.67

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
115.	Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	3.83	3.58	15.10
117.	Identify complementary herb qualities and point functions to provide integrated treatment.	3.51	3.34	13.45
116.	Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	3.43	3.22	12.89
118.	Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	3.38	3.14	12.48
127.	Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	3.26	2.79	10.88

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

V. Public Health and Safety and Record Keeping

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
135.	Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	4.70	4.77	22.72
136.	Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	4.64	4.70	22.27
131.	Maintain patient confidentiality in accordance with State and federal regulations.	4.60	4.69	22.04
137.	Adhere to ethical standards and professional boundaries while interacting with patients.	4.63	4.67	22.01
134.	Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	4.66	4.64	21.98
139.	Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	4.56	4.55	21.27
130.	Maintain patient records in accordance with State and federal regulations.	4.48	4.61	21.18
138.	Adhere to professional standards regarding substance use within the treatment environment.	4.57	4.51	21.07

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
128.	Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	4.42	4.54	20.61
133.	Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	4.45	4.47	20.56
140.	Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	3.94	3.47	14.81
141.	Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	3.94	3.35	14.18
129.	Develop advertisements in accordance with legal guidelines regarding services provided.	3.61	3.04	12.75
132.	Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	4.38	2.63	11.97

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

APPENDIX B. KNOWLEDGE IMPORTANCE RATINGS

I. Patient Assessment

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
68.	Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure).	4.42
4.	Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.	4.31
3.	Knowledge of interview techniques for obtaining health history.	4.29
20.	Knowledge of the anatomy and physiology of human body systems.	4.28
60.	Knowledge of side effects of commonly used herbs and supplements.	4.19
52.	Knowledge of methodology for assessment of nature and quality of pain.	4.17
37.	Knowledge of the interrelationships between Organs.	4.14
59.	Knowledge of clinical indications of commonly prescribed herbs and supplements.	4.13
69.	Knowledge of methods for administering cardiopulmonary resuscitation.	4.12
1.	Knowledge of physical examination techniques and evaluation of findings.	4.11
10.	Knowledge of the impact of dietary habits on pathology or imbalance.	4.11
12.	Knowledge of the gastrointestinal system.	4.10
9.	Knowledge of external and internal influences that impact current health status.	4.09
32.	Knowledge of pain characteristics resulting from pathological influences.	4.08
33.	Knowledge of the theory of Qi.	4.08
70.	Knowledge of methods for providing first aid treatment.	4.08
2.	Knowledge of techniques for obtaining vital signs.	4.07

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
50.	Knowledge of tongue characteristics associated with pathology and health.	4.07
61.	Knowledge of interactions between commonly used supplements, herbs, and Western medications.	4.07
38.	Knowledge of the interrelationships between meridians.	4.06
21.	Knowledge of patterns of disharmony associated with menstruation.	4.05
22.	Knowledge of the female reproductive system.	4.05
24.	Knowledge of patterns of disharmony associated with menopause.	4.05
55.	Knowledge of Western medical terminology and definitions.	4.02
7.	Knowledge of the impact of emotions on pathology.	4.01
8.	Knowledge of the patterns of sleep associated with pathology.	4.00
11.	Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.	4.00
27.	Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.	4.00
47.	Knowledge of pathogenic factors that affect joints and surrounding areas.	3.98
48.	Knowledge of causes of joint pathology.	3.97
46.	Knowledge of neuromusculoskeletal conditions.	3.96
53.	Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle).	3.96
14.	Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.	3.93
54.	Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).	3.93
45.	Knowledge of methods of assessing neuromusculoskeletal function and integrity.	3.92

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
65.	Knowledge of clinical indications of cardiopulmonary dysfunction.	3.92
71.	Knowledge of the signs and symptoms of food, nutrient, and drug interactions.	3.91
43.	Knowledge of signs and symptoms of impaired respiratory function.	3.90
23.	Knowledge of patterns of disharmony associated with pregnancy and childbirth.	3.89
58.	Knowledge of side effects of commonly prescribed Western medications.	3.89
28.	Knowledge of the association between fever and/or chills and pathogenic influences.	3.88
64.	Knowledge of vital sign values as clinical indicators of pathology.	3.85
73.	Knowledge of the environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.	3.84
34.	Knowledge of Shen characteristics and clinical indicators of impaired Shen.	3.83
66.	Knowledge of palpation techniques for determination of pathology.	3.82
26.	Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.	3.77
6.	Knowledge of the roles of other health care providers and commonly used treatment methods.	3.76
25.	Knowledge of patterns of disharmony associated with the male reproductive system.	3.76
56.	Knowledge of the classification of commonly prescribed Western medications.	3.76
57.	Knowledge of the clinical indications of commonly prescribed Western medications.	3.74

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
62.	Knowledge of clinical significance of laboratory tests used for diagnostic purposes.	3.73
29.	Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.	3.67
41.	Knowledge of phlegm characteristics and pathology.	3.67
49.	Knowledge of conditions associated with abnormal localized temperature.	3.67
63.	Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).	3.65
36.	Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	3.63
13.	Knowledge of methods for palpating the abdomen.	3.62
44.	Knowledge of skin characteristics associated with pathology.	3.62
67.	Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.	3.61
42.	Knowledge of mucus characteristics and pathology.	3.57
5.	Knowledge of the impact of patient genetics and heredity on symptom development.	3.55
19.	Knowledge of the association between characteristics of thirst and patterns of disharmony.	3.55
35.	Knowledge of facial indicators associated with pathology or disharmony.	3.54
51.	Knowledge of methods for obtaining pulse information from various locations on the body.	3.48
16.	Knowledge of the effect of herbal and food flavors and temperatures on pathology.	3.46
30.	Knowledge of the relationship between ocular symptoms and pathology.	3.41
31.	Knowledge of the relationship between auricular symptoms and pathology.	3.40

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
18.	Knowledge of the relationship between food and fluid temperature preferences and pathology.	3.38
72.	Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).	3.37
15.	Knowledge of the association between taste in mouth (e.g., metallic, sour, sweet) and pathology.	3.33
40.	Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	3.33
17.	Knowledge of the association between food and fluid flavor preferences and pathology.	3.29
39.	Knowledge of the theory of Jin Ye characteristics.	3.27

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

II. Developing a Diagnostic Impression and Treatment Plan

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
101.	Knowledge of patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require patient referral.	4.29
102.	Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles.	4.15
103.	Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	4.13
74.	Knowledge of methods for integrating assessment information to develop a diagnosis.	4.12
77.	Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.	3.96
90.	Knowledge of methods for differentiating patterns of Hot and Cold conditions.	3.96
94.	Knowledge of the disharmonies associated with Qi and Blood.	3.96
79.	Knowledge of the relationships, patterns, and changes of Yin and Yang.	3.95
80.	Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood).	3.95
76.	Knowledge of the association between tongue characteristics and pathology.	3.94
85.	Knowledge of methods for prioritizing pathology or disharmony symptoms.	3.94
93.	Knowledge of the characteristics and functions associated with Blood.	3.93
83.	Knowledge of the distribution, functions, and clinical significance of the channels.	3.92
78.	Knowledge of the relationship between the Organs and channels in disease progression and transformation.	3.90
84.	Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony.	3.90

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
88.	Knowledge of the clinical indications associated with Zang Fu pathology.	3.89
100.	Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	3.89
91.	Knowledge of methods for differentiating Empty and Full patterns.	3.87
81.	Knowledge of disease progression from superficial to deep levels of the human body.	3.85
87.	Knowledge of the functions of and relationship between the Zang Fu and the channels.	3.85
82.	Knowledge of clinical indicators associated with disease of the channels.	3.84
89.	Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	3.83
92.	Knowledge of the functions associated with the types of Qi.	3.83
99.	Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	3.83
75.	Knowledge of the association between radial pulse findings and pathology.	3.82
98.	Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.	3.79
105.	Knowledge of treatment strategies for using tonification and/or sedation points.	3.69
106.	Knowledge of the association between stimulation techniques and treatment principles.	3.67
111.	Knowledge of therapeutic uses for cupping.	3.62
110.	Knowledge of therapeutic uses for electroacupuncture.	3.58
104.	Knowledge of how Qi is dispersed to the Zang Fu Organs via the Yuan-Source points.	3.54
107.	Knowledge of therapeutic uses for moxibustion.	3.54

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
86.	Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	3.45
95.	Knowledge of patterns of disharmony associated with the Six Stages.	3.43
112.	Knowledge of therapeutic uses for soft tissue massage techniques.	3.43
113.	Knowledge of therapeutic uses for adjunctive therapies.	3.41
109.	Knowledge of therapeutic uses for external herbs.	3.33
96.	Knowledge of patterns of disharmony associated with the Four Levels.	3.27
97.	Knowledge of patterns of disharmony associated with the San Jiao.	3.16
108.**	Knowledge of therapeutic uses of Gua Sha.	~~2.84~~

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

III. Providing Acupuncture Treatment

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
116.	Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves).	4.50
169.	Knowledge of points and conditions that should be needled with caution.	4.48
168.	Knowledge of contraindications for needling.	4.44
117.	Knowledge of the function and clinical indications of points.	4.27
166.	Knowledge of signs and symptoms of patient distress.	4.26
167.	Knowledge of patient symptoms that indicate need for treatment modification.	4.25
150.	Knowledge of the anatomical landmarks and proportional measurements used in point location.	4.19
155.	Knowledge of recommended needling depths and angles.	4.19
170.	Knowledge of contraindications for electroacupuncture.	4.15
119.	Knowledge of the association between points and internal Organs and channels.	4.13
171.	Knowledge of contraindications for cupping.	4.08
154.	Knowledge of patient positions for locating and needling acupuncture points.	4.07
172.	Knowledge of contraindications for moxibustion.	4.05
118.	Knowledge of the classification of acupuncture points.	4.04
121.	Knowledge of therapeutic effects of using local points in acupuncture treatment.	4.03
120.	Knowledge of methods for combining distal and proximal points.	4.01
128.	Knowledge of the therapeutic use of Ashi points.	3.99
162.	Knowledge of lifestyle changes and stress reduction techniques that improve health condition.	3.96

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
122.	Knowledge of principles for combining points from different channels.	3.95
163.	Knowledge of nutritional concepts and dietary modifications specific to patient condition.	3.93
131.	Knowledge of the effects of using Back-Shu points in treatment.	3.88
153.	Knowledge of the impact of patient constitution and condition on duration of needle retention.	3.88
174.	Knowledge of contraindications for adjunctive therapies.	3.86
151.	Knowledge of needle manipulation techniques.	3.85
173.	Knowledge of contraindications for soft tissue massage.	3.84
127.	Knowledge of treatment strategies that use points in the extremities that relate to the center.	3.81
134.	Knowledge of techniques for choosing points according to channel theory.	3.81
125.	Knowledge of the effects of using points on the front and back to regulate internal Organs.	3.79
123.	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	3.77
152.	Knowledge of the needle retention methods for pathological conditions.	3.76
130.	Knowledge of the effects of using Front-Mu points in treatment.	3.72
124.	Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	3.71
135.	Knowledge of the efficacy of using particular points during progressive phases of treatment.	3.66
132.	Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.	3.64
139.	Knowledge of therapeutic use of Extraordinary points.	3.64

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
145.	Knowledge of therapeutic use of tonification and/or sedation techniques.	3.64
158.	Knowledge of the application of cupping techniques.	3.62
143.	Knowledge of therapeutic use of Yuan-Source points.	3.61
133.	Knowledge of treatment principles for using Lower He-Sea points.	3.60
157.	Knowledge of the application of electroacupuncture techniques.	3.60
165.	Knowledge of the techniques of auricular acupuncture.	3.59
144.	Knowledge of therapeutic use of Xi-Cleft points.	3.58
156.	Knowledge of the application of moxibustion techniques.	3.56
137.	Knowledge of therapeutic use of Five Shu (Five Transporting) points.	3.55
138.	Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.	3.55
160.	Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises).	3.52
175.	Knowledge of contraindications for Gua Sha techniques.	3.52
129.	Knowledge of the therapeutic use of points along the Muscle channels.	3.51
149.	Knowledge of the theory of the Five Elements.	3.49
142.	Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.	3.47
126.	Knowledge of treatment strategies that use centrally located points that relate to the extremities.	3.46
140.	Knowledge of therapeutic use of Intersecting/Crossing points of the channel.	3.46
147.	Knowledge of therapeutic use of Influential points.	3.46

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
141.	Knowledge of therapeutic use of Luo-Connecting points.	3.45
159.	Knowledge of the application of soft tissue massage techniques.	3.42
164.	Knowledge of the techniques of scalp acupuncture.	3.30
146.	Knowledge of therapeutic use of Four Seas points.	3.28
148.	Knowledge of therapeutic use of Mother/Son points (Four Needle Technique).	3.13
114.**	Knowledge of the techniques for Bleeding.	~~2.93~~
161.**	Knowledge of the application of Gua Sha techniques.	~~2.85~~
136.**	Knowledge of significance of selecting points based upon specific time of day.	~~2.67~~
115.**	Knowledge of the techniques for Seven Star Needling.	~~2.53~~

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

IV. Herbal Therapy

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
176.	Knowledge of therapeutic uses for herbs and herbal formulas.	4.22
184.	Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.	4.19
190.	Knowledge of combinations of herbs that are toxic or produce undesired side effects.	4.16
177.	Knowledge of the categories of herbs and herbal formulas according to therapeutic properties.	4.08
186.	Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.	4.05
188.	Knowledge of the relationships between herbal formulas and treatment principles.	4.05
183.	Knowledge of interactions between herbal therapies and Western medications.	4.04
195.	Knowledge of herbal formula recommendations based upon patient constitution.	4.04
178.	Knowledge of the effects of herbs and herbal formulas on channels and Organs	3.94
192.	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	3.93
179.	Knowledge of modifications of herbal formulas.	3.90
193.	Knowledge of the effects of processing herbs on efficacy and toxicity.	3.88
185.	Knowledge of the interactions between diet and herbal therapies.	3.86
180.	Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	3.85
189.	Knowledge of strategies for combining herb ingredients to form an herbal formula.	3.82

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
194.	Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.	3.76
187.	Knowledge of the practice of herbal formula preparation.	3.73
182.	Knowledge of the association between therapeutic effects of points and herbal therapy.	3.60
181.	Knowledge of the hierarchical principles governing herbal formulas.	3.59
191.	Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks).	3.39

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

V. Public Health & Safety and Record Keeping

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
216.	Knowledge of the methods for isolating used needles.	4.46
215.	Knowledge of standards and procedures for the Clean Needle Technique.	4.44
218.	Knowledge of laws regulating practice techniques for California-licensed acupuncturists.	4.43
199.	Knowledge of legal requirements for protecting patient confidentiality.	4.42
219.	Knowledge of ethical standards for professional conduct in an acupuncture practice setting.	4.42
213.	Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	4.41
217.	Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.	4.41
214.	Knowledge of the risks of infectious diseases in the practitioner and patient environment.	4.38
198.	Knowledge of laws that define scope of practice and professional competence for acupuncturists.	4.37
196.	Knowledge of legal requirements pertaining to the maintenance and retention of records.	4.32
206.	Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	4.31
204.	Knowledge of legal requirements for written consent to disclose patient records or share patient information.	4.30
210.	Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens.	4.26
200.	Knowledge of indicators of child, elder, and dependent adult abuse.	4.24
201.	Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.	4.23

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
205.	Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.	4.23
202.	Knowledge of guidelines for writing medical records and reports.	4.19
209.	Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases.	4.16
212.	Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases.	4.15
197.	Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.	4.14
211.	Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases.	4.11
207.	Knowledge of sterilization procedures for treatment of instruments and equipment.	4.06
208.	Knowledge of procedures and standards for storage of equipment after sterilization.	3.97
203.	Knowledge of methods for using Western medical diagnostic codes.	3.86

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

APPENDIX C. CRITICAL INDICES BY TREATMENT FOCUS FOR TASKS

In the following table, critical task indices are presented for the three primary categories identified by the OA questionnaire data:

1. Pain Management was identified as the primary treatment focus for 260 respondents out of 485 total respondents.
2. General Health was identified as the primary treatment focus for 123 respondents out of 485 total respondents.
3. Women's Health was identified as the primary treatment focus for 29 respondents out of 485 total respondents.

Values highlighted in yellow indicate the highest criticality index for each task when the data was analyzed by primary treatment focus.

I. Patient Assessment

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	22.64	22.34	23.59	21.86
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	19.13	18.37	19.74	20.86
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	20.43	19.85	21.65	21.14
4.	Interview patient regarding prior treatments provided for chief complaint.	17.27	17.43	17.63	15.90
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	14.69	14.08	15.81	14.86
6.	Interview patient regarding sleep patterns that contribute to present complaint.	17.13	16.23	18.34	18.28
7.	Interview patient regarding environmental facto rs (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	15.92	15.35	16.94	15.17
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	16.96	16.14	18.40	16.93

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	16.64	15.59	17.86	17.52
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	12.81	12.28	14.39	12.76
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	13.76	13.15	14.46	15.38
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	17.25	16.42	18.03	17.76
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	16.00	14.87	17.56	18.31
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	14.27	13.50	15.67	15.03
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	13.64	13.22	14.48	12.79
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	16.15	15.35	17.54	16.03
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	15.61	15.20	17.17	14.31

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	12.87	12.38	14.09	11.45
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	11.59	11.37	12.45	11.24
20.	Interview patient regarding auditory function to determine nature of imbalance.	10.37	10.32	11.11	8.97
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	20.78	20.61	21.46	18.83
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	18.71	17.83	19.93	18.41
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	17.62	16.63	18.86	19.41
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	15.81	15.09	17.61	14.93
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	11.85	11.72	12.39	12.52
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	12.93	12.29	14.41	12.45
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	13.21	12.36	14.87	12.86

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	13.40	12.57	15.41	12.86
29.	Evaluate patient respiratory system to determine nature of imbalance.	13.34	12.35	15.40	12.45
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	12.67	13.71	11.62	9.62
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	15.18	16.72	13.43	12.17
32.	Observe patient tongue body and coating to determine nature of imbalance.	18.70	18.03	19.88	20.52
33.	Assess patient radial pulse to determine nature of imbalance.	18.83	17.75	20.61	19.90
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	17.55	17.37	17.51	16.90
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	17.28	16.42	18.36	18.10
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	14.20	14.72	12.53	13.10
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	10.22	10.31	10.11	9.86

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	13.15	12.67	14.74	11.69
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	15.81	15.16	17.05	14.86
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	16.17	16.17	15.63	14.79
41.	Perform physical exam on patient to determine present health condition.	14.55	14.95	14.23	12.66

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

II. Diagnostic Impression and Treatment Plan

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	19.52	18.87	21.07	19.28
43.	Identify affected channel by evaluating information gathered from patient.	17.89	17.22	19.16	17.31
44.	Differentiate between root and branch of condition to focus patient treatment.	16.45	16.17	17.03	15.79
45.	Prioritize findings regarding patient to develop treatment strategy.	18.28	17.72	19.26	18.59
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	17.26	16.65	18.53	16.69
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	17.17	16.53	19.02	15.07
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	16.52	15.68	17.85	16.07
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	12.49	12.35	12.76	12.38
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	15.97	15.46	16.93	16.93
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	15.02	14.76	16.03	15.48
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	16.82	16.07	17.83	17.72

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
53.	Utilize Four Level differentiation to determine progression of pathogen.	10.36	10.17	11.02	10.41
54.	Utilize Six Stage differentiation to determine progression of pathogen.	10.46	10.01	11.27	11.14
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	13.78	13.58	12.90	12.55

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

III. Providing Acupuncture Treatment

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
58.	Develop a point prescription for patient based on treatment principles to restore balance.	18.93	18.28	19.92	19.83
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	18.36	17.87	19.54	19.41
60.	Select local points on patient by evaluating clinical indications to treat condition.	17.15	17.14	17.54	17.34
61.	Select points from different channels on patient to combine treatment of root and branch.	16.09	15.75	16.99	15.93
62.	Select points on patient opposite to area of patient complaint to treat condition.	13.79	14.06	14.28	11.93
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	14.69	14.33	15.93	13.55
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	13.67	13.27	15.13	11.45
65.	Select front and back points on patient to enhance treatment effect.	12.98	12.82	13.93	10.86
67.	Select points on the extremities of patient to treat conditions occurring in the center.	14.45	14.68	14.96	12.24
68.	Select Ashi points on patient to enhance treatment effect.	16.28	16.97	16.41	13.66
69.	Select points along the Muscle channels of patient to enhance treatment effect.	12.10	13.05	11.15	9.45

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	12.21	11.91	13.58	9.93
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	14.34	14.18	15.28	12.86
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	12.56	12.60	13.50	11.34
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	12.42	12.85	12.50	10.03
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	12.42	12.38	13.33	12.34
75.	Select Extra points on patient based on clinical indications to treat condition.	13.34	13.53	13.74	13.52
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	11.47	11.50	12.59	10.00
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	11.20	10.77	13.03	9.31
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	13.10	12.36	14.85	12.48
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	11.66	11.15	12.98	10.21
80.	Select Eight Influential points on patient to treat condition.	11.59	11.28	12.51	12.00

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	17.85	17.73	18.20	15.97
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	16.28	16.28	16.87	15.17
87.	Place patient into recommended position for needle insertion.	17.99	17.88	18.72	15.97
88.	Insert needle within standard depth range to stimulate point on patient.	17.70	17.81	17.76	15.83
89.	Manipulate needle to produce therapeutic effect in patient.	15.86	15.69	16.41	16.00
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	19.83	19.25	20.33	20.14
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	20.33	20.25	20.76	18.00
92.	Apply moxibustion techniques on patient to treat indicated conditions.	10.30	9.95	11.80	9.59
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	13.68	13.27	14.38	14.97
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	12.68	13.67	11.24	10.28
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	16.19	16.59	15.63	14.41
96.	Perform cupping techniques on patient to treat condition.	12.05	12.77	11.45	11.24

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
97.	Identify contraindications for cupping to avoid injury and/or complications.	15.50	15.72	15.28	14.76
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	10.57	10.12	10.92	9.72
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	11.49	12.50	10.16	9.76
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	14.45	14.37	14.54	13.38
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	13.75	13.60	14.67	12.21
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	15.32	15.15	16.20	14.90
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	16.58	15.81	17.44	17.38
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	17.58	17.23	18.27	17.38
106.	Select scalp points based on clinical indications to treat patient condition.	10.11	10.43	9.72	8.55
107.	Select auricular points based on clinical indications to treat patient condition.	12.04	11.43	13.08	10.86
108.	Evaluate patient stress response to treatment by monitoring vital signs.	12.92	12.77	12.94	10.41

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	18.79	18.48	19.67	17.07
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	15.35	15.13	16.02	13.07
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	16.23	15.77	17.16	14.59
112.	Provide patient with information regarding physiological systems to explain how the body functions.	14.64	14.75	14.49	11.21
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	15.13	15.17	14.61	14.14

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

IV. Herbal Therapy

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
114.	Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	15.67	14.66	17.59	16.07
115.	Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	15.10	14.29	16.63	15.55
116.	Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	12.89	12.85	13.20	12.41
117.	Identify complementary herb qualities and point functions to provide integrated treatment.	13.45	13.16	14.25	12.10
118.	Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	12.48	12.57	12.22	10.45
119.	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	17.07	16.65	17.97	16.38
120.	Monitor effects of herbs when combined with Western medications to determine interactions.	16.06	15.31	17.47	15.48
121.	Identify patient conditions that are contraindicated for recommending herbs.	17.67	17.06	19.32	16.62
122.	Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	16.47	15.75	18.46	16.90
123.	Determine effective dosage of herbal therapy by evaluating patient condition.	17.07	16.32	19.28	16.38

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
124.	Evaluate patient response to herbal therapy to determine if modifications are indicated.	17.12	16.73	18.93	15.66
125.	Monitor patient response to herbal therapy for side effects.	17.72	17.07	19.46	16.55
126.	Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	17.49	16.58	19.59	17.34
127.	Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	10.88	10.78	11.76	9.59

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

V. Public Health and Safety and Record Keeping

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
128.	Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	20.61	20.73	21.37	16.31
129.	Develop advertisements in accordance with legal guidelines regarding services provided.	12.75	13.52	12.31	11.14
130.	Maintain patient records in accordance with State and federal regulations.	21.18	21.06	21.89	19.24
131.	Maintain patient confidentiality in accordance with State and federal regulations.	22.04	21.85	22.85	19.90
132.	Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	11.97	12.97	11.24	11.03
133.	Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	20.56	20.52	20.95	18.45
134.	Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	21.98	21.96	22.44	20.17
135.	Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	22.72	22.65	23.47	20.03

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
136.	Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	22.27	22.46	22.25	20.62
137.	Adhere to ethical standards and professional boundaries while interacting with patients.	22.01	21.80	23.05	20.21
138.	Adhere to professional standards regarding substance use within the treatment environment.	21.07	21.13	21.81	18.24
139.	Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	21.27	21.42	21.47	18.76
140.	Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	14.81	15.72	13.19	13.69
141.	Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	14.18	14.67	13.45	12.38

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

APPENDIX D. PRIMARY FOCUS OF TREAMENT WITH CORRELATED TREATMENT MODALITY AND TECHNIQUE (where applicable)

Important Note – An "X" indicates which treatment focus and correlated modality and/or technique is the best fit for each task statement as indicated by the data collected in the OA questionnaire and the November 2014 workshop. If no "X" is marked in either the treatment focus, modality, or technique, either the data or the Acupuncturists used in this study did not support a significant correlation or relevance. Consequently, Section IV. Herbal Therapy and Section V. Public Health and Safety and Record Keeping were not included in this supplemental document.

I. Patient Assessment

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14		X								
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	3, 4, 5, 6, 7, 8, 9, 10, 11, 14			X							

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	3, 4		X								
4.	Interview patient regarding prior treatments provided for chief complaint.	3, 4, 6		X								
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	7, 9, 11		X								
6.	Interview patient regarding sleep patterns that contribute to present complaint.	8		X								
7.	Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	9, 11		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	7, 8, 9, 10, 11		X								
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	10, 14, 16, 17, 18, 19		X								
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	14, 16, 17, 18		X								
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	17, 18, 19			X							

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	12, 14, 17, 18		X								
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	20, 21, 22, 23, 24			X							
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	25, 26		X								
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	26		X								
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	12, 14, 27		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	28		X								
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	29		X								
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	30, 36, 54		X								
20.	Interview patient regarding auditory function to determine nature of imbalance.	3, 4, 31, 54		X								
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	3, 4, 32, 52	X	X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	7, 33, 34, 35, 36		X								
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	34		X	X							
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	35, 36		X								
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	36, 54		X	X							
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	40		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	39, 42		X								
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	39, 41		X								
29.	Evaluate patient respiratory system to determine nature of imbalance.	43, 64, 65, 72		X								
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	1, 20, 45, 46, 55, 67	X									
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	1, 20, 45, 46, 47, 48, 49, 52, 55	X									

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
32.	Observe patient tongue body and coating to determine nature of imbalance.	1, 50		X	X							
33.	Assess patient radial pulse to determine nature of imbalance.	1, 51		X								
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	12, 13, 20, 22, 46, 47, 48, 49, 51, 52, 66	X	X								
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	3, 56, 57, 58, 59, 60, 61		X	X							
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	62, 63	X									

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	13, 72	X	X								
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	44, 55		X								
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	6, 55, 58, 62, 63, 64, 68, 70, 73		X								
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	68, 69, 70	X									

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
41.	Perform physical exam on patient to determine present health condition.	1, 2, 13, 20, 34, 35, 36, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 62, 64, 65, 66, 67, 72	X									

*****Correlated treatment focus and modality were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

****** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

NOTE: Information is presented as a reference only and is not all-inclusive of treatment focuses and associated modalities and treatment techniques available to Acupuncturists.

II. Diagnostic Impression and Treatment Plan

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	74, 75, 76, 77		X								
43.	Identify affected channel by evaluating information gathered from patient.	74, 78, 82, 83		X								
44.	Differentiate between root and branch of condition to focus patient treatment.	84, 85		X								
45.	Prioritize findings regarding patient to develop treatment strategy.	74, 84, 85		X								
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	102, 103, 105, 106		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	103, 105, 106		X								
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	79		X								
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	86	X	X	X							
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	80, 87, 88, 89		X	X							
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	74, 79, 81, 90, 91		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	92, 93, 94, 98		X	X							
53.	Utilize Four Level differentiation to determine progression of pathogen.	96		X								
54.	Utilize Six Stage differentiation to determine progression of pathogen.	95		X	X							
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	99, 100	X									

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****** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

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III. Providing Acupuncture Treatment

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
58.	Develop a point prescription for patient based on treatment principles to restore balance.	117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 167, 168		X	X	X		X			X	X
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	120		X	X	X		X			X	X
60.	Select local points on patient by evaluating clinical indications to treat condition.	121, 128, 129	X	X	X	X		X	X	X	X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
61.	Select points from different channels on patient to combine treatment of root and branch.	119, 122, 134, 142		X		X		X			X	
62.	Select points on patient opposite to area of patient complaint to treat condition.	123		X		X		X			X	
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	123, 124		X		X		X			X	
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	122, 134		X		X		X			X	
65.	Select front and back points on patient to enhance treatment effect.	125, 130, 131, 132		X		X		X			X	
67.	Select points on the extremities of patient to treat conditions occurring in the center.	127	X	X		X		X	X		X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
68.	Select Ashi points on patient to enhance treatment effect.	128	X			X		X	X		X	
69.	Select points along the Muscle channels of patient to enhance treatment effect.	129	X			X		X	X		X	
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	125, 130, 132		X		X		X			X	
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	131, 132		X		X		X			X	
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	117, 118, 119, 127, 133, 134		X		X		X			X	
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	137, 148, 149	X	X		X		X	X		X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	138		X		X		X			X	
75.	Select Extra points on patient based on clinical indications to treat condition.	117, 118	X	X	X	X		X	X	X	X	
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	140		X		X		X			X	
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	141	X	X		X		X			X	X
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	143		X		X		X			X	

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	144	X	X		X		X			X	X
80.	Select Eight Influential points on patient to treat condition.	139, 147		X		X		X			X	
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	150										
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	152										
87.	Place patient into recommended position for needle insertion.	154	X	X								
88.	Insert needle within standard depth range to stimulate point on patient.	155										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
89.	Manipulate needle to produce therapeutic effect in patient.	151		X								
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	168										
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	116, 117, 118, 119, 155, 169										
92.	Apply moxibustion techniques on patient to treat indicated conditions.	156, 172										
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	156, 172										
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	157, 170										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	157, 170										
96.	Perform cupping techniques on patient to treat condition.	158, 171										
97.	Identify contraindications for cupping to avoid injury and/or complications.	158, 171										
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	175										
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	159, 173, 174										
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	159, 173, 174										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	156, 160, 162, 163, 165, 174										
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	156, 160, 165, 172, 174										
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	163										
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	162, 163										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
106.	Select scalp points based on clinical indications to treat patient condition.	164	X									
107.	Select auricular points based on clinical indications to treat patient condition.	165		X								
108.	Evaluate patient stress response to treatment by monitoring vital signs.	166										
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	135, 167										
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	162, 163										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	117, 121, 167										
112.	Provide patient with information regarding physiological systems to explain how the body functions.	117, 121, 150, 162, 163, 166										
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	117, 121, 150, 162, 163, 166										

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****** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

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APPENDIX E. QUESTIONNAIRE INVITATION LETTER

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

July 14, 2014

Dear Acupuncture Licensee:

The California Acupuncture Board is in the process of conducting an occupational analysis of the acupuncture profession. The purpose of the occupational analysis is to identify the tasks performed and knowledge required to perform these tasks by acupuncturists in the current practice. Results of the occupational analysis will be used to update and improve the acupuncture licensing program examinations.

You have been selected as an acupuncture licensee in California to complete an online questionnaire regarding the acupuncture profession as it relates to you. Your participation is important to ensure that all aspects of the profession are included and the results reflect the profession. Your individual responses will be kept confidential.

The online questionnaire will be available from **July 21, 2014 to September 21, 2014**, 24 hours a day, 7 days a week. It will take approximately two to three hours to complete the questionnaire.

Important note: For your convenience, you may begin the survey questionnaire, exit and complete it at a later time as long as it is *from the same computer* and your computer settings *allow for saving of data* (i.e. cookies) from websites.

If you are interested in participating in this very important process use the following link to access the survey: https://www.surveymonkey.com/s/Acupuncturist_OA_Questionnaire

The link is also available at the Acupuncture Board website.

Again, the Board sincerely appreciates your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

ACUPUNCTURE BOARD

APPENDIX F. QUESTIONNAIRE

Acupuncture OAQ

1. COVER LETTER

Dear Licensee:

The Acupuncture Board is conducting an occupational analysis of the Acupuncturist profession. The purpose of the occupational analysis is to identify the important tasks performed by Acupuncturists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update and improve the Acupuncturist Licensing Examination.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.

Your individual responses will be kept confidential. Your responses will be combined with responses of other Acupuncturists and only group trends will be reported. Your personal information will not be tied to your responses.

In order to progress through this survey, please use the following navigation buttons:

- • Click the **Next** button to continue to the next page.
  • Click the **Prev** button to return to the previous page.
  • Click the **Done/Submit** button to submit your survey as completed.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

Please Note: This survey can take between 3-4 hours to complete. However, once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited. This means that in order for a page to save, you must have completed that page and selected the "next" button. For your convenience, the weblink is available 24 hours a day 7 days a week.

Please submit the completed survey questionnaire by September 21, 2014.

If you have any questions about completing this survey, please contact Terri Sinkovich of the Acupuncture Board at (916) 515-5205. The Board welcomes your participation in this project and sincerely thanks you for your time.

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Acupuncture practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.

INSTRUCTIONS FOR RATING TASK AND KNOWLEDGE STATEMENTS

This part of the questionnaire contains a list of tasks and knowledge descriptive of the Acupuncture practice in a variety of settings. Please note that some of the tasks or knowledge may not apply to your setting.

For each task, you will be asked to answer two questions: how important the task is in the performance of your current practice **(importance)** and how often you perform the task **(frequency)**. For each knowledge, you will be asked to answer one question: how important the knowledge is in the performance of your current practice **(importance)**.

Acupuncture OAQ

Please rate each task and knowledge as it relates to your current practice as a California-licensed Acupuncturist. **Do not respond based on what you believe all Acupuncturists should be expected to know or be able to do.**

2. OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST

The Acupuncture Board recognizes that every Acupuncture practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective Acupuncture practice in the state of California.

Complete this questionnaire only if you are currently licensed and practicing as an Acupuncturist in California.

Acupuncture OAQ

3.

***Are you currently practicing in California as a licensed acupuncturist?**

- ◯ Yes
- ◯ No

***Please enter your California acupuncturist license number:**

California Acupuncturist License #:

Please enter a current email address if you are interested in participating in future acupuncture studies and/or workshops (this is entirely optional and will not be linked to your answers on this survey):

4. PART I PERSONAL DATA

The information you provide in this next section is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.) and it will be used only for the purpose of analyzing the ratings from this questionnaire.

Acupuncture OAQ

5.

How many years have you been practicing in California as a licensed acupuncturist?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many practice settings/clinical locations do you utilize as an acupuncturist?

- ◯ 1
- ◯ 2-4
- ◯ 5 or more

How would describe your primary practice setting(s)?
(You may select multiple settings. If you select multiple settings, please rank them in order of time spent in each setting using the boxes provided for each practice setting. Only rank practice settings utilized. For example if you select three settings, rank the setting where most of your time is spent as " Rank 1", mark the setting where the second most time is spent as " Rank 2" , and the setting where the third most time is spent would be marked as "Rank 3" . You do not have to continue to rank the remaining settings unless you actually spend time in them.)

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7
Sole owner/practitioner in independent setting	◯	◯	◯	◯	◯	◯	◯
Independent practitioner in group setting	◯	◯	◯	◯	◯	◯	◯
Acupuncture medical group (Inc. or LLC)	◯	◯	◯	◯	◯	◯	◯
Interdisciplinary medical group	◯	◯	◯	◯	◯	◯	◯
Hospital	◯	◯	◯	◯	◯	◯	◯
Multiple settings	◯	◯	◯	◯	◯	◯	◯
House calls/Home visits	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

Acupuncture OAQ

How many hours per week do you work as a licensed acupuncturist?

- ◯ 0 - 10 hours
- ◯ 11 - 20 hours
- ◯ 21 to 39 hours
- ◯ 40 or more hours

Which one of the following treatment categories is the primary focus of your acupuncture practice?
(Only one choice is allowed for this question; you will have an opportunity to select additional categories in a following question)

- ◯ Respiratory
- ◯ Immune disorder
- ◯ Men's health
- ◯ Women's health
- ◯ Gastrointestinal
- ◯ Pain management
- ◯ Neurological
- ◯ Dermatology/cosmetic
- ◯ Addiction
- ◯ Mental health
- ◯ Endocrine health
- ◯ Cardiovascular
- ◯ Oncology support
- ◯ General
- ◯ Pediatrics

Other (please specify)

Assign a percentage of total practice time spent treating conditions in the category you selected as the primary focus of your acupuncture practice:

	Percentage of time spent
Primary focus of your acupuncture practice:	

Acupuncture OAQ

6.

For which of the following categories do you provide treatment within your acupuncture practice in addition to the primary focus you chose?
(Please choose/state no more than 3 conditions)

- [ ] Respiratory
- [ ] Immune disorder
- [ ] Men's health
- [ ] Women's health
- [ ] Gastrointestinal
- [ ] Pain management
- [ ] Neurological
- [ ] Dermatology/cosmetic
- [ ] Addiction
- [ ] Mental health
- [ ] Endocrine health
- [ ] Cardiovascular
- [ ] Oncology support
- [ ] General

Other (please specify)

Acupuncture OAQ

Which of the following treatment modalities do you primarily use as an acupuncturist? (You may select multiple treatment modalities, then rank your selections in order of the frequency that you use each modality, rank only the modalities actually utilized)

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8
Point needling	○	○	○	○	○	○	○	○
Electroacupuncture	○	○	○	○	○	○	○	○
Herbal therapy	○	○	○	○	○	○	○	○
Moxa	○	○	○	○	○	○	○	○
Cupping	○	○	○	○	○	○	○	○
Gua-sha	○	○	○	○	○	○	○	○
Tui Na	○	○	○	○	○	○	○	○
Massage therapy	○	○	○	○	○	○	○	○

Other (please specify)

What percentage of time do you incorporate the following acupuncture techniques into your practice? (Enter whole numbers only. Numbers should add up to 100)

Traditional

Neurophysiological

Five Elements

Auricular

Scalp

Master Tung

Korean Hand

Japanese

Doctor Tan

Other

What location describes your primary work setting?

○ Urban (greater than 100,000 people), highly dense population within city limits

○ Suburban, less densely populated areas (typically bordering the city)

○ Rural (less than 10,000 people) sparsely populated areas further outside of city (e.g., countryside, farmlands)

Other (please specify)

Acupuncture OAQ

Which of the following languages do you speak fluently? (check all that apply)

- [ ] English
- [ ] Chinese
- [ ] Korean
- [ ] Spanish

Other (please specify)

Do you read English proficiently?

- ◯ Yes
- ◯ No

What is the primary language spoken by the majority of your patients?

- ◯ English
- ◯ Chinese
- ◯ Korean
- ◯ Spanish

Other (please specify)

In what language did you take your California Acupuncture Licensing Examination?

- ◯ English
- ◯ Chinese
- ◯ Korean

7.

What is the highest level of education you have achieved? (Please specify the degree in the box provided)

- ◯ Certificate
- ◯ Associates degree
- ◯ Bachelor's degree
- ◯ Master's degree in Traditional Chinese Medicine
- ◯ Master's degree in another field (please specify in the field provided below)
- ◯ Doctorate degree in Asian Medicine
- ◯ Doctorate degree in another field (please specify in the field provided below)
- ◯ Other formal education (please specify in the field provided below)

Degree:

What is the approximate gross annual income generated from your acupuncture practice?

- ◯ Up to $20,000
- ◯ $21,000 - $39,000
- ◯ $40,000 - $59,000
- ◯ $60,000 - $79,000
- ◯ $80,000 - $100,000
- ◯ more than $100,000

What is the primary source of your gross annual income? (you may select multiple options)

- ☐ Health insurance
- ☐ Workers' compensation
- ☐ Medicaid/Medicare
- ☐ Private insurance (e.g., HMO, PPO)
- ☐ Personal injury
- ☐ Veteran affairs

Other (please specify)

Acupuncture OAQ

Do you hold any other California professional licenses (e.g., chiropractor, massage therapist)?

- ◯ Yes (please specify what other license you hold in the field provided below)
- ◯ No

CA Professional License:

Do you feel that your acupuncture training program prepared you for your first year in practice?

- ◯ Yes
- ◯ No

During training, what other subjects would have been beneficial to adequately prepare you for your first year in practice? (please specify)

What reference materials are most useful to you during your daily acupuncture practice activities? (please specify)

Acupuncture OAQ

In what California county is your primary practice located?

- ◯ Alameda
- ◯ Alpine
- ◯ Amador
- ◯ Butte
- ◯ Calaveras
- ◯ Colusa
- ◯ Contra Costa
- ◯ Del Norte
- ◯ El Dorado
- ◯ Fresno
- ◯ Glenn
- ◯ Humboldt
- ◯ Imperial
- ◯ Inyo
- ◯ Kern
- ◯ Kings
- ◯ Lake
- ◯ Lassen
- ◯ Los Angeles
- ◯ Madera
- ◯ Marin
- ◯ Mariposa
- ◯ Mendocino
- ◯ Merced
- ◯ Modoc
- ◯ Mono
- ◯ Monterey
- ◯ Napa
- ◯ Nevada
- ◯ Orange
- ◯ Placer
- ◯ Plumas
- ◯ Riverside
- ◯ Sacramento
- ◯ San Benito
- ◯ San Bernardino
- ◯ San Diego
- ◯ San Francisco
- ◯ San Joaquin
- ◯ San Luis Obispo
- ◯ San Mateo
- ◯ Santa Barbara
- ◯ Santa Clara
- ◯ Santa Cruz
- ◯ Shasta
- ◯ Sierra
- ◯ Siskiyou
- ◯ Solano
- ◯ Sonoma
- ◯ Stanislaus
- ◯ Sutter
- ◯ Tehama
- ◯ Trinity
- ◯ Tulare
- ◯ Tuolumne
- ◯ Ventura
- ◯ Yolo
- ◯ Yuba

8. PART II RATING JOB TASKS

In this part of the questionnaire, please rate each task as it relates to your current practice as an acupuncturist. Please rate each statement using the importance and frequency scale provided. Frequency and importance ratings should be separate and independent ratings. Therefore, the rating you assign to a statement on the importance scale should not influence the rating you assign to that same statement on the frequency scale. For example, a task you perform may be critical to your practice, but you may not perform that task very often.

If the task is NOT part of your current practice, rate the task "0" (zero) Importance and "0" (zero) Frequency.

The boxes for rating the Importance and Frequency of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is performance of this task in your current practice?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important and/or I do not perform this task in my practice.

1 - OF MINOR IMPORTANCE. This task has the lowest priority of all the tasks that I perform in my practice.

2 - FAIRLY IMPORTANT. This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks that I perform in my practice.

3 - MODERATELY IMPORTANT. This task has about average priority among all tasks that I perform in my practice.

4 - VERY IMPORTANT. This task is very important for my practice; it has a higher degree of importance or priority than most other tasks that I perform in my practice.

5 - CRITICALLY IMPORTANT. This task is among the most critical tasks that I perform in my practice.

FREQUENCY RATING

HOW OFTEN do you perform this task to treat patients?

0 - DOES NOT APPLY TO MY PRACTICE. I never perform this task in my practice.

1 - RARELY. I rarely perform this task in my practice.

2 - SELDOM. I seldom perform this task in my practice. The frequency at which I perform this task in my practice is very low.

3 - OCCASIONALLY. This task is performed somewhat frequently in my practice.

4 - OFTEN. This task is performed more frequently than most other tasks in my practice.

5 - VERY OFTEN. I perform this task almost constantly and it is one of the most frequently performed tasks in my practice.

Acupuncture OAQ

*TASK STATEMENTS - Patient Assessment

	Importance	Frequency
1. Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.		
2. Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.		
3. Gather information regarding the history of present illness as it relates to chief complaint of patient.		
4. Interview patient regarding prior treatments provided for chief complaint.		
5. Interview patient regarding emotional state and life events that contribute to present complaint.		
6. Interview patient regarding sleep patterns that contribute to present complaint.		
7. Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.		
8. Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.		
9. Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.		
10. Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.		
11. Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.		
12. Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.		
13. Interview patient regarding gynecological symptoms to determine nature of imbalance.		
14. Interview patient regarding urogenital symptoms to determine nature of imbalance.		
15. Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.		
16. Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.		
17. Evaluate patient for the presence of fever and/or chills to determine present health condition.		
18. Evaluate patient patterns of perspiration to determine nature of imbalance.		
19. Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.		
20. Interview patient regarding auditory function to determine nature of imbalance.		
21. Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.		
22. Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.		
23. Observe patient (e.g., presence, affect) to determine spirit/Shen.		
24. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid		

in pattern differentiation.		
25. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.		

9.

*TASK STATEMENTS - Patient Assessment (continued)

	Importance	Frequency
26. Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.		
27. Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.		
28. Evaluate patient phlegm characteristics to determine nature of imbalance.		
29. Evaluate patient respiratory system to determine nature of imbalance.		
30. Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.		
31. Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.		
32. Observe patient tongue body and coating to determine nature of imbalance.		
33. Assess patient radial pulse to determine nature of imbalance.		
34. Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.		
35. Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.		
36. Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.		
37. Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.		
38. Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.		
39. Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.		
40. Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.		
41. Perform physical exam on patient to determine present health condition.		

10.

*TASK STATEMENTS - Diagnostic Impression and Treatment Plan

	Importance	Frequency
42. Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.		
43. Identify affected channel by evaluating information gathered from patient.		
44. Differentiate between root and branch of condition to focus patient treatment.		
45. Prioritize findings regarding patient to develop treatment strategy.		
46. Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.		
47. Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.		
48. Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.		
49. Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.		
50. Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.		
51. Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.		
52. Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.		
53. Utilize Four Level differentiation to determine progression of pathogen.		
54. Utilize Six Stage differentiation to determine progression of pathogen.		
55. Utilize San Jiao theory to develop differential diagnosis.		
56. Determine Jin Ye quality by patient evaluation to develop diagnostic impression.		
57. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.		

11.

*TASK STATEMENTS - Providing Acupuncture Treatment

	Importance	Frequency
58. Develop a point prescription for patient based on treatment principles to restore balance.		
59. Select distal and/or proximal points on patient to treat affected channels and conditions.		
60. Select local points on patient by evaluating clinical indications to treat condition.		
61. Select points from different channels on patient to combine treatment of root and branch.		
62. Select points on patient opposite to area of patient complaint to treat condition.		
63. Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.		
64. Select points from Yin and Yang channels to balance the treatment prescription for patient.		
65. Select front and back points on patient to enhance treatment effect.		
66. Select points in the center of patient to treat conditions occurring in the extremities.		
67. Select points on the extremities of patient to treat conditions occurring in the center.		
68. Select Ashi points on patient to enhance treatment effect.		
69. Select points along the Muscle channels of patient to enhance treatment effect.		
70. Select Front-Mu (Alarm) points on patient to address acute imbalances.		
71. Select Back-Shu (Transport) points on patient to address chronic imbalances.		
72. Select Lower He-Sea points on patient to connect channels with respective Fu Organs.		
73. Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.		
74. Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications.		
75. Select Extra points on patient based on clinical indications.		
76. Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.		
77. Select Luo-Connecting points on patient to treat internally and externally related channels.		
78. Select Yuan-Source points on patient to access fundamental Qi for the channel.		
79. Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.		
80. Select Eight Influential points on patient to treat condition.		
81. Select Four Seas points on patient to treat condition.		

Acupuncture OAQ

82. Utilize Seven Star needling technique on patient to treat condition.		
83. Utilize Bleeding technique on patient to treat condition.		

12.

*TASK STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance	Frequency
84. Select Mother/Son (Four Needle Technique) points on patient to address Five Element imbalances.		
85. Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.		
86. Evaluate patient condition to determine needle retention time for optimal treatment effects.		
87. Place patient into recommended position for needle insertion.		
88. Insert needle within standard depth range to stimulate point on patient.		
89. Manipulate needle to produce therapeutic effect in patient.		
90. Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.		
91. Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.		
92. Apply moxibustion techniques on patient to treat indicated conditions.		
93. Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.		
94. Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.		
95. Identify contraindications for electroacupuncture to avoid injury and/or complications.		
96. Perform cupping techniques on patient to treat condition.		
97. Identify contraindications for cupping to avoid injury and/or complications.		
98. Perform Gua-sha techniques on patient to treat condition.		
99. Identify contraindications for Gua-sha techniques to avoid injury and/or complications.		
100. Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.		
101. Identify contraindications for massage techniques to avoid injury and/or complications.		
102. Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.		
103. Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.		
104. Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.		
105. Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.		
106. Select scalp points based on clinical indications to treat patient condition.		

Acupuncture OAQ

107. Select auricular points based on clinical indications to treat patient condition.		
108. Evaluate patient stress response to treatment by monitoring vital signs.		
109. Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.		
110. Provide patient with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes a healthy lifestyle.		
111. Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.		
112. Provide patient with information regarding physiological systems to explain how the body functions.		
113. Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.		

13.

*TASK STATEMENTS - Herbal Therapy

	Importance	Frequency
114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.		
115. Distinguish between herbs and formulas from the same categories to select the most therapeutic application.		
116. Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.		
117. Identify complementary herb qualities and point functions to provide integrated treatment.		
118. Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.		
119. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.		
120. Monitor effects of herbs when combined with Western medications to determine interactions.		
121. Identify patient conditions that are contraindicated for recommending herbs.		
122. Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.		
123. Determine effective dosage of herbal therapy by evaluating patient condition.		
124. Evaluate patient response to herbal therapy to determine if modifications are indicated.		
125. Monitor patient response to herbal therapy for side effects.		
126. Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.		
127. Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.		

14.

*TASK STATEMENTS - Public Health & Safety and Record Keeping

	Importance	Frequency
128. Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.		
129. Develop advertisements in accordance with legal guidelines regarding services provided.		
130. Maintain patient records in accordance with State and federal regulations.		
131. Maintain patient confidentiality in accordance with State and federal regulations.		
132. Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.		
133. Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.		
134. Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.		
135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.		
136. Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.		
137. Adhere to ethical standards and professional boundaries while interacting with patients.		
138. Adhere to professional standards regarding substance use within the treatment environment.		
139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.		
140. Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.		
141. Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.		

15. PART III. RATING PRACTICE KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important the knowledge is to successful performance in your practice. If a knowledge statement is NOT utilized in the performance of tasks for your practice, rate it "0" (zero) for Importance.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for each list to see the ratings. Then select the rating based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to select your ratings.

0 - NOT IMPORTANT and/or NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance of tasks.

1 - OF MINOR IMPORTANCE. Possession of this knowledge is of minor importance for performance of tasks.

2 - FAIRLY IMPORTANT. Possession of this knowledge is fairly important for performance of tasks.

3 - MODERATELY IMPORTANT. Possession of this knowledge is moderately important for performance of tasks.

4 - VERY IMPORTANT. Possession of this knowledge is very important for performance in a significant part of my practice.

5 - CRITICALLY IMPORTANT. Possession of this knowledge is of critical to the performance of tasks.

Acupuncture OAQ

*KNOWLEDGE STATEMENTS - Patient Assessment

	Importance
1. Knowledge of physical examination techniques and evaluation of findings.	
2. Knowledge of techniques for obtaining vital signs.	
3. Knowledge of interview techniques for obtaining health history.	
4. Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.	
5. Knowledge of the impact of patient genetics and heredity on symptom development.	
6. Knowledge of the roles of other health care providers and commonly used treatment methods.	
7. Knowledge of the impact of emotions on pathology.	
8. Knowledge of the patterns of sleep associated with pathology.	
9. Knowledge of external and internal influences that impact current health status.	
10. Knowledge of the impact of dietary habits on pathology or imbalance.	
11. Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.	
12. Knowledge of the gastrointestinal system.	
13. Knowledge of methods for palpating the abdomen.	
14. Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.	
15. Knowledge of the association between taste in mouth (e.g., metallic, sour, sweet) and pathology.	
16. Knowledge of the effect of herbal and food flavors and temperatures on pathology.	
17. Knowledge of the association between food and fluid flavor preferences and pathology.	
18. Knowledge of the relationship between food and fluid temperature preferences and pathology.	
19. Knowledge of the association between characteristics of thirst and patterns of disharmony.	
20. Knowledge of the anatomy and physiology of human body systems.	
21. Knowledge of patterns of disharmony associated with menstruation.	
22. Knowledge of the female reproductive system.	
23. Knowledge of patterns of disharmony associated with pregnancy and childbirth.	
24. Knowledge of patterns of disharmony associated with menopause.	
25. Knowledge of patterns of disharmony associated with the male reproductive system.	

16.

*KNOWLEDGE STATEMENTS - Patient Assessment (continued)

	Importance
26. Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.	
27. Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.	
28. Knowledge of the association between fever and/or chills and pathogenic influences.	
29. Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.	
30. Knowledge of the relationship between ocular symptoms and pathology.	
31. Knowledge of the relationship between auricular symptoms and pathology.	
32. Knowledge of pain characteristics resulting from pathological influences.	
33. Knowledge of the theory of Qi.	
34. Knowledge of Shen characteristics and clinical indicators of impaired Shen.	
35. Knowledge of facial indicators associated with pathology or disharmony.	
36. Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	
37. Knowledge of the interrelationships between Organs.	
38. Knowledge of the interrelationships between meridians.	
39. Knowledge of the theory of Jin Ye characteristics.	
40. Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	
41. Knowledge of phlegm characteristics and pathology.	
42. Knowledge of mucus characteristics and pathology.	
43. Knowledge of signs and symptoms of impaired respiratory function.	
44. Knowledge of skin characteristics associated with pathology.	
45. Knowledge of methods of assessing neuromusculoskeletal function and integrity.	
46. Knowledge of neuromusculoskeletal conditions.	
47. Knowledge of pathogenic factors that affect joints and surrounding areas.	
48. Knowledge of causes of joint pathology.	
49. Knowledge of conditions associated with abnormal localized temperature.	
50. Knowledge of tongue characteristics associated with pathology and health.	

17.

*KNOWLEDGE STATEMENTS - Patient Assessment (continued)

	Importance
51. Knowledge of methods for obtaining pulse information from various locations on the body.	
52. Knowledge of methodology for assessment of nature and quality of pain.	
53. Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle).	
54. Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).	
55. Knowledge of Western medical terminology and definitions.	
56. Knowledge of the classification of commonly prescribed Western medications.	
57. Knowledge of the clinical indications of commonly prescribed Western medications.	
58. Knowledge of side effects of commonly prescribed Western medications.	
59. Knowledge of clinical indications of commonly prescribed herbs and supplements.	
60. Knowledge of side effects of commonly used herbs and supplements.	
61. Knowledge of interactions between commonly used supplements, herbs, and Western medications.	
62. Knowledge of clinical significance of laboratory tests used for diagnostic purposes.	
63. Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).	
64. Knowledge of vital sign values as clinical indicators of pathology.	
65. Knowledge of clinical indications of cardiopulmonary dysfunction.	
66. Knowledge of palpation techniques for determination of pathology.	
67. Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.	
68. Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure).	
69. Knowledge of methods for administering cardiopulmonary resuscitation.	
70. Knowledge of methods for providing first aid treatment.	
71. Knowledge of the signs and symptoms of food, nutrient, and drug interactions.	
72. Knowledge of methods for listening to internal systems (e.g., lungs, heart, abdomen).	
73. Knowledge of environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.	

18.

*KNOWLEDGE STATEMENTS - Developing a Diagnostic Impression and Treatment Plan

	Importance
74. Knowledge of methods for integrating assessment information to develop a diagnosis.	
75. Knowledge of the association between radial pulse findings and pathology.	
76. Knowledge of the association between tongue characteristics and pathology.	
77. Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.	
78. Knowledge of the relationship between the Organs and channels in disease progression and transformation.	
79. Knowledge of the relationships, patterns, and changes of Yin and Yang.	
80. Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood).	
81. Knowledge of disease progression from superficial to deep levels of the human body.	
82. Knowledge of clinical indicators associated with disease of the channels.	
83. Knowledge of the distribution, functions, and clinical significance of the channels.	
84. Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony.	
85. Knowledge of methods for prioritizing pathology or disharmony symptoms.	
86. Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	
87. Knowledge of the functions of and relationship between the Zang Fu and the channels.	
88. Knowledge of the clinical indications associated with Zang Fu pathology.	
89. Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	
90. Knowledge of methods for differentiating patterns of Hot and Cold conditions.	
91. Knowledge of methods for differentiating Empty and Full patterns.	
92. Knowledge of the functions associated with the types of Qi.	
93. Knowledge of the characteristics and functions associated with Blood.	
94. Knowledge of the disharmonies associated with Qi and Blood.	
95. Knowledge of patterns of disharmony associated with the Six Stages.	
96. Knowledge of patterns of disharmony associated with the Four Levels.	
97. Knowledge of patterns of disharmony associated with the San Jiao.	
98. Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.	
99. Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	
100. Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	

19.

*KNOWLEDGE STATEMENTS - Developing a Diagnostic Impression and Treatment Plan (continued)

	Importance
101. Knowledge of patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require patient referral.	
102. Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles.	
103. Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	
104. Knowledge of how Qi is dispersed to the Zang Fu Organs via the Yuan-Source points.	
105. Knowledge of treatment strategies for using tonification and/or sedation points.	
106. Knowledge of the association between stimulation techniques and treatment principles.	
107. Knowledge of therapeutic uses for moxibustion.	
108. Knowledge of therapeutic uses of Gua Sha.	
109. Knowledge of therapeutic uses for external herbs.	
110. Knowledge of therapeutic uses for electroacupuncture.	
111. Knowledge of therapeutic uses for cupping.	
112. Knowledge of therapeutic uses for soft tissue massage techniques.	
113. Knowledge of therapeutic uses for adjunctive therapies.	

20.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment

	Importance
114. Knowledge of the techniques for Bleeding.	
115. Knowledge of the techniques for Seven Star Needling.	
116. Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves).	
117. Knowledge of the function and clinical indications of points.	
118. Knowledge of the classification of acupuncture points.	
119. Knowledge of the association between points and internal Organs and channels.	
120. Knowledge of methods for combining distal and proximal points.	
121. Knowledge of therapeutic effects of using local points in acupuncture treatment.	
122. Knowledge of principles for combining points from different channels.	
123. Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	
124. Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	
125. Knowledge of the effects of using points on the front and back to regulate internal Organs.	
126. Knowledge of treatment strategies that use centrally located points that relate to the extremities.	
127. Knowledge of treatment strategies that use points in the extremities that relate to the center.	
128. Knowledge of the therapeutic use of Ashi points.	
129. Knowledge of the therapeutic use of points along the Muscle channels.	
130. Knowledge of the effects of using Front-Mu points in treatment.	
131. Knowledge of the effects of using Back-Shu points in treatment.	
132. Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.	
133. Knowledge of treatment principles for using Lower He-Sea points.	
134. Knowledge of techniques for choosing points according to channel theory.	
135. Knowledge of the efficacy of using particular points during progressive phases of treatment.	
136. Knowledge of significance of selecting points based upon specific time of day.	
137. Knowledge of therapeutic use of Five Shu (Five Transporting) points.	
138. Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.	
139. Knowledge of therapeutic use of Extraordinary points.	
140. Knowledge of therapeutic use of Intersecting/Crossing points of the channel.	

21.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance
141. Knowledge of therapeutic use of Luo-Connecting points.	
142. Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.	
143. Knowledge of therapeutic use of Yuan-Source points.	
144. Knowledge of therapeutic use of Xi-Cleft points.	
145. Knowledge of therapeutic use of tonification and/or sedation techniques.	
146. Knowledge of therapeutic use of Four Seas points.	
147. Knowledge of therapeutic use of Influential points.	
148. Knowledge of therapeutic use of Mother/Son points (Four Needle Technique).	
149. Knowledge of the theory of the Five Elements.	
150. Knowledge of the anatomical landmarks and proportional measurements used in point location.	
151. Knowledge of needle manipulation techniques.	
152. Knowledge of the needle retention methods for pathological conditions.	
153. Knowledge of the impact of patient constitution and condition on duration of needle retention.	
154. Knowledge of patient positions for locating and needling acupuncture points.	
155. Knowledge of recommended needling depths and angles.	
156. Knowledge of the application of moxibustion techniques.	
157. Knowledge of the application of electroacupuncture techniques.	
158. Knowledge of the application of cupping techniques.	
159. Knowledge of the application of soft tissue massage techniques.	
160. Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises).	
161. Knowledge of the application of Gua Sha techniques.	
162. Knowledge of lifestyle changes and stress reduction techniques that improve health.	
163. Knowledge of nutritional concepts and dietary modifications specific to patient condition.	
164. Knowledge of the techniques of scalp acupuncture.	
165. Knowledge of the techniques of auricular acupuncture.	
166. Knowledge of signs and symptoms of patient distress.	

22.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance
167. Knowledge of patient symptoms that indicate need for treatment modification.	
168. Knowledge of contraindications for needling.	
169. Knowledge of points and conditions that should be needled with caution.	
170. Knowledge of contraindications for electroacupuncture.	
171. Knowledge of contraindications for cupping.	
172. Knowledge of contraindications for moxibustion.	
173. Knowledge of contraindications for soft tissue massage.	
174. Knowledge of contraindications for adjunctive therapies.	
175. Knowledge of contraindications for Gua Sha techniques.	

23.

*KNOWLEDGE STATEMENTS - Herbal Therapy

	Importance
176. Knowledge of therapeutic uses for herbs and herbal formulas.	
177. Knowledge of the categories of herbs and herbal formulas according to therapeutic properties.	
178. Knowledge of the effects of herbs and herbal formulas on channels and Organs	
179. Knowledge of modifications of herbal formulas.	
180. Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	
181. Knowledge of the hierarchical principles governing herbal formulas.	
182. Knowledge of the association between therapeutic effects of points and herbal therapy.	
183. Knowledge of interactions between herbal therapies and Western medications.	
184. Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.	
185. Knowledge of the interactions between diet and herbal therapies.	
186. Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.	
187. Knowledge of the practice of herbal formula preparation.	
188. Knowledge of the relationships between herbal formulas and treatment principles.	
189. Knowledge of strategies for combining herb ingredients to form an herbal formula.	
190. Knowledge of combinations of herbs that are toxic or produce undesired side effects.	
191. Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks).	
192. Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	
193. Knowledge of the effects of processing herbs on efficacy and toxicity.	
194. Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.	
195. Knowledge of herbal formula recommendations based upon patient constitution.	

Acupuncture OAQ

24.

*KNOWLEDGE STATEMENTS - Public Health and Safety and Record Keeping

	Importance
196. Knowledge of legal requirements pertaining to the maintenance and retention of records.	
197. Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.	
198. Knowledge of laws that define scope of practice and professional competence for acupuncturists.	
199. Knowledge of legal requirements for protecting patient confidentiality.	
200. Knowledge of indicators of child, elder, and dependent adult abuse.	
201. Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.	
202. Knowledge of guidelines for writing medical records and reports.	
203. Knowledge of methods for using Western medical diagnostic codes.	
204. Knowledge of legal requirements for written consent to disclose patient records or share patient information.	
205. Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.	
206. Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	
207. Knowledge of sterilization procedures for treatment of instruments and equipment.	
208. Knowledge of procedures and standards for storage of equipment after sterilization.	
209. Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases.	
210. Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens.	
211. Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases.	
212. Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases.	
213. Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	
214. Knowledge of the risks of infectious diseases in the practitioner and patient environment.	
215. Knowledge of standards and procedures for the Clean Needle Technique.	
216. Knowledge of the methods for isolating used needles.	
217. Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.	
218. Knowledge of laws regulating practice techniques for California-licensed acupuncturists.	
219. Knowledge of ethical standards for professional conduct in an acupuncture practice setting.	

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25. COMMENTS

Please enter any comments you have regarding this survey. Your comments will not be connected with your demographic information or utilized for anything other than improving the questionnaire process.

26. FINISHED

THANK YOU FOR COMPLETING THIS SURVEY QUESTIONNAIRE.