

Benchmarks for Training in **Tuina**

Benchmarks for training
in traditional/complementary
and alternative medicine

Tuina

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基本知识，是告诉针就具体
的位置，值得在不同时期
特别的地方替代医学，由非常
事实上，它是唯一的药，有一



World Health
Organization

**Benchmarks for training
in traditional / complementary
and alternative medicine**

Benchmarks for Training in Tuina



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Foreword

The oldest existing therapeutic systems used by humanity for health and well-being are called Traditional Medicine or Complementary and Alternative Medicine (TM/CAM).

Increasingly, TM/CAM is being formally used within existing health-care systems. When practised correctly, TM/CAM can help protect and improve citizens' health and well-being. The appropriate use of TM/CAM therapies and products, however, requires consideration of issues of safety, efficacy and quality. This is the basis of consumer protection and is no different, in principle, from what underpins modern medical practice. Upholding basic requirements for the modern practice of TM/CAM therapies can support national health authorities in the establishment of adequate laws, rules, and licensing practices.

These considerations have guided the work of the Regional Government of Lombardy in TM/CAM which was first included in the Regional Health Plan 2002-2004. Clinical and observational studies in the region of Lombardy have provided a crucial step in the evaluation of TM/CAM. With the help of data from these studies, a series of governmental provisions have been used to create a framework for the protection of consumers and providers. The cornerstone of this process was the first Memorandum of Understanding (MOU) for the Quadrennial Cooperation Plan which was signed between the Regional Government of Lombardy and the World Health Organization. The MOU highlighted the need for certain criteria to be met including: the rational use of TM/CAM by consumers; good practice; quality; safety; and the promotion of clinical and observational studies of TM/CAM. When they were published in 2004, the *WHO guidelines for developing consumer information on proper use of traditional, complementary, and alternative medicine* were incorporated into this first MOU.

In the region of Lombardy, citizens currently play an active role in their health-care choices. The awareness of the advantages as well as of the risks of every type of care is therefore critical, also when a citizen actively chooses to use TM/CAM. Consumers have begun to raise new questions related to the safe and effective treatment by all providers of TM/CAM. For this reason, the Regional Government of Lombardy closely follows WHO guidelines on qualified practice of TM/CAM in order to guarantee appropriate use through the creation of laws and regulations on skills, quality control, and safety and efficacy of products, and clear guidelines about practitioner qualifications. The Regional Government of Lombardy has also provided support and cooperated with WHO in developing this series of benchmark documents for selected popularly used TM/CAM therapies including Ayurveda, naturopathy, Nuad Thai, osteopathy, traditional Chinese medicine, Tuina and Unani medicine.

Modern scientific practice requires a product or a therapeutic technique to be safe and effective, meaning that it has specific indications and evidence for care supported by appropriate research. Practitioners, policy-makers and planners,

both within and outside ministries of health, are responsible for adhering to this, in order to guarantee the safety and the efficacy of medicines and practices for their citizens. Furthermore, safety not only relates to products or practices per se, but also to how they are used by practitioners. Therefore it is important that policy-makers are increasingly able to standardize the training of practitioners for it is another fundamental aspect of protecting both the providers and the consumers.

Since 2002, the Social-Health Plan of the Lombardy Region has supported the principle of freedom of choice among different health-care options based on evidence and scientific data. By referring to the benchmarks in this present series of documents, it is possible to build a strong foundation of health-care options which will support citizens in exercising their right to make informed choices about different styles of care and selected practices and products.

The aim of this series of benchmark documents is to ensure that TM/CAM practices meet minimum levels of adequate knowledge, skills and awareness of indications and contraindications. These documents may also be used to facilitate establishing the regulation and registration of providers of TM/CAM.

Step by step we are establishing the building blocks that will ensure consumer safety in the use of TM/CAM. The Regional Government of Lombardy hopes that the current series will be a useful reference for health authorities worldwide, and that these documents will support countries to establish appropriate legal and regulatory frameworks for the practice of TM/CAM.

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Preface

There has been a dramatic surge in popularity of the various disciplines collectively known as traditional medicine (TM) over the past thirty years. For example, 75% of the population in Mali and 70% in Myanmar depend on TM and TM practitioners for primary care,¹ while use has also greatly increased in many developed countries where it is considered a part of complementary and alternative medicine (CAM). For instance, 70% of the population in Canada² and 80% in Germany³ have used, in their lifetime, traditional medicine under the title complementary and alternative medicine.

Integration of traditional medicine into national health systems

Traditional medicine has strong historical and cultural roots. Particularly in developing countries, traditional healers or practitioners would often be well-known and respected in the local community. However, more recently, the increasing use of traditional medicines combined with increased international mobility means that the practice of traditional medicines therapies and treatments is, in many cases, no longer limited to the countries of origin. This can make it difficult to identify qualified practitioners of traditional medicine in some countries.

One of the four main objectives of the WHO traditional medicine strategy 2002-2005 was to support countries to integrate traditional medicine into their own health systems. In 2003, a WHO resolution (WHA56.31) on traditional medicine urged Member States, where appropriate, to formulate and implement national policies and regulations on traditional and complementary and alternative medicine to support their proper use. Further, Member States were urged to integrate TM/CAM into their national health-care systems, depending on their relevant national situations.

Later in 2003, the results of a global survey on policies for TM/CAM conducted by WHO showed that the implementation of the strategy is making headway. For example, the number of Member States reporting that they have a national policy on traditional medicine rose from five in 1990, to 39 in 2003, and to 48 in 2007. Member States with regulations on herbal medicines rose from 14 in 1986, to 80 in 2003, and to 110 in 2007. Member States with national research institutes of traditional medicine or herbal medicines rose from 12 in 1970, to 56 in 2003, and to 62 in 2007.⁴

¹ Presentation by the Governments of Mali and Myanmar at the Congress on Traditional Medicine, Beijing, People's Republic of China, 7-9 November 2008.

² Perspectives on Complementary and Alternative Health Care, a collection of papers prepared for Health Canada, Ottawa, Health Canada, 2001.

³ Annette Tuffs Heidelberg. Three out of four Germans have used complementary or natural remedies, *British Medical Journal* 2002, 325:990 (2 November).

⁴ WHO medicines strategy 2008-2013 and Report from a WHO global survey on national policy on traditional medicine and regulation of herbal medicines, 2005.

Ideally, countries would blend traditional and conventional ways of providing care in ways that make the most of the best features of each system and allow each to compensate for weaknesses in the other. Therefore, the 2009 WHO resolution (WHA62.13) on traditional medicine further urged Member States to consider, where appropriate, inclusion of traditional medicine in their national health systems. How this takes place would depend on national capacities, priorities, legislation and circumstances. It would have to consider evidence of safety, efficacy and quality.

Resolution WHA62.13 also urged Member States to consider, where appropriate, establishing systems for the qualification, accreditation or licensing of practitioners of traditional medicine. It urged Member States to assist practitioners in upgrading their knowledge and skills in collaboration with relevant providers of conventional care. The present series of benchmarks for basic training for selected types of TM/CAM care is part of the implementation of the WHO resolution. It concerns forms of TM/CAM that enjoy increasing popularity (Ayurveda, naturopathy, Nuad Thai, osteopathy, traditional Chinese medicine, Tuina, and Unani medicine).

These benchmarks reflect what the community of practitioners in each of these disciplines considers to be reasonable practice in training professionals to practice the respective discipline, considering consumer protection and patient safety as core to professional practice. They provide a reference point to which actual practice can be compared and evaluated. The series of seven documents is intended to:

- support countries to establish systems for the qualification, accreditation or licensing of practitioners of traditional medicine;
- assist practitioners in upgrading their knowledge and skills in collaboration with providers of conventional care;
- allow better communication between providers of conventional and traditional care as well as other health professionals, medical students and relevant researchers through appropriate training programmes;
- support integration of traditional medicine into the national health system.

The documents describe models of training for trainees with different backgrounds. They list contraindications identified by the community of practitioners, so as to promote safe practice and minimize the risk of accidents.

Drafting and Consultation Process

The most elaborated material to establish benchmarks comes from the countries where the various forms of traditional medicine under consideration originated. These countries have established formal education or national requirements for licensure or qualified practice. Any relevant benchmarks must refer to these national standards and requirements.

The first stage of drafting of this series of documents was delegated to the national authorities in the countries of origin of each of the respective forms of traditional, complementary or alternative medicine discussed. These drafts were then, in a second stage, distributed to more than 300 reviewers in more than 140 countries. These reviewers included experts and national health authorities, WHO collaborating centres for traditional medicine, and relevant international

and regional professional nongovernmental organizations. The documents were then revised based on the comments and suggestions received. Finally, WHO organized consultations for further final review, prior to editing.

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Introduction

In China, Tuina is one of the most commonly used modalities in the practice of traditional Chinese medicine (TCM). It is now practised worldwide. However, many countries have not yet developed training for Tuina or established legislation to regulate its practice. In some countries, health professionals and laypersons use various Tuina techniques and claim to provide Tuina, without having completed full, adequate Tuina training.

With the rapid growth in demand for Tuina globally, other health-care providers may wish to gain additional qualifications in order to work as Tuina practitioners. Conversion programmes could be developed for practitioners with substantial basic health-care training to enable them to acquire the skills required to qualify for practicing Tuina. These programmes could be offered on either a full-time or a part-time basis, taking into account the trainee's background and previous health-care training.

This document presents what the community of Tuina practitioners, experts and regulators considers to be adequate levels and models for training Tuina practitioners for trainees with different backgrounds, as well as what it considers to be contraindications for safe practice of Tuina that minimizes the risk of accidents. Together, these can serve as a reference for national authorities wishing to establish systems of training, examination and licensure that support the qualified practice of Tuina.

1. Origin and principles of Tuina

Tuina (pronounced “*Twee Nah*”) is a manual technique aimed at enhancing health and treating various clinical conditions. It includes techniques such as pushing (*Tui*) and grasping (*Na*) of soft tissue, that are specific to the practice of TCM and are guided by its principles.

Tuina has been used in China for over 2000 years (1). In ancient times, Tuina was also called “*An Mo*”, “*An Qiao*” or “*Qiao Mo*”. The term “Tuina” was first recorded in literature during the Ming dynasty (1368 – 1644 AD) (2). Tuina was developed empirically, and its achievements and development have been documented in a large number of classical texts. The *Yellow Emperor’s Internal Classic* (Huang Di Nei Jing: 475-221 BC), the first comprehensive medical text in TCM, included records on “*An Mo*”. From the Wei to the Jin dynasties (220–420 AD), Tuina was used in the practice of emergency medicine. In the Sui dynasty (581-618 AD), Tuina became an independent area of study and the title of “manual therapy practitioner” began to be used. Tuina was then included at the highest level of the medical education system in China during this period of development. The department of Tuina was one of the four clinical departments in the Tang dynasty (618–907 AD). In the Ming dynasty (1368–1644 AD), paediatric Tuina became an independent field of study.

In 1956, the first Tuina school was established in Shanghai, China. Higher education for Tuina is now available in universities and colleges of TCM throughout China. Significant progress was made in Tuina education and research (3). Over the last 50 years, a number of textbooks on Tuina have been published. From the perspective of TCM, there is a sophisticated body of knowledge built over centuries, including basic theory, diagnostic procedures and treatment approaches.

Currently, Tuina is practised globally, and practitioners are known as Tuina practitioners, Tuina therapists or Tuina doctors. Tuina is commonly used for the treatment of neuromusculoskeletal conditions. In some countries, including China, it is used not only for injuries to soft tissues, but also concurrently with allopathic medical care, for bone fractures and joint dislocations. Tuina has been widely incorporated into the practice of other clinical disciplines, such as acupuncture, internal medicine, gynaecology and paediatrics. Tuina may be used for symptomatic relief of pain and/or as the primary therapy for a range of conditions. Tuina uses a variety of manual techniques guided by the theory of TCM. The philosophy of TCM strongly influences the attitude and approach of Tuina practitioners towards health care. This has made Tuina distinctively different from other manual therapies.

Consistent with the philosophy of TCM, the practice of Tuina is guided by principles such as *yin* and *yang*,¹ five elements,² *qi*, blood and body fluids,³ and by the identification of syndromes and patterns. Tuina practice involves a range of conventional diagnostic methods, such as imaging, laboratory tests and orthopaedic and neurological assessments. Patient management includes a range of manual techniques, rehabilitative exercises, patient education and other therapeutic advice. As for any health-care treatment, the community of practitioners of Tuina recognizes the importance of referring their patients to other health-care providers when necessary.

Tuina treatment aims to unblock the meridians, promote the circulation of *qi* and blood, regulate the functions of the *zang-fu* organs,⁴ and strengthen the body's resistance to pathogens by using various manual techniques at specified locations (e.g. acupuncture points) on the body's surface. In addition, patients may be asked to perform prescribed exercises as supplementary therapies (1). The therapeutic effects of Tuina depend upon three key factors:

- traditional Chinese medicine and biomedical diagnosis;
- selection of location, meridians⁵ and acupoints for the application of the therapeutic techniques;
- effective application of the techniques (4).

When properly used, the techniques are expected to regulate the functions of the meridians and the *zang-fu* organs (3).

¹ The theory of *yin* and *yang* originated in antiquity in China. It is a theory dealing with the origins of the universe as well as the motion and variation of all things in the natural world.

² The five elements are wood, fire, earth, metal and water. People in ancient China believed that these elements are indispensable to daily life and productive labour and that these five elements were key to the normal variations in the natural world.

³ According to classic Chinese philosophy, *qi* is the primary state of the universe. *Qi*, blood and body fluids, the essential substances for life activities, flow constantly inside the body and all originate from the viscera.

⁴ *Zang-fu* is a collective term for internal organs which are divided into two major categories, namely the five *zang*-organs - the heart, liver, spleen, lungs and kidneys; and the six *fu*-organs - the gallbladder, stomach, small intestine, large intestine, urinary bladder and *sanjiao* (the triple energizer).

⁵ The meridians and collaterals are important components of the body. They are linear in form and subdivided into several levels of branches which are interconnected with each other and form into a network.

2. Benchmarks for training of Tuina practitioners

2.1 Categories of training programmes

Regulating the practice of Tuina and preventing practice by unqualified practitioners requires a proper system of training, examination and licensing.

Benchmarks for training have to take into consideration the following:

- content of the training;
- method of the training;
- to whom the training is to be provided and by whom;
- the roles and responsibilities of the future practitioner;
- the level of education required in order to undertake training.

Tuina experts distinguish three types of Tuina training in function of prior training and clinical experience of trainees.

Type I training programmes are aimed at those who have completed high-school education or equivalent, but have no prior medical or other health-care training or experience. These trainees are required to study the full Tuina programme. Type I training programmes cover the basic theories of traditional Chinese and allopathic medicine, as well as the knowledge and skills required for the qualified and safe practice of Tuina. These programmes typically are three-year, full-time or equivalent programmes offered by an appropriately equipped institution (college or university). The duration is a minimum of 2060 hours, consisting of at least 1560 hours of theory and laboratory/clinical practice and 500 hours of supervised clinical practicum. The programmes are designed to produce Tuina practitioners who are qualified to practise as primary-contact health-care professionals, independently or as members of a health-care team in various settings.

Type II training programmes are aimed at those with medical or other health-care training who wish to become recognized Tuina practitioners. Trainees are to study the entire theory of TCM, including Tuina components and any additional allopathic medicine components not covered in their previous training. These programmes can be shorter if trainees have already covered some of the components in their earlier health-care training and experience. They may be offered on a full-time or part-time basis to meet the trainee's needs, but should satisfy the requirements of the Type I programme.

Type III training programmes are aimed at practising Tuina practitioners with either no prior medical or other health-care training, or inadequate training. They are designed to upgrade skills and to allow trainees to obtain formal qualifications for the qualified and safe practice of Tuina. Type III programmes

may include all of the components of Type I programmes, but the length and components of this programme may vary substantially, depending upon the clinical experience of the trainee. The learning outcomes should be comparable to those of a Type I programme. Type III programmes may be offered on a full-time or part-time basis.

2.2 Benchmark learning outcomes

The benchmark curricula are intended to equip trainees for professional treatment of commonly found painful symptoms or diseases of the musculoskeletal system, and prevention of complications of certain diseases exhibiting musculoskeletal symptoms. The curriculum is typically structured to provide the trainee with technical, communication, practice and information management skills and competencies (5).

Technical skills

The Tuina practitioner should be able to:

- describe normal human anatomy and functions, and their relevance to Tuina practice;
- apply the principles of traditional Chinese and allopathic medicine and skills of diagnosis to diagnose common clinical conditions;
- apply appropriate Tuina techniques, such as rolling and kneading, based on an understanding of their indications and contraindications;
- develop specific treatment plans based on the individual patient diagnosis as well as relevant signs and symptoms;
- identify and make appropriate referrals when required in areas including, but not limited to, traumatology, internal medicine, gynaecology and paediatrics;
- interpret common and relevant laboratory reports;
- review and monitor the health status of patients and modify treatment plans accordingly using an understanding of the indications and contraindications of Tuina techniques;
- perform an appropriate range of Tuina techniques effectively, guided by the principles of TCM;
- use professional development and continuing education to acquire the knowledge and skills necessary for the management of diseases or conditions that may not necessarily be covered in the programme.

Communication skills

The Tuina practitioner should be able to:

- apply traditional Chinese and allopathic medical terminologies appropriately in Tuina practice;
- communicate effectively with patients, fellow practitioners, other health-care practitioners, regulatory bodies and the general public;
- communicate effectively with other health-care practitioners in the course of referrals and related issues.

Responsible and sustainable practice skills

The Tuina practitioner should be able to:

- educate patients about Tuina as a form of holistic health care;
- practise within regulatory, ethical and safety frameworks;
- run a financially viable business as a practitioner of Tuina;
- identify key business issues and draw on appropriate professional resources;
- continue to learn (lifelong learning) and learn from experience (reflective learning).

Research and information management skills

The Tuina practitioner should be able to:

- describe methodological issues related to Tuina clinical research;
- remain informed about Tuina advances in knowledge and apply these in clinical practice as appropriate;
- review research publications critically where relevant to Tuina;
- describe the steps involved in Tuina research within an ethical framework;
- disseminate or communicate research findings to peers and others.

2.3 Curriculum components

According to the community of practitioners of Tuina, an adequate curriculum for Tuina training encompasses components of TCM, components of western medicine and a number of other subjects.

Components of traditional Chinese medicine

Programmes should include the key components of TCM:

Principles of TCM, including:

- characteristics and key concepts of TCM theory, including *yin-yang*, five elements, *zang-fu*, *qi*, blood and body fluids, etiology and pathogenesis;
- diagnosis in TCM, including the four diagnostic methods (inspection, auscultation and olfaction, inquiring and palpation), differentiation of syndromes (identification of syndromes according to the eight guiding principles¹ and *zang-fu*);
- principles and methods for prevention and treatment.

Upon successful completion of this subject, students are expected to be able to describe concepts of TCM and apply these concepts in diagnosis and clinical practice. They are also expected to demonstrate competency in diagnosis and differentiation of syndromes guided by the theoretical framework of TCM, which reflects the uniqueness of TCM practice.

¹ The eight guiding principles are *yin* and *yang*, internal and external aspects, cold and heat, and asthenia and sthenia.

Meridians and acupoints, including:

- definition, location, classification, function and clinical application of meridians and acupoints;
- code, name, location, local anatomy and indication of approximately 200 commonly used acupoints (Annex 2).

Upon successful completion of this subject, students are expected to be able to locate these acupoints accurately on the human body and describe their functions.

Physical training for Tuina techniques, including:

- essential physical training for Tuina practice;
- regular and appropriately devised exercise that aims to enhance the individual's constitution and provide the physical strength and resilience required for clinical practice.

Upon completion of this subject, the students are expected to demonstrate the physical fitness and resilience required for the practice of Tuina, and to be able to guide patients to perform various exercises to facilitate the recovery of health.

Tuina techniques, including:

- historical development of Tuina practice, concepts and skills of common Tuina techniques;
- application of the techniques;
- appropriate application of combined techniques with monitoring of therapeutic outcomes.

Upon completion of this subject, students are expected to be able to practise the techniques competently and to combine different techniques appropriately to suit specific clinical conditions.

Tuina, including the following:

- basic concepts, theory and skills of Tuina;
- diagnostic and treatment methods of the common disorders using Tuina;
- application of Tuina for prevention.

Upon completion of this subject, students are expected to be able to apply commonly used Tuina techniques to treat common disorders and to apply them appropriately for prevention and treatment.

Paediatric Tuina, including the following:

- basic concepts, theory and safe practice of paediatric Tuina, including specific requirements for children;
- application of diagnostic and treatment methods for common children's disorders;
- application of Tuina techniques for disease prevention.

Upon completion of this subject, students are expected to be able to apply routine Tuina techniques for the treatment of common paediatric diseases and to apply the techniques for disease prevention appropriately.

Traditional Chinese internal medicine, including:

- basic concepts, theory and skills of traditional Chinese internal medicine;
- etiology, pathogenesis, clinical characteristics, differentiation of syndromes, treatment principles and treatment plans for common clinical conditions.

Upon completion of this subject, students are expected to be able to describe and apply basic methods of differentiation of diseases and syndromes for diagnosis and clinical management of common internal medicine conditions.

Traditional Chinese traumatology, including:

- historical development of traumatology in TCM;
- basic theory of traumatology;
- clinical diagnosis and management of common conditions and injuries to soft tissues, using Tuina techniques.

Upon completion of this subject, students are expected to be able to describe and apply basic methods of differentiation of diseases and syndromes for diagnosis and clinical management of common injuries.

Components of western medicine

Anatomy, including:

- basic theory;
- normal human body structure and components of body systems, particularly the surface anatomy and underlying structures, including their names, forms and locations;
- recognition of anatomical landmarks.

Upon completion of this subject, students are expected to understand the terminology of topographic anatomy and body planes and be able to describe the morphological structure of normal organs.

Physiology, including:

- basic concepts and principles;
- major functions of human organs and systems;
- normal physiological indices.

Upon completion of this subject, students are expected to demonstrate an understanding of human physiological functions and their relevance to the clinical practice of Tuina.

Basic diagnostic techniques, including:

- basic theory, concept and skills of diagnosis;
- application and interpretation of physical examination, laboratory tests and diagnostic imaging.

Upon completion of this subject, students are expected to conduct clinical interviews, obtain and analyse case histories, undertake a range of physical examinations, identify common disorders and develop an appropriate treatment plan.

Internal medicine, including:

- basic theory of internal medicine;
- etiology, pathogenesis, clinical manifestations, principles for the diagnosis and treatment of common diseases;
- first-aid.

Upon completion of this subject, students are expected to be able to describe and apply basic methods of diagnosis and clinical management of common internal diseases. In addition, graduates are also expected to be competent in first-aid at a professional level.

Other relevant subjects

Medical ethics, including:

- basic knowledge and principles;
- professional conduct expected of health-care professionals.

Upon completion of this subject, students are expected to be able to identify and explain ethical and professional issues related to Tuina practice.

Health regulations, including:

- general information on health systems and regulatory requirements for health-care practice;
- specific health regulations concerning the practice of Tuina.

Upon completion of this subject, students are expected to explain the legal requirements related to Tuina practice, including relevant local health legislation, legal responsibilities, standards of the profession and the application of legislation intended to protect the public.

Medical psychology, including:

- principles and practice;
- awareness of psychological factors and their relevance to mental health, psychological counselling, diagnosis and health promotion.

Upon completion of this subject, students are expected to identify likely psychological factors which may have contributed to patients' current health problems and to make timely referrals to psychologists and other relevant health-care practitioners.

Documentation and clinical record-keeping

Graduates should be able to:

- record the primary complaint, health history, physical examination findings, assessment, diagnosis and treatment plan;
- document patient encounters;
- re-evaluate findings and document any modifications to treatment plans;
- comply with confidentiality, informed consent and privacy requirements, insurance, professional indemnity and legal reporting.

Research

Graduates may have to participate in documenting case-studies and field research projects; they are expected to understand basic clinical research skills in clinical practice and continuing professional education:

- basic research methodology and biostatistics;
- interpretation of clinical evidence and compliance with principles of best practice;
- accurate and comprehensive clinical record-keeping;
- development of critical thinking in decision-making;
- ability to critique clinical literature, including clinical guidelines;
- maintaining awareness of relevant research in the field.

Table 1 - Indicative programme structure and teaching schedule

Topic	Subject name	Total hours	Theory hours	Practical/lab hours	Clinical practicum
TCM	Principles of TCM	160	140	20	Department of Tuina: 380 hours;
TCM	Meridians and acupoints	90	60	30	
TCM	Physical training for Tuina techniques	210	60	150	
TCM	Tuina techniques	120	70	50	Department of Internal Medicine: 120 hours
TCM	Tuina therapeutics	110	60	50	
TCM	Paediatric Tuina therapeutics	50	30	20	
TCM	TCM internal medicine	200	140	60	
TCM	TCM traumatology	120	90	30	
WM	Human anatomy	110	80	30	
WM	Human physiology	90	70	20	
WM	Basic diagnosis	100	60	40	
WM	Internal medicine	110	90	20	
O	Medical ethics	30	25	5	
O	Health regulations	30	25	5	
O	Medical psychology	30	25	5	
Total		1560	1025	535	500

Note: TCM stands for components of traditional Chinese medicine, WM stands for components of western medicine, and O stands for other relevant subjects

2.4 Adapting Type I to Type II or Type III programmes

The Type I programme can be adapted to a Type II programme which is designed to enable other health-care professionals to become qualified Tuina practitioners. The duration of training will then depend upon the individual student's previous training and clinical experience. However, the consensus is that it should include no fewer than 400 hours of supervised clinical practicum.

To upgrade the knowledge and skills of existing Tuina practitioners, the Type I programme can be adapted to a Type III programme through training in order to meet the benchmark requirements for qualified Tuina practice. The duration of training will depend upon the individual student's previous training and clinical experience. However, the consensus is that it should include no fewer than 200 hours of supervised clinical practicum. The programme structure and teaching

schedule for the Type III programme will include, at a minimum, all of the required theory components of the Type I programme, but clinical practicum components may be arranged individually according to the practitioner's experience. Applicants for this programme will be existing Tuina practitioners, who have at least two years' clinical experience in Tuina.

3. Contraindications

It is beyond the scope of this document to provide a complete review of indications for, and contraindications to, Tuina. The following presents selected contraindications as identified by the community of practitioners of Tuina.

- Acute injuries of the brain or central nervous system, laceration of internal organs, early fracture, initial stages of paraplegia, broken skin.
- Fracture, bone fissure or dislocation of cervical spine, spinal injury, particularly when accompanied by symptoms of spinal cord compression.
- Dermatitis due to burns, scalds or ulcers.
- Abdominal and lumbosacral areas in pregnant women.
- Various acute contagious diseases, such as hepatitis and tuberculosis of the lung.
- Various infectious diseases, such as osteomyelitis, septic arthritis and brain abscess.
- Some severe diseases, such as heart disease, hepatitis, malignant tumour and pyaemia.
- Some acute abdominal diseases, such as acute perforation of stomach and duodenum.
- Various haemorrhagic conditions, including traumatic bleeding, haematochezia and haematuria.

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Annex 1: WHO Consultation on Manual Therapies, Milan, Italy, 12–14 November 2007: list of participants

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* It was with great sorrow that we learned of the death of Professor Subcharoen in April 2008. Her great contributions to the work of WHO, especially in the development of this document on basic training in manual therapies, will always be remembered.

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Annex 2: Commonly used acupoints and related meridians ^(3,4)

Code	Pinyin Name	Chinese Name
BL 1	Jingming	睛明
BL 2	Cuanzhu	攒竹
BL 7	Tongtian	通天
BL 10	Tianzhu	天柱
BL 11	Dazhu	大杼
BL 12	Fengmen	风门
BL 13	Feishu	肺俞
BL 14	Jueyinshu	厥阴俞
BL 15	Xinshu	心俞
BL 17	Geshu	膈俞
BL 18	Ganshu	肝俞
BL 19	Danshu	胆俞
BL 20	Pishu	脾俞
BL 21	Weishu	胃俞
BL 22	Sanjiaoshu	三焦俞
BL 23	Shenshu	肾俞
BL 25	Dachangshu	大肠俞
BL 27	Xiaochangshu	小肠俞
BL 28	Panguangshu	膀胱俞
BL 36	Chengfu	承扶
BL 37	Yinmen	殷门
BL 39	Weiyang	委阳
BL 40	Weizhong	委中
BL 43	Gaohuang	膏肓
BL 48	Yanggang	阳纲
BL 52	Zhishi	志室
BL 54	Zhibian	秩边
BL 57	Chengshan	承山
BL 60	Kunlun	昆仑
BL 62	Shenmai	申脉
BL 63	Jinmen	金门
BL 64	Jinggu	京骨
BL 67	Zhiyin	至阴
CV 3	Zhongji	中极
CV 4	Guanyuan	关元
CV 6	Qihai	气海
CV 8	Shenque	神阙
CV 11	Jianli	建里
CV 12	Zhongwan	中脘
CV 14	Juque	巨阙
CV 15	Jiuwei	鸠尾
CV 17	Danzhong	膻中

Code	Pinyin Name	Chinese Name
CV 22	Tiantu	天突
CV 23	Lianquan	廉泉
CV 24	Chengjiang	承浆
GB 1	Tongziliao	瞳子髎
GB 2	Tinghui	听会
GB 3	Shangguan	上关
GB 8	Shuaigu	率谷
GB 12	Wangu	完骨
GB 14	Yangbai	阳白
GB 15	Toulinqi	头临泣
GB 20	Fengchi	风池
GB 21	Jianjing	肩井
GB 24	Riyue	日月
GB 26	Daimai	带脉
GB 28	Weidao	维道
GB 29	Juliao	居髎
GB 30	Huantiao	环跳
GB 31	Fengshi	风市
GB 34	Yanglingquan	阳陵泉
GB 37	Guangming	光明
GB 39	Xuanzhong	悬钟
GB 40	Qiuxu	丘墟
GB 41	Zulinqi	足临泣
GB 43	Xiaxi	侠溪
GB 44	Zuqiaoyin	足窍阴
GV 1	Changqiang	长强
GV 2	Yaoshu	腰俞
GV 3	Yaoyangguan	腰阳关
GV 6	Jizhong	脊中
GV 8	Jinsuo	筋缩
GV 9	Zhiyang	至阳
GV 10	Lingtai	灵台
GV 12	Shenzhu	身柱
GV 13	Taodao	陶道
GV 14	Dazhui	大椎
GV 16	Fengfu	风府
GV 20	Baihui	百会
GV 23	Shangxing	上星
GV 24	Shenting	神庭
GV 26	Shuigou	水沟
HT 3	Shaohai	少海
HT 5	Tongli	通里

Code	Pinyin Name	Chinese Name
HT 6	Yinxi	阴郄
HT 7	Shenmen	神门
HT 8	Shaofu	少府
HT 9	Shaochong	少冲
KI 1	Yongquan	涌泉
KI 2	Rangu	然谷
KI 3	Taixi	太溪
KI 6	Zhaohai	照海
KI 7	Fulu	复溜
KI 8	Jiaoxin	交信
KI 10	Yingu	阴谷
KI 11	Henggu	横骨
LI 1	Shangyang	商阳
LI 4	Hegu	合谷
LI 5	Yangxi	阳溪
LI 6	Pianli	偏历
LI 10	Shousanli	手三里
LI 11	Quchi	曲池
LI 15	Jianyu	肩髃
LI 18	Futu	扶突
LI 20	Yingxiang	迎香
LR 1	Dadun	大敦
LR 2	Xingjian	行间
LR 3	Taichong	太冲
LR 4	Zhongfeng	中封
LR 5	Ligou	蠡沟
LR 7	Xiguan	膝关
LR 8	Ququan	曲泉
LR 12	Jimai	急脉
LR 13	Zhangmen	章门
LR 14	Qimen	期门
LU 1	Zhongfu	中府
LU 5	Chize	尺泽
LU 6	Kongzui	孔最
LU 7	Lieque	列缺
LU 9	Taiyuan	太渊
LU 10	Yuji	鱼际
LU 11	Shaoshang	少商
PC 3	Quze	曲泽
PC 4	Ximen	郄门
PC 5	Jianshi	间使
PC 6	Neiguan	内关
PC 7	Daling	大陵
PC 8	Laogong	劳宫
PC 9	Zhongchong	中冲
SI 1	Shaoze	少泽
SI 3	Houxi	后溪
SI 4	Wangu	腕骨
SI 6	Yanglao	养老
SI 7	Zhizheng	支正

Code	Pinyin Name	Chinese Name
SI 8	Xiaohai	小海
SI 9	Jianzhen	肩贞
SI 11	Tianzong	天宗
SI 15	Jianzhongshu	肩中俞
SI 17	Tianrong	天容
SI 18	Quanliao	颧髎
SI 19	Tinggong	听宫
SP 1	Yinbai	隐白
SP 3	Taibai	太白
SP 4	Gongsun	公孙
SP 5	Shangqiu	商丘
SP 6	Sanyinjiao	三阴交
SP 8	Diji	地机
SP 9	Yinlingquan	阴陵泉
SP 10	Xuehai	血海
SP 12	Chongmen	冲门
SP 15	Daheng	大横
SP 21	Dabao	大包
ST 1	Chengqi	承泣
ST 2	Sibai	四白
ST 4	Dicang	地仓
ST 6	Jiache	颊车
ST 7	Xiaguan	下关
ST 8	Touwei	头维
ST 9	Renying	人迎
ST 12	Quepen	缺盆
ST 18	Rugen	乳根
ST 21	Liangmen	梁门
ST 25	Tianshu	天枢
ST 29	Guilai	归来
ST 32	Futu	伏兔
ST 34	Liangqiu	梁丘
ST 35	Dubi	犊鼻
ST 36	Zusanli	足三里
ST 37	Shangjuxu	上巨虚
ST 38	Tiaokou	条口
ST 39	Xiajuxu	下巨虚
ST 40	Fenglong	丰隆
ST 41	Jiexi	解溪
ST 44	Neiting	内庭
ST 45	Lidui	历兑
TE 1	Guanchong	关冲
TE 2	Yemen	液门
TE 3	Zhongzhu	中渚
TE 4	Yangchi	阳池
TE 5	Waiguan	外关
TE 6	Zhigou	支沟
TE 7	Huizong	会宗
TE 8	Sanyangluo	三阳络
TE 10	Tianjing	天井

Code	Pinyin Name	Chinese Name
TE 14	Jianliao	肩髎
TE 17	Yifeng	翳风
TE 20	Jiaosun	角孙
TE 21	Ermen	耳门
TE 23	Sizhukong	丝竹空