Dear Members,

Welcome to the second 2013 edition of our PAANZ newsletter

**Featuring:**
- Reports: President
- 2013 Course Programme and course profiles
- Review Toyohari Conference in Sydney
- New PAANZ members
- Library update
- Interesting bits and pieces
- Case Studies

**Message from the President**

I have recently been reviewing the latest IAAPT journal and am delighted to find the New Zealand Physiotherapy acupuncturists so well represented, special congratulations need to be passed on to Kari Hignett, Andrea Moses, and Greg Brian for presenting such commendably written case studies for publication.

Karen Keith and Lucy Ireland also deserve praise for their contributions to IAAPT at an executive level.

Guy Bailey
PAANZ President

**Message from the Office**

**Refresher Course:** Due to insufficient numbers the Refresher course scheduled for May 2013 has been cancelled. The course will be run as the numbers require so please express your interest if you would like to attend this course anytime in the future.

**Register Day/AGM:** The Register Day and AGM is now confirmed to take place on the 22 June 2013 in the City Life Hotel in Auckland. Please check out the PAANZ website to register for the course. Please note that the Register Day is for registered Physiotherapy Acupuncturists only!
**Working with Qi – Dr Ted Pearson:** PAANZ is very excited to welcome Dr Ted Pearson in New Zealand. He is going to run a 3 day course “Working with Qi” in Auckland from the 18 – 20 October 2013. You will find more information about this course on page 4 of the newsletter or on the PAANZ website.

**Change of Administrator:** For over a year Myriam Goos has enjoyed working for PAANZ, its members and Committee. Sadly it is time for her to move on, she had a fantastic job offer from Old St Paul’s (the best historic venue and tourist attraction in Wellington!) and she couldn’t resist!

My name is Angela Trotter and I am thrilled to join the team at Physiotherapy NZ in my new role as Administrator for our PAANZ members. Having spent some quality time enjoying being a mum to my two boys aged 3 and 11, I now look forward to the new challenges ahead. I would describe myself as highly organised, friendly and always willing to go that extra mile. I look forward to assisting our members with any queries in the future.

Regards

[Image of Angela Trotter]

Angela Trotter  
PAANZ Administrator

**News from the Registrar**

Hi everyone,

The PAANZ Administrator and myself are always very happy when members send us updates on courses they have attended, with copies of the certificates. In order to make sure that the correct numbers of hours or points get counted towards your registration can you please itemise the information as detailed below:

**For example:**

- **Cat B 1.1.** Presentation to a group of 6 people for 1 hour (filled in presentation form attached) – 10 points
- **Cat C 1.1** Reading book/writing review (following book review template) – 3 points
- **Cat B 2.4.** Assisting on PAANZ Acupuncture course for 3 hours (1 point per 1 hour) – 3 points

If provided information is not itemised as outlined above, points won’t get put towards your registration. To check out PAANZ’s categorising system have a look at the PAANZ Terms of Reference for Registered Physiotherapy Acupuncturists (PAANZ website / Member’s area / PAANZ Forms and Guidelines Downloads)

Jane Scoular  
PAANZ Registrar
Course Programme for 2013

Pre-requisite for any PAANZ post–basic course is 80 hours of formal acupuncture training. Non - PAANZ members and non - PNZ members are welcome to attend post–basic courses, provided they have the specific pre-requisite training.

Please note: PAANZ reserves the right to cancel courses if insufficient registrations received.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Total Points</th>
<th>Pre-requisites</th>
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<tbody>
<tr>
<td>11 May</td>
<td>Qi Gong * (Registrations close on 6th May 2013)</td>
<td>total 5 pts</td>
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<tr>
<td></td>
<td>Tutor: Gabrielle Friedrich</td>
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<td></td>
<td>Venue: Paeroa</td>
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<td></td>
<td>Time: 9 am – 5 pm</td>
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<td></td>
<td>Cost: $250 (PAANZ member) $300 (PNZ member) $375 (non PNZ member)</td>
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*No pre-requisite required to attend course.

| 22 June    | Register Day –Only open for Registered Physiotherapy Acupuncturists   | total 5 pts  |                |
|            | Speaker: Various                                                      |              |                |
|            | Venue: Auckland                                                       |              |                |
|            | Time: 9 am – 5 pm 5 pm – 6 pm Annual General Meeting                  |              |                |
|            | Cost: $250 (PAANZ member)                                             |              |                |

| 13 - 14 July | Musculoskeletal Dry Needling * (Registrations close on 14th June)    | total 14 pts |                |
|            | Tutor: Trevor Montgomery                                             |              |                |
|            | Venue: Auckland                                                      |              |                |
|            | Time: 8:30 am – 5 pm (day 1), 8:30 am – 3 pm (day 2)                 |              |                |
|            | Cost: $500 (PAANZ member) $600 (PNZ member) $750 (non PNZ member)     |              |                |

*The course is open to PAANZ members or those who have completed one of Trevor’s Introductory courses or hold a post grad qualification in Acupuncture. The course is not suitable for beginners. Physio’s who have done other foundation needling courses like those in the UK are eligible also. If you are unsure about your eligibility to attend the course please contact the PAANZ office.

| 12 – 13 October | Dry needling Professional Development Weekend * (Registrations close on 13th September) | total 11 hours |                |
|                | Tutor: Jillian McDowell & Trevor Montgomery                           |              |                |
|                | Venue: Auckland University of Technology (AUT), Auckland               |              |                |
|                | Time: 9 am – 5 pm (day 1), 9 am – 1 pm (day 2)                        |              |                |
|                | Cost: $325 (PAANZ member) $390 (PNZ member) $488 (non PNZ member)      |              |                |

* This course is mainly addressed to non PAANZ members who have completed a two day external course in dry needling, dry needling plus or trigger pointing. We want to offer non PAANZ members some professional support and encourage them to take their acupuncture education further. Please pass this information on to any colleagues you may have who are practicing in this way.
18 – 20 October  Working with Qi  total 15 pts
Speaker:  Dr Ted Pearson
Venue:  Auckland University of Technology (AUT), Auckland
Time:  9am – 5:30pm (18 & 19 Oct), 9am – 4pm (20 Oct)
Cost:  TBC

Please visit our web site www.paanz.org.nz for more information on course content & tutors and to download registration forms.
If you have any questions please email PAANZ@xtra.co.nz

Qi Gong
Saturday 11 May 2013, Paeroa

Presented by Gabrielle Friedrich

Qi Gong is a form of therapeutic exercise and meditation within the system of Traditional Chinese Medicine. The history of Qi Gong goes back to ancient China over 4000 years ago. There are many different styles that have developed over the centuries, with the aim to promote health and cultivate spiritual balance.

Qi Gong translated: “working with Qi - the vital energy” is a slow internal and external practice where the breath, movement, posture and concentration/mind are coordinated to build up, enhance and store the Qi. Qi Gong adjusts the flow of Qi in the Acupuncture channels and follows the ancient TCM principle to “prevent disease before they happen”.

Regular practice is an effective way to help improve many illnesses, like arthritis, back- and joint pain, chronic fatigue, nervous system disorders, stress, respiratory dysfunction, stagnation of energy and many more.

The course is designed for you to learn to self-regulate as a practitioner, to relax and to improve your own vitality and health and you will learn a simple Qi Gong sequence useful for patients with common conditions.

No Pre-requisite to attending this course.

NOTE:  Registrations close on Monday 6th May.

Musculoskeletal Dry Needling
Saturday 13 July and Sunday 14 July, Auckland
Presented by Trevor Montgomery

This largely practical course is designed to hone the dry needling skills of physiotherapists who wish to utilize this incredibly useful tool into their clinical practice. The course will place significant emphasis on how and when to safely use dry needling to make clinically relevant changes, and, most importantly, how to look for and address the underlying causes of the presenting complaints.
The use of needling to treat a combination of simple, common and complex conditions will be discussed at length, as will the integration of the technique into the wider approach to treatment that embodies physiotherapy as a profession.

The course is open to PAANZ members or those who have completed one of Trevor’s Introductory courses or hold a post grad qualification in Acupuncture. The course is not suitable for beginners. Physio’s who have done other foundation needling courses like those in the UK are eligible also. If you are unsure about your eligibility to attend the course please contact the PAANZ office.

NOTE: Registrations close on Friday 14 June.

Working with Qi
18 – 20 October, AUT Auckland
Presented by Dr Ted Pearson

Learn a logical stepwise approach to analyzing the body's Qi state, leading directly to an accessible method of rebalancing using Japanese Meridian Therapy.

This constitutional 'Root' treatment will complement your symptomatic branch treatments which you are already practicing.

- Refine your needling techniques and learn what Japanese acupuncture has to offer
- Learn painless needling techniques
- Learn how finer needles can improve your treatments and how to apply them
- Learn how to give root treatments that improve both your patients’ symptoms and their constitution
Refresher Course
(Previously known as Upskilling Course)

A PAANZ Basic Course

Would you like to:
Refresh or update your basic acupuncture knowledge
Or

Have you:
Attended an overseas introductory acupuncture course of at least 40 hours and are registered to practise acupuncture overseas,

Then attendance at this course would provide a pathway to PAANZ Post Basic courses and towards becoming a PAANZ Registered Physiotherapy Acupuncturist.

This course will be run as the numbers require so don't hesitate to express your interest if you would like to attend this course anytime in the future.

Express your interest today!

For PAANZ members only
PAANZ Mentoring Programme

These members have offered to be Mentors and may be able to assist you with required course preparation.

<table>
<thead>
<tr>
<th>Mentors</th>
<th>Region</th>
<th>Contact details</th>
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<tbody>
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<td>Jill McDowell</td>
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<td><a href="mailto:pabgey@xtra.co.nz">pabgey@xtra.co.nz</a></td>
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</tbody>
</table>

Complete details of the Mentor programme to be found on our web site.

The PAANZ Executive are interested in your feedback on the new mentoring programme. Perhaps use our web site blog to communicate.

New PAANZ Members

A warm welcome to our new PAANZ members:

Karen Ashley - Rotorua                       Angela McMaster - Invercargill
Estelle Bailey-Whyte - Auckland              Catherine Anderson - Wanaka
Joannes Boele van Hensbroek - Porirua / Wellington Anna McKegg - Auckland
Tanya Browne - Auckland                      Laurie Moore - Christchurch
Michelle Caspersonn - Tauranga               Sara Payne - Auckland
Jenna Cookson - Wellington                   Karen Roberts – Mt Maunganui
Jan Davies - Auckland                        Jia-Min Su – Palmerston North
Hannah George - Auckland                     Carol Turner - Rotorua
Katie Harper - Papakura                      Kirsty Wall - Auckland
Raylene Kirk – Palmerston North              Gabrielle Watson - Auckland
Judy Kirkpatrick - Pegasus                   Michelle Welch - Christchurch

Interesting bits and pieces:

Congratulations to Karen Keith on her publication:

Ultrasound Measurement of a Single Acupuncture Point with Respect to De Qi: An Observational Cross Sectional Study
Karen G.M. Keith and Gillian M. Johnson
PHYSIOTHERAPIST – MATAMATA -NEW GRADUATES ALSO WELCOME TO APPLY

If you are reading this ad you need to contact us -Matamata Physiotherapy Clinic is looking for you!

If you are a motivated physiotherapist with a desire to work alongside 2 other postgraduate physiotherapists who are keen to share their skills and knowledge in sports physiotherapy, acupuncture and manipulation contact us! An immediate start is available.

As a rural practice we see an enormous variety of conditions onsite, in our local hospital, rest homes, home visits or working within our local gym/swimming pool complex.

We are part of an integrated Health team with 10 GPs, 3 Orthopaedic Surgeons, Radiology, Pharmacology, PathLab, X-rays and our local hospital.

The successful applicant will receive much ongoing support as part of our mentoring programme and on-site in-services for CPD. An excellent remuneration package, gym/swim membership and contributions to course and conference fees are provided.

We are also affiliated with local sports teams so there is scope for you to work in this area also.

Matamata is a beautiful thriving town, less than 1 hour from the Tauranga beaches, Rotorua or Hamilton and just 2 hours to the snow ski fields. We have Lake Karapiro 10 minutes away and tramping and hunting in the Kaimai ranges is on our back door step.

If you want to work in a relaxed, social environment, gain immense practical skills and enjoy great coffee onsite this job is for you.

This position is available now to start.

Call Janet on 07 888 5499 or email your CV and a covering letter to physio@matamata.co.nz.

Free Online Acupuncture Textbook


Val Hopwood courses

Traditional Chinese concepts in acupuncture and their relevance to the current practice of Physiotherapy. This course was run in Queenstown, was well attended by the members of PAANZ and nicely presented by Val, who it was felt, covered the Topic well. Val even managed to introduce some different concepts of needling trigger points that involves very gentle acupuncture strongly reminiscent of the Japanese approach.

Acupuncture in physiotherapy for the treatment of neurological dysfunction was presented in Rotorua. This course was similarly well attended and we all benefited from Val’s extensive Knowledge in the field of Acupuncture. Val had put this course together well and was obviously passionate about this field of acupuncture. The course was a tidy blending of TCM diagnosis, theory and treatment, overlaid on our western paradigm of neurological normal function verses dysfunction.
The physiological effects of acupuncture from a western medical perspective were also covered making this an extremely well rounded course and I hope everyone who attended got a lot from it.

Guy Bailey
PAANZ President
The Sydney 2013 International Toyohari Conference was more like a 4 day workshop with lectures in the morning and practical sessions in the late morning and all afternoon. As with all courses or conferences for me, the highlights revolve around the people. The 3 Japanese Senseis were all extremely gifted movers of qi and one of the 2 senior Senseis was partially sighted as this was a practice that was originally taught only to blind Japanese people (in fact it was the first vocation for blind people in the world along with massage). The Senseis’ ability to read the pulse and hara (where the abdomen is used as a meridian micro-system) is incredible.

Even more impressive is their ability to change the pulse and hara with techniques that involve using a silver needle, sometimes a gold plated needle and sometimes other “tools”. Just as impressive was their wish to improve the skill of the 50 Toyohari practitioners present at this year’s conference.

Meeting the participants, 6 (old friends) from NZ and the many Australians met years ago was wonderful. Sydney gave us 4 blessed hot days and being situated in Darling Harbour the lunch time views and Saturday night fireworks were spectacular. Also amazing was the didgeridoo performance (shown) given on the final day.

P.S. Dr Ted Pearson runs a 3 day course from the 18th – 20th October teaching a very gentle needling practice based on this style of treatment and diagnosis.

Anne Macann
Yes, we had a grand time in Sydney with the Japanese teachers who really were excellent. Every day we were put into different groups of 5 or 6 people which is an excellent way of getting to know the other participants and being amongst different levels of therapists. There were a few of us physios, a few GPs and the rest acupuncturists so even during the 90 minute lunch breaks there was a chance to learn other wee tips that can be useful in our practices. And a chance to sample tasty food!

And in case anyone is wondering about the language differences – all lectures are translated and the translators follow the teachers round as they go from table to table for all the practical sessions which are about 80% of the time.

And not to forget that we all get treatments during the practical sessions which is a real bonus - so instead of feeling tired at the end of the day you feel like a new person. I was lucky enough to be last on the table on the last day and my back has never felt better!!

Jane Scoular
PAANZ Registrar

Back row: Guy Bailey (PAANZ President), Anne Macann (PAANZ Education Officer), Jane Scoular (PAANZ Registrar)
Pan Pacific Medical Acupuncture Forum 2012

Two lectures that were presented at the 2012 forum are now available on the PAANZ member’s only section of the website.

Dr Linda Rapson needs little introduction, she is a Canadian who is very experienced in acupuncture therapies and has lectured in New Zealand many times. Neil Luders is a physiotherapist who lives in Canada, although he was originally Australian trained. Neil practises acupuncture, and has a strong focus on supplementary nutrients, such as Magnesium.

Linda’s presentation is borrowed heavily (with permission) from the work of Dr Jason Hao. Dr Hao has developed scalp acupuncture techniques to treat a number of neurological and pain conditions, including CRPS. He presented to a workshop in Canada. They brought in 8 patients with chronic conditions, 6 responded immediately to treatment. Video clips will soon be available on our website for PAANZ member’s to view demonstrating a case. Dr Hao has written a scalp acupuncture text to support his work. At the Pan Pacific Linda Rapson and Joe Helms held very successful workshops on Dr Hao’s techniques.

Neil’s presentation is a case study on how a young and promising athlete came for physiotherapy after an injury. Initial conventional treatment helped, but without lasting gains. Then other symptoms the patient and her mother discussed indicated magnesium deficiency. This is where the 20 questions come from – it is a magnesium checklist. The patient made good gains following magnesium gel rubbed onto the affected parts (is there a supplier in New Zealand?), and started oral magnesium supplementation and Epsom Salt Baths. Many facts regarding magnesium requirements are presented. It must be stated that the 20 question checklist is not ‘evidence-based’ per se in relation to gold standard research, but the empirical clinical evidence is strong. Neil cites Linda Rapson and Aileen Burford-Mason as his initial sources of this information, and now I think he is on a mission to publicise his findings to other medical professionals. Aileen Burford-Mason has published the book below, Neil highly recommends it. I await my copy from Amazon.

Eat Well, Age Better, Dr Aileen Burford-Mason, PH.D. Pub: Thomas Allen.

Susan Kohut
To Study Acupuncture

PAANZ encourages physiotherapists to commence their acupuncture education in New Zealand by studying for a ‘Postgraduate Certificate in Acupuncture’ at Auckland University of Technology (AUT), or Otago University.

There are further acupuncture qualifications that can be attained at both Universities by following acupuncture pathways, such as Postgraduate Diploma, or Master of Health Science in Acupuncture.

For details please go to the PAANZ web site.

The Meridian Worldwide - latest edition
To view the IAAPT Newsletter go to the WCPT website under IAAPT in the Members Only section.

Our Members are invited to send anything that is suitable for The Meridian to either Andrea Moses at a.moses@xtra.co.nz or direct to the Editor, Charles Liggins, email Charles.liggins5@gmail.com.

PAANZ Advertising Policy

PAANZ Bi Monthly Electronic News Letter - Sent by email and viewable on Website:

Advertising Charges:
Full page advertisements $100 + GST.
Half page advertisements $50 + GST.

Free listings
Members may advertise for free.
University of Otago and AUT may advertise courses.
All attempts will be made to send your request within three working days, or you will be notified if the item is already out awaiting. Your order will arrive by courier envelope in a bubble wrap, with an invoice for $20 per item and a prepaid return courier envelope. Loans may be kept for a four week period. Late returns will incur a $20 fine per item per fortnight they are overdue. Please note that borrowers will be held responsible for any damage to the items if they are damaged during the loan period or incorrectly packaged for return.

Reminder - Research Resources Available

The Physiotherapy New Zealand web site provides a link to EBSCO since January 2011. Look out for more information on this useful resource in PhysioMatters.

PAANZ Book Review Template

You will find this useful template under the member’s area. Please use if reviewing a book for points and publishing.

Post your own blog - check it out.
Case Studies

Case Study Presented by Greg Brien

Condition
Grade I-II Right Anterior Talofibular ligament sprain.

History
19-year-old female rolled her right ankle while playing indoor netball Sunday 20\textsuperscript{th} January 2013. She jumped up to intercept a pass and landed on the opposing player’s foot, resulting in an inversion sprain.

Main Findings
- Antalgic gait on the right
- Mild-Moderate oedema right lateral malleolus
- Tenderness on palpation of ATFL
- Restricted to 2/3 ROM plantar and dorsiflexion
- Pain worst with inversion/plantar flexion
- Increased anterior drawer

Treatment Rationale
Western/Local. The aim of treatment was to decrease pain and swelling, and increase ROM before commencing strengthening/proprioceptive exercises and return to sport.

Acupuncture Treatment
First Visit (21/1/13): GB(R)34 and SP(R)9
Patient was a little “needle shy” initially. The needles were left in for 10 mins, no stimulation.

Second Visit (22/1/13): There was a decrease in oedema and an increase to 3/4 ROM. Same points used as above. Needles were left in for 15 mins, no stimulation.

Third visit (24/1/13): Without oedema and full ROM present. No antalgic gait but still complaining of some pain at end range movement, especially plantar flexion/inversion.
Points used: GB(R)34; BL(R)60 and GB(R)40
Needles were left in for 15 mins, no stimulation.

Progress/Outcome
At the follow-up appointment on Monday 28\textsuperscript{th} January 2013 she was pain free with full ROM and had been very tempted to play netball on the Sunday night but her better judgment meant she didn’t. Rehabilitation was started in the form of proprioceptive and strengthening exercises and no further acupuncture treatments were required. She return to indoor netball with her right ankle taped the following weekend.

Summary/Discussion
GB 34 was used to address the muscle, tendon and ligament damage. It affects both superficial and deep branches of the common peroneal nerve.
SP 9 was used to help reduce oedema. SP 9 also affects the tibial nerve, which has articular branches to the ankle joint.
BL 60 is a good point for lateral ligaments sprains and affects the sural nerve.
GB 40 is in close proximity to the anterior talofibular ligament and was chosen due to its affect on pain and swelling around the lateral malleolus. It affects the superficial peroneal nerve.

This grade I-II ankle sprain presented acutely and initially I predicted it would take 4 weeks for a return to sport. A strong response to acupuncture has reduced this to two weeks but further rehabilitation to prevent a reoccurrence of the injury was still required.
Case study presented by Ricky Brijs-Blaak

STRONG ADVERSE REACTION

Condition/Diagnosis
Strain Right Metacarpal Phalangeal Joint (MCP) 1- radial ligament and Extensor Pollicis Brevis

History
A 33-year-old right dominant male injured his right thumb on 15-10-2012 when bashing in fence posts. There was an acute pain at the radial side of MCP 1. Since that time he has difficulties with gripping wider objects and has been unable to use his bone carving tools. No previous hand injuries. General health: excellent

Main Findings
Ten days after injury he presented with pain at the radial MCP 1, worse with ulnar adduction and resisted test of the Extensor Pollicis Brevis. There was full range of movement (FROM), strength and no instability. Pain was the main issue and we decided to treat it with acupuncture.

Principle of treatment
Western- local and TCM. The main aim was to eliminate the pain and enhance healing.

Acupuncture treatment
First visit: right LI11 (proximal point/balancing), LI4 (local and ↓pain), TE5 (tendons) and left LU7 (Luo point)
Needle retention 15 minutes, no stimulation.
I used the same points in the next two visits, one week between visits.
I always treat patients in lying.

Progress/Outcome
There was a significant improvement after the first and second visit. At the third visit I saw him just before lunch. He mentioned he woke up that morning with a bit of a sniffle but still did 3 hours of physical labour. His thumb has been much better and we decided to give it one more session with acupuncture.
He did not looked unwell, just a bit tired.
One minute after I inserted the needles, he advised me he was not feeling well and wanted to go to the bathroom. I removed the needles immediately. He appeared ok, so I walked with him to the bathroom, ten steps. Just in front of the bathroom he fainted. Fortunately I was able to lower him gently to the floor. There was a spontaneous loss of bladder control. I used GV26 as acupressure point. Fortunately there were no other patients in the practice which would have made his embarrassment worse. He was grateful for our spare shorts and sweet cup of tea. He rested for half an hour afterwards and was picked up by his wife. He was ok when I phoned him later that day.

Summary/discussion:
The points chosen for this type of injury were fine. I could have used also ST36 as an inflammatory point.
I underestimate his cold and should not have needled LI4 with is a strong Yang point (draining) and probably the reason for making him feel unwell.
I should have used GV26 while he was still lying and advised him to keep lying for a while with a bowl next to him.

Lesson learnt:

DO NOT UNDERESTIMATE THE POWER OF LI4
If needling patients close to lunch time, ensure they have eaten something before treatment.
Case study presented by Kari Hignett

1. Condition:
CRPS patient (complex regional pain syndrome) right upper limb.

2. History: 36 year old female, chef, sustained injury 4 years ago, 4.12.08, right thumb injury, pedestal fan fell onto hand,
Presented to hand therapist May 2010 and diagnosed with:
   1. CRPS secondary to superficial radial nerve injury
   2. ?MCP volar plate damage
   3. ?element de quirvains.
   Referred back to ortho consultant after non-successful treatment with mirror therapy/graded motor imagery – 2010.

   Did nerve release, gave 4months relief from symptoms, symptoms returned and worsened.

   Further physio input: thoracic mobilisations/soft tissue massage, de-sensitisation program, resting splint, hydrotherapy, neural glides and slides, taping techniques.

   Further pain management team input: Gabapentin (trialed but withdrew secondary to side effects), amitryptaline, tramadol, paracetamol, Epilim, Clonidine patches.

PC: Referred for acupuncture trial for pain relief on 1.10.12

3. Main findings:
*7/10 pain on VAS from elbow to end of thumb (along radial aspect forearm), constant, pressure pain. hyperalgesia, allodynia

* unable to fully form hook grip or fist.

*unable to move thumb in any direction without severe+++pain.

* sweating, blotching, oedema changes in same area as hyperalgesia.

Functionally unable to write, chop with knife >30secs, use right hand to do her hair etc.

4. Principle of treatment:
*Western

5. Acupuncture treatment:
1. Segmental approach with LI 4 (left) and LI 11 (right) 20mins, stim x2.
2. as above added HGJ bilaterally at T5/6/7 (for sympathetic outflow to upper limb)stim x3, 20mins.

3. as above but added electro acupuncture (using TENS machine with alligator clips, high freq 200 Hx) // improved hook grip and fist (fingers to palm), VAS 4/10. 20mins.

4. as above for 30mins.

5. as above plus added auricular points (using intradermals) ShenMen and sympathetic point // decreased pain for 1 ½ days post treatment.
6. as above plus GV14.// full hook, full grip, area of hyperalgesia localised to radial side wrist and thumb.

7. as above , ...however she hit arm accidentally and re-aggravated +++ back to previous level/area of pain although ROM stayed intact.

8. as above plus added GB39 bilaterally – 40mins (use of extra-segmental points, chosen though as influential pt for marrow ie nerve) //no change.

9- 12 treatments as above// settled from aggravation with decreased area of hyperalgesia and pain still 4/10 on VAS but no significant functional gains.

Referred back to hand therapist, awaiting article ( Chinese scalp acupuncture relieves pain and restores function in CRPS” D. Hommer, Military Medicine,177, Oct 2012)received 17.01.13....

...consent from patient for scalp acupuncture trial (plus advice from Di Turnbull and Guy Bailey)

She had worsened again, pain in first two fingers now as well, 7/10 on VAS.

3 sessions trying to follow study protocol, 0.30x 40mm needle, bilaterally needle in upper 2/5ths sensory channel ( MS7, for 30mins, x3stimulation of 1minute (this long wasn’t tolerated) and then on 4th session tried to add the autonomic channel, in upper 2/5ths.

Outcome: Treatment still ongoing, seeking assistance and advice from others on case study day.

Discussion/Feedback from case study group (9th Feb, Linley Leuthard, Jenny Lucy, Margaret Dare)and info from Di Turnball/Guy Bailey...

JL: Find ashi point along MS7 line, also use two needles threaded along line to cover whole of middle 2/5ths area to make sure getting UL sensory zone,

Add laser acupuncture? (pt can do indep as home program, also supported by article found : Integrative approach focusing on acupuncture in the treatment on chronic complex regional pain syndrome, Sprague and Chang, The Journal of alternative and complementary medicine, 17(1) 2011, 67-70.

JL: Add auricular acupuncture further ( esp valium point and point zero)

LL:Kinesio tape?

JL: Normalise movement +++ ( Mark Sylvester thumb adduction movements plus selective IP flexion with thumb adducted)

LL: Moxa over ting points

Moxa/needle SP 3 ( boost Sp )

?Vit K deficiency

Spray and stretch trigger points.

And from Linda Rapson DVD: GV 26, plus check out brachialis ( refers to thumb) trigger points, plus consider Vit B/ D deficiency/Mg deficiency.
Case study presented by Lucy Ireland

Three presentations of Trigeminal Neuralgia

1. 64 year old female, Feb 2012 admitted to hospital with constant right facial pain, kept awake at night. Concurrent Meniers.
   MRI Normal Cranial Nerve V and branches.
   Meds: Gabapentin, Amitriptyline, nausea patch.

   Acupuncture (ACP): PC6/6, R), swabbed, TE 17,23,5 later date ST 7. Retention 20 mins, weekly.
   Took 3/12 to recover. 2/12 later returned for ACP as described right of face as “fizzing”. ? aggravated by wind or cold weather.
   ACP as above, twice weekly. Ear press needle in R) Shenmen

2. 74 year old lady. Lot of involvement with eight grandchildren. Presented Oct 2011 from hospital dentist with ongoing R) side facial pain shooting from nose to ear, to corner of mouth, along lower jaw line.
   MRI clear Trigeminal Nerve, TMJ, sinuses
   Dentures sound, fitting well.
   Pain aggravated by wind, stress
   Complained of feeling tired, a worrier, not at all confident.
   Meds: Gabapentin, Tegretol.

   Manages Trigeminal Neuralgia (TN) best with regular medications, weekly acupuncture at the time of a flare up then gradually stretch out treatments to 10 days, to 14 days.

   ACP: TE5/5, R) swabbed, ST 7, 4, 2 Pitong.

   Dec 2012 had upper right side gum trigger point injected by hospital dentist with local anaesthetic; settled.

3. 74 year old lady, known Multiple Sclerosis. 20 year history of facial pain at L) side of nose, cheek and into ear. Recent acute point of pain at corner of mouth, left side and 1 cun below this on chin.
   Aggravated by wind, change in barometric pressure, acidic food, leaning over, chewing and talking.

   Treatment: nothing much helps beyond temporary relief of facial pain. Treatment included local ah shi point acupuncture, ST7, maximum 10 minutes.

Discussion: Causes of TN
Western
1. Blood vessel pressing on Trigeminal Nerve with resultant demyelination
2. Ageing of blood vessels which become less elastic
3. Other causes which includes MS

Eastern
1. Invasion by wind, cold which affects circulation of Blood and Qi
3. Yin deficiency.

Discussion: Treatment
Western Acupuncture: local points
Distal supporting on channels that originate or terminate on the face

Eastern Acupuncture
1. Promote local circulation
2. Reduce fire
3. Nourish Yin, dissipate fire
Case study presented by Linley Leuthard

Condition/Diagnosis
Acute Lumbar spine (Lsp) strain with bilateral positive slump, Cervical spine (csp) strain, Right Latissimus Dorsi (Lat Dorsi / Lat D) strain

History
A 40 year old female admin student and mother of 3 had just started at the gym was doing lat pull downs (50 kgs) 8/1/2013. She felt back, neck and (R) shoulder pain. Past history recurrent Low Back Pain (LBP) several years. General health excellent except increased BMI.

Main Findings
Severe LBP, neck pain 8/10, (R) shoulder pain and some anterior (L) thigh pain. Difficulty walking, weight bearing, lifting, sitting and turning her head to the (R).
On examination decreased Lsp flexion using hands to walk back to upright stance, decreased Csp flexion 50%, (R) csp rotation. L1-5 TOP on PA, bilateral Lat Dorsi, Upper Fibres of Trapezius (UFT) spasm (R) > (L), bilateral psoas, piriformis spasm. Positive bilateral slump (R) > (L), decreased and painful (L) FABER, pain felt posterior (L) hip.

Principle of Treatment
Western with a touch of 24 hour clock. Main aim was to reduce pain, increase ROM, increase mobility, decrease neural sensitivity, then look at core, pelvic stability once acute phase settled

Acupuncture treatment
First Visit; bilateral UFT, Latissimus Dorsi, psoas ah shi 15 minutes needle retention, no stimulation.
Second visit 5 days later ; Bilateral psoas, latissimus dorsi ah shis, (R) KI3, SP3 5 minutes retention, no stimulation, as nauseous hadn’t eaten, needles removed as soon as felt nausea (acupunctured previously several occasions and knew to eat)
Third visit 2/7 later; Bilateral GB20,21, GV14, (R) SP3, KI3 15 minutes retention, mild stimulation.
Fourth visit 1 week later; DDN (L) PGM; (L) iliacus ah shi got de qi and removed.
Fifth visit 1 week later; Bilateral Bl10, piriformis adjacent to insertion, psoas, (R) SP3, KI3 Lat Dorsi ah shi 12 minutes retention, mild stimulation.

Progress/Outcome
Progress has been pleasing with decreased pain and spasm, decreased tenderness on palpation (TOP) Lsp ++, negative bilateral slump, restored Csp and Lsp range of movement, developed (L) hip feeling like it was giving way which has subsequently settled.

Summary/Discussion
Choose to use source points to assist with associated muscle relaxation for the muscles pertaining to the Kidney and spleen, also if looking at her from a TCM point she would fit into a pattern for these 2 organs. Have found previously that needling the source point will reduce the spasm without even having to needle the associated muscle , great for acute conditions. Should have in hindsight also looked at source point for Gluteus Medius.
Case Study presented by Jenny Lucy

Condition:

FM has had worsening breast tenderness, lumps in both breasts, worse pre-menstrually and during menses, for 5 years. FM also has night sweats for the last 2 years. Episodic, disturbs sleep and is clammy. Diffuse muscular pain problems also. Breast soreness worsens over day, mid afternoon 3pm FM feels tired, low in energy, seeks to increase energy with sugar food. Menstruation cycle is 28 days, shortens with acupuncture sessions in 2012 to 26 days. Also has sought natural herbal treatments in past, effective but doesn’t last. Constipated for 8 months and has sought her Dr’s review and on medications for this. The 2012 acupuncture sessions relieved painful breasts completely for the months she received treatment in Nov/Dec 2012, then for the next 2 periods she has become very painful again. Menses: Initial day slow and minimal, then 1 day of heavy, large clots, stops 1-2 days and then floods again. 6-7 days menstruation. Mood is unaffected, remains calm and even tempered.

Main Findings: Slender quiet person, large breasted. 3 children 16,14 and 9 years old.
Tongue: Slight stagnation, red tip, no covering, narrow long tongue.
Pulse: Absent Kidney yin and yang pulses.
Non-smoker, 1-2 coffees per day.
Self employed hairdresser part-time, hospitality waitress part-time.

Principles of Treatment:

TCM: Stagnant LR BL, yin deficient. Western approach with local points which also do have TCM effect.
Ear hormonal point and valium point.

Acupuncture Treatment:

4/2/13 Acupuncture Verbal Consent: Previous good responder to acupuncture.
Bilaterally: LR14,SP16,17,( chest wall pain), ST25 (Front Mu of LI)ST36( tonifies Qi and BL), LR3,SP3,KI6,HT7,LU9,PC6,( all for boosting yin)
CV17,CV15,( both for chest wall pain).CV4( Front Mu of SI, tonifies KI,PMT point). 15 mins. Kinesio applied to both breasts for lymphatic drainage and pain relief.

Progress outcomes:

Review 8th February 2013, 4 days after acupuncture and kinesio, a lot better with no breast pain, lost 2 kg’s within 24 hours, not tired. Points repeated. Advised to add in previously successful herbal treatment to augment the efficiency of acupuncture. Recommended Alpine Leaf tea for constipation.

SUMMARY:

FM had 6 sessions from the end of Oct 2012 until mid Dec 2012 successfully relieving all her PMT and menses breast pain and tiredness. However the next 2 menses breast pain has returned, tiredness and needing naps. This time I have researched more into her TCM history in order to gain equilibrium for her. There has been an improved response, and I would appreciate suggestions to achieve an ideal point selection for FM.
Case study presented by Anne Macann

Whiplash Protocol (Manaka)

History

A 53 year old woman Chris presented two days after falling off a mountain bike and landing on rocks below a bridge. She complained of increasing pain over the right occiput and the right temporal mandibular joint area.
The pain made driving and work as a manager of a health shop difficult. Chris was also unable to sleep due to the head and neck pain.
Chris had recently taken up mountain biking after finally being rid of a thyroid deficiency and a mild form of chronic fatigue. I had given her acupuncture a year earlier for both these conditions as well as a frozen shoulder which had resolved.

Examination

Chris had almost total loss of all cervical spine movements and could not open her mouth more than two fingers width. Her symptoms were severe and because of this I chose to use acupuncture

Acupuncture Treatment Principle was Japanese Acupuncture (Manaka)

This kind of trauma I liken to whiplash and prefer to use the Manaka whiplash protocol.
Manaka's whiplash protocol involves shallow bilateral needling of yang qiao mai/du mai (BL62 SI3) and yang wei mai/dai mai (TE5 GB 41).
A lead which contains a diode inside called an ion pumping cord is attached to each needle so that the black end is placed on the opening point (first point mentioned) and the red end is placed on the coupled point.) This causes a unidirectional flow of electrical current through the wire and via the needles also through the body. The flow occurs so that a negative charge moves from the red to the black clip and a positive charge moves from the black to the red clip, producing electronic and ionic currents that last long after the needles are withdrawn.
After 15 minutes I took the needles and leads off and needled right GB39, bilateral GB20 and placed an intra-dermal needle in the right ear over the phase 1 cervical spine point that was tender on palpation. (Instruction on removal and reasons for removal was given)
(Encouragement was given to do active cervical spine movements gently and maintain good posture)

Outcome

Two days later Chris returned with full opening of her mouth. All neck movements had returned to normal and no longer caused her any discomfort. Chris was happy to remove the intra-dermal needle herself in a day or so.

Discussion

The use of the ion pumping cords attached bilaterally to the yang qiao mai/du mai (BL62 SI3) and yang wei mai/dai mai (TE5 GB 41) is Manaka's whiplash protocol that harmonizes the lateral and posterior channels of the body which are disrupted in a whiplash injury to the cervical spine. The ion pumping cords enhance the strength of the input.

Manaka's ion pumping cord protocols typically begin with a large general energy input such as above followed by needling a few relevant yang or back shu points (often with moxa ) and finishes with the placement of intradermal needles. These utilize the microsystem of either the ear or the hand (Korean Hand Acupuncture) and occasionally are placed on body points.
GB39 is a strong distal point for whiplash or acute muscular spasm of the neck and in this case was tender on palpation. GB20 was gently and superficially needled as a local point

References

Manaka Y; Chasing the Dragon’s Tail
Rogers C and C; Point Location and Point Dynamics Manual
Case study presented by Jillian McDowell

Condition/Diagnosis
Night cramps

History

A 72 year-old male of Maori ethnicity presents with a two year history of gradually increasing night cramps. These affect his calves and feet, 9/10 numerical rating scale, waking him up to six times per night. These are severe enough that he has to get up and walk the cold wooden floors in his hallway. He is asymptomatic during the day and has no mechanical pattern on questioning aggravating and easing factors. He sleeps on his back. The cramps are becoming more frequent over time. He has tried supplementing magnesium and calcium, and avoiding alcohol. He is fit enough to play 18 holes of golf three times a week. His sleep deprived wife booked his appointment.

General health: lumbar fusion 1978, pacemaker inserted 2012, pancreatitis with mild jaundice, renal impairment, gout, COPD, asthma, dermatitis, high ferritin levels (but thinks haemachromatosis has been ruled out). Medications include aspirin, alipurinol, simvastatin, digoxin, verapomil. Regular oral prednisone but nil in the past six months.

Main Findings

Fixed lumbar hyphosis, normal reflexes and lower limb power. Negative slump. Tight hamstrings on Sahrmann sit stretch (~40 degrees knee extension bilaterally). Visible fasiculations in both calves (gastrocs and soleus) at rest in prone lying.

Principle of treatment

Western

Acupuncture treatment

First assessment – no acupuncture offered. Discussed possible metabolic causes of cramps including the use of statins, kidney disease and steroids. Informed consent gained for future trial of acupuncture considering bleeding and immune risk. Prescription of stretches for calves and plantar fascia to be performed 5 x day 3 x 10 seconds each bilaterally. Follow up visit – post betadine BL57/57 (peripheral nerve local to fasiculations) 10 minutes only to assess acupuncture tolerance, traction straight leg raise technique to influence spinal segments, massage release calves and plantar muscles.

Progress/Outcome

Yet to be established by follow up.

Future planned acupuncture treatment includes: BL31/31 for S1 nerve root, vagal treatment via ear acupuncture phase 3 calves, feet, phase 2 kidney, spinal segment sacral, plus shen men and zero point (post betadine). Alternatively could try TCM to tonify kidney and expel wind with gall bladder points.

Summary/discussion:

Multiple pathologies have clouded the clinical reasoning picture for the origin and management of this gentleman’s cramps. His GP will not prescribe any further medication and his quality of life is beginning to suffer. Statins are known to cause muscle pains but this is the most extreme case of visible fasiculation at rest I have seen. His lumbar segments could be implicated but he has no mechanical ways to reproduce his pains and multiple metabolic factors. Acupuncture has been sought as a last resort but additional care is needed to avoid adverse reactions in this case.

The End