



NCCAOM Diplomate Spotlight: Eric Raymond Buckley



1. Eric, you have recently been appointed to the NCCAOM Recertification Committee. What is your history with the NCCAOM and what spurred you to volunteer to serve?

I have been a Diplomate of Oriental Medicine since 2009. I became interested in volunteering for the organization because of my work protecting our profession against the proliferation of short courses in Trigger Point Dry Needling (TPDN) being taught outside the profession. I came to realize, deeply, the importance of educational and testing standards for the practice of acupuncture. Short courses in acupuncture, no matter under what name or

theories behind their application, are a threat to public safety and erode public confidence in standards of medicine. Our profession developed standards in order to show competence using acupuncture needles to produce a therapeutic effect in the body. A responsible healthcare provider should understand the importance of maintaining high standards. I volunteer for the organization in order to show my respect for those standards.

2. You also serve on various committees of the American Academy of Acupuncture and Oriental Medicine (AAAOM). The Herbal Medicine Committee, the Public Policy Committee and the Inter- Professional Standards Committee. Which of these committees is closest to your heart and why?

I came into the medicine because of my love for Chinese herbal medicine. The effective application of herbs in formula is the most exciting branch of our medicine. In my opinion, when utilized by a knowledgeable and skilled practitioner, Chinese herbal medicine is one of the most effective therapies for the relief of many chronic conditions that western medicine cannot provide. Since I see that many schools of acupuncture and Oriental medicine do not even offer Chinese herbal medicine as part of their program, I find it imperative to highlight their importance to our community. Additionally, certain substances which our practitioners have a longstanding history prescribing safely have in recent years been abused and branded as unsafe and are difficult or impossible to obtain. I wish to protect our practitioners' ability to have access to our full pharmacopeia of herbal medicines.

3. What is Dry Needling and why should it be a very important issue to certified or licensed acupuncturists?



Dry needling is acupuncture. Most acupuncturists refer to this as “Ah-shi” needling. It is the insertion of an acupuncture needle into a tight band of musculature known as a trigger point, or sometimes also a motor point. It is a technique that is spreading like wild-fire through the western medical community to treat myofascial pain syndromes. It is an important issue for us to understand because it threatens our rightful position within the spectrum of healthcare providers of this country. Our long and hard-fought battle for recognition and licensure, CNT protocols, establishment of educational and testing standards, AMA defined CPT codes, etc. is being usurped and our profession re-branded by western medical providers, specifically PTs and Chiropractors. The strengths of our medicine is being integrated into the greater western healthcare system without the actual providers who are the best equipped to provide it. They do so by saying that they do not use the larger system of Chinese medicine theory and that it is based in western anatomy, and therefore it is not acupuncture. To anyone who is a Chinese medicine practitioner and knows the countless hours we learn western biomedicine, this is a fallacious argument at its core. It is only a matter of time that distal treatments will begin to be justified and a wider range of conditions besides pain treated, therefore reinventing the entire medicine under our noses.

As of today, the AAAOM Inter-Professional Standards committee has determined that Dry Needling has been adopted into the scopes of practice of Physical Therapy by rule in 15 states, by law in 2 states, explicitly prohibited in PT scope by 11 states, and is undetermined in 20 states. It is being challenged successfully in many states that there is an active and aware acupuncture state association, with the help of the AAAOM's committee. If AOM practitioners would like to assist, please support your state and national associations with membership.

One bit of advice I would like to give acupuncturists who feel threatened by dry needling, *learn and constantly get better at prescribing herbal medicine!* It sets us apart and broadens a practitioner’s ability to successfully manage patient's complaints.

4. What can you say about the history of Dry Needling within the medical community?

Dry Needling of trigger points is similar to the treatment of pain syndromes developed by Janet Travell where she would insert a hypodermic needle and inject therapeutic substances into trigger points. The term “Dry” needling was conceived because instead of inserting a hollow hypodermic needle and injecting a medication, a solid filiform acupuncture needle is inserted into the painful area and a local twitch response is elicited from the muscle, with no injection of liquids. Canadian physician, Chan Gunn, who is Chinese Malaysian by birth, is widely cited as being the originator of dry needling. It has more recently been advocated in



the physical therapy world by Edo Zylestra and his PT education courses taught through Kinetacore, Jan Dommerholt, DPT and Yun-Tao Ma, PhD, LAc.

5. You were the Founder of the Christus St. Vincent Integrative Medicine Department in Santa Fe, New Mexico. What do you envision as the future of Integrative Medicine going forward?

I envision Integrative Medicine to be a multi-disciplinary approach to patient care where the patient's goals come first. It is a broad view of healthcare that includes conventional and traditional medicine techniques in its approach to helping patients achieve their maximum health. It is team-based treatment where each provider understands and respects their strengths and limitations towards patient management and refers responsibly within the network of providers. It provides best practice-based solutions to the management of chronic and acute health issues that is personable and intelligent. It is ultimately respectful of the humanity of each patient. This model of health should also be sustainable, made affordable to all patient populations regardless of income, while providing an abundant means of compensation for providers which also does not bankrupt the healthcare system.

I see Integrative Medicine being incorporated into more hospitals and community-based clinics. With the passage of the Patient's Protection and Affordable Care Act (PPACA), which contains the non-discrimination clause in Section 2706, we will hopefully be provided more reimbursement and will receive better recognition for the good care AOM practitioners provide to patients. Integrative Medicine looks to provide for better solutions to chronic conditions, the very conditions that western medicine is seeking answers for. Acupuncture and Oriental medicine providers are natural leaders in this area and we should be prepared to step up to this future challenge.