Please note the following:

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Dear Provider,

This document provides detailed descriptions of eviCore’s basic criteria for musculoskeletal management services. They have been carefully researched and are continually updated in order to be consistent with the most current evidence-based guidelines and recommendations for the provision of musculoskeletal management services from national and international medical societies and evidence-based medicine research centers. In addition, the criteria are supplemented by information published in peer reviewed literature.

Our health plan clients review the development and application of these criteria. Every eviCore health plan client develops a unique list of CPT codes or diagnoses that are part of their musculoskeletal management program. Health Plan medical policy supersedes the eviCore criteria when there is conflict with the eviCore criteria and the health plan medical policy. If you are unsure of whether or not a specific health plan has made modifications to these basic criteria in their medical policy for musculoskeletal management services, please contact the plan or access the plan’s website for additional information.

eviCore healthcare works hard to make your clinical review experience a pleasant one. For that reason, we have peer reviewers available to assist you should you have specific questions about a procedure.

For your convenience, eviCore’s Customer Service support is available from 7 a.m. to 7 p.m. Our toll free number is (800) 918-8924.

Gregg P. Allen, M.D. FAAFP
EVP and Chief Medical Officer
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Covered Services and Exclusions

Acupuncture Covered Services
Covered Acupuncture Services are those within the scope of acupuncture care that are supportive or necessary to help members achieve the physical state exhibited before an injury or illness, and that are determined by eviCore to be Medically Necessary. Services include the following:
- Acupuncture
- Electro-acupuncture

Acupuncture Coverage Exclusions
The following are not covered under the plan:
1. Services not covered by the health plan (e.g., services provided by non-participating providers and services provided outside the health plan’s service area)
2. Services incurred prior to the beginning or after the end of coverage
3. Services that exceed the combined maximum covered visits for the benefit year
4. Charges incurred for missed appointments
5. Educational programs
6. Pre-employment, school entrance, or athletic physical exams
7. Services for conditions arising out of employment, including self-employment or covered under any workers’ compensation act or law
8. Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
9. Charges for which the member is not legally required to pay
10. Services rendered by a person who ordinarily resides in the member’s home or who is related to the member by marriage or blood

Specific Services that are Limited or Excluded
1. Services for preventive, maintenance, or wellness care
2. Experimental or investigational services
3. Services not medically necessary as determined by CareCore National
4. Vocational, stroke, or long-term rehabilitation
5. Hypnotherapy, behavior training, sleep therapy, or biofeedback
6. Rental or purchase of Durable Medical Equipment (DME)
7. Treatment primarily for purposes of weight control
8. Lab services
9. Thermography, hair analysis, heavy metal screening, or mineral studies
10. Transportation costs, including ambulance charges
11. Inpatient services
12. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV
13. Drugs, vitamins, nutritional supplements, or herbs
14. X-rays of any kind
15. Services related to menstrual cramps
16. Services related to addiction, including smoking cessation
17. Services related to the treatment of infertility
18. Services furnished primarily for the convenience of the member (e.g., improving athletic performance and improving ability to perform recreational activities)
Headaches

Cervicocranial Syndrome

Synonyms

- Barre-Lieou syndrome
- Posterior cervical sympathetic syndrome
- Osteophytosis, Spinal +
- Posterior Cervical Sympathetic Syndrome
- Spondylosis

Definition

Cervicocranial syndrome is a dysfunction in the posterior cervical sympathetic nervous system; also known as Barre-Lieou Syndrome and Posterior cervical sympathetic syndrome. Condition commonly arises from a trauma to the cervicocranial junction, and is associated with the following symptoms:

- Vertigo and unsteadiness
- Neck pain
- Burning sensation in the face
- Tinnitus
- Dysphagia
- Arm pain

Diagnosis is commonly misused by some practitioners to describe a cervicogenic headache. In this case, refer to Headache guideline for a description of the Oriental Medicine Evaluation and Management of this condition.
Headache, Cephalgia

Definition
Headache of musculoskeletal origin, such as referral from soft tissue and articular structures of the neck (cervicogenic).

Oriental Medicine Diagnoses

Liver qi stagnation
Causation can be due to external pathogens, lifestyle choices, such as, irregular or “incorrect” food choice, irregular eating times, lack of sleep, or stress.

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Liver qi stagnation
Causation can be due to external pathogens, lifestyle choices, such as, irregular or “incorrect” food choice, irregular eating times, lack of sleep, or stress.

Excessive liver yang
Leading to a rising of energy. Causation is disturbance of the liver energy due to either emotional or physical reasons, sometimes caused by heavy drinking.

Qi and blood stagnation
Stagnation results in pain. May have numerous causations. Can be related to trauma or underlying syndromes.

Heat in the stomach, or fire in the liver/gall bladder meridians
May be caused by inappropriate food choices either recently or over time. Other causes are inappropriate life style choices such as, irregular or “incorrect” food or drink choices—particularly alcohol, irregular eating times, lack of sleep.

Note: While the above pathways represent classical causations for a headache within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark’s acupuncture benefit plans. To be eligible for coverage and reimbursement, headache symptoms and/or a diagnosis of "Headache" must be the direct result of a primary neuromusculoskeletal injury or illness.

History
Acute or gradual onset, generally recurrent.

Specific Aspects of History
Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden onset of severe headache with no past history</td>
<td>Subarachnoid hemorrhage; meningitis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>New headache in older patient</td>
<td>Tumor; temporal arteritis; glaucoma</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Headache following head trauma</td>
<td>Subdural hematoma; epidural hematoma</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Neurologic signs or symptoms</td>
<td>Tumor; vascular accident</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Vomiting without nausea</td>
<td>Increased intracranial pressure</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Suspicion of drug or alcohol dependence</td>
<td>Side effect or withdrawal phenomenon</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Headache associated with diastolic blood pressure greater than 110 mm.Hg</td>
<td>Uncontrolled hypertension</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Persistent or severe headache in a child</td>
<td>Tumor; encephalitis; meningitis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Cognitive changes, such as confusion, drowsiness or giddiness</td>
<td>Subdural hematoma; epidural hematoma</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Persistent or progressive headache</td>
<td>Tumor; intracranial mass</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Nuchal rigidity</td>
<td>Subarachnoid hemorrhage; meningitis</td>
<td>Immediate referral to emergency department</td>
</tr>
</tbody>
</table>

The following symptoms reported by the patient require physician referral or co-management:

- Neck pain with difficulty swallowing or extreme neck stiffness accompanied by pain or electric shocks in arms or legs when moving neck
- Visual symptoms or “aura” preceding headache
- Neurologic symptoms associated with headache
- Leg pain that worsens with exercise but is relieved by resting
- Loss of feeling in inner thighs
- Back pain associated with urinary problems
- Severe pain that interrupts sleep
- Constant pain that does not improve by changing positions or lying down
- Recent unexplained weight loss
- Recent progressive muscle weakness or shaking
- Recent or recurrent fever over 102 degrees
- Loss of bowel or bladder control
- Blurred or double vision, dizziness, nausea or faintness when neck is in certain positions
- Memory loss after injury or blow to the head that resulted in loss of consciousness or other neurological changes
- History of stroke, aneurysm, angina or heart disease
- Diabetes or other significant organic disease
- Associated psychological symptoms

**Subjective Findings**

- Frequent headaches without associated neurologic signs.
- Pain is localized to neck and occipital region, but may refer to the forehead, orbital region, temples, vertex or ears.
Pain occurs, or is aggravated by particular movements of the neck or with sustained neck postures.

Objective Findings

- Measure blood pressure, pulse rate, temperature (if allowed by law)
- Inspection of posture (forward head carriage, rounded shoulders)
- Palpate temporal arteries
- Palpate cervical spine for muscle spasm, trigger points
- Perform cervical ROM
- Percussion of sinuses
- Neurological examination for focal signs or asymmetric reflexes. Test cranial nerves (if allowed by law)

Goal of Examination

Examine the musculoskeletal system for possible causes or contributing factors to the headache, particularly in the following:

Positive Findings

- Restricted and/or painful neck motion
- Tenderness of cervical musculature
- May demonstrate postural imbalance, such as forward head carriage and rounded shoulders

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible and educate the patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by patient—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
- If improvement following the initial two weeks is not at least 25-50%, reassess case for other possible causes or complicating factors and consider different interventions.
- If patient is not asymptomatic, or at least 75% improved at the end of the second two week trial, or has reached a plateau, refer patient back to the referring physician to explore other treatment alternatives.

<table>
<thead>
<tr>
<th>Week</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>Some reduction of pain severity and frequency</td>
</tr>
<tr>
<td></td>
<td>Some reduction of muscle spasm</td>
</tr>
<tr>
<td>2-4</td>
<td>50% decrease in pain severity and frequency</td>
</tr>
<tr>
<td></td>
<td>50% improvement in range of motion</td>
</tr>
<tr>
<td>5-8</td>
<td>75% decrease in pain severity and frequency</td>
</tr>
<tr>
<td></td>
<td>75% improvement in range of motion</td>
</tr>
<tr>
<td>9-12</td>
<td>Gradual improvement leading toward resolution</td>
</tr>
<tr>
<td></td>
<td>Reinforce self-management techniques</td>
</tr>
<tr>
<td></td>
<td>Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
</tr>
</tbody>
</table>
Referral Guidelines
Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Articular derangements such as rheumatoid arthritis or similar autoimmune disease, joint instability or hypermobility particularly of the atlanto-axial joint
- History of infection as indicated by a fever greater than 100, constant low-grade fever, joint infection
- Circulatory or cardiovascular disorder such as stroke, angina or heart disease
- Recent fracture, bone weakening or destructive disorders such as tumors or history of compression fractures or greater than 3 months of steroid use
- Signs or symptoms of neurological disorders such as nuchal rigidity, positive Brudzinski’s or Kernig’s sign, myelopathy, acute cauda equina syndrome, saddle anesthesia, multiple sclerosis
- Atrophy in the extremities
- Abnormal deep tendon reflexes or motor weakness
- Scoliosis greater than 20 degrees in an adult or greater than 10 degrees in a child
- Congenital connective tissue disorders such as Marfan’s
- Abnormal bowel or bladder function associated with the onset of symptoms attributable to the spine
- Signs or symptoms of vertebrobasilar insufficiency
- Fever, localized redness and swelling or ankylosing spondylitis
- Signs or symptoms of cancer, recent or current chemotherapy, organ transplant or other immunosuppresive therapies
- Any other signs or symptoms of organic disease
- Recent loss of consciousness or blow to the head
- Positive cranial nerve exam
- Dysphasia or other positive CNS findings
- Recent onset of headache with no prior history of headache
- Signs or symptoms of substance abuse or withdrawal

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state
Self-Management Techniques

- Postural advice
- Aerobic conditioning, if appropriate, such as walking or swimming
- Reducing strenuous activities, and resting more, if appropriate
- Cold/heat applications, if needed, to relieve discomfort/stiffness
- Proper ergonomics
- Qi gong
- Tai chi
- Sleep with cervical pillow, if found helpful

Home Care

- Avoid headache triggers such as eyestrain, alcohol, fatty foods, caffeine, chocolate, stress
- Exercise muscles of the upper back and neck to improve posture, strength and flexibility

Alternatives to Oriental Medicine Management

- Biofeedback
- Stress Management
- Yoga
- Meditation
- Exercise
- Physical Therapy
- Medication
- Chiropractic
- Osteopathic Manipulation
- Massage
- Recommendations depend on causation—can relate to food choices, lifestyle choices, stress reduction

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d

References


Migraine With Aura

Synonyms
Classical Migraine

Definition
Classical Migraine Headache is a predominantly inherited disorder characterized by varying degrees of recurrent vascular-quality headache, photophobia, sleep disruption, depression, and is preceded by an aura.

Oriental Medicine Diagnoses
The following diagnoses can be the primary Oriental Medicine causation or a contributing factor:

Liver qi stagnation
Causation can be due to external pathogens, lifestyle choices, such as, irregular or “incorrect” food choice, irregular eating times, lack of sleep, or stress.

Kidney qi deficiency
Can lead to an accumulation of phlegm, dampness and deficiency where one of the symptoms can be headache. Causation is from either congenital deficiency of kidney qi and/or lifestyle choices that lead to a depletion of kidney qi.

Excessive liver yang
Leading to rising of energy. Causation is disturbance of the liver energy due to either emotional or physical reasons, sometimes caused by heavy drinking.

Qi and blood stagnation
Stagnation results in pain. May have numerous causations. Can be related to trauma or underlying syndromes.

Heat in the stomach, or fire in the liver/gall bladder meridians
May be caused by inappropriate food choices either recently or over time. Other causations are inappropriate life style choices, such as, irregular or “incorrect” food or drink choice—particularly alcohol, irregular eating times, lack of sleep.

History
- Attacks usually occur while awake.
- Nausea and vomiting usually occur later in the attack.
- Photophobia and/or phonophobia are also commonly associated with the headache.

About 60% of people who experience Migraine Headaches report a prodrome; typical symptoms are:
- Food cravings
- Constipation or diarrhea
- Mood changes, such as, depression, irritability
- Muscle stiffness, especially in the neck
- Fatigue
- Increased frequency of urination
A migraine aura is a complex of neurological symptoms that may precede or accompany the headache phase or may occur in isolation. Auras can have a wide range of symptoms, including:

- Visual—flashing lights, wavy lines, spots, partial loss of sight, blurry vision
- Olfactory hallucinations—smelling odors that are not there
- Tingling or numbness of the face or extremities on the side where the headache develops
- Difficult finding words and/or speaking
- Confusion
- Vertigo
- Partial paralysis
- Auditory hallucinations
- Decrease in or loss of hearing
- Reduced sensation
- Hypersensitivity to feel and touch

Specific Aspects of History

- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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<td>Nuchal rigidity</td>
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</table>

In addition to the above red flags, the following symptoms reported by patient, require physician referral or co-management:

Headaches that are...

- Associated with other neurological signs or symptoms (e.g., diplopia, loss of sensation, weakness, ataxia) or those of unusually abrupt onset.
Persistent (especially beyond 72 hours), which first occur after the age of 55 years, or develop after head injury or major trauma.
- Associated with stiff neck or fever.

**Subjective Findings**

- Pain is throbbing or pulsating
- Initially unilateral and localized in the frontotemporal and ocular area builds up over a period of one to two hours, progressing posteriorly and becoming diffuse
- Lasts from several hours to an entire day
- Pain intensity is moderate to severe and it tends to intensify even with routine physical activity

**Objective Findings**

**Scope of Musculoskeletal Exam**

- Inspection including Oriental Medicine inspection techniques
- Inspection of posture (forward head carriage, rounded shoulders)
- Palpate temporal arteries
- Measure blood pressure, pulse rate, temperature
- Palpate cervical spine for muscle spasm, trigger points
- Perform cervical ROM
- Percussion of sinuses
- Neurological examination for focal signs or asymmetric reflexes, test cranial nerves
- Specific Aspects of Examination for Classical Migraine
- Rule out other possible causes.
- Most patients with headache have a normal neurological examination.
- Some abnormal findings suggest a secondary cause, which would necessitate a different diagnostic and treatment approach.
- Presence of papilledema suggests increased intracranial pressure and warrants an immediate referral to primary care provider for a diagnostic imaging study to rule out a mass lesion.
- Nuchal rigidity due to meningeal irritation is seen with meningitis and subarachnoid or intraparenchymal hemorrhage.

**Findings of Migraine headache**

- Increased need of sleep
- Foggy thinking
- Neck pain
- Loss of appetite
- Nausea, vomiting
- Sensitivity to light or sound
- Loss of appetite
- Fatigue
- Numbness, tingling, or weakness

**Differential Diagnoses**

- Sinus inflammation
- Brain mass
- TIA
- Cranial arteritis
- Migraine-triggered seizures (migralepsy)
- Cerebral aneurysms
- Vertebrobasilar insufficiency

**Oriental Medicine Management**

Oriental Medicine Management goals are to resolve pain, restore the highest level of function possible and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with the severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Initiate two to four week trial of treatment.
- If severity or frequency of headaches decreases following the initial trial—continue treatment at a reduced frequency for a one month period.
- Recommendations depend on causation; can relate to food choices, lifestyle choices, stress reduction.
- If the patient does not improve with trial of Oriental Medicine treatment or has reached a plateau, refer patient back to referring physician to explore other alternatives.

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</tr>
<tr>
<td></td>
<td>50% increase in range of motion</td>
</tr>
<tr>
<td></td>
<td>Pain distribution is centralizing</td>
</tr>
<tr>
<td></td>
<td>Reinforce self-management techniques</td>
</tr>
<tr>
<td>5-8</td>
<td>Continued reduction of pain severity and frequency</td>
</tr>
<tr>
<td></td>
<td>Continued increase in range of motion</td>
</tr>
<tr>
<td></td>
<td>Pain distribution continues to centralize</td>
</tr>
<tr>
<td></td>
<td>Reinforce self-management techniques</td>
</tr>
<tr>
<td>9-12</td>
<td>75% improvement in pain severity and frequency</td>
</tr>
<tr>
<td></td>
<td>75% improvement in range of motion</td>
</tr>
<tr>
<td></td>
<td>Pain distribution is centralized to back</td>
</tr>
<tr>
<td></td>
<td>Reinforce self-management techniques</td>
</tr>
<tr>
<td>13-16</td>
<td>Gradual improvement leading toward resolution</td>
</tr>
<tr>
<td></td>
<td>Reinforce self-management techniques</td>
</tr>
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Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Articular derangements such as rheumatoid arthritis or similar autoimmune disease, joint instability or hypermobility particularly of the atlanto-axial joint.
- History of infection as indicated by a fever greater than 100, constant low-grade fever, joint infection.
• Circulatory or cardiovascular disorder such as stroke, angina or heart disease.
• Recent fracture, bone weakening or destructive disorders such as tumors or history of compression fractures or greater than 3 months of steroid use.
• Signs or symptoms of neurological disorders such as nuchal rigidity, positive Brudzinski's or Kernig's sign, myelopathy, acute cauda equina syndrome, saddle anesthesia, multiple sclerosis.
• Atrophy in the extremities.
• Abnormal deep tendon reflexes or motor weakness.
• Congenital connective tissue disorders such as Marfan's.
• Signs or symptoms of vertebrobasilar insufficiency.
• Any other signs or symptoms of organic disease.
• Recent loss of consciousness or blow to the head; positive cranial nerve exam.
• Dysphasia or other positive CNS findings; recent onset of headache with no prior history of headache.
• Signs or symptoms of substance abuse or withdrawal.

Appropriate Procedures/ Modalities

• Acupuncture
• Electro-acupuncture
• Cupping
• Moxibustion
• Guasha
• Myofascial release
• Acupressure
• Trigger point therapy
• Tui na (not to include osseous manipulation)
• Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

• Scarring moxa
• Applied kinesiology techniques
• Electro-acupuncture using more than 9volt
• Any techniques outside of the scope of practice in your state

Self-Management Techniques

• Tai chi
• Qi gong
• Self-acupressure
• Avoid suspected dietary triggers:
  • Chocolate
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▪ Dairy products
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▪ Citrus fruits

▪ Other potential triggers include:
  ▪ Allergic reactions
  ▪ Bright lights
  ▪ Loud noises
  ▪ Physical or mental stress
  ▪ Changes in sleep patterns
  ▪ Smoking or exposure to tobacco smoke
  ▪ Missed meals
  ▪ Hormonal fluctuations

▪ Rest and reduce strenuous activities
▪ Educate patients about the causes
▪ Hot packs/cold packs
▪ Use of cervical pillow while sleeping may be helpful

Alternatives to Oriental Medicine

▪ Biofeedback
▪ Stress Management
▪ Yoga
▪ Meditation
▪ Exercise
▪ Chiropractic
▪ Medication

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References

2. Beinfield, H and Korngold, E; Between Heaven and Earth, The Ballantine Publishing Group, 1992


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Migraine Without Aura

Synonyms
Common Migraine

Definition
Common Migraine Headache, a dominantly inherited disorder characterized by varying degrees of recurrent vascular-quality headache, photophobia, sleep disruption, depression, and is not preceded by an aura.

Oriental Medicine Diagnoses

Liver qi stagnation
Causation can be due to external pathogens; lifestyle choices, such as, irregular or “incorrect” food choice, irregular eating times, lack of sleep, or stress.

Kidney qi deficiency
May lead to an accumulation of phlegm, dampness and deficiency where one of the symptoms can be headache. Causation is from either congenital deficiency of kidney qi and/or lifestyle choices that lead to a depletion of kidney qi.

Excessive liver yang
Leading to rising of energy. Causation is disturbance of the liver energy due to either emotional or physical reasons, sometimes caused by heavy drinking.

Qi and blood stagnation
Stagnation results in pain. May have numerous causations. May be related to trauma or underlying syndromes.

Heat in the stomach, or fire in the liver/gall bladder meridians
May be caused by inappropriate food choices either recently or over time. Other causations are inappropriate life style choices, such as, irregular or “incorrect” food or drink choice – particularly alcohol, irregular eating times, lack of sleep.

History

- Attacks usually occur while awake
- Nausea and vomiting usually occur later in the attack
- Photophobia and/or phonophobia also commonly are associated with the headache

About 60% of people who experience Migraine Headaches report a prodrome; typical symptoms are:

- Food cravings
- Constipation or diarrhea
- Mood changes—depression, irritability
- Muscle stiffness, especially in the neck
- Fatigue
- Increased frequency of urination
Specific Aspects of History

- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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<th>Red Flag</th>
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In addition to the above red flags, the following symptoms reported by the patient require physician referral or co-management:

Headaches that are...

- Associated with other neurological signs or symptoms (e.g., diplopia, loss of sensation, weakness, ataxia) or those of unusually abrupt onset
- Persistent (especially beyond 72 hours), which first occur after the age of 55 years, or that develop after head injury or major trauma
- Associated with stiff neck or fever

Subjective Findings

- Pain is typically throbbing or pulsating
- Initially, unilateral and localized in the fronto-temporal and ocular area builds up over a period of 1-2 hours, progressing posteriorly and becoming diffuse
- Lasts from several hours to an entire day
- Pain intensity is moderate to severe and it tends to intensify even with routine physical activity
Objective Findings

Scope of Musculoskeletal Exam

- Inspection including Oriental Medicine inspection techniques
- Inspection of posture (forward head carriage, rounded shoulders)
- Palpate temporal arteries
- Measure blood pressure, pulse rate, temperature
- Palpate cervical spine for muscle spasm, trigger points
- Perform cervical ROM
- Percussion of sinuses
- Neurological examination for focal signs or asymmetric reflexes; test cranial nerves

Specific Aspects of Examination for Common Migraine

- Rule out other possible causes.
- Most patients with headache have a normal neurological examination.
- Some abnormal findings suggest a secondary cause, which would necessitate a different diagnostic and treatment approach.
- Presence of papilledema suggests increased intracranial pressure and warrants an immediate referral to primary care provider for a diagnostic imaging study to rule out a mass lesion.
- Nuchal rigidity due to meningeal irritation is seen with meningitis and subarachnoid or intraparenchymal hemorrhage.

Findings of Migraine Headache

- Increased need of sleep
- Foggy thinking
- Neck pain
- Nausea, vomiting
- Sensitivity to light or sound
- Loss of appetite
- Fatigue
- Numbness, tingling, or weakness

Differential Diagnoses

- Sinus inflammation
- Brain mass
- TIA
- Cranial arteritis
- Migraine-triggered seizures (migralepsy)
- Cerebral aneurysms
- Vertebrobasilar insufficiency

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible and educate patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
When significant improvement in subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.

Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.

Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.

In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

Initiate two to four week trial of treatment.

If severity or frequency of headaches decreases following the initial trial—continue treatment at a reduced frequency for a one month period.

Recommendations depend on causation can relate to food choices, lifestyle choices, stress reduction.

If the patient does not improve with trial of Oriental Medicine treatment, or has reached a plateau, refer patient back to referring physician to explore other alternatives.

<table>
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<th>Week</th>
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<td></td>
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</tr>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
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<tr>
<td>13-16</td>
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**Referral Guidelines (or co-management)**

Refer patient to their primary care provider for evaluation of alternative treatment options if...

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- Signs or symptoms of verteobasilar insufficiency
- Any other signs or symptoms of organic disease
- Recent loss of consciousness or blow to the head; positive cranial nerve exam
Dysphasia or other positive CNS findings; recent onset of headache with no prior history of headache
• Signs or symptoms of substance abuse or withdrawal

Appropriate Procedures/Modalities
• Acupuncture
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### Alternatives to Oriental Medicine

- Biofeedback
- Stress Management
- Yoga
- Meditation
- Exercise
- Chiropractic
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### Medicare References


### References

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Unspecified Migraine Headache

Synonyms
Migraine—Unspecified

Definition
Unspecified Migraine Headache, a dominantly inherited disorder characterized by varying degrees of recurrent vascular-quality headache, photophobia, sleep disruption, depression, and it may or may not be preceded by an aura.

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Liver qi stagnation
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Kidney qi deficiency
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History
- Attacks usually occur while awake.
- Nausea and vomiting usually occur later in the attack.
- Photophobia and/or phonophobia also commonly are associated with the headache.

About 60% of people who experience Migraine Headaches report a prodrome. Symptoms typical of the prodrome are:

- Food cravings
- Constipation or diarrhea
- Mood changes—depression, irritability
- Muscle stiffness, especially in the neck
- Fatigue
- Increased frequency of urination
Migraine aura is a complex of neurological symptoms that may precede or accompany the headache phase or may occur in isolation. Auras can have a wide range of symptoms, including:

- Visual—flashing lights, wavy lines, spots, partial loss of sight, blurry vision
- Olfactory hallucinations—smelling odors that are not there
- Tingling or numbness of the face or extremities on the side where the headache develops
- Difficult finding words and/or speaking
- Confusion
- Vertigo
- Partial paralysis
- Auditory hallucinations
- Decrease in or loss of hearing
- Reduced sensation
- Hypersensitivity to feel and touch

Specific Aspects of History

- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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In addition to the above red flags, the following symptoms reported by the patient require physician referral or co-management:

Headaches that are...
Associated with other neurological signs or symptoms (e.g., diplopia, loss of sensation, weakness, ataxia) or those of unusually abrupt onset.
- Persistent (especially beyond 72 hours), which first occur after the age of 55 years, or that develop after head injury or major trauma.
- Associated with stiff neck or fever.

**Subjective Findings**

- Pain is throbbing or pulsating.
- Initially, unilateral and localized in the fronto-temporal and ocular area builds up over a period of 1-2 hours, progressing posteriorly and becoming diffuse.
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Scope of Musculoskeletal Exam

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- Perform cervical ROM
- Percussion of sinuses
- Neurological examination for focal signs or asymmetric reflexes; test cranial nerves

**Specific Aspects of Examination for Unspecified Migraine Headache**

- Rule out other possible causes.
- Most patients with headache have a normal neurological examination.
- Some abnormal findings suggest a secondary cause, which would necessitate a different diagnostic and treatment approach.
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- Nuchal rigidity due to meningeal irritation is seen with meningitis and subarachnoid or intraparenchymal hemorrhage.

**Findings of Migraine Headache**

- Increased need of sleep
- Foggy thinking
- Neck pain
- Loss of appetite
- Nausea, vomiting
- Sensitivity to light or sound
- Loss of appetite
- Fatigue
- Numbness, tingling, or weakness

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- Sinus inflammation
- Brain mass
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible and educate the patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

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- If at least 50% improvement in pain frequency and severity is reported by the patient—continued treatment with decreased frequency is appropriate.
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- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Initiate two to four week trial of treatment.
- If severity or frequency of headaches decreases following the initial trial—continue treatment at a reduced frequency for a one month period.
- Recommendations depend on causation—can relate to food choices, lifestyle choices, stress reduction.
- If the patient does not improve with trial of Oriental Medicine treatment or has reached a plateau, refer patient back to referring physician to explore other alternatives.

### Week Progress

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Signs or symptoms of neurological disorders such as nuchal rigidity, positive Brudzinski’s or Kernig’s sign, myelopathy, acute cauda equina syndrome, saddle anesthesia, multiple sclerosis
Atrophy in the extremities
Abnormal deep tendon reflexes or motor weakness
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- Electro-acupuncture
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2. Beinfield, H and Korngold, E; Between Heaven and Earth, The Ballantine Publishing Group, 1992


6. Hammerschlag, Richard; Clinical Research in Acupuncture: An overview of randomized controlled trials published in the 5 years since the NIH Consensus Conference on Acupuncture, 2003


13. Marcus, Alon; Musculoskeletal Disorders - Healing Methods from Chinese Medicine, Orthopaedic Medicine, and Osteopathy, North Atlantic Books, 1998


Cervical Conditions (Disc Radicular)

Brachial Neuritis

Synonyms
- Lateral recess entrapment of cervical nerve root
- Cervical radiculopathy due to spinal stenosis

Definition
Neurogenic pain following the distribution of one, or less commonly, more than one of the cervical nerve root(s). Pain may be accompanied by upper extremity numbness, weakness, or hyporeflexia; and may be due to cervical disc herniation (younger patients) or foraminal encroachment or spinal stenosis (older patients).

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in this painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

Spleen qi deficiency resulting in damp
Causation by external pathogens, inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Bi syndrome Accumulation of wind, damp, cold or heat.
In the case of cervical disc degeneration—it would be damp bi, cold bi, or damp cold bi.

History
- Patient history may include:
  - General demographics
  - Occupation/employment
  - Hand dominance
  - Living environment
  - History of current condition
  - Functional status & activity level
  - Medications
  - Other tests and measurements (laboratory and diagnostic tests)
  - Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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**Presentation**

Patient may report trauma or insidious onset. Incidence of disc herniation in patients over age of 40 decreases due to the dehydration of the nucleus pulposus.

**Subjective Findings**

- Pain, numbness, tingling, paresthesias in the upper extremity following cervical nerve root distribution, particularly with hyperextension and rotation
- May complain of weakness in the upper extremity, such as with grip strength
- Lack of upper extremity coordination and difficulty with fine manipulation tasks, including handwriting, may be reported
- Midline disc protrusions may involve both extremities
- Better with rest
- Placing hand on top of head may provide relief by decreasing tension on irritated cervical nerve
- Headaches and neck pain may accompany upper extremity pain

**Objective Findings**

**Scope of Cervical and Upper Extremity Examination**

- Inspection—spine, shoulder, elbow, wrist
- Palpation of bony and soft tissue—spine, shoulder, elbow, wrist
- Range of motion—spine, shoulder, elbow, wrist
- Motion palpation of spine
- Orthopedic testing—spine, shoulder, elbow, wrist
- Neurologic testing
Specific Aspects of Examination of Cervical Radiculitis
Examine the neuromusculoskeletal system for possible causes or contributing factors to the neck pain.

Note: Diseases that may refer pain to the cervical spine include: brain lesions, CAD, dental disease, esophageal disease, upper airway disease, lymphadenopathy.

Findings of Cervical Radiculitis

- Cervical ROM restrictions may be present, may be a loss of the cervical lordosis
- Muscle spasms in corresponding myotomes or paravertebral muscle
- Nerve root tension signs (shoulder depression) are positive but may be absent in cases involving a free fragment of disc tissue
- Foraminal compression may cause radiating upper extremity pain
- Extension with rotation of cervical spine may cause shoulder or arm pain
- Dejerine's triad may be positive
- Dural tension signs
- Extremities symptoms and findings, if present, follow nerve root pattern
- Sensory abnormalities in dermatome
- Loss of reflex
- Motor power weakness of upper extremity
- Decreased upper extremity girth may be present

Differential Diagnoses

- Myocardial ischemia (refer for evaluation if suspected)
- Demyelinating conditions (symptoms, intensity and location vary)
- Myelopathy (trunk or leg dysfunction, gait disturbance, bowel or bladder dysfunction, signs of upper motor neuron involvement)
- Thoracic outlet syndrome (positive TOS orthopedic test)
- Peripheral nerve entrapment (Phalen's test, Tinel's test at elbow and wrist)
- Adhesive capsulitis of shoulder with referred cervical pain (restricted active and passive shoulder motion)
- Rotator cuff disorder with referred cervical pain (significant pain with shoulder circumduction motions)

Note: Signs of upper motor neuron involvement (clonus, hyperreflexia, Babinski reflex) may suggest compression of the spinal cord, which should be evaluated medically.

- Cervical nerve root compression
- Other myelopathies
- Multiple sclerosis
- Metastatic CA
- TIA/CVA

Oriental Medicine Management
Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.
Treatment frequency should be commensurate with the severity of the chief complaint. When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate. Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress. Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity. In addition to the improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

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| 2-4  | - 50% decrease in pain severity and frequency 
      - 50% improvement in range of motion  |
| 5-8  | - 75% decrease in pain severity and frequency  
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| 9-12 | - Gradual improvement leading toward resolution  
      - Reinforce self-management techniques  
      - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first  |

Referral Guidelines
Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Improvement does not meet the above guidelines or improvement has reached a plateau
- Atrophy of upper extremity
- Signs of demyelinating condition, tumor or infection
- Increasing neurologic signs/symptoms: increasing UE numbness/tingling, increasing UE weakness, increasing UE pain, decreasing UE reflexes

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
Applied kinesiology techniques
Electro-acupuncture using more than 9 volts
Techniques outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Postural advice, postural exercises
- Cervical isometric exercises, cervical stabilization exercises, flexibility exercises
- Aerobic conditioning
- Cold/heat applications, if needed, to relieve discomfort/stiffness
- Brief use of cervical collar, if necessary, in the acute stages to limit motion

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical therapy
- Osteopathic manipulation
- Medication
- Physiatry
- Dietary/Nutritional medicine counseling
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSlection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I AAAABAAAAAAA%3d%3d]

References


Cervical, Degeneration of Intervertebral Disc

Synonyms
Cervical degenerative joint disease

Definition
Either osteophyte formation or arthritic degeneration may encroach on the intervertebral foramen with narrowing of the intervertebral disc. This may occur as a late degenerative change from a preexisting disc lesion. Rupture of the cervical disc is almost always posterolateral with immediate compression, and 95% of cervical disc lesions occur at the fifth and sixth level.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

Spleen Qi deficiency resulting in damp
Causation by external pathogens. Inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Bi syndrome
Accumulation of wind, damp, cold or heat. In the case of cervical disc degeneration—it would be damp bi, cold bi, or damp cold bi.

History
Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
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Specific Aspects of History

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**Presentation**

Lesions tend to occur at the point of greatest mobility. While patient may have suffered a downward compression or hyperflexion injury, most have no history of trauma. Patient complains of neck pain radiating into one shoulder and arm; Paresthesias are common. Pain is increased with movement, Valsalva maneuver, and compression. Hypoesthesia and weakness may be present.

**Subjective Findings**

- Pain and stiffness in the neck
- Pain typically worse with flexion, extension and lateral flexion towards the lesion
- May report crepitus with certain cervical motions, particularly circumduction
- Headaches may accompany pain
- Non-dermatomal upper extremity pain (unilateral or bilateral) may occur with lateral recess stenosis and nerve root entrapment

**Objective Findings**

**Scope of Cervical Examination**

- Inspection (including postural evaluation)
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing

**Specific Aspects of Examination for Cervical Sprain/Strain**

Examine the region for contributing factors to the complaint.

**Findings of Cervical Degenerative Disc**

- May relate tenderness to palpation in the lateral portions of the neck and along spinous processes
- May demonstrate ROM restrictions in the cervical spine (electrical shock-like sensations down the arms and/or legs with cervical flexion may indicate myelopathy or a disorder of the central nervous system that requires medical evaluation)
- Nerve root tension signs (shoulder depression) may be positive
- Foraminal compression may cause radiating upper extremity pain
Extension with rotation of cervical spine may cause shoulder or arm pain
Dejerine's triad may be positive

Differential Diagnoses

- Metastatic tumor (awakened by constant and severe night pain that is not relieved by changing position, especially when there is a known or suspected history of cancer)
- Spinal cord tumor
- Syringomyelia (superficial abdominal reflexes absent, insensitive to pain)
- Cervical vertebral instability (due to rheumatoid arthritis or following significant recent trauma)

Note: Signs of upper motor neuron involvement may suggest compression of the spinal cord, which should be evaluated medically.

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvement in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
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Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Improvement does not meet the above guidelines or improvement has reached a plateau
- Atrophy of upper extremity
- Signs of demyelinating condition, tumor or infection
- Progressive neurologic signs/symptoms: increasing UE numbness/tingling, increasing UE weakness, decreasing UE reflexes

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
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Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort
- Use of cervical pillow, if helpful

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
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- Osteopathic manipulation
- Medication
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References

Cervical, Post Laminectomy Syndrome

Synonyms
None

Definition
Post-surgical course, in which patient continues to have abnormal findings for strength, ROM, and pain with referral to upper back, shoulder, arm, and/or hand. May have altered reflexes and sensation.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in this painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

Spleen Qi deficiency resulting in damp
Causation by external pathogens. Inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Bi syndrome
Accumulation of wind, damp, cold or heat. In the case of cervical disc degeneration—it would be damp bi, cold bi, or damp cold bi.

History

- Patient history may include:
  - General demographics
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  - Hand dominance
  - Living environment
  - History of current condition
  - Functional status & activity level
  - Medications
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  - Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
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**Presentation**

Patient presents with continued signs and symptoms post operatively and may have surgery specific precautions that vary by surgeon.

**Subjective Findings**

- Pain, numbness, tingling, paresthesias in the upper extremity following cervical nerve root distribution
- May complain of weakness in the upper extremity, such as with grip strength
- Lack of upper extremity coordination and difficulty with fine manipulation tasks, including handwriting, may be reported
- Headaches and neck pain may accompany upper extremity pain

**Objective Findings**

**Scope of Cervical and Upper Extremity Examination**

- Inspection—spine, shoulder, elbow, wrist including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue—spine, shoulder, elbow, wrist including Oriental Medicine inspection techniques
- Range of motion—spine (if allowed by precaution), shoulder, elbow, wrist (where allowed by law)
- Orthopedic testing—spine, shoulder, elbow, wrist (where allowed by law)
- Neurologic testing (where allowed by law)
Specific Aspects of Cervical Examination
Examine the neuromusculoskeletal system for possible causes or contributing factors to the neck pain.

Note: Diseases that may refer pain to the cervical spine include: brain lesions, CAD, dental and oral diseases, esophageal disease, upper airway disease, lymphadenopathy.

Findings of Cervical Examination

- Cervical ROM restrictions may be present
- Muscle spasms in corresponding myotomes
- Extension with rotation of cervical spine may cause shoulder or arm pain
- Dural tension signs
- Extremities symptoms and findings, if present, follow nerve root pattern
- Sensory abnormalities in dermatome
- Loss of reflex
- Motor power weakness of upper extremity
- Decreased upper extremity girth may be present

Differential Diagnoses

- Myocardial ischemia (refer for evaluation if suspected)
- Demyelinating conditions (symptoms, intensity and location vary)
- Myelopathy (trunk or leg dysfunction, gait disturbance, bowel or bladder dysfunction, signs of upper motor neuron involvement)
- Thoracic outlet syndrome (positive TOS orthopedic test)
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- Adhesive capsulitis of shoulder with referred cervical pain (restricted active and passive shoulder motion)
- Rotator cuff disorder with referred cervical pain (significant pain with shoulder circumduction motions)

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- In addition to the improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
### Week 0-1
- Some reduction of pain severity and frequency
- Some reduction of muscle spasm

### Week 2-4
- 50% improvement in pain severity and frequency
- 50% increase in range of motion
- Pain distribution is centralizing
- Reinforce self-management techniques

### Week 5-8
- Continued reduction of pain severity and frequency
- Continued increase in range of motion
- Pain distribution continues to centralize
- Reinforce self-management techniques

### Week 9-12
- 75% improvement in pain severity and frequency
- 75% improvement in range of motion
- Pain distribution is centralized to back
- Reinforce self-management techniques

### Week 13-16
- Gradual improvement leading toward resolution
- Reinforce self-management techniques
- Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first

## Referral Guidelines
- Refer patient to their primary care provider for evaluation of alternative treatment options if...
- Improvement does not meet the above guidelines or improvement has reached a plateau
- Atrophy of upper extremity
- Signs of demyelinating condition, tumor or infection
- Increasing neurologic signs/symptoms: increasing UE numbness/tingling, increasing UE weakness, increasing UE pain, decreasing UE reflexes

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- Scarring moxa
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- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical therapy
- Osteopathic manipulation
- Medication
- Dietary/Nutritional medicine counseling
- Occupational therapy
- Physiatry
- Anesthesia/Pain Medicine

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ndcv=1&SearchType=Advanced&CoverageSelection=Both&NCSlection=NCA%7ccCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I

References


Cervical Stenosis

Synonyms

- Spinal canal narrowing

Definition

Condition caused by a narrowing of the spinal canal, usually present with pain or weakness in the extremities on walking. Condition may be mistaken for intermittent claudication due to vascular disease. Size of canal may be small since birth due to some congenital or developmental factors in certain individuals. Later in life when degenerative changes occur, canal is further narrowed by osteophytes from facet joints and the vertebral body, thickening of the posterior longitudinal ligament or ligamentum flavum, or retrolisthesis of the vertebral body, secondary to narrowing of the disc space.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in this painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

Spleen Qi deficiency resulting in damp
Causation by external pathogens. Inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Bi syndrome
Accumulation of wind, damp, cold or heat. In the case of cervical disc degeneration—it would be damp bi, cold bi, or damp cold bi.

History

Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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**Presentation**

Lateral cervical stenosis (radiculopathy)—typical of lower motor neuron disorders. Signs include hyperflexia of affected upper extremity accompanied by motor weakness and sensory disturbances consistent with the level of compression of the nerve root. Cervical ROM is limited, and extension and ipsilateral side-bending may exacerbate upper extremity symptoms. Spurling’s test is usually positive. Upper extremity symptoms may be reduced or relieved with manual cervical traction. Neck pain is not always present. Unsteadiness in gait or clumsiness is often an early symptom.

Central cervical stenosis (myelopathy)—those of upper motor neuron or long-tract disorders. Weakness with spasticity may be present, along with clonus and a positive Babinski sign. Vibratory sensation is diminished in lower extremities, and both upper and lower extremity reflexes may become hyperactive. Cervical ROM is restricted in all planes. Lhermitte’s sign may be present. Spurling’s test is expected to be negative, and manual cervical traction has no effect on symptoms.

Treatment can be conservative or surgical. Modes of conservative therapy include: rest, physical therapy with strengthening exercises for paraspinal musculature, bracing, use of optimal postural biomechanics, nonsteroidal anti-inflammatory medications, analgesics, and muscle relaxants.

Surgical decompression is indicated in persons who experience incapacitating pain, claudication, neurologic deficit, or myelopathy. Concomitant fusion with, or without fixation is reserved for individuals in whom segmental instability is suspected.
Objective Findings

- Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic testing
- Neurologic testing
- MMT
- Gait analysis

Specific Aspects of Examination for Cervical Spinal Stenosis
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Differential Diagnoses

- Cervical nerve root compression
- Other myelopathies
- Multiple sclerosis
- Metastatic CA
- TIA/CVA

Oriental Medicine Management
Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with the severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to the improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

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13-16

- Gradual improvement leading toward resolution
- Reinforce self-management techniques
- Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first

### Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

### Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside the scope of practice in your state

### Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
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References


Cervicobrachial Syndrome

Synonyms
- Lateral recess entrapment of cervical nerve root
- Cervical radiculopathy due to spinal stenosis

Definition
Neurogenic pain following the distribution of one or, less commonly, more cervical nerve root(s). May be accompanied by upper extremity numbness, weakness, or hyporeflexia; and may be due to cervical disc herniation (younger patients) or foraminal encroachment or spinal stenosis (older patients).

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in this painful condition. May have numerous causations; can be related to trauma or underlying syndromes.

Spleen Qi deficiency resulting in damp
Causation by external pathogens. Inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Bi syndrome
Accumulation of wind, damp, cold or heat. In the case of cervical disc degeneration—it would be damp bi, cold bi, or damp cold bi.

History
Patient history may include:
- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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**Presentation**

Patient may report trauma or insidious onset. Incidence of disc herniation in patients over the age of 40 decreases due to the dehydration of the nucleus pulposus.

**Subjective Findings**

- Pain, numbness, tingling, paresthesias in the upper extremity following cervical nerve root distribution
- May complain of weakness in the upper extremity, such as with grip strength
- Lack of upper extremity coordination and difficulty with fine manipulation tasks, including handwriting, may be reported
- Midline disc protrusions may involve both extremities
- Better with rest
- Placing hand on top of head may provide relief by decreasing tension on irritated cervical nerve
- Headaches and neck pain may accompany upper extremity pain

**Objective Findings**

**Scope of Cervical and Upper Extremity Examination**

- Inspection—spine, shoulder, elbow, wrist
- Palpation of bony and soft tissue—spine, shoulder, elbow, wrist
- Range of motion—spine, shoulder, elbow, wrist
- Motion palpation of spine
- Orthopedic testing—spine, shoulder, elbow, wrist
- Neurologic testing
Specific Aspects of Cervical Examination

Rule out other possible causes.

Note: Diseases that may refer pain to the cervical spine include: brain lesions, CAD, dental disease, esophageal disease, upper airway disease, lymphadenopathy.

Findings of Cervicobrachial Syndrome

- Cervical ROM restrictions may be present
- Muscle spasms in corresponding myotomes
- Nerve root tension signs (shoulder depression) are typically positive but may be absent in cases involving a free fragment of disc tissue
- Foraminal compression may cause radiating upper extremity pain
- Extension with rotation of cervical spine may cause shoulder or arm pain
- Dejerine's triad may be positive
- Dural tension signs
- Extremities symptoms and findings, if present, follow nerve root pattern
- Sensory abnormalities in dermatome
- Loss of reflex
- Motor power weakness of upper extremity
- Decreased upper extremity girth may be present

Differential Diagnoses

- Myocardial ischemia (refer for evaluation if suspected)
- Demyelinating conditions (symptoms, intensity and location vary)
- Myelopathy (trunk or leg dysfunction, gait disturbance, bowel or bladder dysfunction, signs of upper motor neuron involvement)
- Thoracic outlet syndrome (positive TOS orthopedic test)
- Peripheral nerve entrapment (Phalens test, Tinels test at elbow and wrist)
- Adhesive capsulitis of shoulder with referred cervical pain (restricted active and passive shoulder motion)
- Rotator cuff disorder with referred cervical pain (significant pain with shoulder circumduction motions)

Note: Signs of upper motor neuron involvement (clonus, hyperreflexia, Babinski reflex) may suggest compression of the spinal cord, which should be evaluated medically.

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

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50% increase in range of motion  
Pain distribution is centralizing  
Reinforce self-management techniques |
| 5-8  | Continued reduction of pain severity and frequency  
Continued increase in range of motion  
Pain distribution continues to centralize  
Reinforce self-management techniques |
| 9-12 | 75% improvement in pain severity and frequency  
75% improvement in range of motion  
Pain distribution is centralized to back  
Reinforce self-management techniques |
| 13-16| Gradual improvement leading toward resolution  
Reinforce self-management techniques  
Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
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Self-Management Techniques

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References


Cervical Conditions (Non-Specific)

Cervicalgia

Synonyms
None

Definition
Cervicalgia—used to describe pain in the cervical area, nonspecific in origin and/or nature, can be acute or chronic in nature; and, generally not used to describe episodes that involve radicular symptoms.

Oriental Medicine Diagnoses

Qi and Blood stagnation
Stagnation results in pain. May have numerous causations; can be related to trauma or underlying syndromes.

Liver qi stagnation
Causation can be due to external pathogens. Lifestyle choices, such as irregular or “incorrect” food choice, irregular eating times, lack of sleep, or stress.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle choices, such as, irregular or “incorrect” food choice, irregular eating times, lack of sleep, or external pathogens.

History

Specific Aspects of Cervical Complaint History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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Pain may arise gradually through repetitive stress, or suddenly due to injury or trauma. Location of pain may involve any area from the base of the skull to the shoulders. Client may complain of a dull ache, stabbing pain, stiffness, or numbness.

### Subjective Findings
- Pain and stiffness in neck; pain worse with motion
- Headaches may accompany the neck pain
- Essentially constant awareness of some level of neck discomfort or limitations in motion

### Objective Findings

#### Scope of Cervical Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing

#### Specific Aspects of Cervical Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

- **Note:** Diseases that may refer pain to the cervical spine include: brain lesions, CAD, dental disease, esophageal disease, upper airway disease, lymphadenopathy, TMJ dysfunction, ankylosing spondylitis.

### Findings of Cervicalgia
- Limited active cervical range of motion
- Neck pain
- Tenderness to palpation
- Normal neurological findings

### Differential Diagnoses
- Cervical disc herniation (neurologic abnormality and radicular pain)
- Dislocation of the cervical spine (significant trauma, greater than 3 mm. loss of contact between contiguous segments)
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

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Referral Guidelines

Refer patient when—no benefit is attained from treatment, treatment is palliative in benefit, or patient's condition has reached a plateau but residual symptoms still exist.

Appropriate Procedures/ Modalities

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- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
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- Trigger point therapy
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- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Dietary/ Nutritional Medicine Counseling
- Occupational Therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=all&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHpcsCode=30.3&kq=true&bc=I АААААААААА%3d%3d

References


Cervical Spondylosis

Synonyms

- Cervical degenerative joint disease
- Cervical arthritis

Definition

Chronic neck pain and stiffness, occasionally with radicular pain, due to narrowing or stenosis of the spinal canal or intervertebral foramen. Narrowing may be caused by osteophytes, buckling or protrusion of interlaminar ligaments, or cervical disc herniation.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition. May have numerous causation; can be related to trauma or underlying syndromes.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle choices that result in the underlying syndromes leading to this syndrome, external pathogens.

Bi syndromes; particularly wind damp bi
Resulting from the invasion of wind and damp or internal wind and damp.

Kidney yin and yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices that result in depletion of this energy, or congenital insufficiency.

Kidney qi/blood deficiency
Can result from lifestyle choices that diminish qi and blood, chronic illness.

History

Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
Determine if trauma-related; determine nature and extent of traumatic event.
Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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<td>Tumor; intracranial hematoma</td>
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</tr>
<tr>
<td>Onset of a new headache</td>
<td>Tumor; infection; vascular cause (older patients, also consider temporal arteritis; glaucoma)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Co-morbidities of rheumatoid arthritis, seronegative arthritides, Down’s syndrome</td>
<td>Atlantoaxial instability due to associated transverse ligament laxity</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Cancer</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Alcoholism, drug abuse</td>
<td>Side effect or withdrawal phenomenon</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
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</table>

**Presentation**

Usually an insidious onset of pain. Patient may have a history of head or neck trauma, or multiple episodes of neck and/or arm pain. Morning pain/stiffness that decreases with motion, but is aggravated by excessive motions or strenuous activity is common.

**Subjective Findings**

- Pain and stiffness in the neck
- Pain typically worse with motion
- May report crepitus with certain cervical motions, particularly circumduction
- Headaches may accompany pain
- Non-dermatomal upper extremity pain (unilateral or bilateral) may occur with lateral recess stenosis and nerve root entrapment

**Objective Findings**

- Scope of Cervical Examination
- Inspection (including postural evaluation)
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing
Specific Aspects of Examination for Cervical Spondylosis
Examine the region for contributing factors to the complaint.

Findings of Cervical Spondylosis

- May relate tenderness to palpation in the lateral portions of the neck and along spinous processes.
- May demonstrate ROM restrictions in the cervical spine (electrical shock-like sensations down the arms and/or legs with cervical flexion may indicate myelopathy or a disorder of the central nervous system that requires medical evaluation).
- Nerve root tension signs (shoulder depression) may be positive.
- Foraminal compression may cause radiating upper extremity pain.
- Extension with rotation of cervical spine may cause shoulder or arm pain.
- Dejerine's triad may be positive.

Differential Diagnoses

- Brown-Sequard Syndrome
- Carpal Tunnel Syndrome
- Central Cord Syndrome
- Cervical Disc Disease
- Cervical Myofascial Pain
- Cervical Sprain and Strain
- Chronic Pain Syndrome
- Diabetic Neuropathy
- Multiple Sclerosis
- Myofascial Pain
- Neoplastic Brachial Plexopathy
- Osteoporosis and Spinal Cord Injury
- Radiation-Induced Brachial Plexopathy
- Rheumatoid Arthritis
- Traumatic Brachial Plexopathy

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, the patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency, and severity is reported by patient—then
  continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to the improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
### Week Progress

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      | - Some reduction of muscle spasm |
| 2-4  | - 50% decrease in pain severity and frequency  
      | - 50% improvement in range of motion |
| 5-8  | - 75% decrease in pain severity and frequency  
      | - 75% improvement in range of motion |
| 9-12 | - Gradual improvement leading toward resolution  
      | - Reinforce self-management techniques  
      | - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

#### Referral Guidelines

Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Improvement does not meet the above guidelines or improvement has reached a plateau
- Atrophy of upper extremity
- Signs of myelopathy
- Signs of demyelinating condition, tumor or infection
- Increasing neurological signs: increasing UE numbness/tingling, increasing UE weakness, decreasing UE reflexes

#### Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

#### Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside the scope of practice in your state

#### Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort
- Cervical pillow while sleeping, if helpful
- Postural advice
- Aerobic conditioning, such as walking or swimming
- Use of tennis balls (or other appropriate device) for trigger point work such as suboccipitals, upper trapezius, rhomboids

**Alternatives/Adjuncts to Oriental Medicine Management**

- Chiropractic
- Physical therapy
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**References**


Cervical Sprain/Strain

Synonyms
- Whiplash
- Cervical acceleration/deceleration syndrome
- Cervical ligamentous sprain
- Neck strain

Definition
Non-radicular neck pain that may extend into the trapezius region and occurs either suddenly or following a trauma, which may be either instantaneous or repetitive.

Strain
Overstretching or tearing of a muscle or tendon.

Sprain
Overstretching or tearing of ligamentous tissue.

History
- Patient history may include:
  - General demographics
  - Occupation/employment
  - Living environment
  - History of current condition
  - Functional status & activity level
  - Medications
  - Other tests and measurements (laboratory and diagnostic tests)
  - Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine opqrst (onset, provocative/palliative factors, quality, radiation/referral pattern, site [location], timing of complaint).

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### Presentation

#### Strain

Overexertion in some static or dynamic activity; over stretching; or contusion. Pain is worse with initial activity and rest typically relieves the pain.

#### Sprain

Chronic manifestations typically involves prolonged periods of postural abuse. Acute onset typically involves a sudden motion or poor body mechanics while performing an activity.

### Subjective Findings

#### Strain

Pain and stiffness in a muscle/tendon group.

#### Sprain

Pain and stiffness in the affected area.

Neck pain located anywhere from the occiput to cervico-thoracic junction and towards the shoulders along the distribution of the trapezii. Motion of the head and neck is painful. Headaches originating from the cervical region or occiput may accompany the neck pain.

### Objective Findings

- Scope of Cervical Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic and neurologic testing

### Specific Aspects of Examination for Cervical Sprain/Strain

Examine the region for contributing factors to the complaint.
Findings of Cervical Sprain/Strain

Strain

- Inspection negative for visible deformity
- Tenderness, spasm, and possible swelling in the muscle or tendon upon palpation
- Limited cervical motion is common
- Pain on isometric contraction or active motion of the involved muscle
- Neurological exam is usually normal

Sprain

- Inspection negative for visible deformity
- Tenderness +2 or greater in the immediate area of the involved joint(s)
- Localized spasm and/or swelling in the tissues directly adjacent to the region
- Limited cervical motion is common
- Pain intensified by passive motion of the involved joint(s)
- Neurological exam is usually normal

Differential Diagnoses

- Cervical herniated disk
- Cervical myelopathy
- Cervical osteoarthritis
- Factitious disorder
- Infection or osteomyelitis
- Polymyalgia rheumatica
- Vascular abnormality of cervical structures

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References


Thoracic Conditions

Thoracic Intervertebral Disc Syndrome without Myelopathy

Synonyms
- Thoracic, Herniated Disc
- Thoracic, Disc Displacement

Definition
Condition that involves nerve root irritation, as a result of thoracic disc pathology.

Oriental Medicine Diagnoses

Qi and Blood stagnation
Stagnation results in the painful condition; may have numerous causation; can be related to trauma or underlying syndromes.

Bi syndromes—particularly wind damp bi
Resulting from the invasion of wind and damp or internal wind and damp.

Kidney yin and yang deficiency or jing deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices that result in depletion of this energy, or congenital insufficiency.

Kidney qi/blood deficiency
Can result from lifestyle choices that diminish qi and blood, chronic illness.

History

Goals of Thoracic History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
- Determine OPQRST (Onset, Provocative/Palliative factors, Quality, Radiation/Referral pattern, Site [location], Timing of complaint).
### Red Flag

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<td>Onset following minor fall or heavy lifting in elderly or osteoporotic patient</td>
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</tr>
<tr>
<td>Direct blow to the back in young adult</td>
<td>Fracture</td>
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<tr>
<td>Saddle anesthesia</td>
<td>Cauda equina syndrome</td>
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</tr>
<tr>
<td>Severe or progressive neurologic complaints</td>
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</tr>
<tr>
<td>Unexplained weight loss</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Prior history of cancer</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that is worse with recumbency or worse at night</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Fever or recent bacterial infection</td>
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<td>Intravenous drug abuse or immunosupression</td>
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<td>Prolonged steroid use</td>
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### Presentation

Axial pain may be the predominant complaint. Axial pain is usually localized to the middle-to-lower thoracic region, but may radiate to the middle lumbar region as well. Patient usually describes pain as being of mild to moderate intensity.

### Subjective Findings

- Pain and stiffness in the mid back
- Patient may complain of radicular pain, which is often band-like and spans across the anterior chest wall. T10 dermatomal region most often is described as the focus of pain, irrespective of the level involved. Upper thoracic and lateral disc herniations most often precipitate radicular pain, and may even cause concomitant axial pain. Patients with radicular symptoms often complain of sensory changes, including dysesthesias and paresthesias, which usually occur in a dermatomal or radicular distribution.
- Patients with central protrusions may present with myelopathic symptoms, such as increased muscle tone, hyperreflexia, abnormal gait, and urinary incontinence.
- Those with lateral herniation may have symptoms of radiculopathy.
  - Other presentations must be considered in ruling out Displacement of thoracic intervertebral disc:
  - Patients with a large acute midline or paramedian disc herniation may cause classic spinal cord syndromes such as Brown-Sequard syndrome.
  - Presentation may also mimic that of degenerative hip disease or renal disease. Chest and abdominal pain suggests a mid-thoracic herniation.
  - Patients with an upper thoracic lesion could present with neck pain, upper extremity pain, or symptoms of Horner syndrome.
  - Patients with thoracic intervertebral disc conditions pain may present with symptoms that could be confused with those of cervical degenerative disease, particularly if a T1 or T2 disc herniation is present.
Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing

Specific Aspects of Thoracic Examination

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Note: Extra spinal diseases that may refer pain to the back include: aortic aneurysm, colon cancer, pancreatitis, renal disease.

The most serious cause of back pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

Findings of Thoracic Intervertebral Disc Syndrome

- Patient with radicular symptoms may demonstrate decreased or altered sensation to light touch or pinprick in the dermatomes distal to the lesion. Clinician must establish a sensory level by testing sensory dermatomes and by correlating results with the patient’s complaints of dysesthesias and paresthesias.
- Spinal cord compression caused by a herniated disc may elicit upper motor neuron signs such as spasticity, hyperreflexia, positive Babinski sign (i.e., extension of the big toe at the metatarsophalangeal joint elicited by stroking lateral aspect of foot), and gait disturbances.
- Patient may also have weakness caused by compression of the spinal cord. Presence of a Hoffmann sign is demonstrated with the flicking of the terminal phalanx of middle finger, which results in reflex flexion of the distal phalanx of thumb, index, ring, and little fingers. This sign is not expected unless concomitant cervical pathology is present.
- Palpation or percussion of the spine may reproduce radicular symptoms. Although one cannot examine the function of muscles innervated by thoracic nerve roots because of their low specificity, having the patient sit upright and observing for any asymmetric contractions of the rectus abdominis may be helpful.
- One may test superficial abdominal reflexes to isolate an upper motor neuron lesion from this region. Superficial cremasteric reflex could be used to test the efferent T12 level and the afferent L1-L2 levels.
- If ankle clonus is present or if the plantar reflex is found to be positive, one must be wary of an upper motor lesion, and the thoracic and thoracolumbar regions should be examined.
- In high thoracic disc herniations (T2 through T5), discerning thoracic disease from cervical disease may be difficult. A positive result with the Spurling’s compression test suggests a cervical pathology. Spurling’s test is a maneuver designed to exacerbate encroachment on a cervical nerve root by extending and rotating the patient’s head toward the symptomatic side, followed by axial compression.

Differential Diagnoses

- Thoracic nerve root compression
- Other myelopathies
- Multiple sclerosis
- Metastatic CA
• Aortic aneurysm
• CAD
• CHF
• Gall Bladder Disease
• Herpes zoster
• Hiatal hernia
• Kidney disease
• Lung disease
• Pancreatic disease
• Peptic ulcer disease
• Rib lesions
• Spinal cord tumor
• Thoracic vertebral body fracture (major trauma, minor trauma in elderly or osteoporotic patient, pathological fracture)
• Herpetic neuralgia (vesicles present following nerve root path)
• Thoracic disc rupture (long tract signs, such as clonus, spasticity, gait disturbance, or numbness of both legs
• Ankylosing spondylitis
• Tumor (intense constant pain, severe night time pain)
• Extra spinal causes, such as from disease/disorder of the pancreas, heart or kidney

**Oriental Medicine Management**

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to the improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

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| 2-4   | • 50% improvement pain frequency and severity  
      | • 50% increase in range of motion  
      | • Pain distribution is centralizing  
      | • Reinforce self-management techniques |
| 5-8   | • Continued reduction of pain frequency and severity  
      | • Continued increase in range of motion  
      | • Pain distribution continues to centralize  
      | • Reinforce self-management techniques |
| 9-12  | • 75% improvement in pain frequency and severity  
      | • 75% improvement in range of motion  
      | • Pain distribution is centralized to back  
      | • Reinforce self-management techniques |
| 13-16 | • Gradual improvement leading toward resolution  
      | • Reinforce self-management techniques  
      | • Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |
Referral Guidelines

- Improvement has reached a plateau
- Fever, chills, unexplained weight loss, significant night time pain
- Presence of pathological fracture
- Obvious deformity
- Saddle anesthesia
- Loss of major motor function
- Bowel or bladder dysfunction
- Abdominal pain
- Visceral dysfunction
- Increasing neurologic signs/symptoms: increasing LE weakness, increasing LE pain, increasing LE numbness/tingling, and decreasing LE reflexes

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort
- Postural advice
- Flexibility exercises
- Lumbar stabilization exercises
- Aerobic conditioning, such as walking or swimming
Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Physiatry
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp>Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I AAAABAAAAAAA%3d%3d&

References


Thoracic Outlet Syndrome

Synonyms
- Brachial plexopathy
- Cervical rib syndrome
- Cervicobrachial myofascial pain syndrome
- Cervicobrachial pain syndrome
- Costoclavicular mass syndrome
- Costoclavicular syndrome
- Scalenus anticus syndrome
- Scalenus syndrome

Definition
Compression, injury, or irritation to the neurovascular structures at the root of the neck or upper thoracic region, bounded by the anterior and middle scalenes; between the clavicle and first rib (with possible enlargement/hypertrophy of the subclavius); or beneath the pectoralis minor muscle. This area of involvement has also been described as an opening bordered by the first rib laterally, the vertebral column medially, and the clavicular/manubrial complex anteriorly. The syndrome of compression at this site could be primarily neurologic, involving the brachial plexus, most often the lower trunk or medial cord; alternatively, it could involve compression of the subclavian artery, vein, or both.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition; may have numerous causation; can be related to trauma or underlying syndromes.

History
Patient’s symptoms may begin insidiously after repetitive or stressful activity, such as prolonged computer keyboard use or mechanical and overhead work. Trauma, such as an automobile accident with occurrence of a whiplash injury, also has been associated with onset of TOS with a frequency of up to 23%. Sports activities, especially throwing and swimming, have been implicated as well; symptoms may be similar to those of a clavicular fracture, with a delayed onset from hours to weeks.

Autonomic phenomena (e.g., cold hands, blanching, and swelling) also may be reported. Proximity of the stellate ganglion to the first rib articulation, which is often dysfunctional or restricted in TOS, has been postulated as a cause.

TOS most likely has multiple causes. Primary cause is believed to be mechanical or postural. Stress, depression, overuse, and habit all can lead to the forward head, droopy shoulder, and collapsed chest posture that allow the thoracic outlet to narrow and compress the neurovascular structures. Accessory ribs or fibrous bands also may be present, predisposing the site to narrowing and compression.

Primary vascular lesions, such as thrombus or aneurysm, may be present as well as secondary problems such as emboli. Tumors, such as upper lobe lung lesions (Pancoast tumor), are also a possible cause.

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

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<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
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<td>Severe trauma</td>
<td>Fracture, ligament tear, tendon rupture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Upper extremity deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Cancer history</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Discoloration of hand/fingers</td>
<td>Vascular occlusion, shunt emboli (dialysis patients)</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Exertional symptoms, history of cardiac disease</td>
<td>Anginal equivalent (Acute heart disease)</td>
<td>Immediate referral to emergency department</td>
</tr>
</tbody>
</table>

**Presentation**

**Subjective Findings**

- Pain, numbness and/or tingling, and heaviness of the involved upper extremity
- Symptoms are often vague and generalized
- Neck pain and headaches are often reported concomitantly

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine palpation techniques
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present (where allowed by law)

**Specific Aspects of Thoracic Outlet Syndrome Examination**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

**Findings of Thoracic Outlet Syndrome**

Many tests have been developed to assess patient with thoracic outlet syndrome. They may be helpful in determining the cause and location of the compression, thus, assist in proper therapy treatment.

Due to the high false positive rate for TOS tests, perform at least three tests to reduce this possibility:

**Adson’s maneuver**

- Performed in the sitting or standing position with the examiner palpating the radial pulse in the patient’s abducted and extended arm.
Examiner extends and externally rotates the arm as the patient rotates his or her head toward the examiner and takes a deep breath.

- Diminished or absent radial pulse suggests compression of the subclavian artery by the scalene muscles.

Allen test

- Test the involved side by having the patient make a fist and elevate their hand above their head for 30 seconds.
- Occlude the Ulnar and Radial arteries by placing direct pressure over each artery at the wrist.
- Ask the patient to open their hand (it should appear blanched).
- Return their hand to waist level and release the pressure on the Ulnar artery. Watch for color to return.
- Repeat procedure, this time release pressure on the Radial artery. Watch for color to return.

Roos test/EAST test (elevated arm stress test)

- Patient holds both arms in the 90/90 position of the Allen test and then rapidly opens and closes the fingers for 3 minutes.
- Inability to maintain the test position, diminished motor function of the hands, or decreased sensation or paresthesias are suggestive of TOS secondary to neurovascular compromise. In one study, over 80% of patients with carpal tunnel syndrome (CTS) presenting to an electrodiagnostic medicine laboratory had a positive EAST.

Wright test

- Arm is hyper-abducted so that the hand is brought over the head with the elbow and arm in the coronal plane.
- Wright advocated performing the test in the sitting, then supine positions.
- Taking a breath or rotating or extending the head and neck may have an additional effect.
- Pulse is palpated for differences.
- Test is used to detect compression in the costoclavicular space.

Costoclavicular syndrome test or military brace

- Accomplished by palpating the radial pulse and drawing the patient’s shoulder down and back.
- Positive test is indicated by the absence of the pulse.

Provocation elevation test

Patient elevates both arms above the horizontal and rapidly opens and closes the hands 15 times. If fatigue, cramping, or tingling occurs, the test is positive for vascular insufficiency and TOS.

Shoulder girdle passive elevation test

Patient crosses one arm on the chest. Examiner stands behind patient and passively elevates shoulder girdle upward and forward (passive shoulder shrug). Position is held for 30 seconds. Positive test is reported if the pulse becomes stronger, skin color improves, or hand temperature increases. Patient also may report a “relief phenomenon,” which can range from numbness, pins and needles, or pain as the ischemia to the nerve is released.
Halstead maneuver
The radial pulse is palpated and examiner applies a downward traction on the arm while patient’s neck is hyperextended and the head is rotated to the opposite side. Absence or decrease pulse indicates a positive test for TOS.

Differential Diagnoses
- Cervical myelopathy
- Cervical radiculopathy
- Double crush syndrome (thoracic outlet syndrome and compression at another distal or proximal site)
- Paget-von Schröetter syndrome, effort syndrome (spontaneous venous thrombosis, primary deep venous thrombosis of the upper extremity)
- Pancoast (apical lung) tumor
- Shoulder tendonitis, bursitis, impingement
- Shoulder (glenohumeral) instability
- Raynaud syndrome
- Ulnar neuropathy (cubital tunnel syndrome, Guyon canal syndrome)

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by patient—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

<table>
<thead>
<tr>
<th>Week</th>
<th>Progress</th>
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| 0-1  | • Some reduction of pain frequency and severity  
      • Some reduction of muscle spasm |
| 2-4  | • 50% decrease in pain severity and frequency  
      • 50% improvement in range of motion  
      • Pain distribution is centralizing |
| 5-8  | • Continued reduction of pain frequency and severity  
      • Continued increase in range of motion  
      • Pain distribution continues to centralize |
| 9-12 | • 75% improvement in pain severity and frequency  
      • 75% improvement in range of motion  
      • Pain distribution is centralized to back  
      • Reinforce self-management techniques |
| 13-16| • Gradual improvement leading toward resolution  
      • Reinforce self-management techniques  
      • Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |
Appropriate Procedures/ Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Proper ergonomics
- Appropriate exercises
- Hot packs/cold packs
- Use of cervical pillow while sleeping may be helpful

Alternatives/Adjuncts to Oriental Medicine Management

- Osteopathic Manipulation
- Chiropractic
- Physical Therapy
- Medication
- Occupational therapy
- Psychotherapy
- Physiatry
Medicare References
1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSSelection=NCA%7ccCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I

References


Lumbosacral Conditions (Disc Radicular)

Lumbar Degenerative Disc Disease

Synonyms
None

Definition
Recurrent, episodic, chronic low back pain and stiffness, occasionally accompanied by sciatica, that has been present for greater than three months. Disc degeneration is a function of the aging process, but can be accelerated by factors such as trauma, heredity, infection and use of tobacco. It is believed that loss of disc height loosens formerly tight ligaments, allowing tears to occur in the annulus with sliding and twisting motions that occur due to the loosened ligaments. These tears contribute to chronic, recurrent low back pain.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition; may have numerous causation; can be related to trauma or underlying syndromes.

Bi syndromes—particularly wind damp bi
Resulting from the invasion of wind and damp or internal wind and damp.

Kidney yin and yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices that result in depletion of this energy, or congenital insufficiency.

Kidney qi/blood deficiency
Can result from lifestyle choices that diminish qi and blood, chronic illness.

History
Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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</tr>
<tr>
<td>Unexplained weight loss</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Prior history of cancer</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that is worse with recumbency or worse at night</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Fever or recent bacterial infection</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
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<tr>
<td>Prolonged steroid use</td>
<td>Osteoporosis</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that does not change with change in position</td>
<td>Kidney disease</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

**Presentation**

Usually insidious onset of pain. May report prior history of episodic low back pain, which may have been occasionally accompanied by sciatica. May begin between the 3rd and 6th decades of life and persist for years.

**Subjective Findings**

- Pain and stiffness in the low back lasting over a period of time greater than three months
- Pain typically worse with motion
- Stiffness upon arising from a seated position
- May report history of occasional sciatica, but low back symptoms predominate
- Essentially constant awareness of some level of back discomfort or limitations in motion

**Objective Findings**

**Scope of Lumbar Examination**

- Inspection including Oriental Medicine techniques of inspection
- Palpation of bony and soft tissue including Oriental Medicine techniques of inspection
Specific Aspects of Lumbar Examination

Rule out other possible causes.

Notes: Extra spinal diseases that may refer pain to the back include: aortic aneurysm, colon cancer, endometriosis, hip disease, kidney disease, kidney stones, ovarian disease, pancreatitis, pelvic infections, tumors or cysts of the reproductive tract, uterine cancer

The most serious cause of low back pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

Findings of Lumbar Degenerative Disc Disease

- May relate tenderness to palpation in the lumbar spine and sacroiliac joints
- May demonstrate ROM restrictions in the lumbar spine
- Neurological exam is generally negative

Differential Diagnoses

- Extra spinal causes (ovarian cyst, kidney stone, pancreatitis, ulcer)
- Osteoporosis and compression fractures (major trauma, or minor trauma in elderly/osteoporotic patient)
- Infection in disc or bone (fever, history of IV drug use, history of severe pain)
- Inflammatory arthritides (family history, patient age/sex, morning stiffness)
- Metastatic disease, myeloma, lymphoma (pathologic fracture, severe night pain)
- Spinal tuberculosis (lower socioeconomic groups, AIDS)
- Depression

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with the severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
### Week 0-1
- Some reduction of pain severity and frequency
- Some reduction of muscle spasm

### Week 2-4
- 50% improvement in pain severity and frequency
- 50% increase in range of motion
- Pain distribution is centralizing
- Reinforce self-management techniques

### Week 5-8
- Continued reduction of pain severity and frequency
- Continued increase in range of motion
- Pain distribution continues to centralize
- Reinforce self-management techniques

### Week 9-12
- 75% improvement in pain severity and frequency
- 75% improvement in range of motion
- Pain distribution is centralized to back
- Reinforce self-management techniques

### Week 13-16
- Gradual improvement leading toward resolution
- Reinforce self-management techniques
- Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first

### Referral Guidelines
- Improvement has reached a plateau
- Fever, chills, unexplained weight loss, significant night time pain
- Presence of pathological fracture
- Obvious deformity
- Saddle anesthesia
- Loss of major motor function
- Bowel or bladder dysfunction
- Abdominal pain
- Visceral dysfunction
- Increasing neurologic signs/symptoms: increasing LE weakness, increasing LE pain, increasing LE numbness/tingling, and decreasing LE reflexes

### Appropriate Procedures/Modalities
- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

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- Tai chi
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- Rest and reduce strenuous activities
- Educate patients about the causes
- Postural advice
- Flexibility exercises
- Lumbar stabilization exercises
- Aerobic conditioning, such as walking or swimming
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
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References


Lumbar, Post Laminectomy Syndrome

Synonyms
None

Definition
Condition that results following a laminectomy procedure in the lumbar spine region, in which patient continues to present with abnormal findings in strength, ROM, and pain referred to the sacro-iliac and/or the lower extremity. Patient may also have altered reflexes and sensations. This procedure is performed in an effort to correct lumbar spinal stenosis.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition; may have numerous causation; can be related to trauma or underlying syndromes.

Bi syndromes—particularly wind damp bi
Resulting from the invasion of wind and damp or internal wind and damp.

Kidney yin and yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices that result in depletion of this energy, or congenital insufficiency.

Kidney qi/blood deficiency
Can result from lifestyle choices that diminish qi and blood, chronic illness.

History
Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
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**Presentation**

Patients presenting with altered sensation, diminished reflexes, or changes in bowel or bladder function should be cleared for treatment by medical/surgical physician. Patient may have post-surgical precautions that vary by surgeon.

**Subjective Findings**

- Pain, numbness, tingling, paresthesias in the lower extremity following lumbar nerve root distribution
- Complains of weakness in the lower extremity
- Midline disc protrusions may involve both extremities
- Better with rest
- Flexing knee may provide relief by decreasing tension on irritated lumbar nerve
- Complains of pain and stiffness in the low back
- Worse with prolonged sitting, standing, bending, stooping, lifting

**Objective Findings**

**Scope of Lumbar Examination**

- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine inspection techniques
- Range of motion (if allowed with precaution)
- Orthopedic testing (where allowed by law)
- Neurologic testing (where allowed by law)

**Specific Aspects of Lumbar, Post Laminectomy Syndrome**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.
Notes: Extra spinal diseases that may refer pain to the back include: aortic aneurysm, colon cancer, pancreatic cancer, endometriosis, hip disease, kidney disease (especially Pyelonephritis), kidney stones, ovarian disease, pancreatitis, pelvic infections, tumors or cysts of the reproductive tract, uterine cancer.

The most serious cause of low back pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

Findings of Lumbar Examination

- Posture may be antalgic
- Lumbar ROM restrictions may be present by pain or precaution
- Muscle spasms in corresponding myotomes
- Nerve root tension signs (SLR, Braggards) are typically positive but may be absent in cases involving a free fragment of disc tissue
- Positive flip sign (leaning back when the knee is extended from seated position combined with positive SLR (leg pain below knee) at less than 45 degrees is highly indicative of lumbar disc herniation
- Dejerine’s triad may be positive
- Dural tension signs

Extremities symptoms and findings, if present, follow nerve root pattern:

- Sensory abnormalities in dermatome
- Loss of reflex
- Motor power weakness of upper extremity
- Decreased upper extremity girth may be present

Differential Diagnoses

- Extra spinal nerve entrapment (due to abdominal or pelvic mass)
- Cauda equina syndrome (saddle anesthesia, bladder or bowel dysfunction, bilateral involvement)
- Myelopathy due to thoracic disc herniation
- Demyelinating disease
- Lateral femoral cutaneous nerve entrapment (lateral thigh, sensory only, reverse SLR or femoral nerve stretch test)
- Trochanteric bursitis (no nerve root tension signs, pain on lateral thigh/leg, exquisite tenderness to palpation over trochanter)
- Symptoms may arise from lesions or pathology other than the surgical level

Note: Approximately 5% of lumbar radiculopathies involve L4 nerve root; 67%, L5 nerve root; and 28%, S1 nerve root.

Signs of upper motor neuron involvement (clonus, hyperreflexia, Babinski reflex) may suggest compression of the spinal cord, which should be evaluated medically.

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.
Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
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**Referral Guidelines**

- Atrophy of lower extremity
- Signs of demyelinating condition, tumor or infection
- Increasing neurologic signs/symptoms: increasing LE numbness/tingling, increasing LE weakness, increasing LE pain, and/or decreasing LE reflexes.
- Improvement has reached a plateau

**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas
Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
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References


Lumbar Radiculopathy and Sciatica

Synonyms

- Lumbar root compression syndrome
- Neurogenic leg pain
- Lumbosacral Neuritis NOS

Definition

Neurogenic pain following the distribution of one, or less commonly, more lumbar nerve root(s) due to mechanical pressure and inflammation of the lower lumbar nerve roots. May be accompanied by lower extremity numbness, weakness, and/or hyporeflexia. May be due to lumbar disc herniation (younger patients) or bony mechanical pressure of lower lumbar nerve root(s) (older patients).

Oriental Medicine Diagnoses

Qi and blood stagnation

Stagnation results in the painful condition; may have numerous causes; can be related to trauma or underlying syndromes.

Kidney qi/blood deficiency

Can result from lifestyle choices that diminish qi and blood, chronic illness.

Cold damp with painful obstruction

Accumulation of cold damp can result from lifestyle choices that result in the underlying syndromes leading to this syndrome, external pathogens.

Note: While the above pathways represent classical causations for sciatica within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark's acupuncture benefit plans. To be eligible for coverage and reimbursement, sciatica symptoms and/or a diagnosis of "sciatica" must be the direct result of a primary neuromusculoskeletal injury or illness.

History

Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

- Determine if trauma-related; determine nature and extent of traumatic event.
- Determine OPQRST (Onset, Provocative/Palliative factors, Quality, Radiation/Referral pattern, Site [location], Timing of complaint).
- Determine Oriental Medicine diagnosis.

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**Presentation**

Patient may report trauma or insidious onset. Incidence of disc herniation in patients over the age of 40 decreases due to dehydration of the nucleus pulposus.

**Subjective Findings**

- Pain, numbness, tingling, paresthesias in the lower extremity following lumbar nerve root distribution
- May complain of weakness in the lower extremity
- Midline disc protrusions may involve both extremities
- Better with rest
- Flexing knee may provide relief by decreasing tension on irritated lumbar nerve
**Objective Findings**

**Scope of Lumbar Examination**

- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine inspection techniques
- Range of motion (when allowed by law)
- Orthopedic testing (when allowed by law)
- Neurologic testing (when allowed by law)

**Specific Aspects of Examination**
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Notes: Extra spinal diseases that may refer pain to the back include: aortic aneurysm, colon cancer, endometriosis, hip disease, kidney disease, kidney stones, ovarian disease, pancreatitis, pelvic infections, tumors or cysts of the reproductive tract, uterine cancer.

The most serious cause of low back pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

**Findings of Lumbar Radiculopathy or Sciatica**

- Posture may be antalgic
- Lumbar ROM restrictions may be present
- Muscle spasms in corresponding myotomes
- Nerve root tension signs (slr, braggards) are typically positive but may be absent in cases involving a free fragment of disc tissue
- Positive Kemp's test

**Differential Diagnoses**

- Extra spinal nerve entrapment (due to abdominal or pelvic mass)
- Cauda equina syndrome (saddle anesthesia, bladder or bowel dysfunction, bilateral involvement)
- Myelopathy due to thoracic disc herniation
- Demyelinating disease
- Lateral femoral cutaneous nerve entrapment (lateral thigh, sensory only, reverse SLR or femoral nerve stretch test).
- Trochanteric bursitis (no nerve root tension signs, pain on lateral thigh/leg, exquisite tenderness to palpation over trochanter).

**Oriental Medicine Management**
Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. To be considered medically necessary, patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.

Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.

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     | Reinforce self-management techniques  
     | Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |

Refer to PCP (HMO) or an orthopedic or neurosurgeon (PPO)—if there are increasing neurologic signs/symptoms: increasing LE numbness/tingling, increasing LE weakness, increasing LE pain, and/or decreasing LE reflexes, atrophy of extremity. Refer to primary care provider if patient is not progressing during treatment, and is only experiencing palliative relief from treatment or no benefit from treatment to rule out underlying conditions.

**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.
Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Postural advice, instruction in proper body mechanics
- Aerobic conditioning, swimming
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Dietary/ Nutritional Medicine Counseling
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References


Lumbosacral Conditions (Non-Specific)

Lumbago, Backache NOS

Synonyms
None

Definition
Lumbago is a low back pain, nonspecific in origin and/or nature marked by a restriction of lumbar movements and reports of locking. Lumbago can be acute or chronic in nature; and is generally not used to describe episodes, which involve radicular symptoms.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, excess of activities, which result in depletion of this energy, or congenital insufficiency.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle choices, such as irregular or “incorrect” food choice, irregular eating times, lack of sleep, or external pathogens.

History
Patient history may include:

- General demographics
- Occupation/employment
- Hand dominance
- Living environment
- History of current condition
- Functional status & activity level
- Medications
- Other tests and measurements (laboratory and diagnostic tests)
- Past history (including history of prior Oriental Medicine treatment, and response to prior treatment)

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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**Presentation**

Pain may arise gradually through repetitive stress, or suddenly due to injury or trauma. Location of pain may involve any area from the middle back to the glutes. Client may complain of a dull ache, stabbing pain, stiffness, or numbness.

**Subjective Findings**

- Pain may be worse with motion
- Stiffness upon arising from a seated position
- May report history of occasional sciatica, but lower back symptoms predominate
- Essentially constant awareness of some level of back discomfort or limitations in motion
- Pain and stiffness in lower back

**Objective Findings**

**Scope of Lumbar Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
Specific Aspects of Lumbar Examination

Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that leads to a prognosis and the selection of appropriate interventions.

Note: The most serious cause of low back pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

Findings of Lumbago

- May relate tenderness to palpation in the lumbar spine and sacroiliac joints
- May demonstrate ROM restrictions in the lumbar spine
- Neurological exam is generally negative

Differential Diagnoses

- Extra spinal causes (ovarian cyst, kidney stone, pancreatitis, ulcer)
- Osteoporosis and compression fractures (major trauma, or minor trauma in elderly/osteoporotic patient)
- Infection in disc or bone (fever, history of IV drug use, history of severe pain)
- Inflammatory arthritides (family history, patient age/sex, morning stiffness)
- Metastatic disease, myeloma, lymphoma (pathologic fracture, severe night pain)
- Spinal tuberculosis (lower socioeconomic groups, AIDS)
- Depression

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

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      | Reinforce self-management techniques  
      | Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

**Referral Guidelines**

- Improvement does not meet the above guidelines or improvement has reached a plateau
- Fever, chills, unexplained weight loss, significant night time pain
- Presence of pathological fracture
- Obvious deformity
- Saddle anesthesia
- Loss of major motor function
- Bowel or bladder dysfunction
- Abdominal pain
- Visceral dysfunction
- Increasing neurologic signs/symptoms: increasing LE weakness, increasing LE pain, increasing LE numbness/tingling, and decreasing LE reflexes

**Appropriate Procedures/Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
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References


Lumbar Spondylosis

Synonyms

- Lumbar degenerative joint disease
- Lumbar arthritis

Definition

Chronic low back pain and stiffness, occasionally with radicular pain, due to narrowing or stenosis of the spinal canal or intervertebral foramen. Narrowing may be caused by osteophytes, buckling or protrusion of the interlaminar ligaments, or lumbar disc herniation.

Oriental Medicine Diagnoses

Qi and Blood stagnation

Stagnation results in the painful condition; may have numerous causation; can be related to trauma or underlying syndromes.

Bi syndromes—particularly wind damp bi

Resulting from the invasion of wind and damp or internal wind and damp.

Kidney yin and yang deficiency

Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices that result in depletion of this energy, or congenital insufficiency.

Kidney qi/blood deficiency

Can result from lifestyle choices that diminish qi and blood, chronic illness.

History

Patient history may include:

- General demographics
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**Presentation**

Patient complains of insidious onset of pain, and may report a prior history of several episodes of low back and/or leg pain and/or history of low back trauma. Patient often reports morning pain/stiffness that decreases with motion, but is aggravated by excessive motions or strenuous activity.

**Subjective Findings**

- Pain and stiffness in the low back
- Pain may be worse with motion
- May report crepitus with certain low back motions
- Non-dermatomal lower extremity pain (unilateral or bilateral) may occur with lateral recess stenosis and nerve root entrapment

**Objective Findings**

**Scope of Lumbar Examination**

- Inspection (including postural evaluation)
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing
Specific Aspects of Lumbar Examination
Examine the neuromusculoskeletal system for possible causes or contributing factors to the low back pain.

Note: Diseases that may refer pain to the cervical spine include: brain lesions, CAD, dental disease, esophageal disease, upper airway disease, lymphadenopathy.

Findings of Lumbar Spondylosis

- May relate tenderness to palpation in lateral portions of lower back and along spinous processes.
- May demonstrate ROM restrictions in the lumbar spine—electrical shock-like sensations down the legs with flexion may indicate myelopathy or a disorder of the central nervous system that requires medical evaluation.
- Nerve root tension signs (SLR) may be positive.
- Kemp's test may cause radiating lower extremity pain.
- Dejerine's triad may be positive.
- Signs of upper motor neuron involvement may suggest compression of the spinal cord, which should be evaluated medically.

Differential Diagnoses

- Metastatic tumor (awakened by constant and severe night pain that is not relieved by changing position, especially when there is a known or suspected history of cancer)
- Spinal cord tumor
- Syringomyelia (superficial abdominal reflexes absent, insensitive to pain)
- Extra spinal nerve entrapment (due to abdominal or pelvic mass)
- Cauda equina syndrome (saddle anesthesia, bladder or bowel dysfunction, bilateral involvement)
- Myelopathy due to thoracic disc herniation
- Demyelinating disease
- Lateral femoral cutaneous nerve entrapment (lateral thigh, sensory only, reverse SLR or femoral nerve stretch test)
- Trochanteric bursitis (no nerve root tension signs, pain on lateral thigh/leg, exquisite tenderness to palpation over trochanter)
- Disc protrusion
- Herniated nucleus pulposis
- Osteoporosis
- Spondylitis
- Peripheral vascular disease
- Kidney Disease (referred pain)

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

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      | Some reduction of muscle spasm |
| 2-4   | 50% decrease in pain severity and frequency  
      | 50% improvement in range of motion  
      | Pain distribution is centralizing |
| 5-8   | Continued reduction of pain frequency and severity  
      | Continued increase in range of motion  
      | Pain distribution continues to centralize |
| 9-12  | 75% improvement in pain severity and frequency  
      | 75% improvement in range of motion  
      | Pain distribution is centralized to back  
      | Reinforce self-management techniques |
| 13-16 | Gradual improvement leading toward resolution  
      | Reinforce self-management techniques  
      | Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |

**Referral Guidelines**

- Improvement has reached a plateau
- Fever, chills, unexplained weight loss, significant night time pain
- Presence of pathological fracture
- Obvious deformity
- Saddle anesthesia
- Loss of major motor function
- Bowel or bladder dysfunction
- Abdominal pain
- Visceral dysfunction
- Increasing neurologic signs/symptoms: increasing LE weakness, increasing LE pain, increasing LE numbness/tingling, and decreasing LE reflexes

**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.
Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Hot packs/cold packs, if needed, to relieve discomfort
- Postural advice
- Flexibility exercises
- Lumbar stabilization exercises
- Aerobic conditioning, such as walking or swimming

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7CCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp>Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d

References


Lumbar Sprain/Strain

Synonyms

- Low back strain
- Lumbar sprain
- Pulled low back
- Lumbago

Definitions

Strain
An overstretching or tearing of a muscle or tendon.

Sprain
An overstretching or tearing of ligamentous tissue.

Non-radicular lower back pain that may extend into the buttocks and occurs either suddenly or following a trauma, which may be either instantaneous or repetitive. Episode may result in incomplete annular tear, which may allow substances to leak that cause irritation to the lower lumbar roots. In patients age 45 and younger, lumbar sprain/strain is the most common cause for lost work time and disability.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney yang deficiency
Underlying condition with additional symptoms caused by illness, stress, lifestyle choices that result in depletion of this energy, or congenital insufficiency.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle that results in the underlying imbalance leading to this syndrome.

Note: While the above pathways represent classical causations for a lumbar sprain/strain within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark’s acupuncture benefit plans. To be eligible for coverage and reimbursement, lumbar sprain/strain symptoms and/or a diagnosis of “lumbar sprain/strain” must be the direct result of a primary neuromusculoskeletal injury or illness.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

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**Signs and Symptoms Indicative of Red Flags**

- Improvement does not meet the above guidelines or improvement has reached a plateau
- Fever, chills, unexplained weight loss, significant night time pain
- Presence of pathological fracture
- Obvious deformity
- Saddle anesthesia
- Loss of major motor function
- Bowel or bladder dysfunction

**Presentation**

**Strain**

Overexertion of the back in some static or dynamic activity; overstretching; or contusion. Back pain is worse with initial activity, and rest typically relieves the pain. Trauma may precipitate the condition.

**Sprain**

Chronic manifestations typically involves prolonged periods of postural abuse. Acute onset typically involves a sudden motion or poor body mechanics while performing an activity. Trauma may precipitate the condition.
Subjective Findings

Strain
Pain and stiffness in a muscle/tendon group of the lumbar region.

Sprain
Pain and stiffness in the lumbar area.

General
Low back pain that may radiate into the buttocks; needs to frequently shift position; may have difficulty standing upright.

Objective Findings

Scope of Lumbar Examination
- Inspection, including Oriental Medicine assessment techniques
- Palpation of bony and soft tissue including Oriental Medicine inspection techniques
- Range of motion (where allowed by law)
- Orthopedic testing (where allowed by law)
- Neurologic testing if complaints radiate to lower extremities or signs/symptoms of cauda equina syndrome are present (where allowed by law)

Specific Aspects of Lumbar Sprain/Strain Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

- Posture may be antalgic (flexion)
- Tenderness and possible swelling in the muscle or tendon
- Pain on isometric contraction or active motion of the involved lumbar musculature
- Mild bilateral discomfort with SLR may be noted if midline disc bulge present

Findings of Lumbar Sprain/Strain

- Posture may be antalgic (flexion)
- Tenderness and possible swelling in the muscle or tendon
- Pain on isometric contraction or active motion of the involved lumbar musculature
- Mild bilateral discomfort with SLR may be noted if midline disc bulge present
- Tenderness +2 or greater in the immediate area of the involved joint(s)
- Localized spasm and/or swelling in the tissues of the lumbar region
- Pain is intensified by passive motion of the lumbar spine

Differential Diagnoses

- Extra spinal causes (ovarian cyst, kidney stone, pancreatitis, ulcer)
- Lumbar vertebral body fracture (major trauma, or minor trauma in elderly/osteoporotic patient)
- Infection (fever)
- Inflammatory arthritides (family history, patient age/sex, morning stiffness)
- Myeloma (night sweats)
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
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Referral Guidelines

If improvement following the initial two weeks is not at least 25-50%, reassess case for other possible causes or complicating factors and consider different interventions. If patient is not asymptomatic, or at least 75% improved at the end of the second two week trial, or has reached a plateau, refer patient back to the referring physician to explore other treatment alternatives.

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.
Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Postural advice
- Aerobic conditioning, if appropriate, such as walking or swimming
- Reducing strenuous activities, and resting more, if appropriate
- Cold/heat applications, if needed, to relieve discomfort/stiffness
- Proper ergonomics
- Qi gong
- Tai chi

Alternatives to Oriental Medicine Management

- Medication
- Osteopathic Manipulation
- Chiropractic
- Physical Therapy
- Massage

Medicare References

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References


Lumbosacral Sprain/Strain

Synonyms
None

Definition
Abnormal or altered functional relationship between contiguous lumbar and lumbo/sacral vertebrae.

Oriental Medicine Diagnoses

Qi and Blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, excess of activities, that result in depletion of this energy, or congenital insufficiency.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, or external pathogens.

History
Acute or chronic localized pain and stiffness with or without history of trauma.

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

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Presentation
Localized pain and stiffness in the region of the affected joints/segments. Often arises from a "non-specific onset." Some form of acute or chronic postural abuse is often involved. May be prior history of trauma to the involved region. May be a sequela of, and secondary to, another primary diagnosis, such as sprain, strain, or capsulitis.

Subjective Findings
Complaint of pain and/or stiffness in the affected region.

Note: Extra spinal diseases that may refer pain to the back include: aortic aneurysm, colon cancer, pancreatic cancer, endometriosis, hip disease, kidney disease (especially Pyelonephritis), kidney stones, ovarian disease, pancreatitis, pelvic infections, tumors or cysts of the reproductive tract, uterine cancer.

Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present
- MMT

Specific Aspects of Lumbar Segmental Dysfunction Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Lumbar Segmental Dysfunction

- Tenderness typically at the affected spinal joints/segments only
- Associated soft tissue may be shortened with degrees of muscle hypertonicity
- Range of motion typically limited asymmetrically
- Joint fixation upon motion palpation

Differential Diagnoses

- Aortic aneurysm
- Colon cancer
- Endometriosis
- Hip disease
Kidney disease
Kidney stones
Ovarian disease
Pancreatitis
Pelvic infections
Tumors or cysts of the reproductive tract
Uterine cancer
Extra spinal nerve entrapment (due to abdominal or pelvic mass)
Cauda equina syndrome (saddle anesthesia, bladder or bowel dysfunction, bilateral involvement)
Myelopathy due to thoracic disc herniation
Demyelinating disease
Lateral femoral cutaneous nerve entrapment (lateral thigh, sensory only, reverse SLR or femoral nerve stretch test)
Trochanteric bursitis (no nerve root tension signs, pain on lateral thigh/leg, exquisite tenderness to palpation over trochanter)

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
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| 9-12 | Gradual improvement leading toward resolution  
|      | Reinforce self-management techniques  
|      | Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient's insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Dietary/ Nutritional Medicine Counseling
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I AAAABAAAAAAA%3d%3d] (link)

References


Sacroiliac Sprain/Strain

Synonyms

- Low back strain
- Pulled low back

Definition

Strain
An overstretching or tearing of a muscle or tendon.

Sprain
An overstretching or tearing of ligamentous tissue.

Non-radicular lower posterolateral back pain that may extend into the buttocks or groin and occurs either suddenly or following a trauma, which may be either instantaneous or repetitive.

Oriental Medicine Diagnoses

Qi and Blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices, such as irregular or “incorrect” food choice, irregular eating times, lack of sleep, excess of activities, that result in depletion of this energy, or congenital insufficiency.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle choices, such as irregular or “incorrect” food choice, irregular eating times, lack of sleep, or external pathogens.

Note: While the above pathways represent classical causations for a sacroiliac sprain/strain within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark’s acupuncture benefit plans. To be eligible for coverage and reimbursement, sacroiliac sprain/strain symptoms, and/or a diagnosis of “lumbar sprain/strain” must be the direct result of a primary neuromusculoskeletal injury or illness.

History

Goals of Sacroiliac Complaint History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
Determine OPQRST (Onset, Provocative/Palliative factors, Quality, Radiation/Referral pattern, Site [location], Timing of complaint).

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<tr>
<td>Unexplained weight loss</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Prior history of cancer</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that is worse with recumbency or worse at night</td>
<td>Malignancy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Fever or recent bacterial infection</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Intravenous drug abuse or immunosuppression</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Prolonged steroid use</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

Presentation

Strain
Pain and stiffness in the muscles/tendons that cross the sacroiliac joint.

Sprain
Pain and stiffness in the lower lumbosacral/sacroiliac area.

Subjective Findings

- Low back pain that may diffusely radiate into the buttocks or groin on the affected side
- Need to frequently shift position
- May have difficulty standing upright

Objective Findings

Scope of Lumbar and Sacroiliac Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.
Inspection
- Palpation of bony and soft tissue
- Range of motion
- Motion palpation of spine
- Orthopedic testing
- Neurologic testing if complaints radiate to lower extremities or signs/symptoms of cauda equina syndrome are present

Note: The most serious cause of low back and pelvic pain is malignant tumor. Most malignant tumors are metastatic and some may cause bony collapse and paralysis. Cancers that most commonly metastasize to bone consist of adrenal, breast, kidney, lung, prostate, and thyroid.

Findings of Sacroiliac Sprain/Strain
- Posture may be antalgic (flexion)
- Tenderness and possible swelling in the muscle or tendon
- Pain on isometric contraction or active motion of the involved lumbar and hip musculature
- Mild unilateral discomfort with SLR may be noted with hip flexion
- Tenderness +2 or greater in the immediate area of the involved joint(s)
- Localized spasm and/or swelling in the tissues of the lumbar or sacroiliac region
- Pain is intensified by passive motion of the iliac.

Differential Diagnoses
- Extra spinal causes (ovarian cyst, kidney stone, pancreatitis, ulcer)
- Lumbar vertebral body and pelvic fracture (major trauma, or minor trauma in elderly/osteoporotic patient)
- Infection (fever)
- Inflammatory arthritides (family history, patient age/sex, morning stiffness)
- Myeloma (night sweats)

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvement in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.
- If improvement following the initial two weeks is not at least 25-50%, reassess case for other possible causes or complicating factors and consider different interventions.
- If patient is not asymptomatic, or at least 75% improved at the end of the second two week trial, or has reached a plateau, refer patient back to the referring physician to explore other treatment alternatives.
<table>
<thead>
<tr>
<th>Week</th>
<th>Progress</th>
</tr>
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</table>
| 0-1  | • Some reduction of pain severity and frequency  
     | • Some reduction of muscle spasm |
| 2-4  | • 50% decrease in pain severity and frequency  
     | • 50% improvement in range of motion |
| 5-8  | • 75% decrease in pain severity and frequency  
     | • 75% improvement in range of motion |
| 9-12 | • Gradual improvement leading toward resolution  
     | • Reinforce self-management techniques  
     | • Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

**Referral Guidelines**

- Improvement does not meet the above guidelines or improvement has reached a plateau
- Fever, chills, unexplained weight loss, significant night time pain
- Presence of pathological fracture
- Obvious deformity
- Saddle anesthesia
- Loss of major motor function
- Bowel or bladder dysfunction
- Abdominal pain
- Visceral dysfunction

**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

*Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.*

**Inappropriate Procedures/Modalities**

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state
Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Postural advice
- Lumbar and Sacroiliac stabilization exercises
- Aerobic conditioning, such as walking or swimming
- Heat applications, if needed, to relieve discomfort/stiffness

Alternatives to Oriental Medicine Management

- Medication
- Osteopathic Manipulation
- Chiropractic
- Physical Therapy
- Massage

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ndcver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=1AAAABAAAAAAA%3d%3d&

References


Upper Extremity Conditions

Bursitis of the Shoulder and Rotator Cuff Syndrome

Definition
Shoulder girdle bursitis is generally a secondary condition brought on by calcific tendonitis or pathology of the rotator cuff. It can be primary in patients who have rheumatic illnesses or bacterial infections.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition. May have numerous causes. Can be related to trauma or underlying syndromes.

Bi syndrome—wind, cold and dampness "attacking" the area of the shoulder
Wind, cold and dampness from an external pathogen or from underlying causation producing wind, cold and damp.

History
Key features of the patient history include sub-acute onset of unilateral shoulder pain with little to no trauma or overuse, a distinct component of night pain, and marked limitation in shoulder movement.

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

<table>
<thead>
<tr>
<th>Red Flag</th>
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<th>Action Required</th>
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<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture, rotator cuff tear</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Exertional, history of cardiac diagnosis</td>
<td>Cardiac pain can radiate to the shoulder</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Constant, relieved/worse with meals, positional, associated with fatty meals</td>
<td>Gastrointestinal diseases including cholelithiasis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pleuritic, shortness of breath, associated with cough</td>
<td>Pulmonary diseases</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatology diseases (Gout)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Cancer history</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Upper extremity deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
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</table>
Presentation
Usually there is no history of trauma, but may follow an injury or overuse. Onset of pain develops over several hours or the course of a day. Pain at rest, particularly at night, is characteristic. Active range of motion is limited, as is passive range of motion. Passive limitations are not in a capsular pattern.

Objective Findings
Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present

Specific Aspects of Bursitis of the Shoulder Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Bursitis of the Shoulder
- Limited AROM, especially in abduction, flexion, and external rotation, when compared with PROM
- Palpation is severely painful on the bursa
- Feeling of spongy swelling at the subacromial space, not present on the uninvolved shoulder

Differential Diagnoses
- Referred pain from cardiac, pulmonary, or gastrointestinal pathology
- Inflammatory diseases
- Infection
- Fracture
- Rotator cuff pathology
- Glenohumeral arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Fracture
- Ligamentous injury
- Tendonitis

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity. In addition to the improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

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<th>Progress</th>
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<tbody>
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<td>Some reduction of pain frequency and severity</td>
</tr>
<tr>
<td></td>
<td>Some reduction of muscle spasm</td>
</tr>
<tr>
<td>2-4</td>
<td>50% decrease in pain severity and frequency</td>
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<tr>
<td></td>
<td>50% improvement in range of motion</td>
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<tr>
<td>9-12</td>
<td>Gradual improvement leading toward resolution</td>
</tr>
<tr>
<td></td>
<td>Reinforce self-management techniques</td>
</tr>
<tr>
<td></td>
<td>Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
</tr>
</tbody>
</table>

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Postural advice
- Hot packs/cold packs, if needed, to relieve discomfort
Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Dietary/ Nutritional Medicine Counseling
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSlection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I

References


Carpal Tunnel Syndrome

Synonyms
None

Definition
Carpal tunnel syndrome (CTS) is a compression neuropathy affecting the median nerve in the carpal tunnel leading to symptoms in the radial 3.5 digits, and possibly thenar muscle atrophy or fasciculation. It usually presents with an insidious onset characterized by paresthesias and numbness in the fingers and deep palm. Women are more likely to develop carpal tunnel than men. Individuals with rheumatoid arthritis are also at high risk.

When non-operative treatment fails to relieve symptoms, or when either thenar atrophy or significant electro-diagnostic studies occur, surgical intervention is the treatment of choice. Carpal tunnel release is the definitive treatment, and is usually a very successful procedure. Cutting the transverse carpal ligament is the standard surgical procedure to relieve pressure on the carpal ligament. Surgical treatment involves either open or endoscopic release of the transverse carpal ligament. Open release involves a mid-palmar incision at the wrist through which the transverse carpal ligament is cut, and the incision is closed. Endoscopic release involves smaller incisions through which an endoscope is inserted to visualize the transverse carpal ligament before it is cut.

Oriental Medicine Diagnosis

 Qi and blood stagnation
Stagnation results in the painful condition; may have numerous causes; can be related to trauma or underlying syndromes.

History

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture</td>
<td>Immediate referral to emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
<td>Immediate referral to emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>department</td>
</tr>
<tr>
<td>Cancer history</td>
<td>Cause of symptoms (metastatic, primary or paraneoplastic, potential complications of chemotherapy)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Upper extremity deep vein thrombosis</td>
<td>Immediate referral to emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

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400 Buckwalter Place Boulevard, Bluffton, SC 29910 • (800) 918-8924
www.eviCore.com
Subjective Findings

- Wrist pain, frequently with proximal radiation
- Numbness and tingling in the hand
- Pain of a “pins and needles” feeling at night, frequently awakening patient
- Weakness in grip or pinch
- Feeling of incoordination, clumsiness

Objective Findings

Scope of Musculoskeletal Examination

- Inspection (including thenar eminence size and structure)
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present

Specific Aspects of Carpal Tunnel Syndrome Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Carpal Tunnel Syndrome

- Decreased sensory testing (light touch) in the radial 3.5 digits, depending on severity
- Decreased grip and pinch, depending on severity

Differential Diagnoses

- Cervical radiculopathy
- Proximal nerve impingement
- Pregnancy secondary to fluid retention

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.
Treatment frequency should be commensurate with severity of the chief complaint.

If at least 50% improvement in pain frequency and severity is reported by the patient, then continued treatment with decreased frequency is appropriate.

Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.

Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.

In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

If improvement following the initial two weeks is not at least 50%, reassess case for other possible causes or complicating factors and consider different techniques or modalities.

If patient is not asymptomatic, or near asymptomatic at the end of the second two week trial or has reached a plateau, refer HMO patients to primary care provider to explore other alternatives; PPO patients may be referred to family physician or appropriate specialist.

### Week 0-1
- Some reduction of pain frequency and severity
- Some reduction of muscle spasm

### Week 2-4
- 50% decrease in pain severity and frequency
- 50% improvement in range of motion

### Week 5-8
- 75% decrease in pain severity and frequency
- 75% improvement in range of motion

### Week 9-12
- Gradual improvement leading toward resolution
- Reinforce self-management techniques
- Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first

### Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

### Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volt
- Any technique outside the scope of practice in your state
Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Cold packs/alternating cold/heat
- Use of wrist splint may be helpful
- Home ROM exercises
- Progression to therapeutic exercise: strengthening exercises

Alternatives/Adjuncts to Oriental Medicine

- Biofeedback
- Stress Management
- Yoga
- Meditation
- Exercise
- Chiropractic
- Medication
- Osteopathic Manipulation
- Chiropractic
- Physical Therapy
- Medication
- Surgery
- Cortisone injections
- Physiatry

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d]

References


Forearm, Joint Pain and Osteoarthritis

Synonyms
- Osteoarthritis
- Degenerative arthritis
- Degenerative joint disease
- Hypertrophic arthritis

Definition
Degenerative and sometimes hypertrophic changes in bone and cartilage of one or more joints, and a progressive wearing down of opposing joint surfaces with consequent distortion of joint position.

Oriental Medicine Diagnoses
Various types of arthritis are contained under the singular rubric of blockage (or obstruction) in Chinese Medicine. Condition occurs when the circulation of qi and blood through channels is hindered by wind, cold and/or dampness. Dampness, or if at a certain stage of the disease cold becomes heat, then heat blockage can occur.

There are four principal blockages or obstructions in Chinese Medicine:

Moving (wind) blockage
Pain in the joints is widespread and moves from one area of the body to another.

Stationary (damp) blockage
Pain is localized and does not move.

Painful (cold) blockage
Severe pain in one part, or over one half of the body, which becomes worse when patient encounters cold and diminishes when patient is warm.

Heat blockage
Flesh is hot, area of pain is red and swollen, pain increases upon contact.

Commonly referred to as bi syndrome
Condition can be any combination of the above.

History

Specific Aspects of History
- Rule out red flags (require medical management),
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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<td>Fracture, ligament/meniscus tear</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Severe arm pain 12-24 hours after trauma</td>
<td>Compartment syndrome</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatologic diseases</td>
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<td>Cancer</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Discoloration of hand or arm</td>
<td>Arterial occlusion</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

**Subjective Findings**

- Pain is localized to the joint area
- Warmth may be felt over the affected joint, in the inflammatory stage
- Pain with ROM may be described
- Onset is usually gradual and insidious
- Patient will complain of stiffness

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive (if allowed by law)
- Orthopedic and neurologic testing if neurologic signs are present (if allowed by law)

**Specific Aspects of Examination for Osteoarthrosis**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

**Findings of Osteoarthrosis**

- Swelling may be present in inflammatory phase
- Calor (warmth) may be noted over affected joint in inflammatory phase
- Pain over the joint
- Pain with ROM, loss of ROM

**Differential Diagnoses**

- Lateral epicondylitis
- Medial epicondylitis
- Olecranon bursitis
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by patient—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
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| 2-4  | 50% decrease in pain severity and frequency  
      | 50% improvement in range of motion        |
| 5-8  | 75% decrease in pain severity and frequency  
      | 75% improvement in range of motion        |
| 9-12 | Gradual improvement leading toward resolution  
      | Reinforce self-management techniques      |
      | Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

Appropriate Procedures/ Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state
Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Steroid Injections
- Dietary / Nutritional Medicine Counseling
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d&]

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References


Hand, Joint Pain and Osteoarthrosis

Synonyms
- Osteoarthritis
- Degenerative arthritis
- Degenerative joint disease
- Hypertrophic arthritis

Definition
Degenerative, and sometimes hypertrophic changes in bone and cartilage of one or more joints, and a progressive wearing down of opposing joint surfaces with consequent distortion of joint position.

Oriental Medicine Diagnoses
Various types of arthritis are contained under the singular rubric of blockage (or obstruction) in Chinese Medicine. Condition occurs when circulation of qi and blood through channels is hindered by wind, cold and/or dampness. Dampness, or if at a certain stage of the disease cold becomes heat, then heat blockage can occur.

There are five principal blockages or obstruction in Chinese Medicine:

Moving (wind) blockage
Pain in the joints is widespread and moves from one area of the body to another.

Stationary (damp) blockage
Pain is localized and does not move.

Painful (cold) blockage
Severe pain in one part, or over one half of the body, which becomes worse when patient encounters cold and diminishes when patient is warm.

Heat blockage
Flesh is hot, area of pain is red and swollen, pain increases upon contact.

Commonly referred to as bi syndrome
Condition can be any combination of the above.

History

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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<td>Severe arm pain 12-24 hours after trauma</td>
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<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
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<td>Multiple joint involvement</td>
<td>Rheumatologic diseases</td>
<td>Prompt referral to Primary Care Provider</td>
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<td>Unilateral edema</td>
<td>Deep vein thrombosis</td>
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<tr>
<td>Cancer</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
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<td>Discoloration of hand or arm</td>
<td>Arterial occlusion</td>
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<td>Immune-compromised state</td>
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**Subjective Findings**

- Pain is localized to joint area
- Warmth may be felt over affected joint, in inflammatory stage
- Pain with ROM may be described
- Onset is usually gradual and insidious
- Patient will complain of stiffness

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive (if allowed by law)
- Orthopedic and neurologic testing if neurologic signs are present (if allowed by law)

**Specific Aspects of Examination for Osteoarthrosis**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

**Findings of Osteoarthrosis**

- Swelling may be present in the inflammatory phase
- Calor (warmth) may be noted over the affected joint in the inflammatory phase
- Pain over the joint
- Pain with ROM, loss of ROM

**Differential Diagnoses**

- Tendonitis
- Tenosynovitis
- Carpal Tunnel syndrome
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by the patient, then continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements listed in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

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Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Steroid Injections
- Dietary/Nutritional Medicine Counseling
- Occupational therapy

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References


Lateral Epicondylitis

Synonyms

- Tennis Elbow
- Epitrochlear bursitis
- Epicondylitis

Definition

Degeneration of the tendon of the common extensor muscle group of the forearm at the origin on the humerus; most common in the 4th decade. Injury is typically caused by repetitive extension of the wrist and/or rotation of the forearm. There may be a partial tear of tendon fibers at or near their point of insertion on the humerus. Risk factors are repetitive forceful wrist or forearm movement.

Oriental Medicine Diagnoses

Qi and blood stagnation

Stagnation results in the painful condition; may have numerous causes; can be related to trauma or underlying syndromes.

Weakness of defensive and nutritive qi can be at the root

Causation from long term illness, stress (both physical or emotional), lifestyle choices that deplete defensive and nutritive qi.

Consumption of qi and blood

Causation from long term illness or lifestyle choices that deplete qi and blood.

Accumulation of phlegm and blood can transform and form a sharp osteophyte at the epicondyle

Accumulation can be the result of trauma or underlying channels and collaterals stagnation or underlying syndromes.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
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<td>Subjective Findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenderness and pain at lateral epicondyle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain is made worse by activities that require extending the wrist or holding an object in the hand with the wrist stiff</td>
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<td></td>
</tr>
<tr>
<td>Weak grasp</td>
<td></td>
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<tr>
<td>Dropping items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients might report either insidious onset or trauma</td>
<td></td>
<td></td>
</tr>
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<th>Objective Findings</th>
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<td>Inspection including Oriental Medicine inspection techniques</td>
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<td>Palpation of bony and soft tissue including Oriental Medicine palpation techniques</td>
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<tr>
<td>Examine the musculoskeletal system for possible causes or contributing factors to the complaint.</td>
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<th>Findings of Lateral Epicondylitis</th>
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<tr>
<td>Tender to palpation over lateral epicondyle. Greatest tension is elicited with the elbow in extension, forearm in pronation, and wrist in flexion.</td>
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<td>C6 or C7 cervical nerve root compression</td>
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<td>Posterior Interosseous Nerve Syndrome (PINS) entrapment of nerve as it travels through the radial tunnel</td>
</tr>
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<td>Radial head arthritis</td>
</tr>
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<td>Postero lateral plica</td>
</tr>
<tr>
<td>Posterolateral rotatory instability</td>
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<tr>
<td>Olecranon bursitis</td>
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<td>Crystalline deposition such as gout and pseudogout (Chondrocalcinosis)</td>
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<td>Occult fractures of the radial head or lateral humeral epicondyle</td>
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<td>Tendinitis of the long head of the biceps at insertion on the radius</td>
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When significant improvements in the patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.

Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.

Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.

In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

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**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

**Inappropriate Procedures/Modalities**

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- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

**Self-Management Techniques**

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management
- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Dietary/Nutritional Medicine Counseling
- Occupational therapy
- Cortisone injections
- Surgery (as last resort)

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References


Medial Epicondylitis

Synonyms

- Golfer’s Elbow
- Peritendinitis
- Epicondylitis

Definition

Degeneration of the forearm flexor muscle group tendons near their origin on the humerus, possibly due to overuse. There may be a partial tear of tendon fibers at or near their point of insertion on the humerus. Risk factors are repetitive forceful wrist or forearm movement.

Oriental Medicine Diagnoses

Qi and blood stagnation

Stagnation results in the painful condition; may have numerous causes; can be related to trauma or underlying syndromes.

Weakness of defensive and nutritive qi can be at the root

Causation from long term illness, stress (both physical or emotional), lifestyle choices that deplete defensive and nutritive qi.

Consumption of qi and blood

Causation from long term illness or lifestyle choices that deplete qi and blood.

Accumulation of phlegm and blood can transform and form a sharp osteophyte at the epicondyle

Accumulation can be the result of trauma or underlying channels and collaterals stagnation or underlying syndromes.

History

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- Rule out red flags (require medical management).
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### Subjective Findings

- Pain at medial epicondyle
- Pain is made worse by gripping, and resisted wrist flexion
- Weak grasp in severe cases
- Possible medial collateral ligament laxity

### Objective Findings

#### Scope of Musculoskeletal Examination

- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine palpation techniques
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present (where allowed by law)

#### Specific Aspects of Examination for Medial Epicondylitis

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

### Findings of Medial Epicondylitis

- Tender to palpation over medial epicondyle
- MMT of affected wrist flexors and elbow-wrist mechanism is weak
- Resisted wrist flexion and forearm pronation is painful

### Differential Diagnoses

- Cervical nerve root compression
- Ulnar nerve entrapment syndrome
- May accompany lateral epicondylitis
- Crystalline deposition such as gout and pseudogout (Chondrocalcinosis)
- Acute or chronic infection
- Olecranon bursitis

### Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
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Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress. Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity. In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

Week | Progress
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0-1 | - Some reduction of pain frequency and severity  
    | - Some reduction of muscle spasm
2-4 | - 50% decrease in pain severity and frequency  
    | - 50% improvement in range of motion
5-8 | - 75% decrease in pain severity and frequency  
    | - 75% improvement in range of motion
9-12 | - Gradual improvement leading toward resolution  
    | - Reinforce self-management techniques  
    | - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first

**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
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Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical therapy
- Osteopathic manipulation
- Medication
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- Occupational therapy
- Surgery (as last resort)

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References


Radial Nerve Entrapment

Synonyms
None

Definition
Entrapment between anatomical structures causing compression resulting in paresthesias, pain and weakness.

Oriental Medicine Diagnoses

Qi and Blood Stagnation
Stagnation results in this painful condition; may have numerous causation; can be related to trauma or underlying syndromes.

History
A number of radial nerve entrapments are recognized. They are named according to the location where they occur:

High radial nerve palsy
Radial nerve palsy is frequently related to humeral fractures, and may occur by direct trauma or callus formation, or by compression from scarring or musculature. Weakness of the wrist and finger extensors is present, and with sensory deficits.

Radial tunnel syndrome (RTS)

- Radial tunnel syndrome involves compression of the deep branch of the radial nerve. The same structures implicated in PIN compression syndrome can cause radial tunnel syndrome, although RTS is often thought of as a dynamic compression syndrome.
- Compression of the nerve occurs during elbow extension, forearm pronation, and wrist flexion, which caused the ECRB and the fibrous edge of the superficial part of the supinator to tighten around the nerve.
- Symptoms mimic those of tennis elbow: tenderness over the lateral aspect of the elbow, pain on passive stretching of the extensor muscles, and pain on resisted extension of the wrist and fingers.
- Men and women are equally affected, and onset is common in the fourth to sixth decades of life.
- Pain, poorly localized over the radial aspect of the proximal forearm is the most common primary presenting symptom.
- Maximal tenderness is usually elicited over the radial tunnel and the pain may be reproduced by resisted middle finger extension.

Superficial radial nerve palsy
Wartenberg’s syndrome or Cheiralgia Paresthetica are terms used to describe a mononeuritis of the superficial radial nerve that can become entrapped where it pierces the fascia between the brachioradialis and extensor carpi radialis longus tendons.

Symptoms include shooting or burning pain along the posterior-radial forearm, wrist, and thumb associated with wrist flexion and ulnar deviation. Symptoms may lead to the belief that the anatomic snuffbox joint and tendons are involved, or that DeQuervain’s disease is present.

Posterior interosseous nerve syndrome (PINS)
Following are five potential sites of compression of PINS as it traverses through the radial tunnel:
• Fibrous bands that connect the brachialis to brachioradialis.
• Vascular leash of Henry, a fan of blood vessels that cross the nerve at the level of the radial neck.
• Medial proximal portion (leading edge) of the ECRB.
• Between fibrous bands at the proximal and distal edge of the supinator. Proximal border is referred to as the Arcade of Fröhse.
• PINS involves the loss of motor function of some or all of the muscles innervated by the posterior interosseous nerve and is characterized by weakness.

Specific Aspects of History

• Rule out red flags (require medical management),
• Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
• Determine if trauma-related; determine nature and extent of traumatic event.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
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<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
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<tr>
<td>Unilateral edema</td>
<td>Upper extremity deep vein thrombosis</td>
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</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Cancer history</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Discoloration of hand/fingers</td>
<td>Vascular occlusion, shunt emboli (dialysis patients)</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Exertional symptoms, history of cardiac disease</td>
<td>Anginal equivalent</td>
<td>Immediate referral to emergency department</td>
</tr>
</tbody>
</table>

Presentation
Patient’s specific presentation will depend on severity, duration and location of the nerve compression. Weakness of the wrist and finger extensors, abnormal sensation, and pain are common complaints, varying in location and prominence with each area of entrapment.

Objective Findings

Scope of Musculoskeletal Examination

• Inspection
• Palpation of bony and soft tissue
• Range of motion, active and passive
• Orthopedic testing
• Neurologic testing
• Manual muscle testing

Specific Aspects of Examination for Radial Nerve Entrapment
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.
Findings of Radial Nerve Entrapment

High Radial Nerve Palsy

- Weakness noted in the extensors
- Abnormal sensation on the dorsum of the hand

Radial Tunnel Syndrome

- Lateral forearm pain
- Weakness of wrist extensors

Radial Sensory Nerve Entrapment

- Distal forearm pain
- Abnormal sensation of the dorsum of the hand

Posterior interosseous nerve syndrome

- Weakness in the extensors, sometimes with sparing of radial deviation
- Forearm pain

Differential Diagnoses

- C6 or C7 cervical nerve root compression
- Crystalline deposition such as gout and pseudogout (Chondrocalcinosis)
- Lateral epicondylitis
- de Quervain disease
- Olecranon bursitis

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by the patient—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.
<table>
<thead>
<tr>
<th>Week</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 0-1  | - Some reduction of pain severity and frequency  
     | - Some reduction of muscle spasm               |
| 2-4  | - 50% improvement in pain severity and frequency  
     | - 50% increase in range of motion              |
|      | - Pain distribution is centralizing            |
|      | - Reinforce self-management techniques         |
| 5-8  | - Continued reduction of pain severity and frequency  
     | - Continued increase in range of motion        |
|      | - Pain distribution continues to centralize    |
|      | - Reinforce self-management techniques         |
| 9-12 | - 75% improvement in pain severity and frequency  
     | - 75% improvement in range of motion           |
|      | - Pain distribution is centralized to back     |
|      | - Reinforce self-management techniques         |
| 13-16| - Radial improvement leading toward resolution |
|      | - Reinforce self-management techniques         |
|      | - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |

**Appropriate Procedures/ Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

**Inappropriate Procedures/Modalities**

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volt
- Any technique outside the scope of practice in your state

**Self-Management Techniques**

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Hot packs/Cold packs, if needed, to relieve discomfort
- Home ROM exercises
Progression to therapeutic exercise: strengthening exercises

Alternatives/Adjuncts to Oriental Medicine

- Osteopathic manipulation
- Chiropractic
- Physical therapy
- Medication
- Surgery
- Steroid injections
- Occupational therapy
- Stress management

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCElection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I
   AAAABAAAAAAA%3d%3d&]

References


Shoulder, Adhesive Capsulitis

Synonym
Frozen shoulder

Definition
Adhesive capsulitis develops when the capsule surrounding the humeral head becomes contracted thereby limiting or preventing motion.

Adhesive capsulitis has typically been classified into two forms:

- Primary or idiopathic form—no known precipitating event can be identified.
- Secondary form—associated with, or attributable to other illnesses or events.

Cause of adhesive capsulitis remains unknown. End result appears to be fibrotic thickening of the anterior capsule at the rotator interval. Onset of adhesive capsulitis is usually gradual.

Following are the three clinical stages of the disease:

Freezing stage
Lasts from onset to between 10 and 36 weeks. Characterized by the most severe pain and a gradual diminution of articular volume.

Frozen stage
Lasts between 4 and 12 months. Pain decreases gradually but without appreciable improvement in motion.

Thawing stage
Marked by gradual return of motion, and may be as short as 12 months, or last for years. Motions most frequently limited are abduction and external rotation.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in this painful condition; may have numerous causes; can be related to trauma or underlying syndromes.

Bi syndrome—wind, cold and dampness "attacking" the area of the shoulder
Wind, cold and dampness from an external pathogen, or from underlying causation producing wind, cold and damp.

History
Key features of patient's history include sub-acute onset of unilateral shoulder pain with little to no trauma or overuse, a distinct component of night pain, and marked limitation in shoulder movement. Following are some risk factors for developing frozen shoulder:
Age & Gender
Frozen shoulder most commonly affects patients between the ages of 40 to 60 years old, and is twice as common in women than in men.

Endocrine Disorders
Patients with diabetes are at particular risk for developing a frozen shoulder. Other endocrine abnormalities, such as thyroid problems, can also lead to this condition.

Shoulder Trauma or Surgery
Patients who sustain a shoulder injury, or undergo shoulder surgery can develop a frozen shoulder joint. When injury or surgery is followed by prolonged joint immobilization, the risk of developing a frozen shoulder is highest.

Other Systemic Conditions
Several systemic conditions, such as heart disease and Parkinson's disease have also been associated with an increased risk for developing a frozen shoulder.

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

<table>
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<td>Immediate referral to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>emergency department</td>
</tr>
<tr>
<td>Exertional, history of cardiac diagnosis</td>
<td>Cardiac pain can radiate to the shoulder</td>
<td>Immediate referral to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>emergency department</td>
</tr>
<tr>
<td>Constant, relieved/worse with meals,</td>
<td>Gastrointestinal diseases including cholelithiasis</td>
<td>Immediate referral to</td>
</tr>
<tr>
<td>positional, associated with fatty meals</td>
<td></td>
<td>emergency department</td>
</tr>
<tr>
<td>Pleuritic, shortness of breath,</td>
<td>Pulmonary diseases</td>
<td>Prompt referral to Primary</td>
</tr>
<tr>
<td>associated with cough</td>
<td></td>
<td>Care Provider</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatology diseases</td>
<td>Prompt referral to Primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care Provider</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
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<td></td>
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<tr>
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<td></td>
<td>Care Provider</td>
</tr>
</tbody>
</table>

Presentation
A marked limitation in active and passive range of shoulder motion. All planes of motion seem to be affected, with external rotation and abduction being the most limited. In testing passive motion, the end point is firm but not quite as firm as that of a bony block. Manual muscle testing of the rotator cuff muscles should reveal well-preserved muscle strength with little to no pain.
Subjective Findings

- Shoulder pain, which may radiate distally or proximally
- Pain with ROM
- Loss of ROM

Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic and neurologic testing

Specific Aspects of Examination for Adhesive Capsulitis

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Adhesive Capsulitis

- Limited AROM and PROM of the affected shoulder
- MMT of the affected shoulder is strong and pain-free
- Patient presents with “capsular pattern”: most limited in external rotation, followed by abduction, followed by flexion, followed by internal rotation
- “Firm” end point

Differential Diagnoses

- Referred pain from cardiac, pulmonary, or gastrointestinal pathology
- Inflammatory diseases
- Infection
- Fracture
- Rotator cuff pathology
- Glenohumeral arthritis

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.
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     | • Some reduction of muscle spasm  |
| 2-4  | • 50% decrease in pain severity and frequency  
     | • 50% improvement in range of motion  |
| 5-8  | • 75% decrease in pain severity and frequency  
     | • 75% improvement in range of motion  |
| 9-12 | • Gradual improvement leading toward resolution  
     | • Reinforce self-management techniques  
     | • Discharge patient to elective care, or to their primary care provider for alternative treatment options  
     | when a plateau is reached, or by week 12, whichever occurs first  |

**Appropriate Procedures/ Modalities**

- Acupuncture  
- Electro-acupuncture  
- Cupping  
- Moxibustion  
- Guasha  
- Myofascial release  
- Acupressure  
- Trigger point therapy  
- Tui na (not to include osseous manipulation)  
- Herbal formulas

**Note:** Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

**Inappropriate Procedures/Modalities**

- Scarring moxa  
- Applied kinesiology techniques  
- Electro-acupuncture using more than 9 volts  
- Any technique outside the scope of practice in your state

**Self-Management Techniques**

- Tai chi  
- Qi gong  
- Self-acupressure  
- Rest and reduce strenuous activities  
- Educate patients about the causes  
- Appropriate exercises  
- Postural advice  
- Hot packs/cold packs, if needed, to relieve discomfort
Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical therapy
- Osteopathic manipulation
- Medication
- Dietary/Nutritional medicine counseling
- Occupational therapy

Medicare References
1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSel]on=NCAC%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyW]ord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I

References


Shoulder, Joint Pain and Osteoarthrosis

Synonyms

- Osteoarthritis
- Degenerative arthritis
- Degenerative joint disease
- Hypertrophic arthritis

Definition

Degenerative, and sometimes hypertrophic changes in the bone and cartilage of one or more joints, and a progressive wearing down of opposing joint surfaces with consequent distortion of joint position.

Oriental Medicine Diagnoses

Various types of arthritis are contained under the singular rubric of blockage (or obstruction) in Chinese Medicine. Condition occurs when the circulation of qi and blood through channels is hindered by wind, cold and/or dampness. Dampness, or if at a certain stage of the disease cold becomes heat, then heat blockage can occur.

Following are the five principal blockages or obstructions in Chinese Medicine:

Moving (wind) blockage

Pain in the joints is widespread and moves from one area of the body to another.

Stationary (damp) blockage

Pain is localized and does not move.

Painful (cold) blockage

Severe pain in one part, or over one half of the body, which becomes worse when patient encounters cold and diminishes when patient is warm.

Heat blockage

Flesh is hot, area of pain is red and swollen, pain increases upon contact.

Commonly referred to as bi syndrome

Condition can be any combination of the above.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
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<td>Fracture, ligament/meniscus tear</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Severe arm pain 12-24 hours after trauma</td>
<td>Compartment syndrome</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
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<tr>
<td>Multiple joint involvement</td>
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<tr>
<td>Cancer</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Discoloration of hand or arm</td>
<td>Arterial occlusion</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
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</tbody>
</table>

### Subjective Findings

- Pain is localized to the joint area
- Warmth may be felt over the affected joint, in the inflammatory stage
- Pain with ROM may be described
- Onset is usually gradual and insidious
- Patient will complain of stiffness

### Objective Findings

#### Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive (if allowed by law)
- Orthopedic and neurologic testing if neurologic signs are present (if allowed by law)

#### Specific Aspects of Examination for Osteoarthrosis

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

#### Findings of Osteoarthrosis

- Swelling may be present in the inflammatory phase
- Calor (warmth) may be noted over the affected joint in the inflammatory phase
- Pain over the joint
- Pain with ROM, loss of ROM

### Differential Diagnoses

- Rotator cuff tendonitis
- Rotator cuff tears
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by patient—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
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<td>50% decrease in pain severity and frequency</td>
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<td>50% improvement in range of motion</td>
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<tr>
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<td>75% decrease in pain severity and frequency</td>
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<td>75% improvement in range of motion</td>
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<td>Gradual improvement leading toward resolution</td>
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<td>Reinforce self-management techniques</td>
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<tr>
<td></td>
<td>Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
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</table>

Appropriate Procedures/ Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.
Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Steroid Injections
- Dietary/nutritional medicine counseling
- Occupational therapy

Medicare References

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2. National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=284&ndcver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&qk=true&bc=IAAAABAAAAAAA%3d%3d

References


Wrist Sprain/Strain

Synonyms
None

Definition
Strains of wrist are generally an issue of overuse creating micro trauma to muscles and tendons. Sprains usually involve a trauma, in which some fibers of the involved ligaments are disrupted. In its worst case a ligament can tear completely with loss of joint integrity. The wrist has multiple ligamentous attachments between the carpals, and the radius and ulna. Dorsal strains/sprains are more common due to hyper-flexion injuries.

Oriental Medicine Diagnoses

Qi and blood Stagnation
Stagnation results in the painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

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<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Colles’ fracture, displaced distal radial epiphysis in children, tendon avulsion, muscle rupture, carpal fracture, particularly the scaphoid and lunate, traumatic instability, or ligament tear.</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pain at the &quot;anatomical snuffbox&quot;</td>
<td>Navicular fracture (scaphoid)</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pain on supination/pronation, prominence of ulna</td>
<td>Injury to the distal Radio-Ulna joint</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Diabetes; stocking glove numbness</td>
<td>Neuropathy; B12 deficiency, hypothyroidism, lead poisoning</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatologic diseases, gout</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral upper extremity edema</td>
<td>Deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Cancer</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>
### Presentation
Patient usually presents following overexertion, over stretching, or trauma to wrist. In the case of trauma, pain is immediate, then subsides and returns. Swelling frequently follows within one-two hours, and if enough soft tissue injury occurs, ecchymosis develops in 6-12 hours.

### Subjective Findings
- Complaint of pain on movement
- Localized tenderness

### Objective Findings

#### Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- MMT
- Orthopedic and neurologic testing

#### Specific Aspects of Examination for Strain/Sprain of Wrist
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

### Findings of Strain/Sprain of the Wrist
- Swelling and bruising may be visually apparent
- Restricted motion is common
- Localized tenderness
- Weakened grip and pinch strength
- Pain present with active or passive stretch of the involved soft tissues

### Differential Diagnoses
- Osteoarthritis
- Tendonitis
- Spastic contracture in hemiplegia
- Ulnar nerve paralysis
- Other problems to be considered—
  - Articular cartilage pathology including neoplastic pathology
  - Osteonecrosis
  - Crystalline deposition diseases including gout and pseudogout (chondrocalcinosis)
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvement in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
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| 9-12 | - Gradual improvement leading toward resolution  
       - Reinforce self-management techniques  
       - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state
Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ndver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I

References


Lower Extremity Conditions

Ankle and Foot, Joint Pain and Osteoarthrosis

Synonyms

- Osteoarthritis
- Degenerative arthritis
- Degenerative joint disease
- Hypertrophic arthritis

Definition

Degenerative and sometimes hypertrophic changes in the bone and cartilage of one or more joints and a progressive wearing down of opposing joint surfaces with consequent distortion of joint position.

Oriental Medicine Diagnoses

Various types of arthritis are contained under the singular rubric of Blockage (or Obstruction) in Chinese Medicine. Condition occurs when circulation of qi and blood through the channels is hindered by wind, cold and/or dampness. Dampness, or if at a certain stage of the disease cold becomes heat, then heat blockage can occur.

There are five principal blockages or obstructions in Chinese medicine:

- Moving (Wind) blockage: Pain in the joints is widespread and moves from one area of the body to another.
- Stationary (Damp) blockage: Pain is localized and does not move.
- Painful (Cold) blockage: Severe pain in one part, or over one half of the body, which becomes worse when patient encounters cold, and diminishes when the patient is warm.
- Heat blockage: Flesh is hot, area of pain is red and swollen, and pain increases upon contact.
- Commonly referred to as bi syndrome: Condition can be any combination of the above.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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Multiple joint involvement | Rheumatologic diseases | Prompt referral to Primary Care Provider
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Cancer | Cause of symptoms (metastatic or primary) | Prompt referral to Primary Care Provider
Discoloration of foot or leg | Arterial occlusion | Immediate referral to emergency department
Immune-compromised state | Infection | Prompt referral to Primary Care Provider

Subjective Findings

- Pain is localized to the joint area
- Warmth may be felt over the affected joint, in the inflammatory stage
- Pain with ROM may be described
- Onset is usually gradual and insidious
- Patient will complain of stiffness

Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive (if allowed by law)
- Orthopedic and neurologic testing if neurologic signs are present (if allowed by law)
- Specific Aspects of Examination for Osteoarthrosis
- Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Osteoarthrosis

- Swelling may be present in the inflammatory phase
- Calor (warmth) may be noted over the affected joint in the inflammatory phase
- Pain over the joint
- Pain with ROM, loss of ROM

Differential Diagnoses

- Neuropathy/neuropathic disease
- Stress fracture
- Psoriatic Arthritis
- Gout and other crystalline arthropathies
- Hemochromatosis
- Metabolic bone disorders
- Hypermobility syndromes

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- Any techniques outside of the scope of practice in your state

**Self-Management Techniques**

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
Educate patients about the causes  
Appropriate exercises  
Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Steroid Injections
- Dietary/Nutritional Medicine Counseling
- Occupational therapy

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAABABBBBBB%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAABABBBBBB%3d%3d&)

2. National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=284&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAABABBBBBB%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=284&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAABABBBBBB%3d%3d&)

References


Ankle Sprain

Synonyms
None

Definition
Most common ankle sprain is injury to the lateral ankle ligaments. These ligaments are responsible for resistance against inversion and internal rotation stress. Specifically the anterior talofibular ligament (ATFL) is most commonly injured, followed by the calcaneofibular ligament (CFL). Posterior talofibular ligament (PTFL) is rarely injured. Medial supporting ligaments are superficial, and deep deltoid ligaments, which are responsible for resistance to eversion and external rotation stress, are less commonly injured.

Oriental Medicine Diagnoses

Qi and blood stagnation
This stagnation results in a painful condition, may have numerous causation, but for this diagnosis trauma is the primary causation, perhaps with underlying qi deficiency syndrome.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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<td>Cancer history</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care</td>
</tr>
<tr>
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</tr>
<tr>
<td>Unilateral edema</td>
<td>Lower extremity deep vein thrombosis</td>
<td>Immediate referral to emergency</td>
</tr>
<tr>
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<td>department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care</td>
</tr>
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</tr>
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<tr>
<td>Discoloration, cool foot</td>
<td>Vascular occlusion</td>
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Subjective Findings

- If lateral ligament injury: pain at lateral aspect of ankle
- History of injury is usually described as landing on a plantar flexed and inverted foot
Objective Findings

Scope of Musculoskeletal Examination

- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine inspection techniques
- Range of motion, active and passive (where allowed by law)
- Orthopedic and neurologic testing if neurologic signs are present (where allowed by law)

Specific Aspects of Examination for Ankle Sprain
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Ankle Sprain

- Direct palpation of the lateral ankle ligaments produces or increases pain (with lateral ligament injury)
- Pain is produced or increased with passive and end range inversion
- Swelling is usually seen but may be diffuse
- Ecchymosis is also frequently found laterally, but it may settle into the lateral or medial heel
- Provocative tests for lateral ankle instability include the anterior drawer test, inversion stress test and the suction sign; two provocative tests for syndesmotic ligament injury are the squeeze test and the external rotation stress test

West Point Ankle Sprain Grading System

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<td>Location of tenderness</td>
<td>ATFL</td>
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<td>Edema, ecchymosis</td>
<td>Slight local</td>
<td>Moderate local</td>
<td>Significant diffuse</td>
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<tr>
<td>Weight-bearing ability</td>
<td>Full or partial</td>
<td>Difficult without crutches</td>
<td>Impossible without significant pain</td>
</tr>
<tr>
<td>Ligament damage</td>
<td>Stretched</td>
<td>Partial tear</td>
<td>Complete tear</td>
</tr>
<tr>
<td>Instability</td>
<td>None</td>
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Differential Diagnoses

- Fractures
- Tendon injuries
- Radicular pathology
- Crystalline deposition diseases: gout and pseudogout (Chondrocalcinosis)

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

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### Appropriate Procedures/Modalities
- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan, please review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. The acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

### Inappropriate Procedures/Modalities
- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside of the scope of practice in your state

### Self-Management Techniques
- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Cold packs
- Educate patients about the causes
- Appropriate rehabilitative exercises once acute inflammatory stage is resolved

### Alternatives/Adjuncts to Oriental Medicine Management
- Physical Therapy
- Medication
- Bracing
Surgery (as a last resort in severe cases)

**Medicare References**

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/nccd-details.aspx?NCDid=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7CNCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookup=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAAABAAAAAAA%3d%3d]

**References**


**Chrondromalacia Patella**

**Synonyms**
- Patellae-femoral grinding
- Patellofemoral syndrome
- Anterior knee pain from patellar malalignment

**Definition**
Degeneration of the articular cartilage (softening or wearing away and cracking) on the posterior aspect of the patella, and is estimated to occur in fewer than 20 percent of persons who present with anterior knee pain. The syndrome is most common in the 12-35 year old age group with a predominance in females. Many theories have been proposed to explain the etiology of patellofemoral pain. These include biomechanical, muscular and overuse theories. In general, the literature and clinical experience suggest that the etiology of patellofemoral pain syndrome is multifactorial.

**Oriental Medicine Diagnoses**

**Bi syndrome**
Movement of qi and blood through the channels are effected by the pathogens of wind, heat, cold or damp. Two types of bi syndromes most likely to be diagnosed as osteoarthritis is cold bi syndrome and damp bi syndrome or cold damp bi syndrome.

**Qi and blood stagnation**
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

**Kidney yang deficiency**
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, excess of activities that result in depletion of this energy, or congenital insufficiency.

**History**

**Specific Aspects of History**
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
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**Presentation**

**Subjective Findings**

- Knee tenderness
- Knee pain in the front of the knee that worsens after sitting for prolonged time, or with walking, running, or jumping
- Knee pain that worsens with using stairs, getting out of a chair, or squatting
- Crepitation (feeling of grating) as knee actively flexes or extends
- Recurrent effusion, depending on activity

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- MMT
- Orthopedic and neurologic testing

**Specific Aspects of Examination for Chondromalacia Patella**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

**Findings of Chondromalacia Patella**

- Crepitation as the patella is passively moved within the femoral groove while pressure is exerted simultaneously
- Pain and recurrence of symptoms with passive movement of, and simultaneous pressure to patella within the femoral groove
- Pain with contraction of quadriceps while patella is held in groove
- Q-angle greater than 15 degrees
- Tenderness on palpation of borders and underside when patella is lifted out of the groove
- Genu valgum deformity
- External tibial torsion with external rotation of the tibial tubercle
- Femoral anteversion combined with external tibial torsion (miserable malalignment syndrome)

**Differential Diagnoses**

- Meniscal disease/tear
- Knee sprain
- Torn ligament
- Osteoarthritis
Inflamed bursas
Joint effusion from crystal disease (e.g., gout), trauma, infection, rheumatologic diseases
Baker’s cyst
Diabetic neuropathy
Developmental abnormalities (e.g., Osgood-Schlatter’s)

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- Applied kinesiology techniques
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- Any techniques outside of the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Steroid Injections
- Dietary/nutritional medicine counseling
- Surgery (as a last resort)

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAAABAAAAAAA%3d%3d

References


Knee, Joint Pain and Osteoarthrosis

Synonyms

- Osteoarthritis
- Degenerative arthritis
- Degenerative joint disease
- Hypertrophic arthritis

Definition
Degenerative and sometimes hypertrophic changes in the bone and cartilage of one or more joints, and a progressive wearing down of opposing joint surfaces with consequent distortion of joint position.

Oriental Medicine Diagnoses
Various types of arthritis are contained under the singular rubric of Blockage (or Obstruction) in Chinese Medicine. Condition occurs when circulation of qi and blood through channels is hindered by wind, cold and/or dampness. Dampness, or if at a certain stage of the disease, cold becomes heat, then heat blockage can occur.

There are five principal blockages or obstructions in Chinese medicine:

Moving (wind) blockage
Pain in the joints is widespread and moves from one area of the body to another.

Stationary (damp) blockage
Pain is localized and does not move.

Painful (cold) blockage
Severe pain in one part, or over one half of the body, which becomes worse when patient encounters cold and diminishes when patient is warm.

Heat blockage
Flesh is hot, area of pain is red and swollen, pain increases upon contact.

Commonly referred to as bi syndrome
Condition can be any combination of the above.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
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<td>Severe leg pain 12-24 hours after trauma</td>
<td>Compartment syndrome</td>
<td>Immediate referral to emergency department</td>
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<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
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**Subjective Findings**

- Pain is localized to the joint area
- Warmth may be felt over the affected joint, in the inflammatory stage
- Pain with ROM may be described
- Onset is usually gradual and insidious
- Patient will complain of stiffness

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive (if allowed by law)
- Orthopedic and neurologic testing if neurologic signs are present (if allowed by law)

**Specific Aspects of Examination for Osteoarthrosis**
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

**Findings of Osteoarthrosis**

- Swelling may be present in the inflammatory phase
- Calor (warmth) may be noted over the affected joint in the inflammatory phase
- Pain over the joint
- Pain with ROM, loss of ROM
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- If at least 50% improvement in pain frequency and severity is reported by patient—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

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Appropriate Procedures/ Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside of the scope of practice in your state
Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Steroid Injections
- Dietary/Nutritional Medicine Counseling
- Occupational therapy
- Knee bracing

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d]

2. National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=284&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d]

References


Knee, Tear, Medial Meniscus

Synonyms
None

Definition
Menisci are two (2) semilunar wedges in the knee joint positioned between the tibia and femur. They are essentially extensions of the tibia that act to deepen the articular surfaces of the otherwise relatively flat tibial plateau to accommodate the relatively round femoral condyles. Superior surfaces are concave and in contact with the femoral condyles; inferior surfaces are flat and conform to the tibial plateaus. Peripheral, convex borders of the menisci are thick and attach to the joint capsule; opposite border tapers inward to a thin free edge centrally. Therefore, menisci have a triangular shape in cross section. Each covers approximately two thirds of the corresponding articular surface of the tibia. Medial and lateral menisci each have distinct, individual anatomic characteristics.

Medial meniscus is semicircular or C-shaped. About 3.5 cm in length from anterior to posterior, it is asymmetric with a considerably wider posterior horn than anterior horn. Peripherally, the medial meniscus is continuously attached to the joint capsule with the middle portion being more firmly attached via connection with fibers of the deep medial collateral ligament. It is anchored to the tibia by the coronary (meniscotibial) ligaments. Posterior horn inserts in the posterior intercondylar fossa directly anterior to the posterior cruciate ligament (PCL). Anterior horn attachment is more variable distributed in a 6- to 8-mm area anterior to the anterior cruciate ligament (ACL) tibial attachment in the anterior intercondylar fossa. Some anterior fibers attach over the anterior periphery of the tibial articular surface, and some posterior fibers of the anterior horn merge with the transverse meniscal ligament that connects to the lateral meniscus.

Medial meniscus has two (2) types of tears: bucket handle meniscus tear and posterior horn tear of the medial meniscus. Tears are also graded from I to III based on the completeness of tears (Grade III is a complete tear of the meniscus). Surgical options include partial meniscectomy and meniscal repair depending on the grade and location. In general, meniscectomy healing is more rapid than meniscal repair but long term outcomes vary depending on the type, grade and surgical technique employed.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney yang deficiency
Underlying condition with additional symptoms caused by illness, stress, lifestyle choices, such as irregular or "incorrect" food choice, irregular eating times, lack of sleep, excess of activities, that result in depletion of this energy, or congenital insufficiency.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle or external pathogens.

History

Specific Aspects of History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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**Presentation**

Meniscus tears are sometimes related to trauma, but significant trauma is not necessary. Sudden twist or repeated squatting can tear the meniscus. Timing of injury is important to note, although patients are not often able to describe a specific event. Meniscus tears occur as a result of twisting or change of position of the weightbearing knee in varying degrees of flexion or extension.

**Subjective Findings**

- Pain is localized to the joint line
- Pain from meniscus injuries is commonly intermittent, and usually the result of synovitis or abnormal motion of the unstable meniscus fragment
- Complaints may include clicking, catching, locking, pinching, or a sensation of giving way

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- MMT
- Orthopedic and neurologic testing if neurologic signs are present

**Specific Aspects of Examination for Medial Meniscus Tear**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.
Findings of Medial Meniscus Tear

- Swelling usually occurs as a delayed symptom or may not occur at all. Immediate swelling indicates a tear in the peripheral vascular aspect. Degenerative tears often present with recurrent effusions due to synovitis
- Joint line tenderness
- Mechanical block to motion or frank locking can occur with displaced tears
- Restricted motion caused by pain or swelling is common
- McMurray test usually elicits pain or a reproducible click
- Steinmann test may be positive
- Apley test is suggestive of meniscal pathology if pain at the medial joint line is elicited

Differential Diagnoses

- Anterior cruciate ligament injury
- Contusions
- Iliotibial band syndrome
- Knee osteochondritis dissecans
- Lateral collateral knee ligament injury
- Lumbosacral radiculopathy
- Medial collateral knee ligament injury
- Medial synovial plica irritation
- Patellofemoral joint syndromes
- Pes anserine bursitis
- Posterior cruciate ligament injury
- Other problems to be considered:
  - Articular cartilage pathology including arthritis, neoplastic pathology
  - Osteonecrosis of the femur or tibia
  - Crystalline deposition diseases including gout and pseudogout (chondrocalcinosis)
  - Ipsilateral hip disease

Oriental Medical Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective complaints and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
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| 5-8  | - 75% decrease in pain severity and frequency  
    | - 75% improvement in range of motion |
| 9-12 | - Gradual improvement leading toward resolution  
    | - Reinforce self-management techniques  
    | - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

### Appropriate Procedures/Modalities

- Acupuncture  
- Electro-acupuncture  
- Cupping  
- Moxibustion  
- Guasha  
- Myofascial release  
- Acupressure  
- Trigger point therapy  
- Tui na (not to include osseous manipulation)  
- Herbal formulas

**Note:** Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

### Inappropriate Procedures/Modalities

- Scarring moxa  
- Applied kinesiology techniques  
- Electro-acupuncture using more than 9 volts  
- Any technique outside the scope of practice in your state

### Self-Management Techniques

- Tai chi  
- Qi gong  
- Self-acupressure  
- Rest and reduce strenuous activities  
- Educate patients about the causes  
- Appropriate exercises  
- Hot packs/cold packs, if needed, to relieve discomfort

### Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic  
- Physical Therapy  
- Osteopathic Manipulation
Medication
Dietary/ Nutritional Medicine Counseling
Occupational therapy

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References


Piriformis Syndrome

Synonyms
None

Definition
Piriformis syndrome has remained a controversial diagnosis since its initial description in 1928. Piriformis syndrome usually is caused by neuritis of the proximal sciatic nerve. The piriformis muscle can either irritate or compress the proximal sciatic nerve due to spasm and/or contracture, and this problem can mimic a discogenic sciatica (pseudosciatica).

Blunt injury may cause hematoma formation and subsequent scarring between the sciatic nerve and short external rotators. Nerve injury can occur with prolonged pressure on the nerve or vasa nervorum.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney qi/blood deficiency
Can result from lifestyle choices that diminish qi and blood, chronic illness.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle or external pathogens.

Note: While the above pathways represent classical causations for sciatica within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark's acupuncture benefit plans. In order to be eligible for coverage and reimbursement, sciatica symptoms and/or a diagnosis of "sciatica" must be the direct result of a primary neuromusculoskeletal injury or illness.

History
Piriformis syndrome is often not recognized as a cause of LBP and associated sciatica. Clinical syndrome is due to a compression of the sciatic nerve by the piriformis muscle. Condition is identical in clinical presentation to LBP with associated L5, S1 radiculopathy due to discogenic and/or lower lumbar facet arthropathy with foraminal narrowing. Not uncommon, patients demonstrate both of these clinical entities simultaneously. Diagnostic dilemma highlights the need for patients with LBP and associated radicular pain to undergo a complete history and physical examination.

Many cases of refractory trochanteric bursitis are observed to have an underlying occult piriformis syndrome due to the insertion of the piriformis muscle on the greater trochanter of the hip. If both the trochanteric bursitis and the piriformis syndrome are treated inadequately, both conditions remain resistant to medical management.

Specific Aspects of History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
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<td>Discoloration of foot/toes</td>
<td>Vascular occlusion; arterial insufficiency</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Abnormal uterine bleeding, pelvic pain, testicular symptoms</td>
<td>Reproductive tract lesions</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Rectal pain, melena</td>
<td>Colon cancer</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Hematuria, fever or pyuria</td>
<td>Pyelonephritis, renal stone</td>
<td>Immediate referral to emergency department</td>
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<tr>
<td>Postprandial abdominal pain, history of vascular disease, smoker</td>
<td>Mesenteric ischemia, abdominal aortic aneurysm, pancreatic Cancer</td>
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Refer to the PCP (HMO) or an orthopedic or neurosurgeon (PPO) if there are increasing neurologic signs/symptoms: increasing LE numbness/tingling, increasing LE weakness, increasing LE pain, and/or decreasing LE reflexes, atrophy of extremity. Refer to primary care provider if patient is not progressing during treatment, and is only experiencing palliative relief from treatment or no benefit from treatment to rule out underlying conditions.

Subjective Findings

- Pain in the hip/buttock area
- Weakness of the hip
- Loss of sensation in the leg
- Tenderness of the buttock

Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic testing
- Neurologic testing if neurologic signs are present
- Manual muscle testing

Specific Aspects of Examination for Piriformis Syndrome

- Tight piriformis muscle
- Tight hip external rotators and adductors
- Hip abductor weakness
- Lower lumbar spine dysfunction
- Sacroiliac joint hypomobility

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www.eviCore.com
Findings of Piriformis syndrome

- Tender to palpation
- MMT of affected muscle groups is weak and painful

Differential Diagnoses

- Lumbosacral radiculopathy
- Buttock pain
- Ischial tuberosity, trochanteric bursitis
- Sciatica

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

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- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the cause
- Appropriate exercises
- Postural advice, instruction in proper body mechanics
- Aerobic conditioning, swimming
- Cold/heat applications, if needed, to relieve discomfort/stiffness

Alternatives/Adjuncts to Oriental Medicine Management

- Osteopathic Manipulation
- Chiropractic
- Physical Therapy
- Medication
- Occupational therapy
- Medication

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp>Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I AAAABAAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp>Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I AAAABAAAAAAA%3d%3d&)

References


Plantar Fasciitis

Synonyms
None

Definition
Plantar fasciae are fibrous aponeuroses that provide important support for the longitudinal arches of the feet. Microtears of the fascia from repetitive trauma lead to degeneration of collagen. Although often thought of as an inflammatory process, fascial degeneration and necrosis found in plantar fasciitis is more similar to tendonosis than tendinitis.

Extrinsic factors of plantar fasciitis include training errors, improper footwear, and unyielding surfaces. Intrinsic factors include pes cavus or pes planus, decreased plantar flexion strength, reduced flexibility of the plantar flexor muscles, excess pronation, and torsional malalignments.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in this painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Cancer history</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Lower extremity deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

Subjective Findings

- Heel pain is worse in the morning with the first few steps, then gradually it subsides with activity.
- Pain is usually described as a deep ache or bruise at the anteromedial region of the calcaneus on the plantar surface of the foot.
Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present

Specific Aspects of Examination for Plantar Fasciitis

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Plantar Fasciitis

- Direct palpation of the medial calcaneal tubercle often causes severe pain.
- Pain is generally localized at the origin of the anatomic central band of the plantar fascia.
- No significant pain on compression of the calcaneus from a medial to a lateral direction.
- Heel pain can often be reproduced by having patients stand on their toes or by passively dorsiflexing the metatarsal phalangeal joints.

Differential Diagnoses

- Sciatica
- Tarsal tunnel syndrome
- Entrapment of the lateral plantar nerve
- Rupture of the plantar fascia
- Calcaneal stress fracture
- Calcaneal apophysitis (Sever’s disease)
- Systemic Disorders: Rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, Reiter’s syndrome, gout, Behcet’s syndrome and systemic lupus erythematosus. Gonorrhea and tuberculosis have also been implicated as causes of heel pain, but such an association is rare.

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible and educate the patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
### Week Progress

<table>
<thead>
<tr>
<th>Week</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 0-1  | - Some reduction of pain severity and frequency  
      | - Some reduction of muscle spasm                  |
| 2-4  | - 50% decrease in pain severity and frequency    
      | - 50% improvement in range of motion             |
| 5-8  | - 75% decrease in pain severity and frequency    
      | - 75% improvement in range of motion             |
| 9-12 | - Gradual improvement leading toward resolution  
      | - Reinforce self-management techniques           
      | - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

### Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient's health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient's insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient's condition.

### Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

### Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Appropriate exercises
- Hot packs/cold packs, if needed, to relieve discomfort

### Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
Medication
Dietary/ Nutritional Medicine Counseling
Occupational therapy
Cortisone injection
Surgery (as last resort)

Medicare References
1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-
database/details/ncd-
details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d&

References
2. Hammerschlag R. Clinical Research in Acupuncture: An overview of randomized controlled trials published in
the 5 years since the NIH Consensus Conference on Acupuncture. 2003.
3. Hübscher M, Vogt L, Bernhörster M, Rosenhagen A, Banzer W. Effects of acupuncture on symptoms and
9. Marcus A. Musculoskeletal Disorders - Healing Methods from Chinese Medicine, Orthopaedic Medicine, and
Benjamin Cummings. 1998.
13. Weinstein S, and Buckwalter J. Turek's Orthopaedics: Principles and Their Applications. Lippincott, Williams,
& Wilkins. 2005.
Thigh Sprain Strain; Unspecified Site of Hip and Thigh

Synonym
Groin Strain

Definition
Strains of the hip adductor muscles, including the gracilis, pectineus, adductor longus, adductor brevis, and adductor magnus are the most frequent cause of groin region pain, with the adductor longus being the most commonly injured. Adductor strains are associated with jumping, running and twisting activities, particularly when external rotation of the affected leg is an added component of the activity.

There are a number of causative factors due to adductor strain, including muscular imbalance of the combined action of the muscles stabilizing the hip joint, resulting from fatigue or abduction overload. Improper management of acute adductor strains or returning to play before pain-free sport-specific activities can be performed may lead to chronic injury.

Chronic adductor strain

- Generally, symptoms are more diffuse with typical complaints of pain and stiffness in the groin region in the morning and at the beginning of athletic activity. Pain and stiffness often resolve after a period of warming up, often recurring after athletic activity.
- Typical findings include tenderness at the origin of the adductor longus and/or the gracilis located at the inferior pubic ramus and pain with resisted adduction.

Improper management of acute adductor strains
According to a study by Renstrom and Peterson, 42% of athletes with groin muscle-tendon injuries could not return to physical activity for more than 20 weeks following the initial injury. This prolonged length of time seems to indicate the importance of proper management of these injuries in the acute stage.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Kidney yang deficiency
Underlying condition with additional symptoms caused by either illness, stress, lifestyle choices, such as irregular or “incorrect” food choice, irregular eating times, lack of sleep, excess of activities, which result in depletion of this energy, or congenital insufficiency.

Cold damp with painful obstruction
Accumulation of cold damp can result from lifestyle choices, such as irregular or “incorrect” food choice, irregular eating times, lack of sleep, or external pathogens.

History
Groin pain can represent a number of different diagnoses; kept in mind all differential diagnoses when assessing a patient. Obtain information about the mechanism of injury and loss of function, the location, quality, duration, and severity of pain. Also note all aggravating and alleviating factors.
Location

- Pain is usually described at the site of the adductor longus tendon proximally, especially with rapid adduction of the thigh. As injury becomes more chronic, pain may radiate distally along the medial aspect of the thigh and/or proximally toward the rectus abdominis.
- Exercise-induced medial thigh pain over the area of the adductors, especially after kicking and twisting, may indicate obturator neuropathy.
- Pain at the symphysis pubis or scrotum may be more consistent with osteitis pubis.
- Conjoined tendon lesions present as pain that radiates upward into the rectus abdominis or laterally along the inguinal ligament. Exquisite tenderness is present at the site of the injury.

Quality

Acute injuries are described as a sudden ripping or stabbing pain in the groin. Chronic injuries are described as a diffuse dull ache.

Duration

Initial intense pain lasts less than a second; and, is soon replaced with an intense dull ache.

Severity of pain

Pain severity can vary with different patients.

Loss of function

True loss of function is not observed unless a Grade 3 tear is present. In the case of a severe tear, loss of hip adduction occurs. Loss of function also should alert the physician/therapist to possible nerve involvement (obturator nerve entrapment).

Mechanism of injury

Rapid adduction of the hip against an abduction force (i.e., changing direction suddenly in tennis), acute forced abduction that puts an unusual stretch on the tendon (i.e., a rugby tackle), and a sudden acceleration in sprinting are the most common mechanisms of injury.

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Ligament tear, pelvic fracture; avascular necrosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Loss of distal pulse, severe pain</td>
<td>Compartment syndrome</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>beginning 12-24 hours after trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatologic diseases</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Symptom</td>
<td>Cause</td>
<td>Referral</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Skin rash in dermatomal pattern</td>
<td>Shingles</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Constipation, bloody stools, unexplained weight loss</td>
<td>Colon or pelvic organ cancer</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Groin pain</td>
<td>Inguinal hernia, pelvic pathology</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pain with urination, hematuria</td>
<td>UTI; renal stone</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Cancer</td>
<td>Cause of symptoms (metastatic or primary)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Discoloration of leg or foot, pain with ambulation</td>
<td>Arterial occlusion</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>History of steroid use</td>
<td>Avascular necrosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

**Presentation**

Adductor tendons have a small insertion area that attaches to the periosteum-free bone. This transitional zone is characterized by poor blood supply and rich nerve supply, explaining the high level of perceived pain and poor healing characteristics of adductor strains.

Failure to stretch adductor muscles properly puts them at increased risk for injury. Weakness of adductor muscles also puts these muscles at increased risk for injury, as the load to failure is much less in weaker muscles.

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic and neurologic testing if neurologic signs are present
- MMT

**Specific Aspects of Examination**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

- Iliopsoas bursitis
- Iliopsoas tendinitis
- Rectus femoris tendinitis
- Urological disorders
- Sacroiliac dysfunction
- Nerve entrapment
- Malignant/nonmalignant tumors
- Sportsman's hernia
- Avulsion fracture
- Hip disorders (e.g., osteoarthritis [OA], degenerative joint disease [DJD], slipped capital femoral epiphysis [SCFE])
- Gastrointestinal disorders
- Sexually transmitted diseases
- Gynecological complaints
Findings of Adductor Strain

- Twinging or stabbing pain in the groin area with quick starts and stops
- Edema or ecchymosis
- Acute adductor strain commonly occurs at the musculotendinous junction
- Tenderness, swelling, and ecchymosis can be observed at the superior medial thigh several days post injury
- Defect in muscle can be palpated in severe ruptures
- Pain is noted with resisted adduction and full passive abduction of the hip
- Muscle guarding
- Pure hip adductor strain can be distinguished from combination injuries involving the hip flexors (e.g., iliopsoas, rectus femoris) by having patient lie in the supine position. If more discomfort is reproduced with resistive adduction when the knee and hip are extended than if the hip and knee are flexed, a pure hip adductor strain can be assumed.

Physical findings can help distinguish adductor strains from other causes of groin pain such as the following:

**Iliopsoas strain**
Hip flexion against resistance is painful; tenderness is difficult to localize because the insertion of the iliopsoas is deep.

**Osteitis pubis**
Tenderness of the symphysis pubis and possible loss of full rotation of one or both hip joints are noted.

**Conjoined tendon lesions (i.e., sportsman's hernia)**
Exquisite tenderness upon palpation at the inguinal canal; having patient cough reproduces pain.

**Obturator neuropathy**
Adductor muscle weakness, muscle spasm, and paresthesia over the medial aspect of the distal thigh may be present. Loss of adductor tendon reflex with preservation of other muscle stretch reflexes often is observed. A positive Howship-Romberg sign (medial knee pain induced by forced hip abduction, extension, and internal rotation) sometimes is observed.

**Differential Diagnoses**

- Mechanical low back pain
- Osteitis Pubis
- Stress Fracture of femoral neck or pubic ramus
- Legg-Calve-Perthes disease
- Acetabular labral tears
- Ilipectineal bursitis
- Avulsion fracture
- Strain of the thigh muscles or rectus abdominis
- Inguinal hernia
- Ilioinguinal neuralgia

**Oriental Medicine Management**
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate the patient to prevent recurrent symptoms. In order to be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.
Treatment frequency should be commensurate with the severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

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<tr>
<td>5-8</td>
<td>75% decrease in pain severity and frequency 75% improvement in range of motion</td>
</tr>
<tr>
<td>9-12</td>
<td>Gradual improvement leading toward resolution Reinforce self-management techniques. Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
</tr>
</tbody>
</table>

**Appropriate Procedures/Modalities**

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

**Inappropriate Procedures/Modalities**

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

**Self-Management Techniques**

- Tai chi
- Qi gong
- Self-acupressure
Rest and reduce strenuous activities
Educate patients about the causes
Appropriate exercises

Alternatives/Adjuncts to Oriental Medicine Management

- Osteopathic Manipulation
- Medication
- Steroid injection
- Chiropractic
- Physical Therapy
- Pain management/anesthesia

Medicare References
1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ndcver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp>Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&qk=true&bc=AAAAABAAAAAAA%3d%3d&

References
Neuromusculoskeletal Conditions
(Unspecified Region)

Fibromyalgia

Definition
According to diagnostic criteria for Fibromyalgia Syndrome published by the 1990 American College of Rheumatology, fibromyalgia patients must have:

- Widespread pain in all four quadrants of their body for a minimum of three months;
- At least 11 of the 18 specific tender points;
- Commonly associated symptoms including: fatigue, sleep disorder, jaw pain or TMJ, post-exertion malaise and muscle pain, numbness and paresthesias, irritable bowel syndrome, cognitive or memory impairment, PMS and vertigo or impaired coordination.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Spleen qi deficiency resulting in damp
Causation by external pathogens, inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Yin deficiency resulting in dampness
Causation by external pathogens, inappropriate lifestyle choices that result in damp and qi deficient, stress.

Kidney yang, essence and yuan qi deficiency
Causation by long term illness, long term inappropriate lifestyle choices, congenital weakness in Kidney yang, essence, and yuan qi.

History

Specific Aspects of History

- Fibromyalgia is a diagnosis of exclusion, and most patients presenting with this diagnosis will already have consulted with several MD’s. If not, however, the patient should be directed to see their PCP at their earliest opportunity. The fatigue, pain, and depression typical of fibromyalgia may also be indications of several other serious conditions which should be ruled out. Several of these are listed in the Red Flag table and in the list of Differential Diagnoses below.
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.
### Red Flag | Possible Consequence or Cause | Action Required
--- | --- | ---
Chronic fatigue | Systemic illnesses including cancer, hepatitis, lupus, Lyme Disease, viral or bacterial infection, allergies or sensitivities, cardiac disease, hypothyroidism, and psychological illness | Prompt referral to Primary Care Provider
Chronic pain | Infection, rheumatoid arthritis, lupus, Lyme Disease, and others | Prompt referral to Primary Care Provider
Depression | May be a symptom of fibromyalgia, or a response to the chronic illness. Can be life threatening in severe cases. | Prompt referral to Primary Care Provider
Digestive complaints | May be a symptom of fibromyalgia, or may be caused by celiac disease, food intolerance or sensitivities, chemical sensitivities, or cancer. | Prompt referral to Primary Care Provider
Chest pain | May be symptom of fibromyalgia, or a sign of cardiac disease. | Immediate referral to emergency department

### Presentation

Often occurs in areas of muscles that previously experienced cumulative or sudden onset trauma. Subsequent acute manifestations are typically precipitated by exposure to cold, or by overstretching/overloading the same region of muscle frequently seen in people with poor posture.

### Subjective Findings

- Dull aching pains in the muscle rather than the joints
- Patient may complain of a diffuse area of pain/stiffness covering an area adjacent to main area of complaint
- May report "knots" or "bumps" in the involved muscles

### Objective Findings

#### Scope of Musculoskeletal Examination

- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine palpation techniques
- Range of motion
- Orthopedic and neurologic testing if complaints radiate to extremities or signs/symptoms of cauda equina syndrome are present (where allowed by law)

#### Specific Aspects of Examination for Myositis

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

### Findings of Myositis

- Involved muscle is generally resistant to stretching, limited by pain
- Tender nodules or areas of ropiness are noted in involved muscle group
- These nodular areas are tender to palpation and may elicit a "jump sign" or a "quickening reaction"
- Sensitized areas are generally called trigger points, and if active, palpation may lead to referral of pain

### Differential Diagnoses

- Myofascial Pain Syndrome
- Chronic Fatigue Syndrome
Radiculopathy
Osteoarthritis
Rheumatoid Arthritis
Systemic lupus erythematosus
Ankylosing spondylitis
Hypothyroidism
Lupus
Systemic illnesses including cancer
Lyme Disease
Viral or bacterial infection
Mental illness, including depression
Cardiac disease
Sensitivity or intolerance to chemicals or foods

Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of pain relief.

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</table>
| 0-1  | Some reduction of pain frequency and severity  
      | Some reduction of muscle spasm               |
| 2-4  | 50% decrease in pain severity and frequency 
      | Pain distribution is centralizing            |
| 5-8  | Continued reduction of pain frequency and severity 
      | Pain distribution continues to centralize    |
| 9-12 | 75% improvement in pain severity and frequency  
      | Pain distribution is centralized to back     
      | Reinforce self-management techniques         |
| 13-16| Gradual improvement leading toward resolution 
      | Reinforce self-management techniques         
      | Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |

Appropriate Procedures/ Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
Tui na (not to include osseous manipulation)
Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Rest and reduce strenuous activities
- Educate patients about the causes
- Stretching exercises
- Aerobic conditioning exercises
- Work/home body mechanics
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Oriental Medicine Management

- Chiropractic
- Physical Therapy
- Osteopathic Manipulation
- Medication
- Dietary/ Nutritional Medicine Counseling
- Massage
- Occupational therapy
- Physiatry
- Pain Management program
- Psychological counseling

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHpcsCode=30.3&kq=true&bc=AAAABAAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHpcsCode=30.3&kq=true&bc=AAAABAAAAAAA%3d%3d&)

2. National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=283&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=283&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord)
References


**Jaw Pain, Unspecified**

**Background**
Jaw pain can have different causations; the most common is Temporomandibular Joint (TMJ) Syndrome, which is a gliding joint, formed by the condyle of the mandible and the squamous portion of the temporal bone.

**Articular surface of the temporal bone**
Consists of a convex articular eminence anteriorly and a concave articular fossa posteriorly.

**Articular surface of the mandible**
Consists of the top of the condyle.

**Articular surface of the mandible and temporal bone**
Separated by an articular disk, which divides the joint cavity into 2 small spaces.

**Articular disk, also known as the meniscus**
A biconcave, fibrocartilaginous structure providing the gliding surface for the mandibular condyle, resulting in smooth joint movement.

**Meniscus has three (3) parts**
A thick anterior band, a thin intermediate zone and a thick posterior band. In the closed position of the mouth, the condyle is separated from the articular fossa of the temporal bone by the thick posterior band, while in the mouth open position the condyle is separated from the articular eminence of the temporal bone by the thin intermediate zone.

**Syndrome: TMJ or Temporomandibular Disorder (TMD)**
Most common cause of facial pain after toothache. No unequivocal definition of the disease exists; discrepancies concerning the terminology, definitions, and practical treatment methods hinder uniform conception from becoming effective.

**TMD**
Can be classified broadly as:
- TMD secondary to Myofascial Pain and Dysfunction (MPD); and
- TMD secondary to true articular disease.

These two types can be present at the same time, making diagnosis and treatment more challenging.

**MPD**
Forms the majority of the cases of TMD. Associated with pain, without apparent destructive changes of TMJ on x-ray, it is characterized by its poly-etiological nature and is frequently associated with bruxism and daytime jaw clenching in a stressed and anxious person.

**True intra-articular disease**
Can be further specified as disk displacement disorder, chronic recurrent dislocations, Degenerative Joint Disorders (DJDs), systemic arthritic conditions, ankylosis, infections, and neoplasia.
Pathophysiology

MPD
Etiological basis of the symptomatology (e.g., pain, tenderness, and spasm of the mastication muscles) is muscular hyperactivity and dysfunction due to malocclusion of variable degree and duration. Significance of psychological factors has been recognized during the past few years.

TMD of articular origin
Disk displacement is the most common cause. Abnormal anterior displacement and interposition of the posterior band between the condyle and eminence cause pain, pops, and crepitus. If the anteriorly displaced posterior band spontaneously returns to the normal position before completion of jaw opening, it is called anterior displacement with reduction.

The sudden reduction of the posterior band is what causes the pop, or the click sound. If the posterior band remains anteriorly displaced at all times during jaw opening, it is called anterior displacement without reduction; full jaw opening may not be possible. Inability to attain a jaw opening of more than 10 mm is known as closed lock. In TMD of articular origin, the spasm of the mastication muscle is secondary in nature.

Other causes of TMD of articular origin are diseases, such as DJD, rheumatoid arthritis (RA), ankylosis, dislocations, infections, and neoplasia, the pathophysiology, which is self-explanatory.

Oriental Medicine Diagnoses

Liver qi stagnation
Causation can be due to external pathogens, lifestyle choices, such as irregular or incorrect food choice, irregular eating times, lack of sleep, or stress.

Excessive liver yang
Leading to a rising of energy causation is disturbance of the liver energy due to either emotional or physical reasons, sometimes caused by heavy drinking.

Qi and blood stagnation
Stagnation results in pain; may have numerous causations; can be related to trauma or underlying syndromes.

Note: While the above pathways represent classical causations for a jaw pain within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark’s acupuncture benefit plans. To be eligible for coverage and reimbursement, jaw symptoms, and/or a diagnosis of "jaw pain" must be the direct result of a primary neuromusculoskeletal injury or illness.

History
A comprehensive, chronological history and physical examination of the patient, including dental history and examination, is essential to diagnose the specific condition to decide further investigations, if any, and to provide specific treatment.

Specific Aspects of History
- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

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<td>Discoloration of hand/fingers</td>
<td>Vascular occlusion</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Exertional symptoms, history of cardiac disease</td>
<td>Anginal equivalent</td>
<td>Immediate referral to emergency department</td>
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**Subjective Findings**

**Pain**

- Pain usually is periauricular, associated with chewing, and may radiate to the head but is not like a headache.
- May be unilateral or bilateral in MPD, and usually is unilateral in TMD of articular origin, except in RA.
- In MPD pain may be associated with history of bruxism, jaw clenching, stress, and anxiety. Pain may be more severe during periods of increased stress. Assessment of pain is based principally on subjective estimation by the examining practitioner.

**Click, pop, and snap**

- Sounds usually associated with pain in TMD.
- Click with pain in anterior disk displacement is due to sudden reduction of the posterior band to normal position.
- An isolated click is very common in the general population and is not a risk factor for development of TMD.

**Limited jaw opening and locking episodes**

- Lock can be open or closed.
- Open lock is the inability to close the mouth, and is seen when the mandibular condyle dislocates anteriorly in front of articular eminence. If not reduced immediately, it is very painful.
- Closed lock is an inability to open the mouth because of pain or disk displacement.

**Headaches**

- Pain of TMD is not like a usual headache. TMD may act as a trigger in patients prone to headaches, and when present in association with TMD, tend to be severe in nature.
- Some patients may have a history of headaches resistant to treatment.
- Diagnosis and treatment of TMD trigger should not be overlooked in such patients as it is essential for treating these headaches.
Other symptoms associated with TMD are otalgia, neck pain and/or stiffness, shoulder pain, and dizziness. About one third of these patients have a history of psychiatric problems. History of facial trauma, systemic arthritic disease, and recurrent dislocation also should be elicited.

**Objective Findings**

**Scope of Musculoskeletal Examination**

- Inspection
- Palpation of bony and soft tissue
- Range of motion, active and passive
- Orthopedic testing
- Neurologic testing if neurologic signs are present
- Manual muscle testing

**Specific Aspects of Examination for TMJ**

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

**Findings of TMJ Syndrome**

- Tender to palpation
- MMT of affected muscle groups is weak and painful

**Observation**

- Asymmetry, muscle hypertrophy, malocclusion of jaw, abnormal dental wear and missing teeth
- Limited range of motion: normal range of motion for vertical jaw opening, measured between the incisors, is 5 cm; protrusive and lateral mandibular movement is normally 1 cm.

**Palpation**

- TMJ is best palpated laterally as a depression just below the zygomatic arch, 1-2 cm anterior to the tragus. Posterior aspect of the joint is palpated through the external auditory canal. Joint should be palpated in both open and closed positions and both laterally and posteriorly. While palpating, examiner should feel for muscle spasm, muscle or joint tenderness, and joint sound. Muscles palpated as a part of complete TMJ exam are masseter, temporalis, medial pterygoid, lateral pterygoid, and sternocleidomastoid. Isolated MPD, joint tenderness and joint click are usually absent.
- Auscultation: In most patients, the joint movements causing sounds can be felt during palpation of the joint; in some cases, however, a less obvious sound can be auscultated.

**Causes**

- MPD
- Etiology is multifactorial and includes malocclusion, jaw clenching, bruxism, personality disorders, increased pain sensitivity, and stress and anxiety. In most patients more than one factor is present.
- Significance of psychological factors has been recognized during the past few years.
- Patients also tend to score high on obsessive-compulsive scale, have increased levels of disease conviction, and are less likely to deny the existence of problems in their life.
- TMD
- Disk displacement is the most common of TMD of articular origin
- Other diseases such as DJD, RA, ankylosis, dislocation, infection, neoplasia, and congenital anomalies may contribute to pain.
Differential Diagnoses

- Chronic Paroxysmal Hemicrania
- Cluster headache
- Migraine headache
- Migraine headache
- Neuro-ophthalmic Perspective
- Migraine Headache Pediatirc Perspective
- Migraine Variants
- Sialitis
- Pharyngeal abscess
- Postherpetic Neuralgia
- Temporal/Giant Cell Arteritis
- Trigeminal Neuralgia
- Carotidynia
- Dental infections
- Jaw myotonia
- Otic infections
- Styloid process syndrome
- Paratrigeminal syndrome

Occlusal Splints

- Occlusal splints are referred to as nightguards, bruxism appliances, or orthotics.
- Various kinds of splints are available; most of which, can be classified into 2 groups anterior repositioning splints and autorepositional splints.
- Physiologic basis of the pain relief provided by splints is not well understood. Factors such as alteration of occlusal relationships, redistribution of occlusal forces of bite, and alteration of structural relationship and forces in the TMJ seem to play some role.
- Autorepositional splints, also referred to as muscle splints, are used most frequently. Some sort of pain relief is seen in as many as 70-90% of patients using splints. In acute cases, the splint may be worn 24 hours a day for several months. Later, as the condition permits, they may be worn at nighttime only.

Surgical Care

Treatment of chronic TMD is difficult, and at some time during the course of the disease, surgical options are discussed. Following are some of the surgical options:

Arthrocentesis

Simple washing of the upper compartment of TMJ using arthrocentesis has been very effective in patients with a history of condylomeniscal incoordination; results have been comparable to those of arthroscopic surgery.

Benefit of this treatment brings into question the significance of disk position in the etiology of TMD.

A 22-gauge needle is inserted gently in the superior joint space and a small amount of saline is injected to distend the joint space, after which the fluid is withdrawn and evaluated. Joint is then redistended and a second needle is placed in the same joint space to lavage the joint.

Steroids and/or local anesthetics can be injected into the joint space at the conclusion of the procedure.

Arthroscopic Surgery

Indications include internal derangements, adhesions, fibrosis, and DJDs.

Appears to be as efficient as open surgery, causes less surgical morbidity, and has few severe complications as compared to open surgical procedure. One retrospective short-term study found it to be safe, minimally invasive,
and an effective treatment method, with 80% of patients reporting reduced pain and increased range of motion. In acute TMJ lock, arthroscopy and arthroscopic lysis and lavage of the upper compartment of TMJ produce comparable success rates.

In one study, only 10.3% of 301 patients who underwent arthroscopic lysis and lavage had complications. More than 80% of complications were otological in nature; neurological complications were seen in five cases, of which three were fifth cranial nerve injury, and two were seventh cranial nerve injury.

Open Surgery
Main surgical option in the 1970s and 1980s. Most common procedure was disk repositioning and plication. In cases of severe disk damage, procedures such as disk repair and removal were done using artificial or autogenous material.

Arthroplasty
Surgical procedure of choice for bony intracapsular ankylosis.

Oriental Medicine Management
Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

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<td>5-8</td>
<td>75% decrease in pain severity and frequency</td>
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<td></td>
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<td>9-12</td>
<td>Gradual improvement leading toward resolution</td>
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<td>Reinforce self-management techniques</td>
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<td>Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
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Referral Guidelines
If improvement following the initial two weeks is not at least 25-50%, reassess case for other possible causes or complicating factors and consider different interventions. If patient is not asymptomatic, or at least 75% improved at the end of the second two week trial, or has reached a plateau, refer patient back to the referring physician to explore other treatment alternatives.

Appropriate Procedures/Modalities
- Acupuncture
Electro-acupuncture
Cupping
Moxibustion
Guasha
Myofascial release
Acupressure
Trigger point therapy
Tui na (not to include osseous manipulation
Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state

Self-Management Techniques

- Relaxation training
- Home ROM exercises, stretching
- Progression to therapeutic exercise: strengthening exercises, postural exercises
- Hot packs/cold packs, if needed, to relieve discomfort
- Instruction in use of orthosis

Alternatives/Adjuncts to Oriental Management

- Osteopathic Manipulation
- Chiropractic
- Medication (i.e., NSAIDs)
- Steroid injection
- Surgery
- Physical Therapy
- Psychological counseling; group management

Medicare References
1. National Coverage Determination (NCD) for Acupuncture (30.3). http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp>Title&KeyWordSearchType=Exact&CptHpcsCode=30.3&kq=true&bc=IAAABAAAAAAA%3d%3d

References


Myalgia

Definition
Inflammation/irritation of muscle tissue, associated with focal points of tender nodules, which may refer pain to other areas of the body when palpated.

Oriental Medicine Diagnoses

Qi and blood stagnation
Stagnation results in the painful condition; may have numerous causations; can be related to trauma or underlying syndromes.

Spleen qi deficiency resulting in damp
Causation by external pathogens, inappropriate lifestyle choices that result in damp and qi deficiency, stress.

Yin deficiency resulting in dampness
Causation by external pathogens, inappropriate lifestyle choices that result in damp and qi deficient, stress.

Kidney yang, essence and yuan qi deficiency
Causation by long term illness, long term inappropriate lifestyle choices, congenital weakness in Kidney yang, essence, and yuan qi.

Note: While the above pathways represent classical causations for a myalgia within the paradigm of Oriental Medicine diagnoses, they are not necessarily eligible for authorization or coverage under Landmark’s acupuncture benefit plans. To be eligible for coverage and reimbursement, myalgia symptoms and/or a diagnosis of "myalgia" must be the direct result of a primary neuromusculoskeletal injury or illness.

History

Specific Aspects of History

- Rule out red flags (require medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Determine if trauma-related; determine nature and extent of traumatic event.

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<td>Discoloration of skin</td>
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Presentation
Often occurs in areas of muscles that previously experienced cumulative or sudden onset trauma. Subsequent acute manifestations are typically precipitated by exposure to cold, or by overstretching/overloading the same region of muscle frequently seen in people with poor posture.

Subjective Findings
- Dull aching pains in the muscle rather than the joints
- Patient may complain of a diffuse area of pain/stiffness covering an area adjacent to main area of complaint
- May report "knots" or "bumps" in the involved muscles

Objective Findings

Scope of Musculoskeletal Examination
- Inspection including Oriental Medicine inspection techniques
- Palpation of bony and soft tissue including Oriental Medicine palpation techniques
- Range of motion
- Orthopedic and neurologic testing if complaints radiate to extremities or signs/symptoms of cauda equina syndrome are present (where allowed by law)

Specific Aspects of Examination for Myositis
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings of Myositis
- Involved muscle is generally resistant to stretching, limited by pain
- Tender nodules or areas of ropiness are noted in involved muscle group
- These nodular areas are tender to palpation and may elicit a "jump sign" or a "quickening reaction."
- Sensitized areas are generally called trigger points, and if active, palpation may lead to referral of pain

Differential Diagnoses
- Fibromyalgia
- Chronic Fatigue Syndrome
- Radiculopathy
- Osteoarthritis
- Rheumatoid Arthritis
- Systemic lupus erythematosus
- Ankylosing spondylitis
Oriental Medicine Management

Oriental Medicine management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvements in patient's subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
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| 5-8  | 75% decrease in pain severity and frequency  
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| 9-12 | Gradual improvement leading toward resolution  
Reinforce self-management techniques  
Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation
- Herbal formulas

Note: Not all of these modalities are covered by the patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Direct moxa
- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any technique outside the scope of practice in your state
Self-Management Techniques

- Postural advice
- Aerobic conditioning, if appropriate, such as walking or swimming
- Reducing strenuous activities, and resting more, if appropriate.
- Cold/heat applications, if needed, to relieve discomfort/stiffness
- Proper ergonomics
- Qi gong
- Tai chi
- Work/home body mechanics - or referral to appropriate practitioner's to address these issues.
- Dietary changes that would support treatment of underlying syndrome

Alternatives to Oriental Medicine Management

- Medication
- Osteopathic Manipulation
- Chiropractic
- Physical Therapy
- Massage

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References


Internal Medical Conditions

Allergic Rhinitis

Synonyms
Hay fever, nasal allergies, pollenosis.

Definition
Allergic rhinitis, also known as pollenosis or hay fever, is an allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair) is inhaled by an individual with a sensitized immune system. In such individuals, the allergen triggers the production of the antibody immunoglobulin E (IgE), which binds to mast cells and basophils containing histamine.

IgE bound to mast cells are stimulated by pollen and dust, causing the release of inflammatory mediators such as histamine (and other chemicals). This usually causes sneezing, itchy and watery eyes, swelling and inflammation of the nasal passages, and an increase in mucus production. Symptoms vary in severity between individuals.

- 477.0 refers to allergic rhinitis due to pollen.
- 477.8 refers to allergic rhinitis due to other allergens.
- 477.9 refers to allergic rhinitis due to an unspecified cause.

All three are addressed similarly in terms of Traditional Chinese Medicine.

Oriental Medicine Diagnoses

Liver qi stagnation
The Liver qi becomes stagnated, causing the Liver to attack the Lungs. Causation can be due to external pathogens; lifestyle choices, such as, irregular or “incorrect” food choice, irregular eating times, lack of sleep, or stress.

Kidney qi deficiency
May lead to an accumulation of phlegm, dampness and deficiency affecting the Lung channel. Causation is from either congenital deficiency of kidney qi and/or lifestyle choices that lead to a depletion of kidney qi.

Lung and Spleen qi deficiency
Weakness of the Lung and Spleen qi may allow an accumulation of dampness and phlegm in the Lung channel. Causation may be congenital deficiency, or due to lifestyle factors, including poor diet and overwork.

Spleen qi deficiency with dampness
Much as in Lung and Spleen qi deficiency, above, but with greater manifestation of dampness throughout the body systems. Causation may be congenital, or due to lifestyle factors such as poor diet and overwork.

Wind-cold attacking the lungs
An external pathogen (termed “wind-cold”) attacks the Lung channel, causing obstruction of the Lung qi, and an attendant increase in dampness and phlegm. Causation is an external attack, often exacerbated by pre-existing deficiency of the Lung qi.
History

- Symptoms may develop in childhood, or later in adult life
- Symptoms may be seasonal (for instance pollen in spring), or perennial (a dust allergy may be present year-round)
- Children will sometimes “outgrow” allergies as they mature

Specific Aspects of History

- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
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<tr>
<td>Fever, achiness</td>
<td>Viral or bacterial infection</td>
<td>Prompt referral to Primary Care Provider</td>
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<tr>
<td>Green or yellow mucus</td>
<td>Bacterial infection</td>
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</tr>
<tr>
<td>Severe pain or burning in the nasal passages</td>
<td>Recent exposure to toxic inhalants</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Complete blockage of nasal passage</td>
<td>Structural obstruction</td>
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</tr>
<tr>
<td>Other recent changes in health or in healthcare</td>
<td>May indicate a systemic condition</td>
<td>Prompt referral to Primary Care Provider</td>
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Subjective Findings

- Rhinorrhea (runny nose)
- Nasal congestion and obstruction
- Itching in the nasal passages, throat, and/or eyes
- Swelling of the mucus membranes in the nose, throat, and/or eyes
- Difficulty in equalizing air pressure in the ears and/or hearing affected
- Pressure and/or pain in sinuses

Objective Findings

Scope of Exam

- Inspection including Oriental Medicine inspection techniques
- Inspection of nose, ears, eyes, and back of throat
- Measure blood pressure, pulse rate, temperature
- Percussion of sinuses

Specific Aspects of Examination for Allergic Rhinitis

- Rule out other possible causes.
- A referral to an MD may be considered if other causes are a possibility.
- Referral to an MD may also be considered if skin tests are desired to confirm a diagnosis of allergic rhinitis.
Findings of Allergic Rhinitis

- Difficult respiration
- Sleep disturbances
- Irritability
- Fatigue
- Difficulty in concentration
- Possible injury to eardrums during air travel

Differential Diagnoses

- Infective rhinitis
- Irritant rhinitis
- Drug-induced rhinitis
- Hormonal rhinitis
- Non-allergic rhinitis with eosinophilia syndrome
- Nasal obstruction
- Systemic conditions such as cystic fibrosis, Kartagener’s syndrome, or Wegener’s syndrome

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to reduce or resolve symptoms, restore the highest level of function possible and educate patient to reduce or prevent recurrent symptoms.

- Treatment frequency should be commensurate with severity of the chief complaint.
- When significant improvement in subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of symptom relief.
- Initiate two to four week trial of treatment.
- If severity or frequency of allergies decreases following the initial trial—continue treatment at a reduced frequency for a one month period.
- Recommendations depend on causation can include dietary recommendations, changes in daily routine and/or housekeeping routines (to reduce exposure to allergens), and possibly herbal formulas.
- If the patient does not improve with trial of Oriental Medicine treatment, or has reached a plateau, refer patient to an MD to explore other alternatives.

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<td></td>
<td>Reinforce self-management techniques</td>
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<tr>
<td>13-16</td>
<td>Condition is expected to have either resolved or reached a plateau stage by this time</td>
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<td>Reinforce self-management techniques</td>
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<td></td>
<td>Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first</td>
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Referral Guidelines (or co-management)
Refer patient to their primary care provider for evaluation of alternative treatment options if...

- There are signs or symptoms of a serious viral or bacterial infection, including but not limited to fever, or green or yellow phlegm or nasal drainage.
- There is significant pain or burning in the nasal passages.
- The nasal passages are entirely obstructed for more than a brief period of time.
- The patient has not responded positively to treatment after a couple of weeks.
- The condition appears to be worsening.

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside of the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Avoid suspected or known allergic triggers:
  - Avoid outdoor activities during high-pollen hours
  - Remove allergens from the home environment to the extent possible (air purifiers, filter vacuums, proper dusting, clean HVAC filters, frequent washing of linens, etc)
- Avoid suspected dietary triggers:
  - Excess dairy
  - Excess sugar
  - Excess fatty or fried foods
- Any known food sensitivities or allergies (wheat, gluten, etc, depending on the patient)
- Some patients may benefit from irrigation of the nasal passages (neti pot, etc)
Alternatives to Oriental Medicine

- Medication (oral and/or inhaled)
- Allergy shots
- Moving to an area with fewer allergens
- Meditation
- Chiropractic

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [Link](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ndcver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=I

References


Extrinsic Asthma

Synonyms
Allergic asthma, atopic asthma, childhood asthma.

Definition
Asthma is a common chronic inflammatory disease of the airways characterized by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm. Symptoms include wheezing, coughing, chest tightness, and shortness of breath. Asthma is clinically classified according to the frequency of symptoms, forced expiratory volume in 1 second (FEV1), and peak expiratory flow rate. Asthma may also be classified as atopic (extrinsic) or non-atopic (intrinsic). Extrinsic asthma is triggered by external allergenic factors.

It is thought to be caused by a combination of genetic and environmental factors.

- 493.00 refers to extrinsic asthma.
- 493.90 refers to allergic asthma; not otherwise specified.

Both are addressed similarly in terms of Traditional Chinese Medicine.

Oriental Medicine Diagnoses

Liver qi stagnation
The Liver qi becomes stagnated, causing the Liver to attack the Lungs. Causation can be due to external pathogens (such as allergens or toxins); or internal causes, including poor diet, lack of sleep, or stress.

Kidney qi deficiency
A deficiency of Kidney qi may cause weakness affecting the Lung channel. Also called “Kidneys not grasping the Lung qi”. Causation is from either congenital deficiency of kidney qi and/or lifestyle factors that lead to a depletion of kidney qi.

Lung qi deficiency
Weakness of the Lung qi leads to obstruction in the Lung channel. Causation may be congenital deficiency, or due to lifestyle factors, including poor diet and overwork.

Phlegm-heat in the Lung
Lung and Spleen qi deficiency leads to an accumulation of dampness and phlegm, which combined with an accumulation of heat (secondary to stagnation), creates phlegm-heat obstructing the channels of the Lung. Causation may be congenital, or due to lifestyle factors such as poor diet and overwork.

Wind-cold attacking the lungs
An external pathogen (termed “wind-cold”) attacks the Lung channel, causing obstruction of the Lung qi. Causation is an external attack, often exacerbated by pre-existing deficiency in the Lung qi.

History
- Symptoms may develop in childhood, or later in adult life
- Symptoms may be seasonal (for instance pollen in spring), or perennial (a dust allergy may be present year-round).
- Children will sometimes “outgrow” asthma as they mature
Specific Aspects of History

- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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Subjective Findings

- Recurrent difficulty in breathing
- Recurrent chest tightness
- Recurrent wheezing
- Chronic cough, especially at night
- Sensation of “not being able to take a full breath”
- Worse with exposure to allergens, weather changes, or emotional or physical stress.

Objective Findings

Scope of Exam

- Inspection including Oriental Medicine inspection techniques
- Inspection of nose, ears, eyes, and back of throat
- Measure blood pressure, pulse rate, temperature
- Wheezing may or may not be heard at the time of the office visit

Specific Aspects of Examination for Extrinsic Asthma

- Rule out other possible causes.
- A referral to an MD may be considered if other causes are a possibility.
- Most patients will already have seen one or more MD’s for this condition; if not, referral is recommended.

Findings of Extrinsic Asthma

- Difficult respiration
- If severe, may be life-threatening
- Sleep disturbances
- Irritability
- Fatigue
- Difficulty in concentration
Differential Diagnoses

- Allergic rhinitis and allergic sinusitis
- Obstructions involving large airways
- Vocal cord dysfunction
- Vascular rings or laryngeal webs
- Laryngotracheomalacia, tracheal stenosis, or bronchostenosis
- Enlarged lymph nodes or tumor
- Airway obstructions (foreign objects, tumors)
- Viral bronchiolitis or obliterative bronchiolitis
- Cystic fibrosis
- Bronchopulmonary dysplasia
- Heart disease
- Recurrent cough not due to asthma
- Aspiration from swallowing mechanism dysfunction or gastroesophageal reflux
- Medication induced
- COPD (e.g., chronic bronchitis or emphysema)
- Congestive heart failure
- Pulmonary embolism
- Pulmonary infiltration with eosinophilia
- Cough secondary to drugs (e.g., angiotensin-converting enzyme (ACE) inhibitors)

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to reduce or resolve symptoms, restore the highest level of function possible and educate patient to reduce or prevent recurrent symptoms.

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- Recommendations depend on causation can include dietary recommendations, changes in daily routine and/or housekeeping routines (to reduce exposure to allergens), and possibly herbal formulas.
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Referral Guidelines (or co-management)

Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Most patients with severe asthma will already be under the care of an MD. If not, they should be advised to seek medical co-management.
- There are any cardiac abnormalities.
- The condition has arisen suddenly and severely, without previous history.
- There have been any significant recent changes in their overall health, or in their medication regimen.
- The patient has not responded positively to treatment after a couple of weeks.
- The condition appears to be worsening.

Appropriate Procedures/Modalities

- Acupuncture
- Electro-acupuncture
- Cupping
- Moxibustion
- Guasha
- Myofascial release
- Acupressure
- Trigger point therapy
- Tui na (not to include osseous manipulation)
- Herbal formulas

Note: Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

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- Scarring moxa
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- Tai chi
- Qi gong
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- Avoid suspected or known allergic triggers:
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- Any known food sensitivities (wheat, gluten, etc, depending on the patient)
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**Alternatives to Oriental Medicine**

- Medication (oral and/or inhaled)
- Allergy shots
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**References**


Intrinsic Asthma

**Synonyms**
Immunological asthma, late onset asthma.

**Definition**
Asthma is a common chronic inflammatory disease of the airways characterized by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm. Symptoms include wheezing, coughing, chest tightness, and shortness of breath. Asthma is clinically classified according to the frequency of symptoms, forced expiratory volume in 1 second (FEV1), and peak expiratory flow rate. Asthma may also be classified as atopic (extrinsic) or non-atopic (intrinsic). Intrinsic asthma is triggered by internal immunologic factors.

It is thought to be caused by a combination of genetic and environmental factors.

**Oriental Medicine Diagnoses**

**Liver qi stagnation**
The Liver qi becomes stagnated, causing the Liver to attack the Lungs. Causation can be due to external pathogens (such as viruses or toxins); or internal causes, including poor diet, lack of sleep, or stress.

**Kidney qi deficiency**
A deficiency of Kidney qi may cause weakness affecting the Lung channel. Also called "Kidneys not grasping the Lung qi". Causation is from either congenital deficiency of kidney qi and/or lifestyle factors that lead to a depletion of kidney qi.

**Lung qi deficiency**
Weakness of the Lung qi leads to obstruction in the Lung channel. Causation may be congenital deficiency, or due to lifestyle factors, including poor diet and overwork.

**Phlegm-heat in the Lung**
Lung and Spleen qi deficiency leads to an accumulation of dampness and phlegm, which combined with an accumulation of heat (secondary to stagnation and attack of external pathogens), creates phlegm-heat obstructing the channels of the Lung. Causation may be congenital, or due to lifestyle factors such as poor diet and overwork.

**Wind-cold attacking the lungs**
An external pathogen (termed "wind-cold") attacks the Lung channel, causing obstruction of the Lung qi. Causation is an external attack, often exacerbated by pre-existing deficiency in the Lung qi.

**History**
- Symptoms may develop in childhood, but more commonly, later in adult life
- Symptoms generally develop after chronic, recurrent, or severe viral or bacterial infections of the respiratory system

**Specific Aspects of History**
- Rule out red flags (requires medical management).
Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.

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**Subjective Findings**

- Recurrent difficulty in breathing
- Recurrent chest tightness
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- Chronic cough, especially at night
- Sensation of “not being able to take a full breath”
- Worse with exposure to allergens, weather changes, or emotional or physical stress.

**Objective Findings**

**Scope of Exam**

- Inspection including Oriental Medicine inspection techniques
- Inspection of nose, ears, eyes, and back of throat
- Measure blood pressure, pulse rate, temperature
- Wheezing may or may not be heard at the time of the office visit

**Specific Aspects of Examination for Intrinsic Asthma**

- Rule out other possible causes.
- A referral to an MD may be considered if other causes are a possibility.
- Most patients will already have seen one or more MD’s for this condition; if not, referral is recommended.

**Findings of Intrinsic Asthma**

- Difficult respiration
- If severe, may be life-threatening
- Sleep disturbances
- Irritability
- Fatigue
- Difficulty in concentration
Differential Diagnoses

- Allergic rhinitis and allergic sinusitis
- Obstructions involving large airways
- Vocal cord dysfunction
- Vascular rings or laryngeal webs
- Laryngotracheomalacia, tracheal stenosis, or bronchostenosis
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Oriental Medicine Management

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| 5-8  | - 75% improvement in symptom severity and frequency
   | - Reinforce self-management techniques |
| 9-12 | - Condition is expected to have either resolved or reached a plateau stage by this time
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   | - Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 16, whichever occurs first |
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**Referral Guidelines (or co-management)**

Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Most patients with severe asthma will already be under the care of an MD. If not, they should be advised to seek medical co-management.
- There are any cardiac abnormalities.
- There are signs of an active and severe viral or bacterial infection.
- The condition has arisen suddenly and severely, without previous history.
- There have been any significant recent changes in their overall health, or in their medication regimen.
- The patient has not responded positively to treatment after a couple of weeks.
- The condition appears to be worsening.

### Appropriate Procedures/Modalities

- Acupuncture
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- Cupping
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- Guasha
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- Trigger point therapy
- Tui na (not to include osseous manipulation)
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### Inappropriate Procedures/Modalities

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9 volts
- Any techniques outside of the scope of practice in your state
Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure
- Cupping the upper back with assistance of a partner

Alternatives to Oriental Medicine

- Medication (oral and/or inhaled)
- Meditation
- Chiropractic

Medicare References

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References


Mild Hyperemesis Gravidarum

Synonyms
Morning sickness, nausea and vomiting due to pregnancy, nausea gravidarum, hyperemesis gravidarum, pregnancy sickness.

Definition
Morning sickness is a condition that affects more than half of all pregnant women. Related to increased estrogen levels, a similar form of nausea is also seen in some women who use hormonal contraception or hormone replacement therapy. Sometimes it is present in the early hours of the morning and reduces as the day progresses. The nausea can be mild or induce actual vomiting, however, not severe enough to cause metabolic derangement. In more severe cases, vomiting may cause dehydration, weight loss, alkalosis and hypokalemia. This condition is known as hyperemesis gravidarum and occurs in about 1% of all pregnancies. Nausea and vomiting can be one of the first signs of pregnancy and usually begins around the 6th week of pregnancy (counting gestational age from 14 days before conception). In spite of its common name, it can occur at any time of the day, and for most women it may stop around the 12th week of pregnancy.

- 643.03 refers to morning sickness specifically.
- 787.01 refers to nausea and vomiting generally.

Oriental Medicine Diagnoses

Liver Attacking Stomach
Liver blood is redirected toward the fetus, resulting in a relative excess of Liver qi, which flows upward, disturbing the Stomach, and causing rebellious Stomach qi. Causation is due to pregnancy.

Spleen and Stomach Deficiency
A relative excess of blood during normal pregnancy may couple with a pre-existing Spleen and Stomach qi deficiency to cause rebellious Stomach qi. Causation is due to pregnancy.

History
- Commonly begins about the sixth week of pregnancy
- Usually ends about the twelfth week of pregnancy

Specific Aspects of History
- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect acupuncture and Oriental Medicine management.
- Regardless of any red flags, all pregnant patients should be under the care of an MD, or a licensed professional midwife (where allowed by law).
<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely severe nausea and vomiting</td>
<td>Dehydration, exhaustion; medical co-management recommended</td>
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<tr>
<td>Fever, achiness</td>
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</tr>
<tr>
<td>Sudden onset after meal</td>
<td>Food poisoning; medical co-management recommended</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>History of drug use and/or withdrawal</td>
<td>Requires medical co-management</td>
<td>Immediate referral to emergency department</td>
</tr>
</tbody>
</table>

**Subjective Findings**

- Nausea and vomiting during (roughly) the first trimester of pregnancy
- May be worse in the morning (but not always)
- Generally a self-limiting condition

**Objective Findings**

**Scope of Exam**

- Inspection including Oriental Medicine inspection techniques
- Measure blood pressure, pulse rate, temperature

**Specific Aspects of Examination for Morning Sickness**

- Rule out other possible causes, such as viral infection or food poisoning.
- Ensure that the patient is receiving prenatal medical care.

**Findings of Morning Sickness**

- Nausea
- Vomiting
- Loss of appetite
- Sensitivity to odors
- Fatigue
- Possible dehydration or weight loss

**Differential Diagnoses**

- Viral or bacterial infection
- Food poisoning

**Oriental Medicine Management**

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to reduce symptoms, restore the highest level of function possible and educate patient to reduce recurrent symptoms. Treatment frequency should be commensurate with severity of the chief complaint.
When significant improvement in subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.

Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.

Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.

In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of symptom relief.

Initiate two to four week trial of treatment.

If severity or frequency of symptoms decreases following the initial trial—continue treatment as needed for a one month period.

Recommendations may include food choices, lifestyle choices, stress reduction.

If the patient does not improve with trial of Oriental Medicine treatment, or has reached a plateau, refer patient back to referring physician to explore other alternatives.

### Week | Progress
---|---
0-1 | Some reduction of symptom severity and frequency
2-4 | 50% improvement in symptom severity and frequency
     | Reinforce self-management techniques
5-8 | Continued reduction or control of symptom severity and frequency
     | Reinforce self-management techniques
9-12 | Continued reduction or control of symptom severity and frequency
     | Reinforce self-management techniques
     | This is a self-limiting condition. Most cases will subside within 6-8 weeks.

**Referral Guidelines (or co-management)**

Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Nausea and vomiting are particularly severe, leading to possible dehydration or weight loss
- There are signs of a viral or bacterial infection (flu, food poisoning, etc)
- The patient shows no improvement after two or three treatments
- There are signs or symptoms of drug use or withdrawal

**Appropriate Procedures/Modalities**

- Acupuncture
- Cupping
- Moxibustion
- Guasha
- Acupressure
- Túi na (not to include osseous manipulation)
- Herbal formulas

**Note:** Not all of these modalities are covered by patient’s health-plan; review documentation regarding coverage. Acupuncture and herbs must be appropriate for covered diagnoses under the patient’s insurance policy. Acupuncturist is responsible for determining which procedures/modalities are most appropriate for the patient’s condition.

**Inappropriate Procedures/Modalities**

- Scarring moxa
- Applied kinesiology techniques
Electro-acupuncture using more than 9 volt
Any techniques outside of the scope of practice in your state

Self-Management Techniques

- Tai chi
- Qi gong
- Self-acupressure (Pe 6; “wrist bands”)
- Drinking fluids to stay hydrated
- Ice cubes (to melt in mouth) if fluids won’t stay down
- Ginger (as capsules, tea, ingredient in food) to quell nausea
- Eating bland food such as crackers, applesauce, or bananas

Alternatives to Oriental Medicine

- Biofeedback
- Stress Management
- Yoga
- Meditation
- Exercise
- Chiropractic
- Medication

Medicare References

1. National Coverage Determination (NCD) for Acupuncture (30.3). [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=Al&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=11&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7ccAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=Al&KeyWord=ACUPUNCTURE&KeyWordLookUp=Title&KeyWordSearchType=Exact&CptHcpcsCode=30.3&kq=true&bc=IAAAABAAAAAAA%3d%3d)

References


Nausea and Vomiting due to Chemotherapy

Synonyms
Chemotherapy-induced nausea and vomiting (CINV)

Definition
Chemotherapy-induced nausea and vomiting (CINV) is a common side-effect of many cancer treatments. Nausea and vomiting are two of the most feared cancer treatment-related side effects for cancer patients and their families.

- 787.01 refers to nausea and vomiting generally, but is often used for this specific condition as well.

Oriental Medicine Diagnoses

Liver attacking Stomach
Liver qi stagnation and heat are caused by the chemotherapy drugs, causing the Liver to attack the Stomach, and leading to rebellious Stomach qi. Causation is due to chemotherapy treatment.

Yin Deficiency of Liver and Stomach
The heat and toxin inherent in the chemotherapy drugs dry out the yin of the Liver and Stomach, leading to rebellious Stomach qi. Causation is due to chemotherapy treatment.

Stomach Heat
The heat and toxin inherent in the chemotherapy drugs cause heat to build up in the Stomach, leading to rebellious Stomach qi. Causation is due to chemotherapy treatment.

History

- Begins after commencement of chemotherapy
- Resolves after the chemotherapy round is complete

Specific Aspects of History

- All chemotherapy patients are by definition under the care of one or more MD’s. Treatment of cancer is (by law) only to be performed by MD’s. Therefore the acupuncturist’s role in this case is only to relieve symptoms and support the patient as possible.
- Medical co-management will already be present.

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Subjective Findings

- Nausea and vomiting during a course of chemotherapy
- A self-limiting condition (chemotherapy course will end)

Objective Findings

Scope of Exam

- Inspection including Oriental Medicine inspection techniques
- Measure blood pressure, pulse rate, temperature

Specific Aspects of Examination for Nausea and Vomiting due to Chemotherapy

- Rule out other possible causes, such as viral infection or food poisoning.

Findings of Nausea and Vomiting due to Chemotherapy

- Nausea
- Vomiting
- Loss of appetite
- Sensitivity to odors
- Fatigue
- Possible dehydration or weight loss

Differential Diagnoses

- Viral or bacterial infection
- Food poisoning

Oriental Medicine Management

Most patients with this diagnosis will already have consulted with their Primary Care Provider. If not, however, they should be directed to make an appointment with their MD at their earliest opportunity.

Oriental Medicine management goals are to reduce symptoms, restore the highest level of function possible and educate patient to reduce recurrent symptoms. Treatment frequency should be commensurate with severity of the chief complaint.

- When significant improvement in subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Landmark’s consideration of requests for continued acupuncture treatment depends on updated clinical information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains a history and examination, and/or Landmark’s Patient Progress Form for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may be documented by increases in functional capacity and increasingly longer durations of symptom relief.
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- If severity or frequency of symptoms decreases following the initial trial—continue treatment as needed for a one month period.
Recommendations may include food choices, lifestyle choices, stress reduction.
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>This is a self-limiting condition. Symptoms should subside after the course of chemotherapy ends</td>
</tr>
</tbody>
</table>

**Referral Guidelines (or co-management)**
Refer patient to their primary care provider for evaluation of alternative treatment options if...

- Nausea and vomiting are particularly severe, leading to possible dehydration or weight loss
- There are signs of a viral or bacterial infection (flu, food poisoning, etc)
- The patient shows no improvement after two or three treatments

**Appropriate Procedures/Modalities**

- Acupuncture
- Cupping
- Moxibustion
- Guasha
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**Inappropriate Procedures/Modalities**

- Scarring moxa
- Applied kinesiology techniques
- Electro-acupuncture using more than 9volt
- Any techniques outside of the scope of practice in your state

**Self-Management Techniques**

- Tai chi
- Qi gong
- Self-acupressure (Pe 6; “wrist bands”)
- Drinking fluids to stay hydrated
- Ice cubes (to melt in mouth) if fluids won’t stay down
- Ginger (as capsules, tea, ingredient in food) to quell nausea
- Eating bland food such as crackers, applesauce, or bananas

Alternatives to Oriental Medicine

- Biofeedback
- Stress Management
- Yoga
- Meditation
- Exercise
- Chiropractic

Medicare References


References


# Diagnosis Codes

<table>
<thead>
<tr>
<th>Headaches</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervicocranial Syndrome</td>
<td>M53.0</td>
</tr>
<tr>
<td>Headache, Cephalgia</td>
<td>R51</td>
</tr>
<tr>
<td>Migraine With Aura</td>
<td>G43.101, G43.109, G43.111, G43.119, G43.501, G43.509, G43.511, G43.519</td>
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<tr>
<td>Migraine Without Aura</td>
<td>G43.001, G43.009, G43.011, G43.019, G43.701, G43.709, G43.711, G43.719</td>
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<tr>
<td>Unspecified Migraine Headache</td>
<td>G43.901, G43.909, G43.911, G43.919, G43.801, G43.809, G43.811, G43.819</td>
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<table>
<thead>
<tr>
<th>Cervical Conditions (Disc Radicular)</th>
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<tbody>
<tr>
<td>Brachial Neuritis</td>
<td>M54.11, M54.12, M54.13</td>
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<tr>
<td>Cervical Degeneration of Intervertebral Disc</td>
<td>M50.30, M50.31, M50.32, M50.33</td>
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<tr>
<td>Cervical Post Laminectomy Syndrome</td>
<td>M96.1</td>
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<tr>
<td>Cervical Stenosis</td>
<td>M48.01, M48.02, M48.03, M99.51</td>
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<tr>
<td>Cervicobrachial Syndrome</td>
<td>M53.1</td>
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</table>

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<tr>
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<tbody>
<tr>
<td>Cervical Spondylosis</td>
<td>M47.811, M47.812, M47.813</td>
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<tr>
<td>Cervicalgia</td>
<td>M54.2</td>
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<tr>
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<tbody>
<tr>
<td>Thoracic Intervertebral Disc Syndrome without Myelopathy</td>
<td>M51.84, M51.14, M54.14</td>
</tr>
<tr>
<td>Thoracic Outlet Syndrome</td>
<td>G54.0</td>
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</table>

<table>
<thead>
<tr>
<th>Lumbosacral Conditions (Disc Radicular)</th>
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<tbody>
<tr>
<td>Lumbar Degenerative Disc Disease</td>
<td>M51.36, M51.37</td>
</tr>
<tr>
<td>Lumbar Post Laminectomy Syndrome</td>
<td>M96.1</td>
</tr>
<tr>
<td>Lumbar Radiculopathy and Sciatica</td>
<td>M54.15, M54.16, M54.17, M51.15, M51.16, M51.17, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42</td>
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<tbody>
<tr>
<td>Lumbago Backache NOS</td>
<td>M54.5</td>
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<tr>
<td>Lumbar Spondylosis</td>
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<td>Lumbar Sprain Strain</td>
<td>S33.5XXA, S39.012A</td>
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<tr>
<td>Lumbosacral (Joint), Sprain Strain</td>
<td>S33.8XXA</td>
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<tr>
<td>Sacroiliac Sprain Strain</td>
<td>S33.6XXA</td>
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<tr>
<th>Upper Extremity Conditions</th>
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<tbody>
<tr>
<td>Bursitis of the Shoulder and Rotator Cuff Syndrome</td>
<td>M75.51, M75.52, S43.421A, S43.422A, S46.012A, S46.011A</td>
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<tr>
<td>Carpal Tunnel Syndrome</td>
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<tr>
<td>Forearm, Joint Pain and Osteoarthrosis</td>
<td>M79.631, M79.632</td>
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<tr>
<td>Hand, Joint Pain and Osteoarthrosis</td>
<td>M79.641, M79.642, M19.041, M19.042</td>
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<tr>
<td>Lateral Epicondylitis</td>
<td>M77.11, M77.12</td>
</tr>
<tr>
<td>Medial Epicondylitis</td>
<td>M77.01, M77.02</td>
</tr>
<tr>
<td>Radial Nerve Entrapment</td>
<td>G56.31, G56.32</td>
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<tr>
<td>Shoulder, Adhesive Capsulitis</td>
<td>M75.01, M75.02</td>
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<tr>
<td>Wrist, Sprain Strain</td>
<td>S63.8X1A, S63.8X2A</td>
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</table>

<table>
<thead>
<tr>
<th>Lower Extremity Conditions</th>
<th>ICD-10 Codes</th>
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</thead>
<tbody>
<tr>
<td>Ankle and Foot, Joint Pain and Osteoarthrosis</td>
<td>M25.571, M25.572, M79.671, M79.672,</td>
</tr>
<tr>
<td>Condition</td>
<td>ICD-10 Codes</td>
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<tr>
<td>------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Ankle Sprain</td>
<td>M19.071, M19.072</td>
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<tr>
<td>Chrondromalacia</td>
<td>M22.41, M22.42</td>
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<tr>
<td>Knee Tear, Medial Meniscus</td>
<td>S83.221A, S83.222A</td>
</tr>
<tr>
<td>Piriformis Syndrome</td>
<td>G57.01, G57.02</td>
</tr>
<tr>
<td>Plantar Fascitis</td>
<td>M72.2</td>
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<tr>
<td>Thigh Sprain Strain Unspecified Site of Hip and Thigh</td>
<td>M25.551, M25.552, S76.012A, S76.0111A</td>
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<tr>
<td><strong>Neuromusculoskeletal Conditions (Non-Specific)</strong></td>
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<tr>
<td>Fibromyalgia</td>
<td>M79.7</td>
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<tr>
<td>Jaw Pain, Unspecified</td>
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</tr>
<tr>
<td>Myalgia</td>
<td>M79.1</td>
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<tr>
<td><strong>Internal Medical Conditions</strong></td>
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<tr>
<td>Allergic Rhinitis</td>
<td>J30.1, J30.2, J30.81</td>
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<tr>
<td>Extrinsic Asthma</td>
<td>J45.20, J45.30, J45.40, J45.990</td>
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<tr>
<td>Intrinsic Asthma</td>
<td></td>
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<tr>
<td>Mild Hyperemesis Gravidarum</td>
<td>R11.0, R11.11, R11.2, O21.9</td>
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<tr>
<td>Nausea and Vomiting due to Chemotherapy</td>
<td>R11.0, R11.11, R11.2, O21.9</td>
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