

Interview of an Patient Alleging Injury from Acupuncture Care
to determine whether the acupuncture standard of care has been followed

1. Establishment of Patient-Practitioner Therapeutic Relationship.

- a. How was the patient--acupuncturist relationship initiated and established?
- b. In what jurisdiction did the visit take place?
- c. What was the patient's chief complaint and how was it communicated to the acupuncturist?
- d. What goals for treatment (aspirational *and* avoidant) were expressed by the patient?
- e. What care (diagnosis, treatment) was requested?
- f. What intake forms were provided to and completed by the patient, including their demographics, medical history, financial agreement, terms of admission to care, informed consent, etc.? What agreement was made regarding fees, insurance billing, etc.?

2. History-taking Regarding Complaints and Health Status

- a. What history did the acupuncturist take, via intake forms and/or verbally, regarding:
 - i. The patient's chief complaint, symptoms, general health status and habits, prior medical history
 - ii. Prior physician evaluation for reported complaints
 - iii. Screening for serious/urgent medical conditions that would warrant immediate referral to other care
 - iv. Screening for any medical conditions, habits or medications that would represent an elevated risk of accidents and adverse outcomes from acupuncture and oriental medical modalities
 1. Acupuncture:
 - a. Any lung diseases
 - b. Organ enlargement or displacement
 - c. Marfan's syndrome
 - d. Endometriosis
 - e. Homocystinuria
 - f. Spontaneous pneumothorax
 - g. Corticosteroid use
 - h. Smoking (any substance)
 - i. Sores, infections, open skin lesions
 - j. Recent surgeries, puncture wounds, lacerations or abrasions, fractures
 - k. Complex regional pain syndrome
 2. Heat therapies: neuropathies, diabetes

- v. History of accidents, adverse reactions to or beneficial outcomes from other care
- vi. Prostheses, implants, braces, assistive devices
- vii. Allergies
- viii. Family medical history
- ix. Social history

3. Physical Exam Regarding Complaints and Health Status

- a. What physical exam was performed by the acupuncturist? What body regions were examined, and how?
- b. Was consent obtained for any exam maneuvers requiring physical contact? Prior to examining any sensitive/private areas such as the anus, breasts, genitalia, was medical necessity explained and were gloves worn?
- c. Was physical examination performed to screen for any medical conditions that would represent an elevated risk of accidents and adverse outcomes from acupuncture and oriental medical modalities?
 - i. Respiratory difficulty
 - ii. Organ enlargement or displacement
 - iii. Smoking (any substance)
 - iv. Sores, infections, open skin lesions
 - v. Recent surgeries, puncture wounds, lacerations, abrasions, fractures
 - vi. Prostheses, implants, braces, assistive devices

4. Records Review Regarding Complaints and Health Status

- a. Was any review and discussion of, or requests for, patients' prior medical records performed?

5. Diagnosis and Treatment Planning

- a. What assessments or diagnosis(es) were rendered by the acupuncturist?
- b. Was any need for further diagnostic procedures or referral to other/specialty care discussed?
- c. What treatment plan was proposed as regards acupuncture modalities, including options for specific procedures and prescriptions?
- d. Were the rationales for and intended or expected outcomes of procedures discussed?
- e. Were the number, frequency, duration and costs of visits discussed?
- f. Were alternatives to the proposed care discussed, including no care? Were any referrals to additional or alternative care discussed or offered?
- g. Regarding sales of prescribed supplements or products, was referral to alternative sources of purchase discussed? Was purchase of supplements or other products presented as optional, or as a condition of receiving treatment?

6. Informed Consent

- a. Was this a first-time experience for the patient with acupuncture? Did the injury occur on the first visit with this practitioner?
- b. Did the practitioner explain the common and known risks and side-effects associated with all proposed treatment modalities, including:
 - i. Acupuncture: pneumothorax injury; organ puncture, trauma, or bleeding; blood vessel puncture, bleeding or bruising; nerve trauma and pain; infection, dizziness, lightheadedness, or loss of balance; malaise and fatigue.
 - ii. Manual therapy, including suction cupping, *tui na* and *gua sha*: bruising, sprains, strains, infection, increased pain.
 - iii. Exercise therapy: sprains, strains, increased pain.
 - iv. Herbal nutritional supplements: allergic reactions, herb-drug interactions; nausea, vomiting and other gastrointestinal upset; any toxicity.
- c. Did the practitioner instruct the patient regarding reporting, self-care, and management of any adverse side-effects of treatment?
- d. Did the patient express a good understanding of the diagnosis and treatment plan, and voluntarily consent to treatment as proposed?
- e. Did the provider address any questions regarding the diagnosis to the patient's satisfaction?
- f. Did the provider address any questions regarding the treatment plan to the patient's satisfaction?
- g. Did the patient request postponement or decline any part of the treatment plan?
- a. Did the practitioner advise the patient to consult with a physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.?"?

7. Provision of Care

- a. During treatment, did the practitioner make all reasonable efforts to insure the safety, appropriateness, and effectiveness of care, including but not limited to:
 - i. General (all modalities)
 1. Removal of clothing only as medically necessary, and provision of appropriate draping to insure patient's comfort and privacy?
 2. Patient positioning for treatment?
 3. Did the practitioner maintain continuous attendance in the treatment room, or delegate attendance and monitoring to other staff?
 4. If the patient was left alone, for how long were they without attendance? Was the patient provided with instructions as to when to call for help or to alert the practitioner of any concerns? Was the patient provided with an adequate call device or method?

5. Were any concerns or calls for help or responded to in a timely, effective and appropriate fashion?
 6. During the visit, were any perceived adverse or unwanted side-effects of treatment reported by the patient, and/or discussed? How were they managed during the visit?
 7. Were any requests to alter or cease treatment made, discussed, honored?
 8. Was any health education or advice offered or discussed?
- ii. Acupuncture
 1. Hand-washing or -sanitizing prior to needle insertion?
 2. Single use of and disposal of sterile needles?
 3. If needles were retained, was advice provided to avoid moving body regions with retained needles during treatment? Was a call bell or other call device provided and positioned in such a way as to require only safe and minimal movement to call for help?
 - iii. Manual therapies, including suction cupping and *gua sha*
 1. Location, depth and pressure (negative or positive), and tissue mobilization during any manual therapies such as massage, suction cupping, etc.?
 - iv. Heat therapies, including moxa, hot packs, heat lamps and blankets
 1. Temperature and positioning of any warming devices (hot packs, electric blankets, heat lamps, moxibustion) etc. so as to avoid burns?
 - a. Heat lamps
 - i. Minimum 12" distance from skin
 - ii. Positioning of heating elements *not* over the body, and in such a way that neither gravity nor device failure risks contact?
 - iii. Monitoring through continuous in-person supervision or checks every 5 minutes?
 - iv. Total time of use less than 15 minutes?
 - v. Exercise therapy: was instruction and supervision of a therapeutic exercise program provided with adequate instructions as to how to avoid injury or symptom exacerbation?

8. After-care

- a. Did the practitioner inquire as to the patient's general condition at the end of treatment, including any difficulty breathing or shortness of breath, chest pain, malaise, dizziness, lightheadedness, or disorientation?
- b. Did the practitioner examine and ask about any change in symptoms related to the patient's complaints or treatment condition at the conclusion of treatment?

- c. Did the patient report any perceived adverse outcomes or side-effects of treatment, and if so, how did the practitioner respond and manage the report?
- d. Was any guidance, education, care or referral offered regarding any perceived adverse effects?
- e. If heat therapies were used, did the practitioner inspect the body regions of use for any redness or burns?
- f. Did the practitioner verify in person that the patient was able to return to an upright sitting and standing position and was able to walk without any dizziness, incoordination, loss of balance, or other symptoms or indications of elevated risk of slipping and falling? If the patient reported any difficulty with balance or coordination, or any loss of balance or coordination was observed by the practitioner or staff, what measures were taken to prevent slips or falls or other injuries to the patient?
- g. Did the practitioner inquire as to whether the patient had any concerns or questions about the provision of care? Were all questions and concerns addressed to the patient's satisfaction?
- h. Was any other in-office or after-visit follow-up offered or performed?

9. Management of complaints

- a. Was any post-visit reporting of complaints made, if so, when and how?
- b. Were the complaints regarding potentially serious adverse outcomes or side-effects, including but not limited to new or increased:
 - i. Difficulty or pain upon breathing
 - ii. Pain or paresthesias anywhere in the body
 - iii. Prolonged/severe lightheadedness or dizziness, loss of consciousness
 - iv. Bleeding
 - v. Infection
 - vi. Burns or blisters
 - vii. Loss of function, disability
- c. How did the acupuncturist respond to complaints? If the complaints were regarding potentially serious adverse outcomes or side-effects, including but not limited to those listed above, was immediate referral to physician care recommended?
- d. Were medical records made available to the patient, in a timely and complete fashion to the patient or their representative, either routinely or upon any request?