

The Colorado Acupuncturist

A Publication of the Acupuncture Association of Colorado

Volume 8
Issue 2
April
2012

The mission of the AAC is to provide a unified voice to practitioners and students of AOM by involving and communicating with members, educating the public, and influencing legislation to promote and protect AOM in Colorado.

SPRING NEW BEGINNINGS

"All through the long winter, I dream of my garden. On the first day of spring, I dig my fingers deep into the soft earth. I can feel its energy, and my spirits soar." -- Helen Hayes

"When spring comes the grass grows by itself." -- Tao Te Ching

"I stuck my head out the window this morning and spring kissed me bang in the face." -- Langston Hughes

"The beautiful spring came; and when Nature resumes her loveliness, the human soul is apt to revive also." -- Harriet Ann Jacobs

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The Acupuncture Association of Colorado, Inc., as a nonprofit association, is a professional organization of acupuncture and Oriental medicine throughout the state of Colorado. The Association will encourage and foster the healing art known as acupuncture and Oriental medicine, promote acceptance of a uniform standard recognition for the unique skills and abilities of acupuncture and Oriental medicine throughout the state of Colorado, work in association with the existing Colorado medical community, and foster, encourage and promote constant upgrading of the skills, abilities, qualifications and educational requirements of acupuncturists and practitioners of Oriental medicine.

The Colorado Acupuncturist is published quarterly by the AAC. Letters, articles, research papers, news, book reviews, artwork, and advertisements are welcome. Please contact Charissa Haines at Editor@acucol.com. Materials in the journal are the opinions of the authors and do not necessarily represent those of the AAC.

Advertising rates per issue:

Full page	\$140
Half Page	\$85
Quarter Page/Classified Ad	\$50

Quarterly Issues:

Spring (April issue)
Summer (July issue)
Fall (October issue)
Winter (January issue)

If you have events to post on the calendar or products and services to advertise, please contact the editor, Charissa Haines: Editor@acucol.com

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**President's Column: Greg Shim, L.Ac., M.Ed., MTCM
(or - "Ramblings of a Mad Acupuncturist")**

Expectations. We all have them, we all use them, and at times we are limited by them. What do you expect out of the AAC? What do you expect in your practice? What do your patients expect from you?

Some members of the AAC have been meeting with the Physical Therapists to try and change expectations on Dry Needling, and in the process, we've been learning a lot about each other - and in my case, myself. One PT mentioned a study about expectations and while I don't know if this is the one in particular he meant, it's worth a quick perusal:

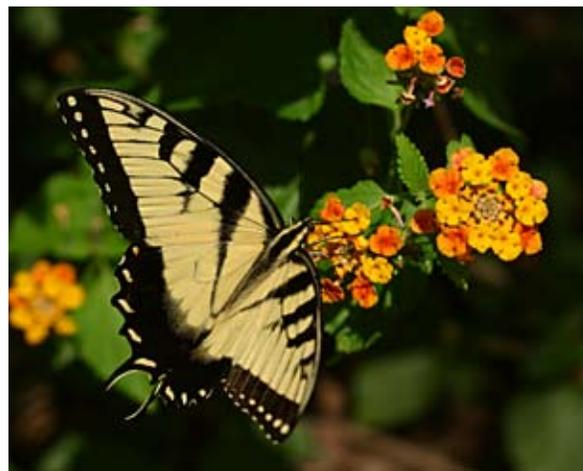
<http://hdl.handle.net/2027.42/63291>

The quote from the study that sums it up best for me is, "patients with the highest level of expectations reported the greatest level of improvement at discharge from PT and had the lowest 12-month average medical care costs. Conversely, patients with the lowest level of expectations reported the lowest level of improvement and had the highest 12-month average medical costs."

Since I have a very high level of expectations for my patients progress and well being, I go out of my way to keep those expectations a reality. I use/learn as many modalities as I deem fit, I risk losing patients with strong treatments such as Myofascial Decompression or aggressive needling, and I sometimes stay late or come in early for a patient when my normal schedule is full and that patient is in need.

My expectations of the AAC are of the same level. I want to see our medicine grow, to be more widely recognized, and to be filled with members of a very high caliber. With these high expectations, I take an active part (wait, I'm president?) by giving my time and money to make sure the outcomes match my expectations. Yes I have had a few bumps and bruises by being involved, but I'm helping to shape my livelihood, and there is no reward without risk - pleasure and pain, yin and yang.

So we still have a Vice President spot open with plenty of time to learn the ropes. What do you expect from the AAC? I'm hoping you have the highest expectations!



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SECRETARY'S UPDATE

Sandra Lillie, L.Ac.



The duties of running a non-profit corporation are mundane, but still have to be done in accordance with the rules of the government. The task of making sure all is in place falls to the Secretary, and many times the first line of inquiry comes from our Association Office Manager, Charissa Haines. Charissa fields questions from the general public, and I facilitate if need be. There are issues of protocol and professionalism for advertising on the AAC website, questions about acupuncture scope of practice, etc. which come up often. So my involvement with the workings of the AAC office varies hugely from day to day, although it is maintenance, rather than a newsworthy task.

I am also responsible for the oversight of the Association Office Manager position, which is a delight because Charissa is very competent. Since this is the first year we have actually had a paid position for this job, there were some regulatory and governmental issues which had to be instated in AAC policies, and problems to be solved this quarter.

Again, I have taken minutes of the meeting and gotten them reviewed. I have kept the Board and the Executive Committee advised of the possibilities and restrictions on Board actions written in the Bylaws. As a member of the Executive Committee of the Board, I have voted on day-to-day actions for running the AAC Board, and as Secretary I have seen these actions are recorded in the minutes of the Board.

I have also persuaded the Board to become members of the Colorado Non-Profit Association – an association which Gives classes and seminars on all aspects of running a non-profit in Colorado. We can learn how to legally and effectively document what the Board does, how to handle finances, how to enhance membership, help with outreach, how to overcome a drop in funding, and so much more. They are a very valuable organization.

As Chair of the Newsletter/Website Committee, whose members are Donn Hayes, Dallas Cox, Charissa Haines, Donna Sigmund and myself, we are solidifying quarterly content for Newsletters. We are open to input, of course (what you DO like as well as what we have not done!). See the link to a video which was created by the AAC PR committee last year to promote our discipline – another benefit of joining the AAC.

I hope the website is easy to navigate, and interesting to read. Let Charissa know – she has made many changes since it was originally created, and is learning more about making changes to its content and function.

As a member of the Sunset Review Committee, I have attended most of the meetings, but have not met with DORA or other organizations, as others have a better grasp on the politics of those situations. I give my input whenever I have opinions or information which might be of assistance. I am very grateful to all the members of that committee, and to the Legislative Committee of the AAC, for the time that everyone spends – which is huge – and the quality and diligence of their work. Acupuncture in Colorado is blessed to have such an involved group overseeing our scope of practice!

Respectfully, Sandra Lillie



AAC ANNUAL CONFERENCE

Save the Date!

October 6 and 7, 2012

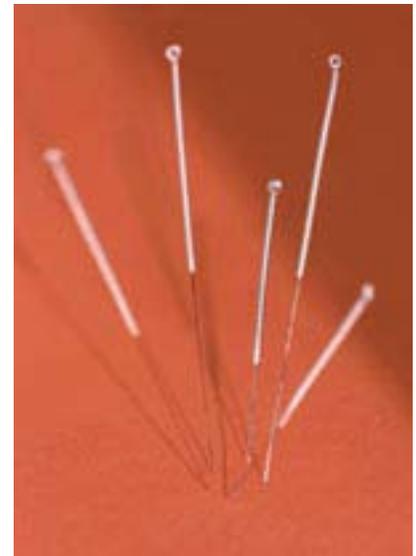
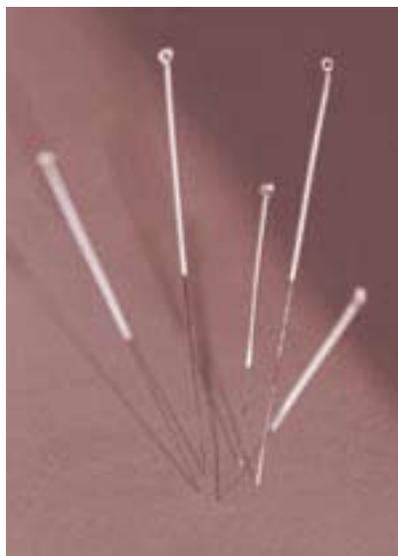
ca·ma·ra·de·rie: Mutual trust and friendship among people who spend a lot of time together.

It won't be long before our annual conference is upon us. The Association is excited to bring several of our local practitioners and speakers together for the AAC's 29th annual conference: *The Body Tells No Lies - Using The Practitioners' Senses for Diagnosis. Touch - ashi, pulses; Visual - facial diagnosis, Auditory and Olfactory - 5 Elements.* Participate in the presentation of a wide range of diagnostic skills that go beyond the intake form.

Keep your eye out for announcements that will be sent to you via the announce list and constant contact. Marilyn Allen will be with us again keeping us up to date on insurance and current practice issues that face us in the healthcare marketplace. This is also the time of year the Association holds its annual meeting and elections to the Board. Take advantage of your opportunity to learn and ask questions about what is going on legislatively in Colorado, your association and our practice act in the upcoming sunset review. Our community is our association.

Informing, educational and Fun!

See you there!
The AAC Board



TIDBITS · “GROWING OUR PRACTICE”

How to Really Work a Health Fair – by *Honora Wolfe*



In Colorado during the spring season (mostly April), there are tons of “Channel 9 Health Fairs” co-sponsored by a large local TV station along with one of the big hospital chains and other health-related companies and services. There are free and low-cost screenings for all types of things like blood sugar, cholesterol and blood lipids, pap smears, body mass Index, blood pressure, and how-to workshops for all kinds of things to help us stay healthier. These screenings are very low cost compared with standard lab fees. Can’t say for certain, but I expect these events happen all over the US.

I know that our state association, AAC, has a relationship with the folks who plan these fairs and encourages participation by members all over the state to help build their practices as well as for gaining general public awareness of acupuncture.

Today I was looking for one of these near my home to go and get some standard screenings done. Even though acupuncture was not mentioned as a service at any of these events, I know that the AAC is trying to schedule practitioner booths into as many of these as possible, all over the state. However, I am sure that most acupuncturists would ask, “What would I do at one of these events? What screening or service would I offer?”

Below is a description of what I would do at one of these events.

- 1. Focus on the visual.** Take an acupuncture mannequin if you can find one. If you cannot, get a stiff foam-core board from a hobby store and tape a good acupuncture chart to it. Prop this up on a book-holder stand or tape a triangular shaped “hinge” on the back to make it stand up.
 - a. Small plexiglass sign-holders that say things like “Chinese herbs are everywhere” ...and put in front of this a dish of ginger snaps with tongs for people to take one. (I used to suggest black licorice pieces except that for people with high blood pressure this is a no-no.)
 - b. Consider making an herbal trail mix with goji, walnuts, chopped red dates, and almonds. You can write up a little sign stating what each of these does according to Chinese medicine.
 - c. Some companies will sell you herbal samples to give away or you could make some small liniment samples of your own with one-oz bottles and lids from a bottling/packageing supply company.
- 2. Invite your patients.** Offer a free treatment in exchange for them coming for an hour (or 45 mins). These events usually run from 7 AM-12, so if you could get four-five patients to be a guinea pig for one hour each, you’d have most of this covered. Put needles in points that are visible to people. I guarantee this will prompt folks to come over and ask that person, “does it hurt?” ...at which point the patient says “No! it’s great! You should come!”
- 3. Have a large sign** that says, “Can acupuncture help you? Get a FREE consultation here today!” For this you create a simple 1/2-page sheet for them to fill out with name, major complaint or symptom, what you’ve done to treat it so far, would you like my e-newsletter (and if so put your email address here, which I never sell, rent, or share), and a short disclaimer that you are not an MD and are not attempting to replace anyone’s MD. These should be only 10 minutes, during which time you ask two or three questions, perhaps look at the tongue and take the pulse for one minute. Then you tell them whether you think acupuncture could be helpful in their case and how many treatments you’d need to determine a treatment plan. Something like, “Acupuncture therapy certainly has a history of success with this condition. Although you may see immediate change with one treatment, I would need about 4-5 treatments to see if we could consolidate some improvement in your case.
- 4. Take lots of cards,** brochures, research articles, anything that helps build credibility and gives you something to hand people who visit your booth. Have a clip-board sign-up sheet for your newsletter. Consider having another plexiglass sign-holder that says “Ask me about speaking to your group or association about the benefits of acupuncture.” This could get you some speaking engagements.

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5. **Stay up front!** You need to be on the front side of the table in order to engage people. Don't sit in a chair in the back. Make your body language say, "I'm here for you. I want to engage you."
6. **Video could be good.** This is more complicated, but a video about acupuncture that plays in the background could offer some people a way to engage without having to speak to you first if that's too scary. You can get good videos about the benefits of acupuncture from Acupuncture Media Works.
7. **Two practitioners** or at least a helper for your booth will be useful so that you can speak to everyone who stops by and not leave people waiting too long.
8. **A coupon for a discount?** This is optional of course (as are all these ideas) and there is always a case to be made for not giving any discounts, but a "10% off an initial appointment" coupon might get you some appointments right on the spot. I'd try one fair with a coupon and one fair without and see what happens. If you only get "tourists" from the coupons, ding the idea.
9. **Work with a local non-profit.** Another piece of info on your table might say, "Make an appointment today and we'll donate ½ the proceeds (or whatever percentage is comfortable) of your first appointment fee to XYZ Local Non-Profit."
10. **A Fish Bowl.** "Enter with your Biz Card to win A Complete Diagnostic Session...a \$100 Value!" You can change the words or numbers of course, but you get the idea.
11. **Have a sign-up sheet.** Offer to send people specific research or a free monthly newsletter or a link to a free ebook if they sign up to receive further information from you.
12. **Take Time** to go and meet all the rest of the people at the other booths and tables. Offer them your cards, be friendly, ask about their work, ask where they work, invite them over for a free 10-minute OM assessment (or whatever you are offering), thank them for participating in the fair.
13. **Follow up.** After the fair, get in touch with anyone who left contact information. Thank them for coming by. Include a biz card even if you think they took one. Encourage them to visit your website. Tell them not to hesitate to call if they have any other questions about acupuncture and Chinese medical care. Anyone who wanted your e-Newsletter, send the most recent issue along with a personalized email. Remember that many people may not be ready to become a patient now, but everyone becomes someone's patient eventually...so stay in touch with those who've given you permission to do so.



So this is work, but not more work than other marketing methods that get you out into a community of people. It may not cost you anything for the table or booth at the fair, or perhaps a very small fee. However, the people who stop by your booth are self-selected and are, by the fact that they are there in the first place, interested in their own health. You will learn a ton about what people think and wonder about acupuncture, and you can get new patients this way. So consider contacting our state Health Fair coordinators Tina Laue tinalaue@goodneedles.com or Eric Gasner acupuncturepecialistsofgolden@gmail.com to participate in these events around Colorado!

Good luck and thanks for reading!

Honora Wolfe has been writing, teaching, lecturing, and blogging about business and marketing for a decade or more. You can download her FREE ebook by visiting www.honoraontheroad2012.com.

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The Many Paths of Acupuncture

(Series of articles that feature different scopes of practice)

Community Acupuncture, a Retrospective

by Dallas Cox, L.Ac.

“It was common for acupuncture to be administered in large rooms with many patients, a dozen or more being treated at the same time in plain sight of each other. The doctors usually performed a cursory interview, and then ... treated the patient directly...” So states Subhuti Dharmananda from “Restructuring American Acupuncture Practices.” Subhuti is describing Community Acupuncture, a common setting for acupuncture practice in China and a rising style of acupuncture treatment here. What’s driving Acupuncture practice at home to better resemble the Chinese model of treatment? Has acupuncture in the US come full circle?

Acupuncture in modern America has developed into a type of therapy session that consumes 30-60 minutes of time and has become the standard of care since (Subhuti addresses the whys of this in his article). But this approach seems to have some perceived flaws, chiefly among them is cost. Cost seems to limit the number of people who will try acupuncture and limits the number of return visits. As acupuncturists, we are generally taught that health conditions treated with acupuncture improve best with daily or every other day treatments - this is how it has developed and is practiced in China. The issues of cost and limited treatment, possibly leading to poor or slow outcomes, have combined to stimulate the growth of Community Acupuncture clinics.

Community Acupuncture is done in open clinics. Treatment is typically performed in easy chairs with the patient fully clothed. Because a private room is not used, more patients are scheduled in an hour. Diagnosis and treatment is started in 10 minutes or less, with treatments lasting 30-60 minutes. Cost per treatment is charged on a sliding rate scale of 15-40 dollars. Community acupuncture clinics are sprouting up all over the country with the communityacupuncturenetwork.net website listing 170+ clinics. In the Denver/Boulder metro area there are approximately 10-12 clinics listed. What’s behind this new trend, and what does it mean for acupuncture and providers? Let’s get some insight from one of the Community Acupuncture folks in the area, Karen Marks with the OldeTownAcupuncture Clinic in Arvada.

Colorado Acupuncturist Newsletter (AAC): In one sentence describe Community Acupuncture.

Karen Marks (KM): “The use of simple, effective acupuncture treatments given in a communal room, often offered on a low cost, sliding scale fee basis.”

AAC: As a practical matter, what kind of treatments are you doing and how long are the treatments?

KM: For the most part, I am using distal treatments, ie: Dr. Tan, Frank He, even some divergent treatments. The follow-up intake and needling usually take about 15 minutes, and I let the patient rest as long as they’d like, which is usually around 45 minutes to an hour.

AAC: What acupuncture sites do you use?

KM: Primarily distal points below the elbows and knees, with points in the head and definitely auricular acupuncture.



Karen Marks

(Continued on page 11)

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(Community – Continued from page 10)

AAC: How often do your patients return?

KM: Frequency of treatment depends on the severity of the condition, as well as the schedule of the patient. We have had people return as often as every day, and others who come quarterly.

AAC: What is their rate of satisfaction?

KM: People are generally satisfied, but as with any practice there are those who are not. With 4 different acupuncturists, we are usually able to find a good fit.

AAC: Do you offer standard private treatments? If you do, what is the mix or percentage of community to private that is seen?

KM: We offer private treatments. Of 170 patient visits last week, 13 were private.

AAC: Do you prescribe herbal medicine?

KM: Yes. We have patent medicines, as well as a liquid pharmacy for individual formulas.

AAC: What type of treatments are you unable to perform?

KM: In the community room, we can't do pediatrics,...we don't do cupping or direct moxa.

AAC: Compare and contrast private session treatments with community treatments

KM: For me, there honestly isn't much difference...I have seen such great results doing simple treatments in the community room.

AAC: Let's talk money, in general how does this type of clinic work out financially?

KM: ...I've fully supported myself working only at the clinic since the clinic began...I am paying my student loans(ouch), saving for retirement and leaving for a ... trip to Japan and Thailand in a couple of weeks. In 2010, I was able to spend 6 weeks in Africa on two different trips with the PanAfrican Acupuncture Project. This is the best way I can paint the picture...so for me and my lifestyle, it has worked out beautifully!



THE ITINERANT PRACTITIONER IN MODERN AMERICA

by Ron Rosen, D. Ac.

The tradition of the itinerant practitioner of Chinese

Medicine going from gathering to gathering, marketplace to village along his circuit is older than the Ling Yi (wandering or "bell-ringing" doctor) of the early Han Dynasty. During the time of Mao Tse Tung's influence over China the more modern counterparts were the 'barefoot doctors'. However, today, with very few exceptions, this part of our ancient tradition has all but disappeared.

Here in the United States, the Ling Yi model could be a part of the answer for vast rural areas and mobile populations who would otherwise have to depend entirely on the already overburdened and totally inadequate Western medical establishment. Since the mid-1960's, Chi-



nese Medicine has been a part of the medical care available to people attending Rainbow Gatherings, traditional Native American Tribal Gatherings.

The medical units at such gatherings are typically of

mixed modality and mixed model (although the Chinese model tends to predominate) giving both Eastern and Western practitioners of the healing arts a chance to work together and get to know and respect each other. One example is the on site medical unit at the Black Hills International Survival Gathering in South Dakota in 1980. At this event over sixty thousand people camped out for two weeks of workshops and panel discussions on the health of Mother Earth and her children. The on site medical continued on next page



Student Representative Anh Tran

Greetings from your Student Representative! There is a lot of excitement coming up this year, and I am happy to say that many students are getting involved. The 9news Health Fair has been in progress with a couple more dates coming up. Students are volunteering to help with our stand and to talk to the public. Also, there is a research study in progress. Many students from CSTCM have partnered up with The University of Colorado Hospital at Anschutz Neurology department. This research study consists of Sham Acupuncture vs. Real Acupuncture. We are looking to recruit about 120 patients to participate in the study. If anyone knows of anyone wanting to participate, please email me. This study is funded by the Michael J. Fox foundation with the study of Parkinson's disease. With the part-

nership of the University and CSTCM, this will help with building a bridge between eastern and western medicine, which is very exciting!

THE ITINERANT PRACTITIONER IN MODERN AMERICA

continued

unit was responsible for all the health concerns of this group; latrines, hygiene and food preparation areas, drinking water, etc.

The fifty people who staffed this facility included six M.D.'s, a final year medical student, an acupuncturist/Tieh Da practitioner, a naturopath, osteopath, rolfer, three CMT's, homoeopath, three paramedics, six EMT's seven R.N.'s, a psychiatrist specializing in crisis intervention, two nurse practitioners, one Diné Shaman, and two Lakota Medicine Men. These were all working together and learning how to use each others' abilities to compliment their own skills on the patient's behalf. This particular unit saw approximately 250 patient visits a day; a setting which offers invaluable information and hands on experience to a student of the healing arts.

At recent Rainbow Gatherings where Stuart Watts (an acupuncturist) helps to focus the C.A.L.M. Unit (it's like a M.A.S.H. but different) and at Big Mountain, where I was director and Stuart assistant director, a number of acupunc-

“Since the mid-1960's, Chinese Medicine has been a part of the medical care available to people attending Rainbow Gatherings, traditional Native American Tribal Gatherings...”

ture students gained clinical hours while giving much-needed social service. Practitioners and students alike at these gatherings are able to use their skills and knowledge to its limits. The benefits and limitations of this kind of unit become obvious very quickly. It's great being in a place where you can see someone as many times as you need to over the span of ten to fifteen days. It's not so

great knowing that the person who desperately needs Chinese Medicine is going back to Lame Deer, Montana where there isn't even adequate allopathic medicine. It's wonderful having a chance to use your imagination to improvise when you don't have something you need and it is frustrating to need to improvise. A major drawback has been that 95% of the funding for these temporary clinics has come from pockets of the practitioners themselves. Although some friends have contributed medical supplies (e.g. Oriental Medical Supplies contributed well over two hundred dollars worth of needles and other acupuncture supplies to the clinic this past summer at Crowdog's Paradise on the Rosebud Reservation and has contributed to clinics at Big Mountain and the Rainbow Gathering for many years).

To a Tieh Da practitioner there is an obvious advantage to working in a setting where s/he is the first line and primary health care provider; where burns, broken bones and other traumatic injuries are all brought to him/her first. Perhaps at some time in the future, the itinerant practitioner of Traditional Chinese Medicine will drive into the small village, rural community or reservation town, park his/her RV and prepare as the people line up to see their doctor.

Additional:

I take it for granted that practitioners of traditional Asian medicine know that Tieh Da practice grew out of the traditional Chinese martial arts and is concerned primarily with treatment and prevention of trauma.

Case histories:

1) At the Great Lakota Sundance at Crowdog's Paradise, Rosebud, South Dakota, the medical unit was notified that there was a baby which had gone into convulsions and had stopped breathing. Being within fifty yards of the incident, the practitioner was able to administer immediate CPR and then applied acu-

Continued on page 14

THE ITINERANT PRACTITIONER IN MODERN AMERICA

continued

pressure to appropriate points for infantile convulsion and finished by counseling the parents as to what had happened and why (in this case, the child had been exposed to too much sun - external heat evil) and how to avoid future problems. The child was brought in the next day for follow up.

2) A man of about twenty-five was gathering wood and fell down the side of a cliff. He caught himself on a tree root, dislocating his right shoulder. In the normal course of events, this type of case would not be seen by an American acupuncturist until after the dislocation had become a chronic problem. In this case, he was assisted to the medical unit and the dislocation was reduced with immediate needling of Chien Sam Chen ('three shoulder needle'), Kun Lun (Bl. 60), Yang Quen (GV 3), (SI 3), Feng Chih (GB 20), and application of Zheng Gu Shui to the area, as well as the use of a Tieh Da Wan (Hit Pill) for internal usage.

In numerous other cases, no other medical care would have been available to, or if available, trusted by the people in need. To people on the reservations, having a 'Doc' who they trust and who the Medicine men and Traditional people trust and who uses a form of medicine which is more complimentary to their lifestyle makes the difference between going for healthcare or just not bothering.



Kiiko Matsumoto

Head injuries, PTSD and Headaches
New Mexico July 7 and 8, 2012

Treating head injuries and addressing adrenal fatigue are important components of Kiiko-style acupuncture. Both are common disease patterns that we see every day in our clinic. On day 2 Kiiko will show how she approaches the treatment of headaches. The techniques presented in this inspiring weekend will add a powerful new dimension to your acupuncture practice ,how you see and treat your patients.

For more information contact Neal Sirwinski at
505-837-2335 macac@swcp.com
www.nealsirwinski.com

Fundamentals of Kiiko-Style Acupuncture

In this weekend workshop abdominal diagnosis, point location and basic root patterns according to Kiiko Matsumoto's style of acupuncture will be taught. This class is suitable for those wishing to begin treating patients in this style or for those who wish to deepen their understanding of this powerful treatment method.



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AAC Movie!

View the AAC film clip by clicking on the link below, which will take you to YouTube. Must be connected to the internet:

<http://www.youtube.com/watch?v=rfuBQgR0FXk>

Beyond NAET

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Seminar 1

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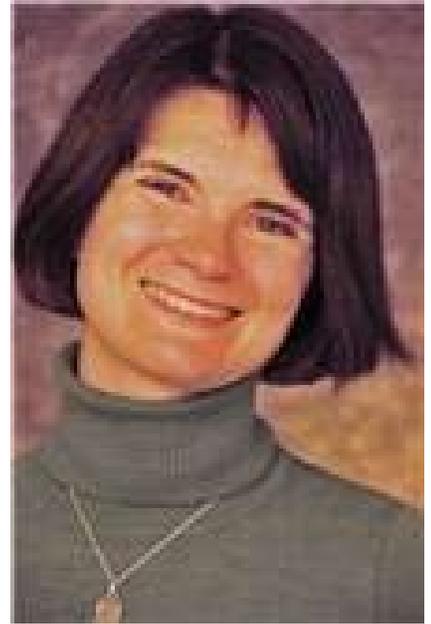
Seminar 2

Advanced Seminar
for Skill Enhancement

PR Committee: The First Quarter and a Transitional Year

PR Committee Chair: Tina Laue, L.Ac. - PRComm@acucol.com

9 Health Fair Subcommittee Chair: Erik Gasner, L.Ac.



I am an AAC member because I believe that united we can face challenges to our profession. I also like all of you! Not everybody understands the thrill of sticking needles in somebody everyday and changing lives. I am a board member because I want my profession to achieve an equal status with other professions and to be valued and recognized. Oh, wait – that would be the point of Public Relations, wouldn't it? To let people know we are doing a great job, how AOM works, and to educate the public! And speaking of Public Relations – my term ends in September...

Being in the third year of my board term, I reflect on how much I have grown and gained from serving. I am more politically correct. I understand how hard people are working and that just because something doesn't turn out in our favor, doesn't mean we didn't try!! I know that making decisions that are in the best interest of the whole takes the input of more than one or six people. I have also learned how often I am not right, or that maybe right doesn't exist and you have people doing the best they can to make the best decisions they can for the good of us all.

Currently the PR Committee is building real sub-committees who work as a team on the different projects that PR is responsible for. I am also actively looking for my replacement. I would love to train you, and I will have a little baby taking precedence over everything right after my term ends!

9 Health Fair Subcommittee:

Erik Gasner, our past student representative stepped up to be our first sub-committee chair and he is doing a fantastic job! Our first 9 Health Fair Planning Meeting had 7 attendees, several of whom have taken an active role in helping get things ready and planning a more dynamic Interactive Educational Center booth. Thank you so much to Erik Gasner, Heather Conway, Jacqui Strike, and Bonnie Cashwell for their excellent contributions.

Being a good leader can be hard. A busy practice and life sometimes means that our volunteer tasks fall behind. (As a good committee member, don't be afraid to badger your leaders a little bit, or offer to take on a more active role in organizing meetings or tasks!)

Dragon Boat and Other Festivals:

Erik is also considering putting on the Dragon Boat for me in July. I am really excited to have such an able person who I know I can depend on step forward. However, it concerns me when it is always the same people stepping forward. I had hoped to split out these different events into more manageable challenges for members to get involved with. If you are interested in fairs and festivals, please contact me.

AOM Day Sub-Committee Meeting:

Please join me if you are interested in AOM Day in October. The meeting will take place on May 7th at Udi's in Olde Towne Arvada at 6:30 pm. I am looking for people with ideas about raising money or getting tv stations, internet stations and more on board. Please let me know if you are interested in this committee but cannot make this date and RSVP to me at tinalaue@goodneedles.com if you can attend.

I invite you to get involved. If you have Public Relations experience and are good at motivating and managing then please come forward to be our next PR Committee Chair. A strong board really does equal a strong profession.

Legislative Report

Linda Gibbons, L.Ac., Legislative Chair



ACUDETTOX BILL

On Friday, March 9, 2012, the acudetox bill was defeated in the appropriations committee of the Colorado House. The vote was along party lines, and with Republicans controlling the House they have the voting majority.

The AAC worked with the bill sponsors to write a bill that would allow mental health workers to perform acudetox auricular acupuncture. We supported this bill as long as stipulations regarding minimum training and supervision standards were included in order to insure public safety. Initially these standards were included in the bill, but as the bill progressed through the committee process the bill was changed such that these standards were substantially reduced. We continued to negotiate with the bill sponsor up until the vote in appropriations defeated the bill for this legislative session.

This is the second year in a row that an acudetox bill has been introduced and defeated in the Colorado legislature. We fully expect the bill sponsor to come back with another bill in the 2013 session. Therefore, the Sunset Review committee has come up with a plan to address acudetox in our report we will be submitting to DORA as described below.

SUNSET REVIEW COMMITTEE

The Sunset Review committee has been making good progress toward finalizing the language of our new practice act that we will submit to DORA in May for review. The committee has changed some of the language used in our current practice act to show that our profession is based on not only traditional East Asian methods of diagnosis and treatment, but also modern ones as well.

We have also added the ability to use western lab work as it applies to acupuncture patients, subject to proper training.

The Sunset Review committee decided to add acudetox certification to treat chemical dependency under our practice act. By putting it under our practice act, it will be easier to maintain high standards of training, supervision, and public safety.

Finally, the committee is proposing going to an advisory board model to oversee our profession in Colorado. An advisory board still reports to the Director of DORA, who will make final regulatory decisions about acupuncture, but it is a step toward an independent board model that we hope to get to eventually.

POLITICAL ACTION

With our sunset review coming up for a vote in the legislature in 2013, we will need to find a bill sponsor and get legislators motivated to support our bill. There are a lot of uncertainties in the political landscape this year because it is an election year both nationally and locally, and the districts have been redrawn in Colorado. Therefore, we

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The Colorado Acupuncturist

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don't know with certainty who will be elected this fall. However, it is important to start identifying potential legislators, both Republican and Democrat, who might help get our bill passed.

We had 4 acupuncturists go to their caucuses this spring and start getting involved as representatives. The primaries will be June 25, and after that we will have a better idea about candidates. We will be gearing up to contact legislators this summer and fall, letting them know about acupuncture and our need for support to pass our practice act bill.

We will be asking all the acupuncturists in Colorado to help with this important cause, including fund-raising, contacting the legislators in members' districts, and phone calling. We will have more details as the summer progresses, but we urge you to get involved now in your local district by meeting your representatives and telling them about the importance of acupuncture and our upcoming sunset review.

Sunset Review Update

*Your Sunset Review Committee:
Valerie Hobbs, Linda Gibbons, Greg Shim, Sandy Lillie, Kyle Liston, Debra Novotny, Randy Wing, Anne Chew, Cathy DiMaggio, Nancy Bilello*

Here's what's new with the Sunset Review Process:

So far, we have had two good meetings with Ellen Graham at DORA, who is the one who will be writing our report. Things we have agreed on so far:

- Inclusion of the word "modern" in our language so that we will be able to use Western medical language – NOT to diagnose, but to communicate with and explain to Western MD's and other healthcare providers what is going on with our patients and what we do in our practice.
- Ability to order and interpret lab work – again, not to diagnose Western illnesses, but more to measure how to direct and measure outcomes of AOM treatments as well as to have the ability to determine when proper referral to an MD is required.

Here's what's still in dialogue:

- Creation of allowance for acudetox specialist. This would be very limited to chemical dependency/addiction programs and would include indirect supervision by an MD or L.Ac. It is not certain that this will occur for a variety of reasons, but we will keep you updated.
- Creation of an Acupuncture Advisory Board. Currently, any issues that come up in our profession are taken directly to the Director of Registrations and/or DORA personnel who oversee particular professions. Unfortunately, these DORA agents usually do not have great knowledge of acupuncture or of the various legislative

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The Colorado Acupuncturist

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issues that often confront us. Therefore, we feel it would be beneficial to have an Advisory Board that would include L.Ac's as well as some non-acupuncture health providers so matters pertaining to our profession could be addressed by experts who would then advise the Director or other DORA personnel about action to take, etc.

We will keep you updated on these issues.

Valerie Hobbs, Kyle Liston, Sandra Lillie, Anne Chew and Denise Ellinger all attended their County Conventions as **delegates!** That means they will also be going to Pueblo on April 14th to attend the State Assembly. By doing so, they will be directly participating in choosing candidates for the June primaries so that we can hopefully help elect legislators who will be sympathetic to our Bill next legislative session. Please thank these folks for their great sacrifice of time and travel (at their own expense) to take part in this important aspect of our political process.

Some of these delegates have already been able to talk to potential candidates about our Sunset Bill and about acupuncture in general. Every encounter just increases our visibility in the legislature and in the public eye.

Sunset Review Time Line:

May 2012: We will start organizing Colorado L.Ac's to prepare for working on various campaigns this summer to help support and elect legislators who will be advocates for us.

We will need lots of L.Ac's to be active and to be willing to do at least a little work for some candidates so we can gather as much support as possible. This will entail things like: meeting with your local candidates, working at their campaign offices – stuffing envelopes, making phone calls, etc., actually walking neighborhoods with candidates as they go door to door, etc.

June 25, 2012: Colorado Primary! If you are registered as independent, you will not be able to vote in the primary. *If you are a registered Republican or Democrat,*

please be very aware of your local races so you can make an informed voting decision.

July 2012: July may be relatively quiet as candidates wind down from the primaries, but we will be continuing our efforts to organize CO L.Ac.'s for the coming months.

August – Nov. 2012: This will be a VERY active time. Candidates will be campaigning in earnest for the Nov. election. These are the main months in which we will need MANY hands on deck to help out on campaigns.

Oct. 15, 2012: DORA will publicly release our Sunset Review Report. This will be public information and there is also a public comment period (I can't remember how long it is) during which any one at all, including other professions can comment and make suggestions. DORA is obligated to consider all public input and will contact us regarding what they hear.

Nov. 6, 2012: ELECTION DAY!!! Of course, it will be a presidential election as well, but we will also be concentrating on our local state legislative races and hoping for political victories by our desired candidates!

Nov. – Dec. 2012: We will actively start to search for a sponsor for our bill among our elected officials. This is where all those volunteer campaign hours will come in: legislators remember those who helped get them elected and are more favorably disposed to requests from those people. Our lobbyist has told us that, even if we do approach people on our own, it may end up that the Speaker of the House will appoint a sponsor for us – that would happen in Jan. We'll have to take this one as it comes.

January 2013: The 2013 Legislative Session will begin the second Wed. in January. Our bill will be assigned to a committee by the Speaker of the House. Hearing dates will be set for the bill to be heard. These are public hearings and anyone, including members of other professions, can attend and testify.

It is difficult to tell when the bill will actually pass; that will depend on any opposition or amendments that

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come up and the general wiliness of the political system and schedule. Once this bill is passed, it becomes our next Practice Act and will be in effect for the next 10 years (unless the legislature determines a different time frame).

PLEASE NOTE: It is vitally important that every L.Ac. understand that it is NOT a given that our Sunset

Bill will pass. It is LIKELY to pass, but obstacles can arise that would cause legislators to not pass it; if that were to happen, we would in all likelihood lose licensure and be a registered profession instead of a licensed profession. That is why we will really need to be proactive and to have people answer requests for help as much as possible.

As always, feel free to email me with any questions: nancyacu @comcast.net.

A Student's Perspective "The Life of a Traditional Chinese Medicine Student"

by Ben Easter

I attend the Colorado School of Traditional Chinese Medicine in Denver. It is an incredibly challenging, yet inherently and immensely rewarding undertaking. The program is three years long at the bare minimum, consisting of three rounds of three trimester segments, and I am currently in my seventh. This means that I am mostly through the didactic work and the majority of my school time from here on out is to be spent in the student clinic treating actual patients from the general public.

To get to the clinical stage, however, there was a lot of groundwork to be covered, to put it mildly. To put it less mildly, I spent two years of grueling coursework doing four parts rote memorization, two parts wondering, four parts practicing, and two parts construction of the theoretical underpinnings without which the medicine is far less effective. I've spent hours upon hours first learning then drilling the functions of hundreds of herbs; the location and function of a multitude of acupuncture points; how to write, modify and prepare numerous herbal formulas; and of course how the body works from a Western Medical approach: anatomy, the endocrine system, how to understand lab results, knowing when to refer a patient out, and the oft underappreciated biology, microbiology, and biochemistry, as well as a host of other miscellaneous classes that are required to understand a medicine that is holistic in scope.

But that is the work. For me, that is the tedium. Then there is the fun part, the practice. The technical

side of the medicine is, to me, much more satisfying. As far as I am concerned the only reason I spent those many hours learning all the myriad subjects above is to inform my practice and improve my results. After all, it's not about the coursework; it's about helping people on their healing journeys. That's where the fun starts. Learning the comfortable insertion of an acupuncture needle, the clinical use of moxibustion, coming to recognize a patient's pattern for diagnosis, and the application of various adjunct modalities, such as gua sha, cupping, and tui na is so satisfying. These things constitute the proverbial silver lining to the late night study sessions. Watching the herbal principles helping my patients get relief from various ailments and seeing them beam about the improvement in their quality of life. To watch as people have horrid pain shrivel away on the treatment table. That is the joy. Therein lies the fulfillment.

All in all, as the light looms in the tunnel of my days as a CSTCM student, I feel an increasing sense of satisfaction with my choice of path. Although the school itself really only gives you the tools needed to start the journey to mastery of this medicine with millennia of tradition, the care and supervision of my teachers and mentors has been invaluable and catapulted me along the path I have set upon. The journey is a life-long process with infinite room for improvement. As I close on my graduation date, I feel a sense of excitement for the thrill of professional practice, and the joy of helping people feel better. There will never be a dull moment.

Chinese Characters by Elisabeth Rochat

HARMONY HE 和

The character for Harmony 和 is made with 禾 on the right a mouth 口 which says yes, complies with, agrees and accepts. On the left, the ear of a grain 禾 is used to indicate the pronunciation, but may also suggest the natural agreement and the reciprocal relation between the mouth and the food.

The character can be translated into English by several words as : Harmony; peace; conciliation; to be on good terms with; kindly; to harmonize; mild. To mix; to blend flavours; well flavoured. To keep in tune with; to agree with; to rhyme with. Together with.

To be healthy is to be in harmony; a good health is an harmony which depends upon each individual according his or her age, the food, the emotions, the seasons, the circumstances, ... The yin yang balance manifests itself in the harmony of the blood and qi, perceptible in the pulses which are regular, moderate and changing.

The harmony is the balance constantly recomposed between all the elements making life, the blending of all the qi from the exterior as well from the interior of the body.

Harmony is the condition for life : «When they are in harmony, there is life. Without it, there is no life» (Guanzi, ch.49, translation Ryckett, Princeton University Press).



Treasurer's Report

by Michelle Sauberzweig, L.Ac.

So far 2012 has been a great year! For the first quarter we have had over 50 AAC memberships purchased! If we are able to reach 50 memberships per quarter we will easily exceed our numbers from last year by at least a dozen which means the Association is growing in addition to our profession! It is great to see so many acupuncturists who appreciate the value of the membership. Thank you for all the dedication and support from our fellow Acupuncturists!

I wish you all another great quarter full of good health, healing and hope!

What Happened in Florida: Politics Aimed at a Profession - Acupuncture

Steven Shomo DOM, AP, CSCS, E-RYT

Board Member, Florida State Oriental Medical Association

I asked Steven Shomo to write this so Colorado Acupuncturists could benefit from Florida's experience. Our ability to practice is never assured. Being involved as a member and paying your membership dues, and as a committee member helping us to generate action when needed is more important than ever as our Sunset Review is approaching. The AAC invites you to be part of the solution.

- Tina Laue, L.Ac., PR Committee Chair

Some of you may ask why an acupuncturist from Florida is writing an article in Colorado... Well I grew up in Colorado, did my undergrad studies at University of Colorado at Denver, and met the love of my life volunteering at the 9 News Health Fair in 1998 (yes we are still together). My first exposure to acupuncture was being treated at the Colorado School of Traditional Chinese Medicine and I will always consider Colorado my home!

I have been practicing in Florida for several years. In Florida, Acupuncturists are allowed to order medical tests and are called Doctor. So our scope of practice is a little different than in Colorado.

I wanted to share our recent loss and experience here in Florida with practitioners in Colorado to...

The State of Florida recently underwent a political storm in regards to acupuncture treatments and PIP (Personal Injury Protection) insurance auto claims. (Senate Bill) SB1860 and (House Bill) HB119 were introduced, both proposing that licensed acupuncturists would not be allowed to treat PIP auto claims, as well as directing the injured to Emergency Rooms to get full payment of benefits - \$10,000 (if considered an emergency, if not, the injured receive \$2500 in benefit payment). Statistics were manipulated to attempt to present that Acupuncture and Massage were the reason of higher PIP claims, and acupuncture was commonly referred to as "voodoo" medicine on the political floor.

We had a loud voice; our lobbyists rallied, many acupuncturists went to house and senate meetings at the state capital, while others wrote letters, emails, and made phone calls. Our patients spoke out, writing, and calling; however in the end Governor Rick Scott stepped in on the last day of the session and passed his agenda. This eliminated both acupuncture and massage therapy from all PIP treatments. One fortunate outcome was that MD's, DO's and DC's are not able to bill for acupuncture and massage either. This was a big concern for us in the state of Florida, since MDs may use acupuncture with little to no training, DC's may practice with a 100-200 hour course, and we (Acupuncture Physicians) are required a minimum of 2700 hours to practice. Also, originally the bill was worded to allow MD's, DO's, and DC's and only eliminated licensed acupuncturists.

This particular battle may have ended, but we will continue to fight to give our patients the choice for the best healthcare available to them. We as acupuncturists across the United States need to stand together as a profession, join our local state associations, take an active part in our profession, educate the law makers as to what we do, and bring Traditional Chinese Medicine to an integrated yet unregulated status in the healthcare system.

Steve Shomo:

*I am a doctor of oriental medicine, acupuncture physician, practicing in the state of Florida. I am a NCCAOM, nationally board certified acupuncturist, member and volunteer with Acupuncturists Without Borders, as well as a co-founder for the Florida Acupuncturists for Disaster Relief Network. I also serve as a board member for the Florida State Oriental Medical Association. I teach Yoga, Tai Chi/Qigong, Barefoot Running, and Natural Functional Fitness. Shomo@syner-qi.com
www.Syner-Qi.com*

Calendar of Events—AAC Members receive a minimum 10% discount

Date	Title/Description	Contact
3/17 - 4/28	9 Health Fair	Erik Gasner - 720-556-5332 acupuncturespecialistsofgolden@gmail.com
4/28 & 4/29	ABC's of Cosmetic Acupuncture	Denise Ellinger www.abcCosmeticAcupuncture.com
5/5	Observational Signs of Nutritional Deficiencies	Jennika Wildau - 720-352-3722 jennika@email.com
6/2 & 6/3 7/7 & 7/8	Five Element Acupuncture: Level 1	970-672-4762 abbyesilverstein@gmail.com
6/9 & 6/10	Qigong Tui Na I and II	Adam Shapiro - 720-412-6200 Acu.adam@gmail.com
7/14 & 7/15	How to Do Acupuncture in the Field For Traumatic Events	(505)266-3878 trainings@acuwithoutborders.org
10/6 & 10/7	AAC ANNUAL CONFERENCE - SAVE THE DATE!!	

To list your event in the Summer 2012 newsletter, contact Charissa Haines at info@acucol.com

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