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Technical benchmark of acupuncture and moxibustion—
Filiform needle

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Foreword

This document is developed in accordance with the technical procedures and rules established by the Standardization Working Committee of the World Federation of Acupuncture-Moxibustion Societies.

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Please note that some of the contents of this document may involve patents. The issuing organization of this document does not assume the responsibility for identifying patents.

Introduction

The filiform needle techniques are highly effective and safe as a series of acupuncture treating methods and have been widely used by medical community worldwide. This filiform needle technical benchmark aims at improving the operating level of filiform needle technique practitioners and enhance the clinical efficacy and safety. This text can be a guideline for clinical practice as well as a reference for teaching and scientific research.

Technical benchmark of acupuncture and moxibustion—Filiform needle

1 Scope

This document specifies the terms and definitions, operating procedures and requirements, and safety requirements of filiform needle.

This document is applies to the technical operation of filiform needle.

2 Normative references

The content of following documents constitutes an essential provision of this document by means of normative references in the text.For dated references,only the edition corresponding to that date applies.For undated references,the latest edition of the referenced document (including any amendments) applies.

ISO 17218, *Sterile acupuncture needles for single use*

ISO/TR 20520, *Traditional Chinese Medicine—Infection control for acupuncture treatment*

WHO standard acupuncture point locations in the Western Pacific Region(2008).

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1
filiform needle

A type of thin needle with different lengths widely used in acupuncture and moxibustion treatment.

3.2
needling hand

It is the hand to hold and insert a needle.

3.3
pressing hand

It is the hand to press the puncturing area with one or more fingers to facilitate needle insertion.

3.4
insertion angle

It is the angle formed between the needle body and the skin while the needle is being inserted.

3.5
needling method

The basic techniques in using filiform needles to regulate meridians，qi and blood in order to prevent/treat diseases.

3.6
needing manipulation

Methods /movements to obtain the expected efficacy after the filiform needle is inserted into the acupuncture point.

NOTE A single manipulation involves only one method. A compound manipulation consists of two or more methods.

3.7
arrival of qi

The arrival of qi is signaled by particular sensations felt by the patient and the practitioner.

NOTE For the patient，it refers to soreness，numbness，distension and heaviness felt around the needle（but may move up or down along the meridian）. For the practitioner，it refers to a gripping sensation or a feeling of pressure underneath the needle.

3.8
reinforcing and reducing

Manipulate the needle to reinforce healthy qi for deficiency syndromes and to remove pathogenic factors for excess syndromes.

3.9
needle retaining

Retain a needle in place after the presence of needling sensation (arrival of qi).

3.10
needle withdrawal

Remove a needle when the treatment is done.

4 Operation steps and rules

4.1 Preoperative preparation

4.1.1 Needle requirements

The filiform needle used in the clinical settings should comply with the ISO 17218. Check Annex A for structure and classifications of filiform needle.

4.1.2 Needle inspection

To prevent acupuncture accidents, disposable filiform needles should be strictly inspected before adoption. Check Annex B for specific inspection methods.

4.1.3 Acupuncture point locations

The acupuncture point locations shall conform to the *WHO standard acupuncture point locations in the Western Pacific Region*(*2008*).

4.1.4 Position selection

The patient's body position during acupuncture shall be convenient for the practitioner to select the points and give the treatment, and also make the patient comfortable.

a) Lying positions:

- supine position: Suitable for the acupuncture points on the chest and the abdomen;
- prone position: Suitable for the acupuncture points on the back and the lower back;

- lateral recumbent position：Suitable for the acupuncture points on the body sides；

b） Sitting positions：

- facing-upward sitting position：Suitable for the acupuncture points on the forehead，face，upper limbs，anterior neck and the upper chest；

- sitting in flexion：Suitable for the acupuncture points on the head，occipitonuchal area，shoulder and the back；

- sitting with head turning aside：Suitable for the acupuncture points on the temple of the head，cheeks，neck sides and the ears.

c） Other body positions：The body positions are determined according to the acupuncture point locations. In addition，the position shall be convenient for the practitioner to give the treatment，and also make the patient comfortable.

4.1.5 Disinfection and environmental requirements

Disinfection involving needles，contact objects，hands of the practitioner，puncturing part of body，treatment rooms and other related objects should all comply with the ISO/TR 20520. Check Annex C for requirements.

4.2 Operation methods

4.2.1 Needle-holding methods

4.2.1.1 Holding the needle with two fingers

Pinch the needle handle with the abdomens of the thumb and the index finger，or pinch the needle handle with the abdomen of the thumb and the radial side of the index fingertip.

4.2.1.2 Holding the needle with three fingers

Pinch the needle handle with the abdomens of the thumb，index finger and the middle finger，with the thumb on the inside and the other two fingers on the outside.

4.2.1.3 Holding the needle with four fingers

Pinch the needle handle with the abdomens of the thumb, index finger and the middle finger, and place the ring finger against the needle body.

4.2.1.4 Holding the needle body

Take a sterilized dry cotton ball with the thumb and the index finger, wrap it around the lower part of the needle body, and pinch it hard with the two fingers.

4.2.1.5 Holding the needle with both hands

Wrap the sterile dry cotton ball tightly around the lower end of the needle body with the thumb and the index finger of the pressing hand, expose the needle tip, close the needle tip to the acupuncture point, and pinch the needle handle with the thumb and index finger of the needling hand.

4.2.2 Needle insertion methods

4.2.2.1 Clawing method

Press the point with the fingernail of the thumb or index finger of the pressing hand, hold a needle with the other hand, close the needle tip to the nail edge of pressing hand, and insert the needle quickly.

4.2.2.2 Skin-stretching insertion

Stretch the skin around the puncturing area with the thumb and the index finger (or the index and the middle fingers) of the pressing hand while inserting a needle.

4.2.2.3 Skin-pinching insertion

Pinch and lift the skin of the puncturing area with the thumb and the index finger of the pressing hand while inserting a needle.

4.2.2.4 Needle-holding insertion with both hands

Hold the lower part of the needle body with the thumb and the index finger of the pressing hand while inserting a needle.

4.2.2.5 Twirling or rotating insertion

Hold the needle with the needling hand, then twirl or rotate the needle handle evenly with the thumb and the index finger, and insert the needle into the points at the same time.

4.2.2.6 Plucking insertion

Hold the needle handle with the pressing hand, close the tip to the point, flick the needle end following the insertion direction with the index or the middle fingernail, and insert the needle quickly.

4.2.2.7 Tube-needle insertion

Place the tube on the puncturing area, flick the needle end with the index finger (or the middle finger) of the pressing hand to insert the tip into the skin, then remove the needle tube and insert the needle into the acupuncture point.

4.2.2.8 Needle insertion with one hand

Hold the needle with the thumb and the index finger of the needling hand, close the tip of the middle finger to the point with the finger pulp against the needle body, and insert the needle into the point.

4.2.3 Insertion angle

4.2.3.1 Perpendicular needle insertion

The needle insertion at an angle around 90°to the skin.

4.2.3.2 Oblique needle insertion

The needle insertion at an angle around 45°angle to the skin.

4.2.3.3 Subcutaneous needle insertion

The needle insertion at an angle around 15°or less than 15°angle to the skin.

4.2.4 Insertion depth

4.2.4.1 Point site: Generally, shallow insertion is suitable for the sites with thin muscles or important organs, and deep insertion is suitable for the sites with thick muscles.

4.2.4.2 Disease nature：Shallow insertion is suitable for yang syndromes，exterior syndromes and acute conditions. Deep insertion is suitable for yin syndromes，interior syndromes and chronic conditions.

4.2.4.3 Age：Shallow insertion is suitable for the old and children. Deep insertion is suitable for the young and middle-aged.

4.2.4.4 Constitution and body shape：Shallow insertion is suitable for those with weak constitution and thin body shape. Deep insertion is suitable for those with strong constitution and body shape.

4.2.4.5 Season：Shallow insertion is suitable for spring and summer. Deep insertion is suitable for autumn and winter.

4.2.5 Common needling methods

4.2.5.1 Point-toward-point needle insertion

4.2.5.1.1 Perpendicular point-toward-point insertion

Locate the two acupuncture points，insert the needle to the first point with the needle body at a 90° angel to the skin，and then insert it to the second point.

4.2.5.1.2 Subcutaneous point-toward-point insertion

Locate the two acupuncture points，insert the needle to the first point with the needle body at a 15° angel to the skin，and then insert it to the second point.

4.2.5.1.3 Oblique point-toward-point insertion

Locate the two acupuncture points，insert the needle to the first point with the needle body at a 45° angel to the skin，and then insert it to the second point.

4.2.5.2 Half needling

A technique characterized by a shallow insertion and swift withdrawal.

4.2.5.3 Hegu needling

A technique characterized by puncturing the muscles of the affected region with the needle going obliquely right and left，resembling the claws of a chicken.

4.2.5.4 Shu needling

A technique characterized by perpendicularly inserting the needle directly to the bone, and withdraw it perpendicularly.

4.2.5.5 Other needling methods

Check Annex D for other needling methods.

4.2.6 Common needling manipulations

4.2.6.1 Basic needling manipulations

4.2.6.1.1 Lifting-thrusting method

After inserting the filiform needle into the acupuncture point, hold the handle with the thumb, index finger and the middle finger of the needling hand, lift and thrust the needle alternatively.

4.2.6.1.2 Twirling or rotating method

After inserting the filiform needle into the acupuncture point, hold the handle with the thumb, index finger and the middle finger of the needling hand, and twirl or rotate the needle.

4.2.6.2 Auxiliary needle manipulations

4.2.6.2.1 Waggling method

After inserting the filiform needle into the acupuncture point, gently waggle the needle handle with the needling hand.

4.2.6.2.2 Whirling method

After inserting the filiform needle into the acupuncture point, tilt the needle body, pinch the needle end with the thumb, index and middle fingers (or the thumb and the index finger) to whirl the needle in one direction.

4.2.6.2.3 Twisting method

After inserting the filiform needle into the acupuncture point, hold the needle handle with the abdomen of the thumb and the radial side of the index finger of the needling hand, and twist the needle slowly in one direction.

4.2.6.2.4 Scraping method

After inserting the filiform needle into the acupuncture point, place the pulp of the thumb or the index finger against the needle end, and scrape the needle handle from bottom to top or from top to bottom with the fingernail of the thumb, index finger or the middle finger.

4.2.6.2.5 Plucking method

After inserting the filiform needle into the acupuncture point, clasp the end of the index finger or the middle finger with the thumb pulp, and pluck the needle handle with the fingernail of the index finger or the middle finger to make the needle body vibrate slightly.

4.2.6.2.6 Flying method

After inserting the filiform needle into the acupuncture point, hold the needle handle with the thumb and the index finger of the needling hand, twist the fingers and free the needle alternately, just like a bird spreading its wings.

4.2.6.2.7 Trembling method

After inserting the filiform needle into the acupuncture point, lift, thrust and twist the needle at a high frequency and small amplitude to make it tremble to promote the needling sensation.

4.2.6.2.8 Bow method

After inserting the filiform needle into the acupuncture point, hold it with the thumb and the index finger, and press the needle with the middle finger to make it bend like a bow in order to adjust the direction of the needle tip.

4.2.6.2.9 Seeking method

After inserting the filiform needle into the acupuncture point, lift the needle to a superficial layer and insert the needle in various directions to seek meridian qi.

4.2.6.3 Compound manipulations

4.2.6.3.1 Shaoshanhuo reinforcing method

The point to be needled is divided into three levels—shallow (heaven), intermediate (man) and deep (earth). Insert the needle into the shallow level first and then down to the intermediate and deep levels, coupled with rapid thrusting and slow lifting (or twirling or rotating reinforcing method) for a total of nine times in each level. The appearance of warming sensation indicates that the operation can be stopped, or repeat the procedure. One appearance of warming sensation is called one degree, and the warming sensation is limited within 3 degrees each treatment. After the manipulation, withdraw the needle gently and press the point with a sterilized dry cotton ball to prevent bleeding.

4.2.6.3.2 Toutianliang reducing method

The point to be needled is divided into three levels—shallow (heaven), intermediate (man) and deep (earth). Insert the needle to the deep level first and then lift to the intermediate and shallow levels, coupled with rapid lifting and slow thrusting (or twirling or rotating reducing method) for a total of six times in each level. The appearance of cool sensation indicates that the operation can be stopped, or repeat the procedure. One appearance of cool sensation is called one degree, and the cool sensation is limited within 3 degrees each treatment. After the manipulation, withdraw the needle gently and press the point with a sterilized dry cotton ball to prevent bleeding.

4.2.6.3.3 Qinglongbaiwei method

First, insert the needle to the deeper layer and then lift to the superficial layer upon arrival of qi. Next, shake the needle body to enable the needle tip to point towards the affected area. Afterwards, shake the needle handle slowly like steering a ship.

4.2.6.3.4 Baihuyaotou method

First, insert the needle to the deep layer. Then shake the needle with the thumb and the index finger upon arrival of qi, like ringing a hand bell. Shake the needle from the lower right to the upper left in a half-circle track, then shake the needle from the upper left back to the lower right in a half-square track.

4.2.6.3.5 Other compound manipulations

Check Annex D for other compound manipulations.

4.2.6.4 Reinforcing and reducing manipulations

4.2.6.4.1 Reinforcing and reducing by lifting and thrusting

Reinforcing: After the arrival of qi, thrust the needle rapidly and lift it slowly in a small amplitude, low frequency and short duration. This manipulation focuses on rapid thrusting.

Reducing: After the arrival of qi, thrust the needle slowly and lift it rapidly in a big amplitude, high frequency and long duration. This manipulation focuses on rapid lifting.

4.2.6.4.2 Reinforcing and reducing by twirling or rotating

Reinforcing: After the arrival of qi, twirl or rotate the needle clockwise and counterclockwise with strong force and slight fore respectively. Then repeat the procedure.

Reducing: After the arrival of qi, twirl or rotate the needle clockwise and counterclockwise with slight force and strong fore respectively. Then repeat the procedure.

4.2.6.4.3 Reinforcing and reducing by slowness and rapidness

Reinforcing: Insert the needle to the shallow level and then to the deep level upon the arrival of qi, lift it swiftly to the shallow level, repeat the procedure and then withdraw the needle swiftly.

Reducing: Insert the needle swiftly to a certain depth, lift it slowly to the shallow level upon the arrival of qi, repeat the procedure and then withdraw the needle slowly.

4.2.6.4.4 Directional reinforcing and reducing

Reinforcing: Insert the needle with the tip following the pathways of meridians.

Reducing: Insert the needle with the tip going against the pathways of meridians.

4.2.6.4.5 Reinforcing and reducing by breathing

Reinforcing: Insert the needle when the patient breathes out while withdraw the needle when the patient breathes in. Alternatively, thrust the needle when the patient breathes out while lift the needle when the patient breathes in.

Reducing: Insert the needle when the patient breathes in while withdraw the needle when the patient breathes out. Alternatively, thrust the needle when the patient breathes in while lift the needle when the patient breathes out.

4.2.6.4.6 Reinforcing and reducing by opening and closing

Reinforcing: Withdraw the needle slowly and then press the needle pole swiftly for a moment.

Reducing: Withdraw the needle swiftly, open the needle hole, and then press it after a while.

4.2.6.4.7 Balanced reinforcing and reducing

Needling manipulations to lift, thrust, or twirl evenly after arrival of qi.

4.2.7 Arrival of qi

The arrival of qi is signaled by particular sensations felt by the patient and the practitioner. For the patient, it refers to soreness, numbness, distension and heaviness felt around the needle (but may move up or down along the meridian). For the practitioner, it refers to a gripping sensation or a feeling of pressure underneath the needle. Check Appendix E for the methods for arrival and regulation of qi

4.2.8 Needle retaining

Retain the needle after the presence of needling sensation (arrival of qi) for 20 to 30 min to maintain and prolong the effect. The retaining duration can be adjusted according to the patient's condition. Needle manipulations can be conducted during this period.

4.2.9 Needle withdrawal

Gently press the puncturing area with a sterile dry cotton ball, hold the needle handle with the thumb and the index finger of the needling hand, and remove the needle. Whether press the needle hole after needle withdrawal depends on the circumstances.

4.3 Precautions of operation

4.3.1 The used needles and medical wastes (such as used alcohol swabs and protective gloves) should be disposed according to the waste disposal regulations of various countries and regions.

4.3.2 Pay attention to disinfection. The fingers of the practitioner should not directly contact the needle body. If it is necessary to touch the needle body, sterile dry cotton balls should be used as spacers.

4.3.3 The pathways of important blood vessels and such important organ parts as back and chest should be needled with proper methods and body positions. Tell the patient not to change the body position when retaining the needle.

4.3.4 Those who are hungry, full, drunken or nervous should not receive acupuncture.

5 Safety

5.1 Acupuncture contraindications

Check Annex F for the contraindications of filiform needle involving acupuncture site，disease and practitioner.

5.2 Adverse event

Adverse events caused by acupuncture occurred in the patient during or after acupuncture treatment，including needle shock，stuck needle，broken needle，bent needle，abnormal feelings after acupuncture，bleeding and subcutaneous hematoma，traumatic pneumothorax，injury of cerebrum or spinal cord and injury of organs.Check Annex G for causative factors of adverse event.Check Annex H for prevention and the solution of adverse event.

5.3 Qualification of practitioner

According to the laws of the country / region，the qualifications of the practitioner are limited.

Annex A
（informative）
Structure and classifications of filiform needle

A.1 Structure

A.1.1 Needle tip

It is the pinpoint of the needle to insert acupuncture points.

A.1.2 Needle body

It is the part between the needle tip and handle.

A.1.3 Needle root

It is the part between the needle handle and body.

A.1.4 Needle handle

It is the part between the needle root and end.

A.1.5 Needle end

It is the end of the needle，which is the extension of the metal wires.

A.2 Classifications

The classification of filiform needles is as follows：

a）tube needle；

b）non tube needle.

Annex B
（informative）
Inspection of filiform needle

B.1 Check the production date of disposable sterile acupuncture needles and use them within the quality guarantee period.

B.2 Check whether the needle body is rough，bent，creased，rusty and straight. Check whether the needle root is rusty or with burrs. The needle handle shall not have any protrusions that may cause stinging or cutting.

B.3 Check whether the wires wrapped on the handle is smooth and loose.

B.4 Check the package. Store the needles in dry，clean，sterile and fully ventilated conditions. Once the package is opened，the needles should be used in time.

Annex C
（informative）
Disinfection requirements

C.1 Acupuncture needles

Adoption of filiform needle shall conform to the disinfection specifications. Disposable filiform needles shall be used within the shelf life.

C.2 Contact objects

Such objects as needle trays，needle tubes，needle boxes，tweezers in direct contact with the filiform needles can be soaked in 2% lysol solution or 1：1 000 L mercury solution for 1 to 2 hours.

C.3 Practitioner's fingers

Before acupuncture，wash the hands with soap and then wipe the fingers with 75% ethanol cotton balls. If it is necessary to contact the needle body，re-disinfect the hands or use sterile gauze，cotton balls or medical gloves. After taking out the acupuncture needle from the package，if it is necessary to put down the needle temporarily before use，put the needle and the tip of the tweezers on the sterile gauze，and disinfect the hands again when using it.

C.4 Acupuncture points

Wipe the skin around the points to be needled with 75% ethanol cotton balls or 0.5% iodophor cotton balls.

C.5 Treatment room

Clean and change the bedclothes in the treatment room on time. Maintain ventilation and keep the environment clean.

Annex D
(informative)
Other needling methods and other compound manipulations

D.1 Other needling methods

D.1.1 Relaxing needling

A technique to insert the needle from the side of the tendon and then puncture the contracted muscle in different directions to induce relaxation.

D.1.2 Triple needling

A technique to insert one needle perpendicularly, coupled with two more needles by its sides.

D.1.3 Quintuple needling

A technique to insert one needle perpendicularly in the center, coupled with four more needles anterior, posterior, right and left to the perpendicular needle.

D.1.4 Straight needling

A technique to pinch the skin and insert the needle subcutaneously (The word "straight" here means straightly towards the affected shallow area).

D.1.5 Short needling

A technique to insert the needle slowly while gently shaking the needle, followed by mild rotation when the needle is close to the bone.

D.1.6 Superficial needling

A technique to insert the needle obliquely and then puncture the superficial area of the point subcutaneously.

D.1.7 Accompanied needling

A technique to insert one needle perpendicularly, coupled with another one lateral to its side.

D.1.8 Repeated shallow needling

A technique to repeatedly puncture the shallow areas to cause bloodletting.

D.2 Other compound manipulations

D.2.1 Yin occluded in yang

The point to be needled is divided into two levels—shallow and deep. First insert the needle to the shallow layer, and adopt lifting-thrusting reinforcing method (or twirling or rotating reinforcing method) for 9 times upon arrival of qi. Then insert the needle to the deep layer, and adopt lifting-thrusting reducing method (or twirling or rotating reducing method) for 6 times. The manipulations are performed alternatively.

D.2.2 Yang occluded in yin

The point to be needled is divided into two levels—shallow and deep. First insert the needle to the deep layer swiftly, and adopt lifting-thrusting reducing method (or twirling or rotating reducing method) for 6 times upon arrival of qi. Then lift the needle to the shallow layer, and adopt lifting-thrusting reinforcing method (or twirling or rotating reinforcing method) for 9 times. The manipulations are performed alternatively.

D.2.3 Midnight-noon reinforcing and reducing method

The point to be needled is divided into three levels—shallow (heaven), intermediate (man) and deep (earth). Insert the needle into the shallow level first and then down to the intermediate and deep levels, coupled with lifting-thrusting reinforcing method (combined with twirling or rotating reinforcing method) for a total of nine times in each level. Lift the needle to the intermediate level and then the shallow level, coupled with lifting-thrusting reducing method (combined with twirling or rotating reducing method) for a total of six times in each level. Repeat the procedure three times.

D.2.4 Longhujiaozhan method

First, insert the needle to the point. Adopt twirling or rotating reinforcing (for 9 times) and reducing (for 6 times) methods alternatively upon arrival of qi. The manipulations can be performed in shallow, intermediate and deep levels.

D.2.5 Cangguitanxue method

First, insert the needle perpendicularly to the point and lift to the shallow level upon arrival of qi. Then re-insert the needle into the shallow, intermediate and deep levels in the four directions (upward, downward, leftward and rightward) like a turtle seeking a hole.

D.2.6 Chifengyingyuan method

First, insert the needle to the deep level. Then lift the needle to the shallow level. Upon arrival of qi, re-insert the needle to the intermediate level and follow up with lifting, thrusting and twirling, like a red phoenix spreading its wings.

Annex E
(informative)
Methods for arrival and regulation of qi

E.1 Conscious indication of arrival of qi

It refers to subjective sensations and reactions of the patient, including soreness, numbness, distension, heaviness, coolness, hotness, electric shock sensation, ants crawling on the body sensation, water-wave like sensation, involuntary limb movements and pain. They are closely related to the body reaction, the nature of disease and the acupuncture site. Generally, sensitive people react strongly, while non-sensitive people react weakly. Pain often occurs at the ends of fingers and toes. Sensations of soreness, numbness, distension and heaviness occur in the limbs and thick muscular parts. Sinking and pressing sensations often in the abdomen, and sensations of soreness and heaviness in the lower back.

E.2 Vicarious indication of arrival of qi

It refers to the phenomena observed and sensed by the practitioner. After qi arrival, needle sensations change from relaxed and smooth to heavy and tight, like the sensations when fish swallows the bait. By touching, the practitioner may find the relaxed muscles around the inserted point get tight and even beat, while the tight muscles may get relaxed.

E.3 Promoting qi

If qi does not arrive after insertion, perform manipulations to promote the arrival of needling sensation.

E.4 Maintaining qi

After the arrival of qi, press the area around the needled point with the thumb or index finger of the pressing hand to strengthen and maintain the needle sensation.

E.5 Regulating qi

After the arrival of qi, the body itself can regulate the meridian qi reaction to balance yin and yang and cure diseases. It also refers to a manipulation method: Insert the needle to the deep level, then lift it to the intermediate or shallow level, and twist the needle to ascend or descend qi.

Annex F
(informative)
Acupuncture contraindications

F.1 Needling should avoid the aorta. Pay attention to the insertion depth to prevent the injury of organs.

F.2 The lower abdominal, lumbosacral and such sensitive points as Sanyinjiao (SP6), Hegu (LI4) and Zhiyin (BL67) in females during pregnancy should not be needled. The points around the fontanelle in infants with patent fontanelle should not be needled.

F.3 The skin with infection, ulcer, scar or tumor should not be needled except for special treatment needs.

F.4 Be cautious when applying acupuncture for patients with coagulation disorders.

F.5 The person who does not meet the national/regional legal requirements is not allowed to perform acupuncture.

Annex G
(informative)
Causative factors of adverse event

G.1 Practitioner

G.1.1 Distraction

Distraction of the practitioner during the treatment is an important reason for the adverse reactions.

G.1.2 Non-strict disinfection

Non-strict disinfection of the practitioner´s hands, needles and points may lead to infection.

G.1.3 Improper operation

In the process of acupuncture treatment, such factors as incorrect point selection, excessive insertion depth, wrong insertion direction, improper manipulation, and insufficient anatomical knowledge may cause adverse reactions.

G.1.4 Improper use of needles

The practitioner should first check the needle tipsince the needle may have cracks, bluntness and burrs that may cause pain, bleeding, infection, broken needle or tissue/ organ injury.

G.2 Patient

G.2.1 Psychological factors

Such emotional disturbances as nervousness, fear or excitement are easy to cause needle shock.

G.2.2 Physiological factors

Hunger and fatigue are common causes of needle shock.

G.2.3 Constitutional factors

People with allergic constitution are prone to allergic reactions to needles.

G.2.4 Pathological factors

The enlarged organs due to pathological changes are easy to be injured by needles. Hemophilia patients are prone to bleeding during acupuncture.

G.2.5 Other factors

A few patients may arbitrarily change their body positions during needle retention, which may result in stuck needle, bent needle or broken needle.

Annex H
(informative)
Prevention and solution of adverse event

H.1 Needle shock

Prevention：Pay attention to the patient′s constitution. For those who are hungry and excessively tired，acupuncture should be given after they eat and recover their physical strength. Choose a comfortable and maintainable position for the patient，observe the patient′s condition，and deal with any discomfort of the patient.

Solution：Stop the acupuncture immediately and withdraw the inserted needles. Let the patient lie flat and rest in a comfortable position. Give the patient other routine first aid measures according to the individual conditions.

H.2 Abnormal feelings after acupuncture

Prevention：The needling manipulations should be gentle and moderate，and the needle retention time should not be too long. After the needle withdrawal，press the acupuncture area to avoid the abnormal feelings after acupuncture.

Solution：Stop the acupuncture immediately and withdraw the inserted needles. Ask the patient to rest in a comfortable position.

H.3 Stuck needle

Prevention：Tell the patient the details of the acupuncture treatment to prevent the patient from being nervous. The needling manipulations should be gentle，and the twisting angle should not be too large. Continuous one-way twisting is not allowed. Choose a comfortable and maintainable position for the patient to avoid position change during the needle retention.

Solution：Stop the acupuncture immediately and tell the patient to relax. Press around the acupuncture area to relieve spasm. Help the patient return to the original position if the stuck needle is caused by the patient′s position change.

H.4 Bent needle

Prevention: The insertion strength should be appropriate and avoid excessively fast needle insertion. Choose a comfortable position for the patient, and tell the patient not to change the position at will during the needle retention. Protect the needling part and needle handle from being touched or pressed by foreign objects.

Solution: Stop the acupuncture immediately, tell the patient to relax, gently withdraw the needle along the bending direction of the needle.

H.5 Broken needle

Prevention: Check the needles before acupuncture and eliminate the unqualified ones; do not insert all the needle body into the acupuncture point; avoid excessively forceful needling manipulations, correctly handle the stuck needle and the bent needle, and avoid forceful needle withdrawal.

Solution: Stop the acupuncture immediately, tell the patient to relax and maintain the body position, and clamp and remove the broken needle with sterile tweezers. If the broken needle is all under the skin, use X-ray to locate it and take it out by surgery.

H.6 Traumatic pneumothorax

Prevention: Depend the insertion depth on the patient's body shape, select an appropriate body position for the patient, and keep proper range of manipulation. The acupuncture points on the chest, back and supraclavicular fossa should be punctured by oblique insertion or transverse insertion.

Solution: Stop the acupuncture immediately and withdraw the inserted needles. Ask the patient to rest in the half lying position, keep calm, and not to turn over the position due to fear. Evaluate the condition and take corresponding measures. For severe conditions, the experts should rescue in time.

H.7 Nerve injury

Prevention: Pay attention to the depth, direction and angle of insertion when needling the points near the cerebrospinal cord or nerve trunk. The manipulations should be gentle with proper stimulation time.

Solution：Stop the acupuncture immediately and withdraw the inserted needles. Assess the condition and send the patient to relevant department for further treatment.

H.8 Hematoma

Prevention：Acupuncture should avoid blood vessels；keep proper strength and range of needling manipulations. After the needle withdrawal，press the needled area for a moment with a sterile dry cotton ball.

Solution：Stop the acupuncture immediately，withdraw the inserted needles，tell the patient to relax，and press the hematoma area with sterile dry cotton ball. For moderate hematoma，apply cold compress and pressure bandage. For continuous bleeding，evaluate the condition and send the patient to relevant department for further treatment.

H.9 Organ injury

Prevention：Pay attention to the insertion depth and manipulation range when needling the points on the chest，abdomen，subcostal regions，lower back and back. Before needling the points on the lower abdomen，ask the patient to empty urine.

Solution：Stop the acupuncture immediately，withdraw the inserted needles，evaluate the condition and send the patient to relevant department for further treatment.

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前　言

本文件依据世界针灸学会联合会标准工作委员会制定的技术流程和规则研制。

本文件由世界针灸学会联合会(World Federation of Acupuncture-Moxibustion Societies，WFAS)归口并发布。

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本文件的制定得到了中华人民共和国科技部-国家重点研发计划中医药现代化研究重点专项项目国际针灸临床实践指南、技术操作规范和服务标准的研制(项目编号:2019YFC1712200)中国际针灸技术操作规范研制(课题编号:2019YFC1712204)的基金支持。

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

引　　言

毫针技术是一种疗效确切安全的治疗方法，在全世界广泛应用。本技术操作规范的目的是提高针灸从业者的毫针技术操作水平，增强针灸临床疗效和安全性。本文件可供全球范围内从事针灸的教学、科研、临床及相关专业人员使用。

针灸技术操作规范
毫针

1 范围

本文件规定了毫针的术语和定义、操作步骤与要求及安全性要求等。
本文件适用于毫针技术操作。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

ISO 17218 一次性使用无菌针灸针
ISO/TR 20520 中医 针灸治疗的感染控制
世界卫生组织标准针灸经穴定位（西太平洋地区）（2008）

3 术语和定义

下列术语和定义适用于本文件。

3.1

毫针 filiform needle

广泛应用于针灸治疗的一种有不同长度的细针。

3.2

刺手 needling hand

执针进行针刺的手。

3.3

押手 pressing hand

用一个或多个手指按压穴位局部、协同刺手进针的手。

3.4

针刺角度 insertion angle

针刺入时针体和皮肤之间形成的角度。

3.5

刺法 needling method

运用不同的毫针针具调节经络气血，以防治疾病的针刺方法。

3.6

手法 needing manipulation

毫针刺入腧穴后为了获得预期针刺效应所操作的方法。

注：只有一种术式的操作方法称为单式手法，由两种及以上术式组成的操作方法称为复式手法。

3.7

得气　arrival of qi

由患者和施术者感受到的特定感觉。

注：对于患者来说，它通常是指针刺入腧穴感觉到的疼痛、麻木、扩张和沉重（但可能会沿着经络上下移动）。对于施术者来说，它指的是一种握紧感或针下的沉紧感。

3.8

针刺补泻　reinforcing and reducing

行针刺手法为虚证补正气，为实证祛邪。

3.9

留针　needle retaining

在出现针刺感觉（得气）后将针留置在适当的位置。

3.10

出针　needle withdrawal

治疗结束后将针取出。

4　操作步骤与要求

4.1　操作前准备

4.1.1　针具要求

针灸临床所使用的毫针应符合 ISO 17218 的规定。毫针针具的结构和分类见附录 A。

4.1.2　针具检查

为防止针刺意外事故的发生，一次性毫针在每次使用前，均应严格检查。具体检查方法见附录 B。

4.1.3　腧穴定位

腧穴定位应符合《世界卫生组织标准针灸经穴定位（西太平洋地区）（2008）》的规定。

4.1.4　体位选择

针刺时受术者的体位，应以施术者能够正确取穴、方便施术，受术者舒适为原则。

a）　卧位：
- 仰卧位：适用于胸腹部的腧穴；
- 俯卧位：适用于腰背部的腧穴；
- 侧卧位：适用于侧身部的腧穴。

b）　坐位：
- 仰靠坐位：适用于前额、颜面、上肢、颈前和上胸部的腧穴；
- 俯伏坐位：适用于头顶、枕项、肩背部的腧穴；
- 侧伏坐位：适用于头颞、面颊、颈侧、耳部的腧穴。

c）　其他体位：视取穴的位置，患者舒适及施术者易于操作而确定。

4.1.5　消毒及环境要求

针具器械消毒、接触物品消毒、施术者手的消毒、针刺部位消毒以及对治疗室及备品的消毒要求均

应符合 ISO/TR 20520 的规定。具体要求见附录 C。

4.2 操作方法

4.2.1 持针法

4.2.1.1 两指持针法

施术者用刺手拇指指腹与食指指腹捏持针柄,或用拇指指腹与食指桡侧指端捏住针柄。

4.2.1.2 三指持针法

施术者用刺手拇指、食指和中指三指指腹捏持针柄,拇指在内侧,食指、中指在外侧捏住针柄。

4.2.1.3 四指持针法

施术者用刺手拇指、食指和中指三指指腹捏持针柄,以无名指抵住针身。

4.2.1.4 持针体法

施术者以刺手拇指和食指用无菌干棉球裹住针体近针尖的部位,并用力捏紧。

4.2.1.5 双手持针法

施术者以押手拇指和食指用无菌干棉球裹紧针体下端并露出针尖,使针尖接近腧穴,刺手拇指和食指用力捏住针柄。

4.2.2 进针法

4.2.2.1 爪切进针法

施术者以押手拇指或食指的指甲掐切腧穴皮肤,刺手持针将针尖紧靠押手指甲缘迅速刺入腧穴。

4.2.2.2 舒张进针法

施术者以押手食指、中指两指或拇指、食指两指将所刺腧穴部位的皮肤向两侧撑开固定,刺手持针将针从押手两指的中间刺入腧穴。

4.2.2.3 提捏进针法

施术者以押手拇指、食指将腧穴两旁的皮肤提捏起,刺手持针从提捏的上端刺入腧穴。

4.2.2.4 夹持进针法

施术者以押手拇指和食指用无菌干棉球裹紧针体下端并露出针尖,使针尖接近腧穴,刺手持针柄,刺手与押手同时用力将针刺入腧穴。

4.2.2.5 捻转进针法

施术者以刺手持针,拇指和食指均匀捻转针柄,边捻转边将针刺入腧穴。

4.2.2.6 弹针进针法

施术者以押手持针柄留出针尾,使针尖接近腧穴,用刺手拇指扣住食指或中指指甲,指甲顺着针刺

方向对准针尾弹击,使针迅速刺入腧穴。

4.2.2.7 管针进针法

施术者以押手将一次性管针针尖置于腧穴部位,刺手食指或中指对准针尾弹击,使针尖刺入皮肤,去掉针管后将针刺入腧穴。

4.2.2.8 单手进针法

施术者以刺手拇指和食指持针,中指端紧靠腧穴并使指腹抵住针体,当拇指和食指向下用力时中指同时随之屈曲,将针刺入腧穴。

4.2.3 针刺角度

4.2.3.1 直刺

施术者将针体与皮肤约呈 90°角垂直刺入腧穴。

4.2.3.2 斜刺

施术者将针体与皮肤约呈 45°角斜刺入腧穴。

4.2.3.3 横刺

施术者将针体与皮肤约呈 15°角或小于 15°角沿皮刺入腧穴。

4.2.4 针刺深度

4.2.4.1 依据腧穴部位定深度:一般肌肉浅薄或内有重要脏器处宜浅刺,肌肉丰厚之处宜深刺。
4.2.4.2 依据病情性质定深度:阳证、表证、新病宜浅刺,阴证、里证、久病宜深刺。
4.2.4.3 依据年龄定深度:年老、体弱、小儿均宜浅刺,中青年身强体壮者,可适当深刺。
4.2.4.4 依据体质、体形定深度:形瘦体弱者宜浅刺,形盛体强者可适当深刺。
4.2.4.5 依据季节、时令定深度:春夏宜浅刺,秋冬宜深刺。

4.2.5 常用刺法

4.2.5.1 透刺法

4.2.5.1.1 直透法

施术者确定两个相对的腧穴后,针体与皮肤呈 90°角左右垂直刺入第一个腧穴,然后向第二个腧穴刺入直达第二个腧穴。

4.2.5.1.2 横透法

施术者确定两个相对的腧穴后,针体与皮肤呈 15°角左右刺入第一个腧穴,然后向第二个腧穴刺入直达第二个腧穴。

4.2.5.1.3 斜透法

施术者确定两个相对的腧穴后,针体与皮肤呈 45°角左右刺入第一个腧穴,然后向第二个腧穴刺入直达第二个腧穴。

4.2.5.2　半刺

施术者于腧穴部位将针快速浅刺入皮肤，深度达皮内而不刺入肌肉，于皮内得气，快速出针。

4.2.5.3　合谷刺

施术者将针刺入肌肉深处然后退至穴位浅层，再向左侧、右侧分别斜刺，使穴内三次针刺的角度类似鸡足状。

4.2.5.4　输刺

施术者于腧穴部位垂直进针，深度至骨，针毕垂直拔针。

4.2.5.5　其他刺法

其他刺法见附录D。

4.2.6　常用手法

4.2.6.1　基本手法

4.2.6.1.1　提插法

毫针刺入腧穴后，施术者用刺手拇指与食指、中指持针柄，将针在腧穴内反复进行上提下插的动作。

4.2.6.1.2　捻转法

毫针刺入腧穴后，施术者用刺手拇指与食指、中指持针柄或用拇指指腹与食指桡侧持针柄，一左一右交替捻转。

4.2.6.2　辅助手法

4.2.6.2.1　摇法

毫针刺入腧穴一定深度后，施术者刺手持针柄轻轻摇动。

4.2.6.2.2　盘法

毫针刺入腧穴后使针身倾斜，用拇、食、中三指或拇、食指捏住针尾，将针向一个方向盘转。

4.2.6.2.3　搓法

毫针刺入腧穴后，施术者用刺手拇指指腹与食指桡侧持针柄，向一个方向连续地慢慢转针，要避免肌肉缠针。

4.2.6.2.4　刮法

毫针刺入腧穴一定深度后，施术者以刺手拇指或食指的指腹抵住针尾，用拇指、食指或中指指甲，由下而上或由上而下频频刮动针柄。

4.2.6.2.5　弹法

毫针刺入腧穴后，施术者用刺手的拇指指腹扣住食指或中指指端，然后食指或中指发力，以食指甲

或中指甲弹击针柄,使针体微微振动。

4.2.6.2.6 飞法

毫针刺入腧穴后,施术者用刺手拇、食指持针柄,细细捻搓数次,然后张开两指,一搓一放,反复数次,状如飞鸟展翅。

4.2.6.2.7 颤法

毫针刺入腧穴一定深度后,施术者用刺手拇、食指持针柄,行小幅度、快频率的提插捻转手法,使针身轻微震颤。

4.2.6.2.8 弩法

毫针刺入腧穴后,施术者用刺手拇、食指捏住针柄,中指按压针身,使针身弯曲成弩弓之状,用以调整针尖方向。

4.2.6.2.9 搜法

毫针刺入腧穴一定深度,随即将针退到皮下再分别向上下左右等不同的方向进针,以探寻经气。

4.2.6.3 复式手法

4.2.6.3.1 烧山火

腧穴分为浅、中、深三层(又称天、人、地三部)。施术者将针刺入浅层(天部),得气后施重插轻提或捻转补法 9 次,随后将针进至中层(人部),施重插轻提或捻转补法 9 次,再将针进至深层(地部),施重插轻提或捻转补法 9 次。此时,若针下产生热感,称为 1 度,即可停止操作,如果针下未出现热感,可将针上提至浅部,再施前法,直至热感出现,一般不超过 3 度。施术完毕,出针后用消毒干棉球按闭针孔,以防出血。

4.2.6.3.2 透天凉

腧穴分为浅、中、深三层(又称天、人、地三部)。施术者将针刺入深层(地部),得气后施轻插重提或捻转泻法 6 次,随后将针提至中层(人部),施轻插重提或捻转泻法 6 次,再将针提至浅层(天部),施轻插重提或捻转泻法 6 次。此时,若针下产生凉感,称为 1 度,即可停止操作,如果针下未出现凉感,可将针下插至深部,再施前法,直至凉感出现,一般不超过 3 度。施术完毕,轻轻拔针,出针后用消毒干棉球缓缓按压针孔,以防出血。

4.2.6.3.3 青龙摆尾

针刺得气后,提针至穴位浅层,随后按倒针身,以针尖指向病所,施术者拇、食两指持针柄不进不退,向左右慢慢摆动,往返摆针如扶船舵之状。

4.2.6.3.4 白虎摇头

直刺进针至腧穴深层得气后,施术者拇、食两指持针柄进行摇针。先由右下方摇向左上方,针尾的行动轨迹呈半圆形(进圆↶),再由左上方退至右下方,针尾的行动轨迹呈半方形(退方↴)。行此法时手似摇铃,期间要有抖动,以使针体震动。

4.2.6.3.5 其他复式手法

其他复式手法见附录 D。

4.2.6.4 补泻手法

4.2.6.4.1 提插补泻

补法：针刺得气后，先浅后深，重插轻提，提插幅度小，频率慢，操作时间短，以下插用力为主。

泻法：针刺得气后，先深后浅，轻插重提，提插幅度大，频率快，操作时间长，以上提用力为主。

4.2.6.4.2 捻转补泻

补法：针刺得气后，在针下得气处捻转，拇指向前（顺时针）时用力重；拇指向后（逆时针）还原时用力轻，反复操作。

泻法：针刺得气后，在针下得气处捻转，拇指向后（逆时针）时用力重；拇指向前（顺时针）还原时用力轻，反复操作。

4.2.6.4.3 徐疾补泻

补法：毫针刺入腧穴后，在浅层得气，随之缓慢进针至一定深度，再迅速退针至浅层，反复施行，快速出针。

泻法：毫针快速进针至一定深度，得气后，随之缓慢退针至浅层，再反复施行，缓慢出针。

4.2.6.4.4 迎随补泻

补法：进针时针尖随着经脉循行方向刺入。

泻法：进针时针尖迎着经脉循行方向刺入。

4.2.6.4.5 呼吸补泻

补法：令患者呼气时进针，吸气时出针；或行针时，在患者呼气时插针，吸气时提针。

泻法：令患者吸气时进针，呼气时出针；或行针时，在患者吸气时插针，呼气时提针。

4.2.6.4.6 开阖补泻

补法：缓慢退针，出针后迅速按压针孔片刻。

泻法：疾速出针，出针时摇大针孔且稍缓片刻后按压针孔。

4.2.6.4.7 平补平泻

得气后均匀地提插、捻转的针刺补泻操作方法。

4.2.7 针刺得气

针刺得气可以从两方面来判断：一是患者对针刺的感觉和反应；二是施术者刺手指下的感觉。当毫针刺入腧穴得气时，患者有酸、麻、胀、重等感觉，有时还可出现热、凉、痒、痛、抽搐、蚁行、触电等感觉，或呈现沿着一定的方向和部位传导和扩散现象；施术者的刺手可体会到针下沉紧、涩滞或针体颤动等反应。得气及调气方法见附录 E。

4.2.8 留针

针刺得气后，使针留置腧穴内 20 min～30 min，施术者可根据病情来确定留针时间，在此期间可行针。

4.2.9 出针

施术者押手持无菌干棉球轻压针刺部位，刺手拇指、食指持针柄，将针退出腧穴后，根据治疗需要，决定是否按压针孔。

4.3 操作注意事项

4.3.1 使用过的针灸针、针刺医疗废弃物(如用过的乙醇棉签和防护手套)，应根据各个国家及地区废弃物处理法规进行处理。

4.3.2 施术应严格消毒，施术者手指不宜直接接触针体，如需触及针体时，应当用无菌干棉球作间隔物。

4.3.3 胸部、背部及有重要血管和器官部位的腧穴应选择适宜的针刺方法和体位，留针时嘱咐病人不要变动体位。

4.3.4 饥饿、饱食、醉酒、精神紧张者不宜立即针刺。

5 安全性要求

5.1 禁忌

毫针针刺禁忌中关于禁忌部位、禁忌症、操作者禁忌等内容见附录 F。

5.2 不良事件

不良事件是受术者接受针灸治疗过程中或治疗后出现的非预期的不利医学事件。包括晕针、滞针、断针、弯针、针后异常感、针刺引起出血和皮下血肿、针刺引起创伤性气胸、刺伤脑或脊髓、刺伤内脏等事件。不良事件发生的原因见附录 G。不良事件的预防和处理见附录 H。

5.3 操作者资质

操作者资质应符合各国家及地区对针灸操作人员资格限定的要求。

附 录 A
（资料性）
毫针针具的结构和分类

A.1 毫针结构

A.1.1 针尖

毫针针体刺入腧穴的尖端部位。

A.1.2 针体

针尖至针柄间的主体部分，又称针身。

A.1.3 针根

针体与针柄连接的部分。

A.1.4 针柄

从针根到针尾的部分。

A.1.5 针尾

针柄的末端部分，多为缠柄金属丝的延续部分。

A.2 毫针分类

毫针分类如下：

a） 管针；

b） 非管针。

附　录　B
（资料性）
毫针检查

B.1　一次性无菌针灸针在使用前应检查产品批次日期，在有效期内使用。

B.2　观察针体是否笔直，针柄不得有任何可能导致刺痛或割伤等的突起。使针尖向上，针柄向下，手捏针柄，于阳光充足处仔细观察，看针体有无粗糙、弯曲、折痕、斑剥、锈痕、上下是否匀称，以及针根有无剥蚀损伤及毛刺等。

B.3　观察针柄，螺旋线圈应对称无明显缝隙，表面光滑。

B.4　检查其外包装是否完好，应在干燥、清洁和通风良好的条件下存储针灸针，一旦打开应注意及时使用。

附 录 C
（资料性）
消毒要求

C.1 针灸针

使用毫针应符合消毒规范，一次性毫针要注意保质期。

C.2 接触物品

与毫针接触的针盘、针管、针盒、镊子等，可用2%来苏尔溶液或1∶1 000 L汞溶液浸泡1 h～2 h。

C.3 施术者手指

在针刺操作前，施术者应先用肥皂水将手洗干净，待干后再用75%乙醇棉球擦拭施术手指。如需接触针体，施术者应对手部进行再次消毒，或者使用消毒纱布、棉球或医用手套。从包装中取出针灸针后，如果需要在使用前暂时放下针，施术者应将针及镊子尖端均放在消毒纱布上，再次使用时应重新进行手部消毒。

C.4 针刺部位

在患者需要针刺的腧穴皮肤上用75%乙醇棉球或0.5%的碘伏棉球擦拭。

C.5 治疗室内

针灸治疗室内消毒，包括治疗床上用的床垫、枕巾、毛毯、垫席等物品，要按时换洗晾晒；提倡采用一人一用消毒垫布、垫纸、枕巾。治疗室也应定期消毒，保持空气流通，环境卫生整洁。

附 录 D
（资料性）
其他刺法及其他复式手法

D.1 其他刺法

D.1.1 恢刺

施术者在筋腱拘急处直刺进针后提至皮下，再向两旁刺入，于前后方向进行针刺，令患者作关节活动。

D.1.2 齐刺

施术者在腧穴正中先直刺 1 针，后于腧穴两旁各刺 1 针。

D.1.3 扬刺

施术者在腧穴正中直刺 1 针，然后在其上下左右各斜刺浅刺 1 针。

D.1.4 直针刺

施术者先夹持捏起腧穴处皮肤，然后将针沿皮下浅刺入。

D.1.5 短刺

施术者进针由浅至深，边深入边摇动针柄，深刺至骨，在骨膜处上下捣动如摩刮骨状。

D.1.6 浮刺

施术者在腧穴旁斜刺进针然后平刺至腧穴浅层。

D.1.7 傍针刺

施术者先在腧穴处直刺 1 针，再于腧穴旁向腧穴方向加刺 1 针。

D.1.8 赞刺

施术者于施术部位多次浅层针刺，垂直进出针使之少量出血。

D.2 其他复式手法

D.2.1 阳中隐阴

腧穴分为浅、深两层。施术者缓慢进针，将针刺入浅层，得气后行提插补法或捻转补法 9 次，随后将针刺入深层，行提插泻法或捻转泻法 6 次，反复施行。

D.2.2 阴中隐阳

腧穴分为浅、深两层。施术者快速进针，将针刺入深层，得气后行提插泻法或捻转泻法 6 次，随后将针提至浅层，行提插补法或捻转补法 9 次，反复施行。

D.2.3 子午捣臼

腧穴分作浅、中、深三层(又称天、人、地三部)。施术者将针刺入浅层(天部),得气后,同时进行提插补法结合捻转补法 9 次,随后将针插入中层(人部),同时进行提插补法结合捻转补法 9 次,再将针插入深层(地部),同时进行提插补法结合捻转补法 9 次,此为"三进",为补;然后由深至浅,将针提至中层(人部),同时进行提插泻法结合捻转泻法 6 次,最后将针退至浅层(天部),同时进行提插泻法结合捻转泻法 6 次,此为"二退",为泻。三进二退称为 1 度,应反复施术 3 度。

D.2.4 龙虎交战

针刺得气后,先施捻转补法 9 次,再施捻转泻法 6 次。如此反复施行多次,亦可分浅、中、深 3 层重复进行。

D.2.5 苍龟探穴

直刺进针得气后将针退至浅层,按上下左右顺序,分别向各方向浅、中、深三层进针,反复施行。

D.2.6 赤凤迎源

直刺进针至腧穴深层,再退针至浅层,待针下得气,针体自摇,再进针至中层行提插捻转。然后使刺手拇、食两指呈交互状,拇指向前,食指向后,将两指弯曲,用拇指及食指由下而上沿针柄呈螺旋式搓摩,两指一搓一放力度均匀一致,但针体不能上提,反复施行。

附 录 E
（资料性）
得气及调气方法

E.1 得气的自觉指征

得气的自觉指征是指接受针刺者的主观感觉和反应。主要是酸、麻、胀、重、凉、热、触电感、蚁走感、水波感和不自主的肢体活动，以及特殊情况下的疼痛感等针感。针感的性质与机体反应、疾病的性质和针刺部位有密切关系。一般是敏感者反应强，迟钝者反应弱。指趾末端多痛，四肢与肌肉丰厚处多酸、麻、胀、重，向上下传导，远端扩散等。腹部多为沉压感，腰部多酸胀感。

E.2 得气的他觉指征

得气的他觉指征是施针者感觉和观察到的现象。针刺得气后，针下可由原来的轻松虚滑，变为沉紧，出现如鱼吞钩饵等手感；用手触摸腧穴周围，可感到肌肉由原来的松弛变为紧张，有的还会感到肌肉跳动或蠕动，某些原来因病而痉挛的肌肉可由紧张变为松弛等。

E.3 催气法

针后气不至，施术者可用手指于所针腧穴之经上循摄、爪切，以催其气至，也可用提插、捻转、震颤等手法催气。

E.4 守气法

进针得气后，为使针感能加强与持久，施术者以押手拇指或食指压在所刺腧穴旁边，但不要压在经络上，并向针刺部位用力。

E.5 调气法

将针刺入腧穴中得气之后，即可启动调气之枢机，由机体进行自身调节，以达到“阴平阳秘，其病乃治”的目的；也指进针至地部，再提针至人部或天部，行捻转法，使气上行或下行的方法。

附 录 F
（资料性）
针刺禁忌

F.1 针刺时应避开大血管，腧穴深部有脏器时应掌握针刺深度，切不可伤及脏器。

F.2 孕妇不宜刺下腹部、腰骶部以及三阴交、合谷、至阴等对胎孕反应敏感的腧穴。小儿囟门未闭合时，囟门附近的腧穴不宜针刺。

F.3 皮肤有感染、溃疡、瘢痕或肿瘤部位，除特殊治疗需要外，均不应在患部直接针刺。

F.4 有凝血机制障碍的受术者慎用针刺。

F.5 凡不符合各国家/地区的法律要求的人员，不得进行针刺操作。

附　录　G
（资料性）
不良事件发生原因

G.1　施术者的原因

G.1.1　注意力不集中

施术者在治疗过程中注意力不集中，是造成针刺异常情况发生的一个重要原因。

G.1.2　消毒不严

施术者手部、针具、穴区的消毒不严都有导致感染的可能。

G.1.3　操作不当

施术者在针刺治疗过程中，取穴不准、针刺过深或进针方向错误、手法操作不当、对人体解剖不熟悉均可造成针刺异常情况的发生。

G.1.4　针具使用不当

施术者应首先检查针头，看是否有针头异常或针头生锈。如施术者在针灸操作前忽视检查，针具可能存在裂痕、粗钝、毛刺，在使用时极易造成疼痛、出血、感染、折针及组织器官损伤等情况发生。

G.2　受术者的原因

G.2.1　心理因素

紧张、恐惧或情绪过度激动，容易晕针。

G.2.2　生理因素

饥饿、疲劳等，是导致晕针常见的原因之一。

G.2.3　体质因素

过敏体质者易对针具发生过敏反应。

G.2.4　病理因素

脏器因病变而出现体积增大，易被针具误伤。血友病患者，针刺时极易导致出血。

G.2.5　其他因素

主要是不合作因素，少数患者在留针过程中，任意变换体位，导致滞针、弯针、断针的发生。

附 录 H
（资料性）
不良事件的预防和处理

H.1 晕针

预防：注意病人的体质，对于饥饿、过度疲劳者，应待其进食、体力恢复后再进行针刺，选择舒适自然且能持久的体位，密切观察受术者情况，发现不适及时处理。

处理：立即停止针刺，将已刺之针全部取出。让受术者平躺并以舒适体位休息。酌情配合其他常规急救措施。

H.2 针后异常感觉

预防：行针手法要柔和适度，避免手法过强和留针时间过长，出针后可在针刺局部上下循按，避免出现针后异常感。

处理：立即停止针刺，将已刺之针全部取出。出针后让受术者以舒适的体位休息片刻。

H.3 滞针

预防：针前要做好解释工作以防初诊受术者紧张，行针时手法宜轻巧，不可捻转角度过大，或连续单向捻转，选择较舒适体位，避免留针时改变体位。

处理：立即停止针刺。嘱受术者放松，消除其紧张情绪。施术者用手指在邻近部位循按缓解痉挛，若因受术者体位移动所致，帮助其恢复原体位。

H.4 弯针

预防：施术者施术手法要熟练，用力要适当，避免进针过猛、过速。受术者的体位要舒适，嘱受术者留针期间不得随意变动体位。保护针刺部位和针柄，防止受外物碰压。

处理：立即停止针刺。嘱受术者放松，帮助其恢复原位，沿弯曲方向轻轻拔出针。

H.5 断针

预防：针前检查针具，剔除质量不合格的针具；针刺时切勿将针体全部刺入腧穴，应留部分在体外；避免过猛、过强的行针，正确处理滞针和弯针，切忌强力抽拔。

处理：立即停止针刺。嘱受术者放松，保持原有体位，用无菌镊子夹住并取出残端。若折断部分全部没入皮下，应采用X线定位，施行外科手术取出。

H.6 气胸

预防：施术者根据受术者体形肥瘦，掌握进针深度，选择合适体位，施行手法的幅度不宜过大，胸背部及缺盆部腧穴应斜刺或平刺。

处理：立即停止针刺，将已刺之针全部取出。嘱受术者半卧位休息，保持平静，切勿因恐惧而翻转体位，评估病情予相应措施，如病情严重者需及时组织专科抢救。

H.7 神经损伤

预防：针刺脑或脊髓或神经干附近腧穴时应注意针刺深度、方向和角度，手法不宜过重，刺激时间不

宜过长。

处理:立即停止针刺,将已刺之针全部取出。评估病情并转至相关科室进一步处理。

H.8 血肿

预防:应避开血管针刺;行针手法强度适当,避免大幅度的提插捻转,出针后立即用消毒干棉球按压片刻。

处理:立即停止针刺,将已刺之针全部取出。嘱受术者放松,用无菌干棉球按压,对中度血肿应冷敷并加压包扎,如持续出血应评估病情并转至相关科室进一步处理。

H.9 器官损伤

预防:针刺胸腹、胁肋及腰背部的腧穴时,应控制针刺深度,行针幅度不宜过大;针刺下腹部的腧穴前,要嘱受术者排空小便。

处理:立即停止针刺,将已刺之针全部取出,评估病情并转至相关科室进一步处理。

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