

Updated January 31, 2023

# Standard for Acupuncture

# Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario (“the College”), regardless of practice setting, job title, or role. The Standards, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

<b>Code of Ethics</b>	The Code of Ethics defines the College’s expectations for ethical practice. It includes a set of values and principles, and is intended for use in all <b>contexts</b> and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and adhere to these principles.
<b>Competencies</b>	The <i>Competencies for Occupational Therapists in Canada, 2021</i> , articulates the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the Competencies to inform practice and professional development.
<b>Standards</b>	Standards of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.
<b>Practice Guidance</b>	Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

## How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval by the College’s Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

## How the Standards are used

### Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

## The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416-214-1177 or [practice@coto.org](mailto:practice@coto.org).

## Occupational therapists

Clinical and non-clinical occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in clients' best interests.

## Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

## Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

## Use of the terms “client,” “patient,” and “service”

The College uses the term “client” to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are “people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large” (2021, p. 19). **The term “clients” applies to people and organizations that occupational therapists work with in both clinical and non-clinical settings.**

The *Regulated Health Professions Act, 1991* (RHPA) uses the term “patients” to refer to people receiving care from regulated health professionals. This definition is not as broad as the term “client” used in the *Competencies*. In these Standards, the College uses the broader term “client” with one exception: it remains consistent with the RHPA by using the term “patient” when referring to sexual abuse legislation.

The term “service” is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. “Service” also includes non-clinical roles

or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

## How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains:

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further resources, including College, legislative, and regulatory documents

### General resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. [https://acotro-core.org/sites/default/files/uploads/ot\\_competency\\_document\\_en\\_hires.pdf](https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf)

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. <https://www.coto.org/resources/code-of-ethics>

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

# Standard for Acupuncture

Acupuncture is a controlled act under the *Regulated Health Professions Act, 1991* (RHPA). This is because it involves a procedure performed on tissue below the dermis. Controlled acts are procedures that pose a risk to clients if not performed by a qualified practitioner. Occupational therapists who are competent to perform acupuncture are permitted to do so (*Ontario Regulation 107/96: Controlled Acts*, s. 8 [2] in the RHPA).

*Occupational therapists are expected to:*

## 1. Obtain and maintain competence

- 1.1 Have successfully completed formal acupuncture training with instructional, theoretical, and practical components taught by a qualified acupuncture practitioner or through a recognized acupuncture program. The course of study must include:
  - a. Introduction to the theories, philosophy, and principles of acupuncture
  - b. Anatomy, acupuncture points, and acupuncture meridians
  - c. Applications of acupuncture, including:
    - i. Understanding of the indications, contraindications, benefits, risks, and limitations of acupuncture techniques
    - ii. Selection of clients, planning of treatment, and evaluation of progress and benefit to clients
    - iii. Practical training of point location and safe needle insertion and removal
    - iv. Practical examination
  - d. Infection prevention and control and safety procedures in acupuncture
  - e. Treatment principles, techniques, and specific clinical conditions
- 1.2 Provide verifiable documents showing completion of acupuncture training if requested by the College.
- 1.3 Assess clients as candidates for acupuncture based on current evidence of the treatment's effectiveness. Before proceeding, follow the [Standard for Consent](#).
- 1.4 Perform acupuncture safely and in accordance with all Standards of Practice and relevant legislation.
- 1.5 Use electroacupuncture only if clinically indicated and with proper training.
- 1.6 Document details of the acupuncture procedure (for example, needle points used, length of needle, depth and direction, and use of stimulation or manipulation) and the outcome or effectiveness of the procedure.
- 1.7 Take part in professional development to ensure ongoing competence (for example, recognized acupuncture educational and training programs, workshops, conferences, or learning modules).
- 1.8 Know and follow appropriate infection prevention and control methods, including:
  - a. Maintaining required standards of cleanliness, skin disinfection, and needling technique

- b. Ensuring that needles used for treatment are single use, prepackaged, presterilized, unexpired, manufactured for use in acupuncture, intended for the specific kind of acupuncture being performed, and properly disposed of.

## **2. Work within the scope of occupational therapy practice**

- 2.1 Document the clinical rationale for using acupuncture within the occupational therapy intervention plan.
- 2.2 Use the protected title “acupuncturist” only if registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario and performing acupuncture techniques outside the scope of occupational therapy practice.
- 2.3 Refer clients to another qualified practitioner if they need acupuncture beyond the scope of occupational therapy practice or the competence of the occupational therapist.

## **3. Follow the rules for delegation**

- 3.1 Before performing techniques of acupuncture that involve another controlled act, obtain delegation to perform the act. Delegation refers to the transfer of authority to perform a controlled act from one practitioner who has the authority to another practitioner who has the knowledge, skill, and judgement to perform the procedure safely and effectively.
- 3.2 Never delegate or assign any part of acupuncture to students, occupational therapy assistants, or any other health practitioners.

### **Related College documents**

Controlled Acts and Delegation

Standard for Consent

Standard for Infection Prevention and Control (IPAC)

Standard for Record Keeping

Standard for the Supervision of Students and Occupational Therapy Assistants

### **Resources**

Ontario Regulation 107/96, Controlled Acts. (1991). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/960107>

# Glossary of Terms

## Co-create

Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

## Context

Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and the physical environment they move through.
2. Meso context refers to the policies and processes embedded in the health, education, justice, and social service systems that affect the client.
3. Macro context refers to the larger socioeconomic and political context around the client: social and cultural values and beliefs, laws, and public policies.

## Culturally safer

Culturally safer is a refinement on the concept of cultural safety. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people, for example—have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the services to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, occupational therapists work toward it.

## Ecological considerations for care

Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

## Intersectionality

Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

## Power imbalance

Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.

### **Vulnerable client**

The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high risk and intensive.

### **Resources**

Merriam-Webster. (n.d.). Ccreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from <https://www.merriam-webster.com/dictionary/ccreate>

College of Occupational Therapists of Ontario  
20 Bay St, Suite 900, PO Box 78, Toronto, ON M5J 2N8  
T 416-214-1177 • 1-800-890-6570 F 416-214-1173  
[www.coto.org](http://www.coto.org)

Information contained in this document is the property of the College of Occupational Therapists of Ontario and cannot be reproduced in part or whole without written permission.

© 2023, College of Occupational Therapists of Ontario  
All rights reserved.