

# Contents

Foreword.....	3
Basic physiology of acupuncture.....	4
Principles of point selection.....	7
Contra-indications and precautions.....	8
Meridians.....	10
Part 1: upper limb.....	11
Scapular and posterior shoulder area.....	12
Shoulder area and acromioclavicular joint.....	13
“Arc of points” at the shoulder.....	14
Lateral compartment of the elbow.....	15
Medial compartment of the elbow.....	16
Lateral compartment of the wrist and first carpo- metacarpal joint.....	17
Medial compartement of the wrist and inferior radio-ulnar joint.....	18
The hand.....	19
“Calming points” of the upper limb.....	20
Part 2: headache, neck and trunk.....	21
Headache and trigeminal neuralgia: frontal, temporal, and parietal aspects of the head.....	22
Headache (occipital aspect of the head) and neck pain.....	23
Local pain and trigeminal neuralgia: temporomandibular joint.....	24
Trunk: Back-Shu points.....	25

Part 3: lower limb.....	27
Hip joint.....	28
Anterior compartment of the thigh.....	29
Posterior compartment of the thigh.....	30
Anterior compartment of the knee.....	31
Posterior compartment of the knee.....	32
Lateral compartment of the leg.....	33
Medial compartment of the leg.....	34
Calf muscles and Achilles tendon.....	35
Lateral compartment of the ankle.....	36
Medial compartment of the ankle.....	37
The foot.....	38
References.....	39
Acknowledgements.....	40

# Foreword

Acupuncture is not the mechanical insertion of needles into tissues. It is more of an art based on traditional philosophy, which is becoming more credible within mainstream medicine, and supported by research. For the last decade or more, this ancient but yet very practical clinical skill has become one of the treatment modalities used in physiotherapy, and is especially valuable in controlling pain related to musculoskeletal syndromes. The basic understanding of anatomy, physiology and pathology is essential to ensure that its clinical application will achieve a positive response. Therefore, it is essential that the learners of this skill continuously develop and reinforce their academic and clinical interests in acupuncture.

The contributors to this manual have used their skills to produce a practical reference guide, aimed to be used in the clinical field, giving basic but essential guidelines on the location of points. The texts and the photographs will be helpful to the reader who has been taught this skill, as this book is not to be seen as a teaching manual. A concerted effort has been made to present the material concisely, with photographs and supporting text. It is essential that the practitioner should be familiar with the mechanics of the depth and angle of insertion, in order to make effective use of these guidelines.

I am honoured to have been able to share my experiences with the authors, and sincerely hope that this booklet will prove to be a useful quick reference tool in the department.

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# Basic physiology of acupuncture

In Traditional Chinese Medicine (TCM), Qi represents the vital energy of life force, and arises in the dynamic polarity between Yin and Yang. When the vital energy is stagnated or blocked, the flow of Qi is disturbed, and the *main symptom* of a stagnation or blockage is **pain**<sup>1</sup>. Tender points, named **Ah Shi** points in TCM, represent an excess of vital energy (Qi) leading to excessive function of the organ systems concerned<sup>1</sup>. The aim of needle acupuncture is therefore to restore the flow of Qi by establishing the balance between the opposite but complementary forces of Yin and Yang.

Motor points of neuromuscular attachments have been identified as important sites for acupuncture points, since brief, intense stimulation of these points by needling activates the sensory nerves which arise in muscles, and produces analgesia<sup>1,2,3</sup>. Moreover, since around 70% of acupuncture points lie in muscle tissue and correspond to trigger points associated with myofascial and visceral pains<sup>2</sup>, knowledge of myotomal innervation of muscles is important<sup>4</sup>.

As a result, when needles are placed close to the site of pain or in these tender (Ah Shi) or trigger points, the “deep aching feeling” which ensues, named **Deqi** in TCM, is mainly due to muscle afferent nerve fibres<sup>1,2</sup>. A large number of muscle nerve fibres are sensory in function (Type II: large myelinated secondary sensory fibres of muscle spindles; Type III: small myelinated nociceptive fibres)<sup>1,3,5,6</sup>. Since large diameter fibres in the dorsal nerve root are almost all non-cutaneous, needle stimulation of these muscle afferents provides greater afferent barrage to the dorsal horn in the spinal cord<sup>1,3</sup>.

Low-threshold afferent group II fibres synapse in the Substantia Gelatinosa (SG) (laminae II and III of the dorsal horn), and on second order neurones found in lamina V. These interneurons, responding to activity in group II, III, and IV fibres, are therefore named wide dynamic range (WDR) neurones<sup>6,7</sup>. According to segmental inhibition via the gate control theory of pain, afferent information from group II fibres will have an excitatory effect on the SG. This will, in turn, increase the inhibitory effect of the SG upon the WDR neurones which normally relay nociceptive information to the brain<sup>2,7,8</sup>. Type II afferents are thought to convey the “numbness” of DEQI, whereas type III convey the “heaviness” and “mild aching” sensations<sup>1</sup>.

In order to obtain local effects only via peripheral sensory neuropeptide release, needling of local points must be performed with low intensity stimulation<sup>4</sup>. However, high intensity stimulation of these local points has the advantage to stimulate three supraspinal mechanisms, producing analgesia of longer duration, within the descending pain suppression system<sup>1,4,7,8</sup>:

- enkephalin and dynorphin release at spinal cord level;
- enkephalin, serotonin, and noradrenaline release by the periaqueductal grey matter (PAG) in the midbrain, and the nucleus raphe magnus (NRM) in the medulla;
- $\beta$ -endorphin and ACTH release (neurohormonal effects) by the hypothalamus-pituitary complex.

The use of more distal acupuncture points is common in Traditional Chinese Medicine. The **He-Sea** point provides the connection between the superficial distal course of the meridian and the deep proximal course. At the He-Sea point, “the river of QI flows into the sea of the body”<sup>1</sup>. Another distal point, the **Source** point, is chosen because it represents the source of QI, and attracts the energy of the channel, acting therefore as a “drainage” point<sup>1</sup>. Many acupuncture points are on or close to major peripheral nerve trunks, and by needling these distal points belonging to the same channel as the local points, acupuncture may have an effect on all tissues supplied by the nerve. These more distant points can therefore be useful when the injured tissue is too acute to be needled<sup>1,4</sup>.

Finally, choosing distal extrasegmental “**big points**” of the hands and feet (which have a large representation on the somatosensory cortex), may also be a strategy used to obtain analgesic supraspinal effects without overloading the sensitised segment, since stimulation of supraspinal effects is non-specific in terms of point location<sup>1,4</sup>.

However, pain sciences have rapidly evolved in the past few years, and the therapist needs to be aware of the “pain revolution” that has taken place<sup>9</sup>. Pain has been defined as a multidimensional experience made up of sensory, affective, and evaluative elements<sup>10,11</sup>, and the perception of pain is related to neuroplasticity occurring in the central nervous system<sup>12</sup>.

The sensitivity of the nociceptive system, normally very quiescent, may be dramatically increased (up-regulation) in the presence of injury and inflammation, both at cellular and systems levels. This altered perceptual state is characterised by **allodynia** (pain due to a stimulus which does not normally provoke pain), and **hyperalgesia** (increased response to a noxious stimulus)<sup>9,12</sup>.

**Peripheral sensitisation** occurs at cellular level through the release of chemical mediators (bradykinin, serotonin, histamine, potassium ions, prostaglandins, leukotrienes, cytokines, protons, adenosine triphosphate). These mediators (“inflammatory soup”) cause:

- a reduction in the activation threshold of polymodal nociceptors (C fibres);
- inhibition of slow after-hyperpolarisation, and therefore increased discharge rates in response to suprathreshold stimulation;
- stimulation of normally “silent” nociceptors;
- phenotype conversion of non-nociceptive afferents so that they adopt the characteristics of nociceptors<sup>11,12</sup>.

These mechanisms, leading to up-regulation of the peripheral nociceptive system with ongoing inflammation, may result in **central sensitisation**, which involves neuroplasticity of nociceptive system neurones in the spinal cord and supraspinal centres<sup>9,12</sup>. The release of glutamate (excitatory amino acid), and other neuropeptides such as substance P, from the presynaptic terminals of nociceptive afferents contribute to changes in postsynaptic spinal cord neurones, with a reduction in their response thresholds to processing nociceptive inputs. Sprouting of myelinated axons (A<sub>β</sub> fibres, normally found in laminae III and IV), into lamina II of the dorsal horn, may also develop synaptic connections with neurones involved in the transmission of nociceptive afferent inputs; this neuroanatomical reorganisation could possibly explain the development of allodynia. Furthermore, sensitisation of dorsal horn WDR neurones (receiving input from both nociceptive and non-nociceptive afferent neurones) will cause a higher discharge rate of these interneurons, and possibly cause a previously non-noxious stimulus to be perceived as painful following stimulation of normal uninjured tissue (secondary hyperalgesia)<sup>11,12</sup>.

As a result of these considerations, in the presence of prolonged central sensitisation, and ongoing pain characterised by allodynia and/or hyperalgesia after the initial injury has healed<sup>11,12</sup>, responses to treatment may be variable<sup>11</sup>, and acupuncture may therefore not be effective<sup>4</sup>. In addition, the synthesis of the neuropeptide cholecystinin (CCK) is increased following nerve injury<sup>4,12</sup>. Since CCK acts as an endogenous opioid inhibitor<sup>12</sup>, the effect of the usual opioid descending pain suppression systems may be less effective during acupuncture treatment<sup>4</sup>.

## Principles of point selection

Following the comments made in the physiology section, point selection should be related to the type of pain the patient is experiencing.

In the event of nociceptive pain, local effects will be obtained by needling the injured tissue directly<sup>4</sup> (**Ah Shi** points), or by needling around the symptomatic area, using “**sandwich**” points for instance. If pain is acute, it may be preferable to avoid the injured tissue, and to use points in other tissues along the affected meridian, therefore supplied by the same myotome, scleratome, or dermatome as the damaged tissue<sup>4,13</sup>. Segmental effects will, via the pain-gate theory, result in strong analgesia of short duration<sup>4,13</sup>. If pain is very acute, fewer needles will be used. However, more needles can be added in the segment when the condition progresses from acute to chronic. This can be achieved by choosing distant points in the segment. These points are located in other muscles or tissues sharing an innervation with the injured tissue, but further away from the injury site. Points that influence the peripheral nerve supplying the damaged tissue may also be used<sup>4</sup>.

In TCM, the **He-Sea** and **Source** points, previously mentioned, are of particular importance, and can be chosen as distant points on the affected meridian when treating proximal channel dysfunction<sup>1</sup>. Additional points with specific effects (analgesic, sedative, tonifying, immune-enhancing, or homeostatic) may also be used. The **Back-Shu** points, situated on the Bladder meridian, are also important for the treatment of organ disorders<sup>1</sup>.

In the event of prolonged central sensitisation and ongoing pain, it may be more appropriate to stimulate supraspinal effects, since the systems are non-specific: activation of the opioid descending pain inhibitory system; neurohormonal effects (ACTH and  $\beta$ -endorphin release); autonomic outflow under central control of the hypothalamus, regulating the sympathetic and parasympathetic nervous systems<sup>1,4,13</sup>. This can be achieved by using extrasegmental needles located in “**big points**” in the hands and feet<sup>4,13</sup>. However, as previously discussed, acupuncture may not be as effective in the treatment of centrally-evoked pain<sup>4,11</sup>.

# Contra-indications & Precautions

**(from the AACP Safety Standards<sup>14</sup>: Revised Edition 2004)**

## Contra-indications

Metal allergy

Infection at needle site

Confused patients (inability to cooperate)

Pacemaker (electro-acupuncture)

Acute stroke (haemorrhagic)

Areas not to be punctured (fontanelle in babies, external genitalia, nipples, umbilicus, eyeball)

## Precautions

Painful treatment

Needle phobia

Frail patients (especially with low blood pressure)

Epilepsy

Diabetes

Circulatory system (areas of poor circulation, puncturing arteries)

Anti-coagulants

Haemophilia

Auriculotherapy (risk of infection of the cartilage of the ear: perichondritis)

Pregnancy (first trimester)

Immunodeficiency

Needle stick injury

Broken needle (seek medical help)

# Contra-indications & Precautions

**(from the AACP Safety Standards<sup>14</sup>: Revised Edition 2004)**

## Precautions

Drowsiness

Fainting

Cancer patients (mastectomy, lymphoedema, chemotherapy)

Potentially hazardous acupoints in proximity to vital organs  
(lungs and pleura; chest, back and abdomen; liver, spleen and kidney, central nervous system)

# Meridians

<i>UPPER LIMB</i>	
<i>YIN (proximal to distal)</i>	<i>YANG (distal to proximal)</i>
<b>LU:</b> Lung meridian, 11 points <b>H:</b> Heart meridian, 9 points <b>P:</b> Pericardium meridian, 9 points	<b>LI:</b> Large Intestine meridian, 20 points <b>SI:</b> Small Intestine meridian, 19 points <b>TH:</b> Three Heater meridian, 23 points

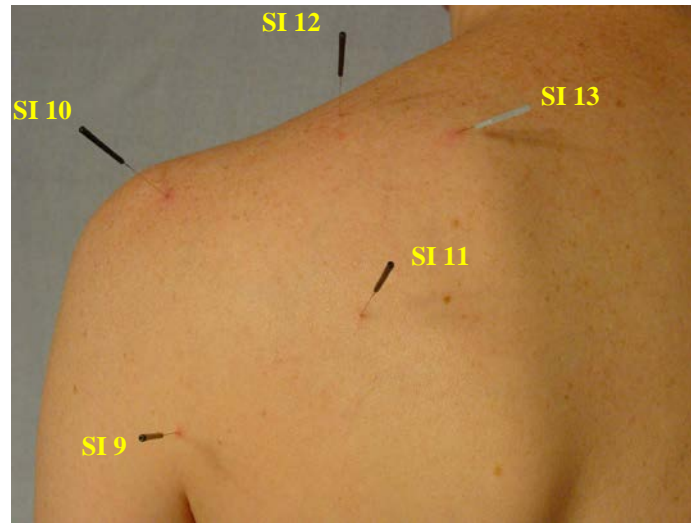
<i>LOWER LIMB and TRUNK</i>	
<i>YIN (distal to proximal)</i>	<i>YANG (proximal to distal)</i>
<b>K:</b> Kidney meridian, 27 points <b>SP:</b> Spleen meridian, 21 points <b>LIV:</b> Liver meridian, 14 points	<b>B:</b> Bladder meridian, 67 points <b>ST:</b> Stomach meridian, 45 points <b>GB:</b> Gall Bladder meridian, 44 points

## Part 1

# Upper Limb

## Scapular & Posterior Shoulder Area

### Local points

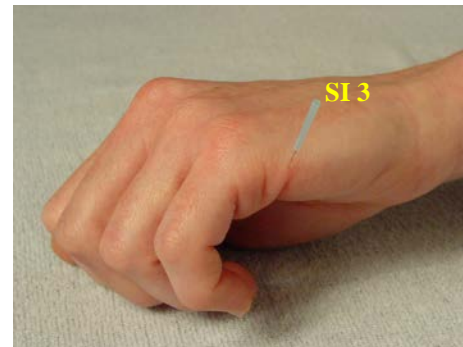


(Left scapula)

### He-Sea and Distal Drainage Points



(Left elbow: medial aspect)

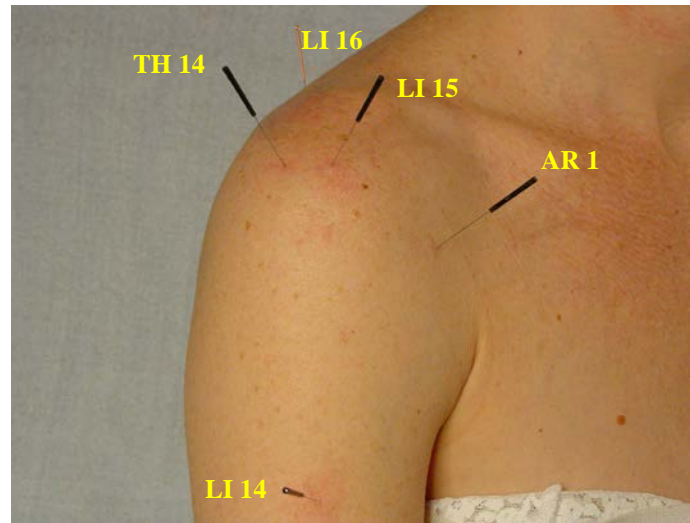


(Left hand)

<i>Points</i>	<i>Anatomical location</i>
<i>SI 9</i>	With the arm in the adducted position, 1 cun superior to the posterior axillary crease.
<i>SI 10</i>	Directly superior to SI 9, in the depression inferior to the inferior edge of the scapular spine.
<i>SI 11</i>	In the infrascapular fossa, at the junction of the upper and middle thirds, on a line connecting the midpoint of the scapular spine and its inferior angle.
<i>SI 12</i>	Directly superior to SI 11, in the midpoint of the suprascapular fossa. <b>Caution, avoid pneumothorax.</b>
<i>SI 13</i>	At the medial end of the suprascapular fossa, at the midpoint between SI 10 and the spinous process of T2. <b>Caution, avoid pneumothorax.</b>
<i>SI 8</i>	In the groove between the olecranon process and the medial epicondyle of the humerus. <b>Caution, in the vicinity of the ulnar nerve.</b>
<i>SI 3</i>	With the patient's fist loosely clenched, at the ulnar end of the proximal crease of the 5 <sup>th</sup> MP joint.

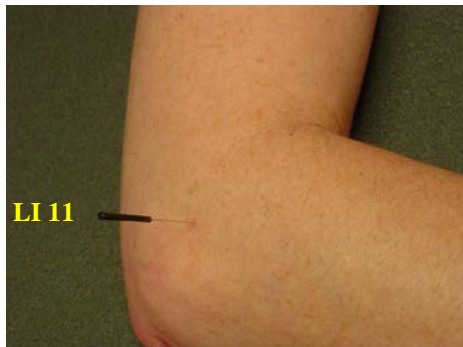
## Shoulder Area and Acromioclavicular Joint

### Local Points



(Right shoulder)

### He-Sea and Distal Drainage Points



(Right elbow: lateral aspect)

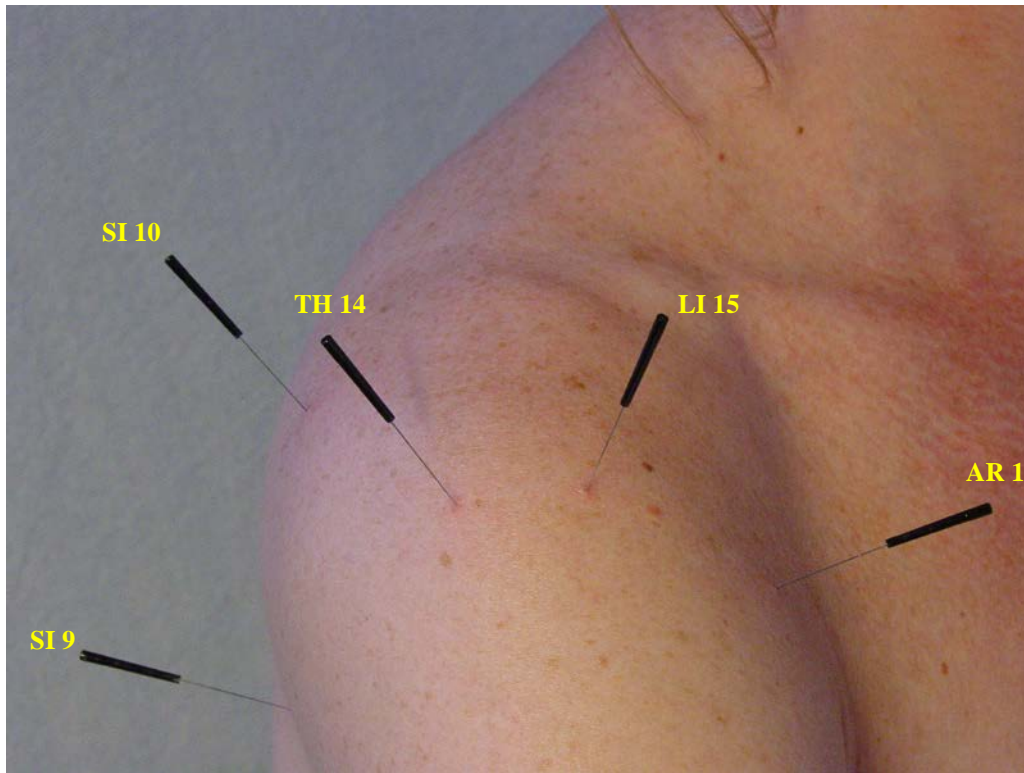


(Right hand)

<i>Points</i>	<i>Anatomical location</i>
<i>LI 14</i>	7 cun proximal to LI 11, on the connecting line between LI 11 and LI 15, almost level with the insertion of the deltoid muscle.
<i>LI 15</i>	In the anterior and inferior depression of the acromion, between the anterior and middle parts of the deltoid muscle. <b>Caution, intracapsular point: use of applicator advised.</b>
<i>TH 14</i>	In the depression posterior and inferior to the acromion, 1 cun posterior to LI 15. <b>Caution, intracapsular point: use of applicator advised. LI 15 and TH 14 constitute the “eyes of the shoulder”.</b>
<i>LI 16</i>	In the depression between the lateral end of the clavicle and the scapular spine.
<i>AR 1</i>	<b>Extraordinary point</b> , midway between LI 15 and the end of the anterior axillary fold, over the vicinity of the long head of biceps brachii.
<i>LI 11</i>	With the elbow flexed at 90°, in the depression between the lateral end of the cubital crease and the lateral epicondyle of the humerus.
<i>LI 4</i>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy.</b>

## "Arc of Points" at the Shoulder

### Local Points

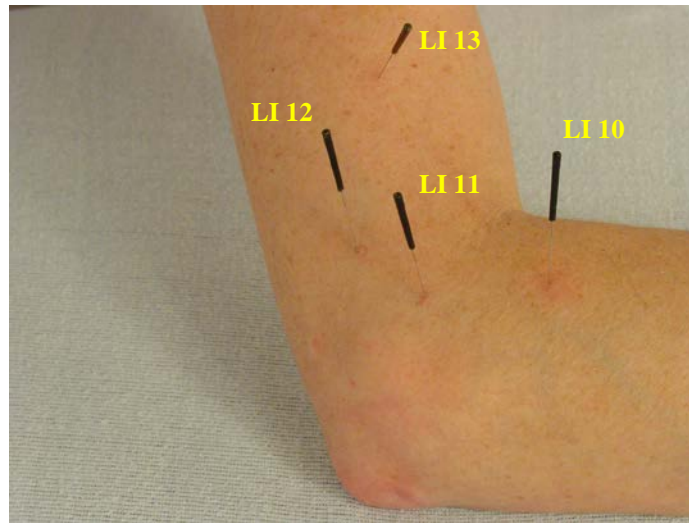


(Right shoulder)

<i>Points</i>	<i>Anatomical location</i>
<i>AR 1</i>	<b>Extraordinary point</b> , midway between LI 15 and the end of the anterior axillary fold, over the vicinity of the long head of biceps brachii.
<i>LI 15</i>	In the anterior and inferior depression of the acromion, between the anterior and middle parts of the deltoid muscle. <b>Caution, intracapsular point: use of applicator advised.</b>
<i>TH 14</i>	In the depression posterior and inferior to the acromion, 1 cun posterior to LI 15. <b>Caution, intracapsular point: use of applicator advised. LI 15 and TH 14 constitute the "eyes of the shoulder".</b>
<i>SI 10</i>	Directly superior to SI 9, in the depression inferior to the inferior edge of the scapular spine.
<i>SI 9</i>	With the arm in the adducted position, 1 cun superior to the posterior axillary crease.

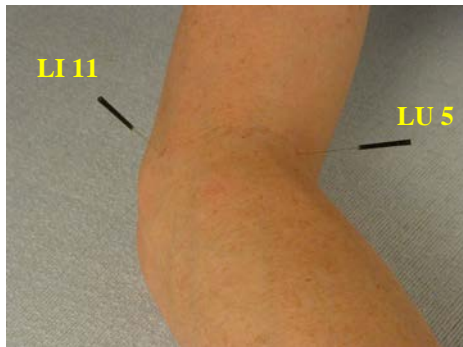
## Lateral Compartment of the Elbow

### Local Points



(Right elbow: lateral aspect)

### Sandwich Points and Distal Drainage Point



(Right elbow)

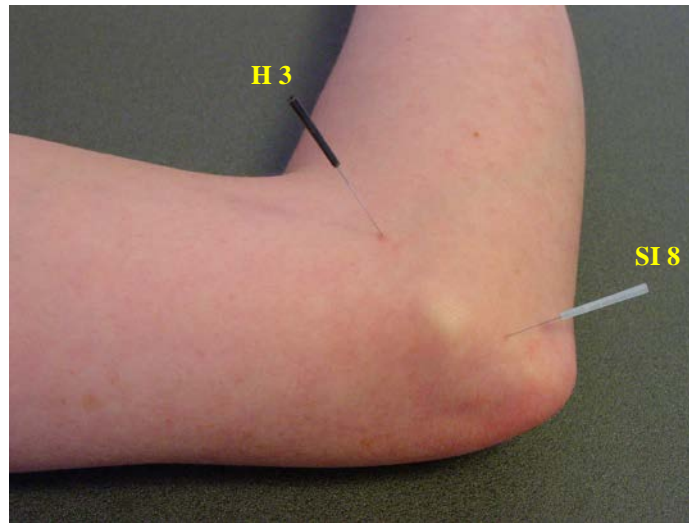


(Right hand)

<i>Points</i>	<i>Anatomical location</i>
<b>LI 10</b>	2 cun distal to LI 11, on the line connecting LI 5 and LI 11.
<b>LI 11</b>	With the elbow flexed at 90°, in the depression between the lateral end of the cubital crease and the lateral epicondyle of the humerus. <b>“Sandwich point” with LU 5.</b>
<b>LI 12</b>	With the elbow flexed at 90°, 1 cun proximal to LI 11, to the lateral aspect of the edge of the humerus, and proximal to the lateral epicondyle.
<b>LI 13</b>	3 cun proximal to LI 11, on the line connecting LI 11 and LI 15.
<b>LU 5</b>	With the elbow slightly flexed, in the depression at the lateral side of the tendon of biceps brachii. <b>“Sandwich point” with LI 11.</b>
<b>LI 4</b>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy.</b>

## Medial Compartment of the Elbow

### Local Points



(Left elbow: medial aspect)

### Distal Drainage Point

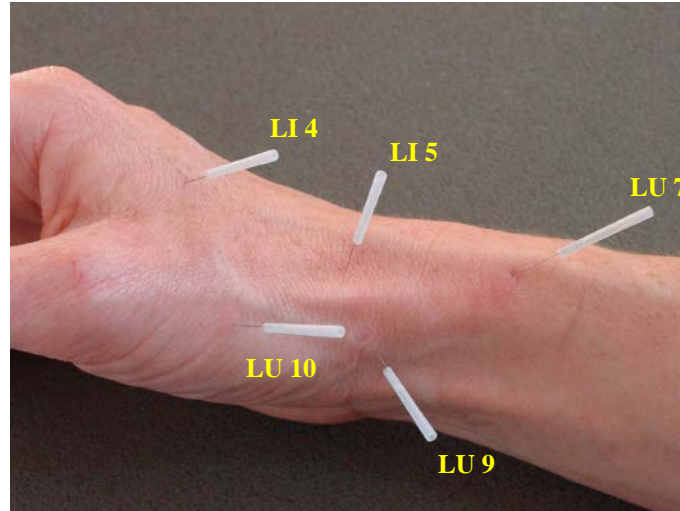


(Left wrist)

<i>Points</i>	<i>Anatomical location</i>
<i>SI 8</i>	In the groove between the olecranon process and the medial epicondyle of the humerus. <b>“Sandwich point” with H 3. Caution, in the vicinity of the ulnar nerve.</b>
<i>H 3</i>	With the elbow flexed, in the depression midway between the medial end of the cubital crease and the medial epicondyle of the humerus. <b>“Sandwich point” with SI 8.</b>
<i>H 7</i>	At the ulnar end of the wrist joint line, in the depression on the lateral side of the tendon of flexor carpi ulnaris, at the proximal border of the pisiform. <b>“Sedative point”.</b>

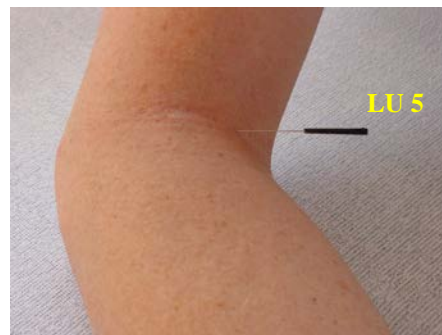
## Lateral Compartment of the Wrist and First Carpo-Metacarpal Joint

### Local Points



(Right wrist)

### He-Sea Point

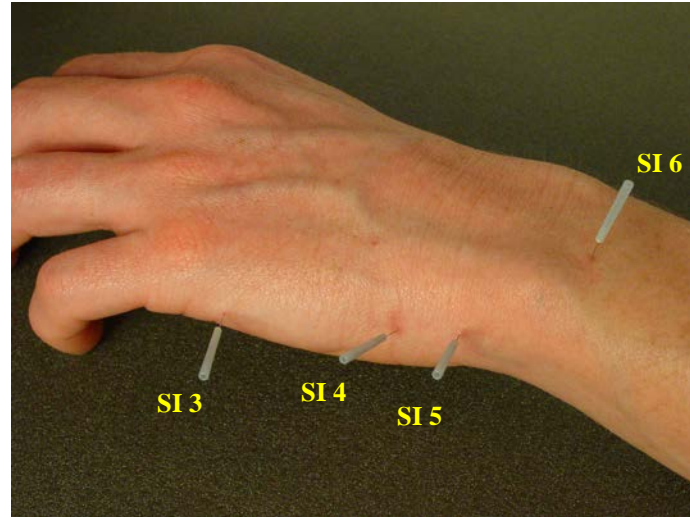


(Right elbow)

<i>Points</i>	<i>Anatomical location</i>
<b>LI 4</b>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy.</b>
<b>LI 5</b>	On the radial side of the dorsal wrist crease, in the centre of the hollow formed between the tendons of extensor pollicis longus and brevis muscles (“anatomical snuffbox”). <b>“Sandwich point” with LU 9.</b>
<b>LU 7</b>	1.5 cun above the inferior wrist crease, in the depression proximal to the styloid process of the radius, in the cleft between the brachioradialis and abductor pollicis longus muscles.
<b>LU 9</b>	On the radial end of the wrist joint line, in the depression on the lateral side of the radial artery, but medial to the tendon of abductor pollicis longus. <b>“Sandwich point” with LI 5. Caution, needle in the direction of the “anatomical snuffbox” to avoid the radial artery.</b>
<b>LU 10</b>	On the lateral side of the midpoint of the 1 <sup>st</sup> metacarpal bone, on the border between the palmar and dorsal surface of the skin overlying the thenar eminence.
<b>LU 5</b>	With the elbow slightly flexed, in the depression at the lateral side of the tendon of biceps brachii.

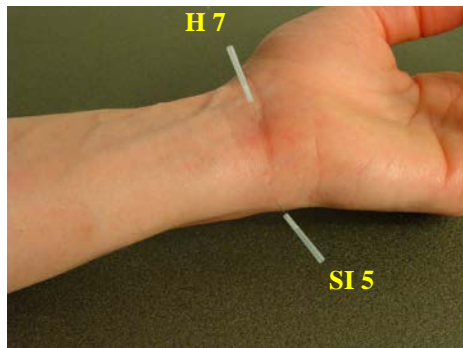
## Medial Compartment of the Wrist and Inferior Radio-Ulnar Joint

### Local Points



(Left wrist)

### Sandwich Points and He-Sea Point



(Left wrist)

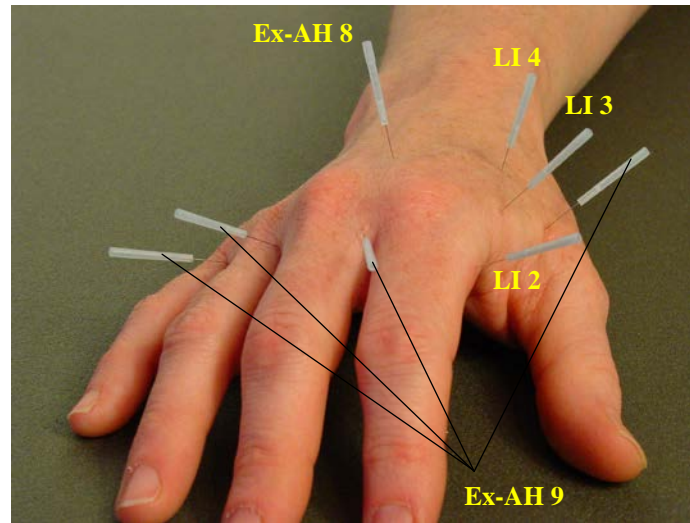


(Left elbow: medial aspect)

<i>Points</i>	<i>Anatomical location</i>
<b>SI 3</b>	With the patient's fist loosely clenched, at the ulnar end of the proximal crease of the 5 <sup>th</sup> MP joint.
<b>SI 4</b>	In the depression between the base of the 5 <sup>th</sup> metacarpal bone and the triquetrum, on the dividing line between red and white flesh, on the ulnar side of the hand.
<b>SI 5</b>	In the depression distal to the styloid process of the ulna, at the level of the ulnar end of the distal wrist crease. <b>"Sandwich point" with H 7.</b>
<b>SI 6</b>	With the patient's palm placed on the chest, in the depression proximal and radial to the styloid process of the ulna.
<b>H 7</b>	At the ulnar end of the wrist joint line, in the depression on the lateral side of the tendon of flexor carpi ulnaris, at the proximal border of the pisiform. <b>"Sedative point". "Sandwich point" with SI 5.</b>
<b>SI 8</b>	In the groove between the olecranon process and the medial epicondyle of the humerus. <b>Caution, in the vicinity of the ulnar nerve.</b>

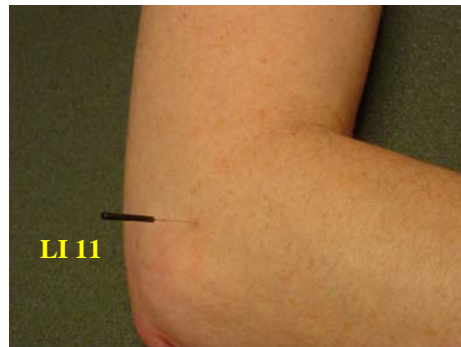
## The Hand

### Local Points



(Right hand)

### He-Sea Point

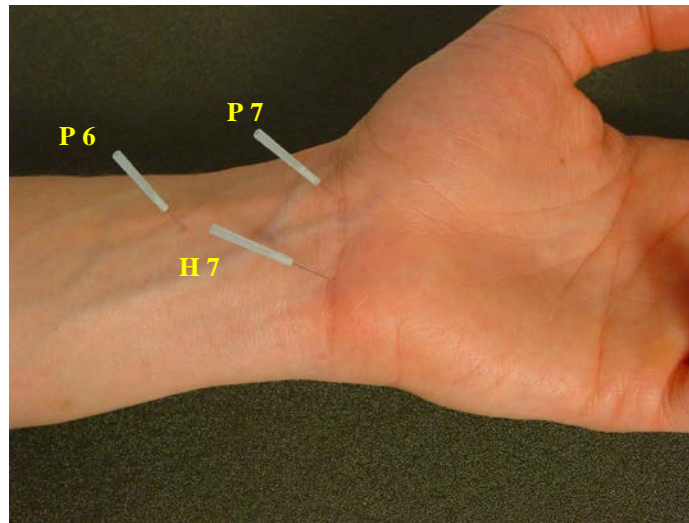


(Right elbow: lateral aspect)

<i>Points</i>	<i>Anatomical location</i>
<b>LI 2</b>	In the depression just distal to the side of the 2 <sup>nd</sup> metacarpo-phalangeal joint of a loosely clenched fist.
<b>LI 3</b>	In the depression just proximal to the 2 <sup>nd</sup> metacarpo-phalangeal joint of a loosely clenched fist.
<b>LI 4</b>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy.</b>
<b>Ex-AH 8</b>	On the dorsum of the hand between the 2 <sup>nd</sup> and 3 <sup>rd</sup> metacarpal bones, 0.5 cun proximal to the metacarpo-phalangeal joints.
<b>Ex-AH 9</b>	Four points between the metacarpo-phalangeal joints, at the dividing line between red and white flesh, at the border of the interdigital skin.
<b>LI 11</b>	With the elbow flexed at 90°, in the depression between the lateral end of the cubital crease and the lateral epicondyle of the humerus.

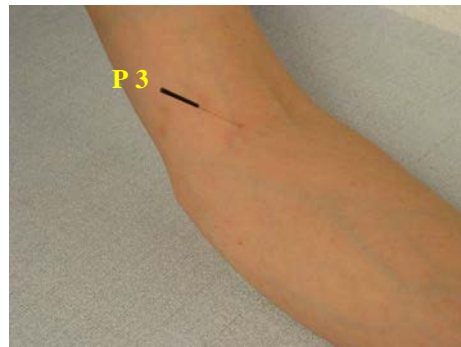
## “Calming Points” of the Upper Limb

### Local Points



(Left wrist)

### He-Sea Point



(Left elbow)

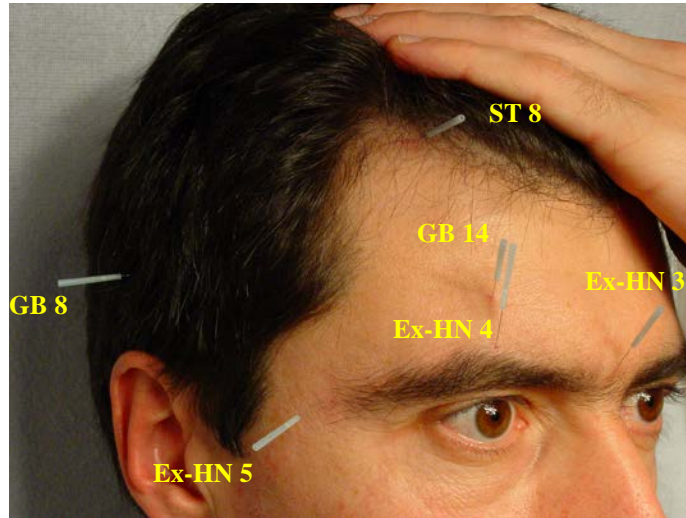
<i>Points</i>	<i>Anatomical location</i>
<i>P 6</i>	2 cun proximal to the distal wrist crease, on the line connecting P 3 and P 7, between the tendons of palmaris longus and flexor carpi radialis. <b>“Anti-emetic point”</b> .
<i>P 7</i>	Midpoint of the distal wrist crease, between the tendons of palmaris longus and flexor carpi radialis. <b>“Sedative point”</b> .
<i>H 7</i>	At the ulnar end of the wrist joint line, in the depression on the lateral side of the tendon of flexor carpi ulnaris, at the proximal border of the pisiform. <b>“Sedative point”</b> .
<i>P 3</i>	At the midpoint of the cubital crease, medial to the tendon of biceps brachii.

## Part 2

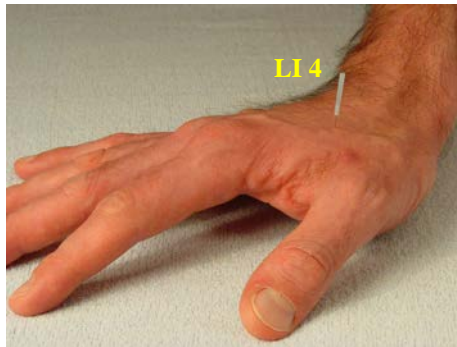
# Headache, Neck & Trunk

## Headache and Trigeminal Neuralgia Frontal, Temporal, and Parietal Aspects of the Head

### Local Points



### Distal Drainage Points



(Right hand)



(Right foot)

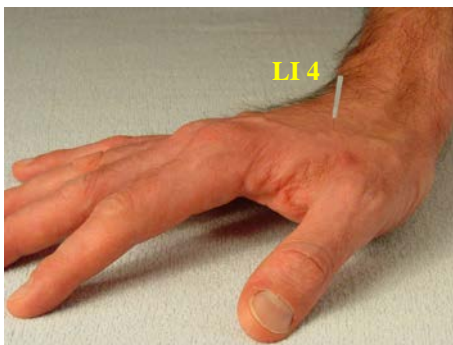
<i>Points</i>	<i>Anatomical location</i>
<b>ST 8</b>	0.5 cun within the ideal anterior hairline in the temple corner, 4.5 cun lateral to the midline, and 3 cun superior to the level of the eyebrows.
<b>GB 8</b>	Directly superior to the auricular apex, 1.5 cun within the ideal hairline.
<b>GB 14</b>	On the forehead, 1 cun directly superior to the midpoint of the eyebrow.
<b>Ex-HN 4</b>	<b>Yuyao point.</b> At the midpoint of the eyebrow, directly superior to the pupil.
<b>Ex-HN 3</b>	<b>Yintang point.</b> Midway between the medial ends of the eyebrows.
<b>Ex-HN 5</b>	<b>Taiyang point.</b> In the depression, approximately one middle finger width dorsal to the midpoint between the lateral border of the eyebrow and the outside corner of the eye. <b>Caution, in the vicinity of the superficial temporal vein.</b>
<b>LI 4</b>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy. Used bilaterally with LIV 3, these four points constitute the “four gates”.</b>
<b>LIV 3</b>	On the dorsum of the foot, in the depression distal to the junction of the bases of the 1 <sup>st</sup> and 2 <sup>nd</sup> metatarsal bones.
<b>GB 34 &amp; GB 41</b>	<b>These He-Sea and Distal Drainage points may be used as an alternative to LI 4 and LIV 3. Refer to Part 3 (Lower Limb) for anatomical location.</b>

## Headache (Occipital Aspect of the Head) and Neck Pain

### Local Points



### Distal Drainage Points



(Right hand)

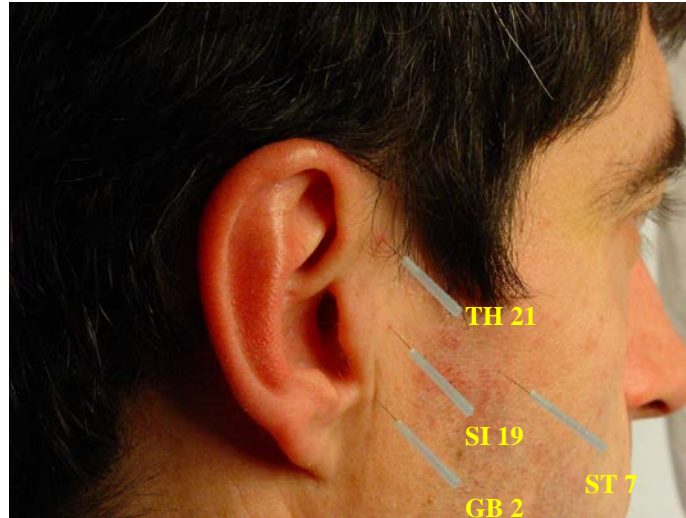


(Right foot)

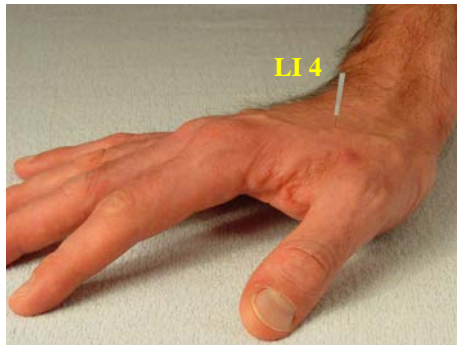
<i>Points</i>	<i>Anatomical location</i>
<b>GB 12</b>	In the depression posterior and inferior to the mastoid process.
<b>GB 20</b>	In the depression between the origins of the sternocleidomastoid and trapezius muscles, inferior to the occipital bone, at the level of GV 16. <b>Needle obliquely</b> towards the tip of the nose or towards GV 16.
<b>GV 16</b>	Point on the “ <b>Governing Vessel</b> ” (Yang channel). 1 cun superior to the midpoint of the posterior hairline, inferior to the external occipital protuberance, in the depression between right and left trapezius muscles.
<b>GB 21</b>	At the highest point of upper trapezius, midway between the spinous process of C7 and the acromion. <b>Caution, avoid pneumothorax. Needle obliquely in a posterior-anterior direction.</b>
<b>GV 20</b>	Point on the “ <b>Governing Vessel</b> ” (Yang channel). On the median line of the head, 5 cun within the midpoint of the ideal anterior hairline, at the midpoint between the two auricular apices. <b>Needle obliquely in a posterior direction.</b>
<b>LI 4</b>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy. Used bilaterally with LIV 3, these four points constitute the “four gates”.</b>
<b>LIV 3</b>	On the dorsum of the foot, in the depression distal to the junction of the bases of the 1 <sup>st</sup> and 2 <sup>nd</sup> metatarsal bones.
<b>GB 34 &amp; GB 41</b>	<b>These He-Sea and Distal Drainage points may be used as an alternative to LI 4 and LIV 3. Refer to Part 3 (Lower Limb) for anatomical location.</b>

## Local Pain and Trigeminal Neuralgia Temporomandibular Joint

### Local Points



### Distal Drainage Points



(Right hand)

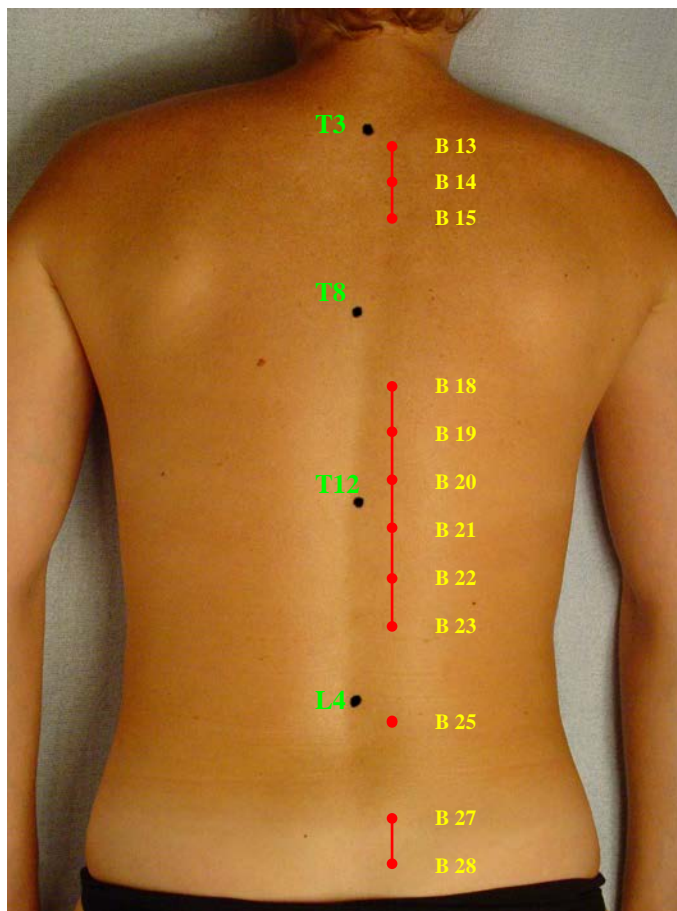


(Right foot)

<i>Points</i>	<i>Anatomical location</i>
<b>TH 21</b>	With the patient's mouth slightly opened, in the depression anterior to the supratragic notch, slightly superior and posterior to the condyloid process of the mandible.
<b>SI 19</b>	With the patient's mouth slightly opened, in the depression anterior to the tragus, and posterior to the condyloid process of the mandible. Between TH 21 and GB 2.
<b>GB 2</b>	With the patient's mouth slightly opened, anterior to the intertragic notch, in the depression inferior to the condyloid process of the mandible. <b>Caution, intracapsular point: use of applicator advised.</b>
<b>ST 7</b>	With the patient's mouth closed, in the depression anterior to the condyloid process of the mandible and inferior to the zygomatic arch.
<b>LI 4</b>	On the dorsum of the hand, between the 1 <sup>st</sup> and 2 <sup>nd</sup> metacarpal bones, midpoint of the 2 <sup>nd</sup> metacarpal bone, in the adductor pollicis muscle. <b>Contraindicated during pregnancy. Used bilaterally with LIV 3, these four points constitute the "four gates".</b>
<b>LIV 3</b>	On the dorsum of the foot, in the depression distal to the junction of the bases of the 1 <sup>st</sup> and 2 <sup>nd</sup> metatarsal bones.

## Trunk

### Local Points (Back Shu Points)



### He-Sea and Distal Drainage Points



(Right knee: posterior aspect)



(Right ankle: lateral aspect)

## Trunk

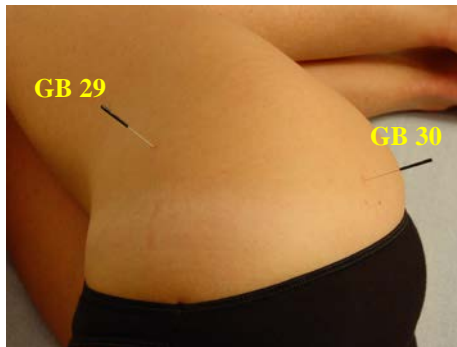
<i>Points</i>	<i>Anatomical location</i>
<b>B13</b>	<b>Lung Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T3 and T4. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B14</b>	<b>Pericardium Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T4 and T5. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B15</b>	<b>Heart Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T5 and T6. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B18</b>	<b>Liver Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T9 and T10. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B19</b>	<b>Gallbladder Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T10 and T11. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B20</b>	<b>Spleen Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T11 and T12. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B21</b>	<b>Stomach Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between T12 and L1. <b>Caution, avoid pneumothorax.</b> Needle obliquely in a medial direction.
<b>B22</b>	<b>Sanjiao (Triple Heater) Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between L1 and L2. Needle obliquely in a medial direction.
<b>B23</b>	<b>Kidney Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between L2 and L3. Needle obliquely in a medial direction.
<b>B25</b>	<b>Large Intestine Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, between L4 and L5. Needle obliquely in a medial direction. <b>Contraindicated during pregnancy.</b>
<b>B27</b>	<b>Small Intestine Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, in the vicinity of the sacro-iliac joint and level with S1 dorsal foramen. Needle obliquely in a lateral direction. <b>Contraindicated during pregnancy.</b>
<b>B28</b>	<b>Urinary Bladder Shu.</b> On the Inner Bladder Line, 1.5 cun lateral to the spine, in the vicinity of the sacro-iliac joint and level with S2 dorsal foramen. Needle obliquely in a lateral direction. <b>Contraindicated during pregnancy.</b>
<b>B40</b>	At the midpoint between the tendons of biceps femoris and semitendinosus, on the popliteal crease.
<b>B60</b>	In the depression, at the midpoint between the prominence of the lateral malleolus and the Achilles tendon. <b>Contraindicated during pregnancy.</b>

## Part 3

### Lower Limb

## Hip Joint

### Local Points

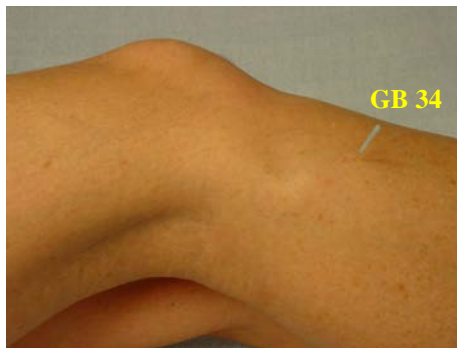


(Right hip: lateral aspect)



(Right leg: lateral aspect)

### He-Sea and Distal Drainage Points



(Right knee: lateral aspect)

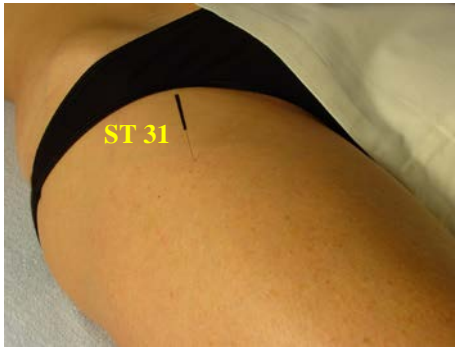


(Right foot)

<i>Points</i>	<i>Anatomical location</i>
<b>GB 29</b>	At the midpoint of a line joining the anterior superior iliac spine and the highest point of the greater trochanter.
<b>GB 30</b>	At the junction of the lateral third and medial two-thirds of a line connecting the greater trochanter and the sacral hiatus. <b>Use a 2 inch needle.</b>
<b>GB 31</b>	7 cun proximal to the knee joint line, on the lateral aspect of the thigh, at the posterior margin of the ilio-tibial band.
<b>GB 34</b>	In the depression anterior and distal to the head of the fibula.
<b>GB 41</b>	On the dorsum of the foot, in the depression distal to the junction of the 4 <sup>th</sup> and 5 <sup>th</sup> metatarsal bases, lateral to the tendon of extensor digitorum longus.

## Anterior Compartment of the Thigh

### Local Points



(Right hip: anterior aspect)



(Right thigh: anterior aspect)

### He-Sea and Distal Drainage Points



(Right knee: anterior aspect)



(Right foot)

<i>Points</i>	<i>Anatomical location</i>
<i>ST 31</i>	On the line connecting the anterior superior iliac spine and the superior lateral border of the patella, at the level of the inferior gluteal fold (opposite B 36).
<i>ST 32</i>	6 cun proximal to the superior lateral border of the patella, on the line connecting this border and the anterior superior iliac spine.
<i>ST 33</i>	3 cun proximal to the superior lateral border of the patella, on the line connecting this border and the anterior superior iliac spine.
<i>ST 34</i>	With the patient's knee flexed at 30°, 2 cun proximal to the superior lateral border of the patella.
<i>ST 36</i>	3 cun distal to ST 35, one finger breadth lateral to the distal edge of the tibial tuberosity. <b>“Tonification point”</b> . Can be used in combination with P 6 and ST 44 for abdominal disorders (nausea, vomiting, diarrhea).
<i>ST 44</i>	Proximal to the web margin between the 2 <sup>nd</sup> and 3 <sup>rd</sup> toes, distal to the metatarso-phalangeal joints, at the dividing line between red and white flesh. Can be used in combination with P 6 and ST 36 for abdominal disorders (nausea, vomiting, diarrhea).

## Posterior Compartment of the Thigh

### Local Points



(Buttock and thigh)

### He-Sea and Distal Drainage Points



(Right knee: posterior aspect)

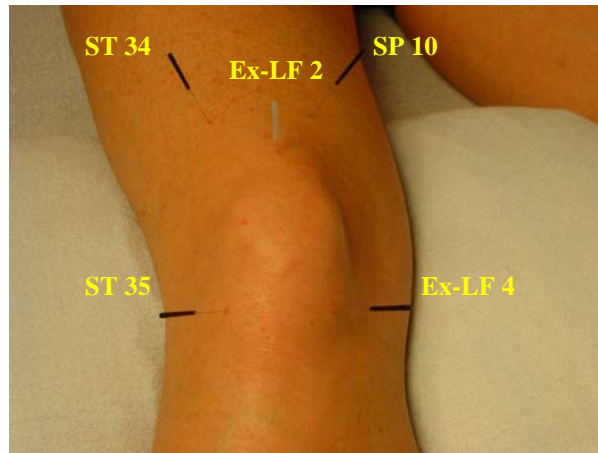


(Right ankle: lateral aspect)

<i>Points</i>	<i>Anatomical location</i>
<b>B 36</b>	In the centre of the inferior gluteal fold (one cun inferior and lateral to the ischial tuberosity), on the connecting line between B 37 and B 40.
<b>B 37</b>	6 cun distal to B 36, on the connecting line between B 36 and B 40.
<b>B 40</b>	At the midpoint between the tendons of biceps femoris and semitendinosus, on the popliteal crease.
<b>B 60</b>	In the depression, at the midpoint between the prominence of the lateral malleolus and the Achilles tendon. <b>Contraindicated during pregnancy.</b>

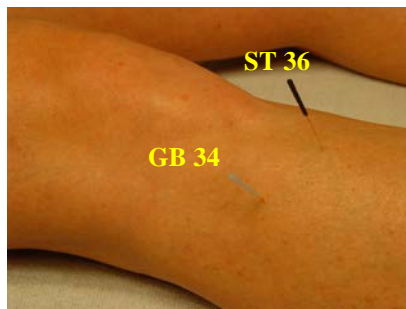
## Anterior Compartment of the Knee

### Local Points



(Right knee: anterior aspect)

### Tonification, He-Sea and Distal Drainage Points



(Right knee: lateral aspect)



(Right foot)

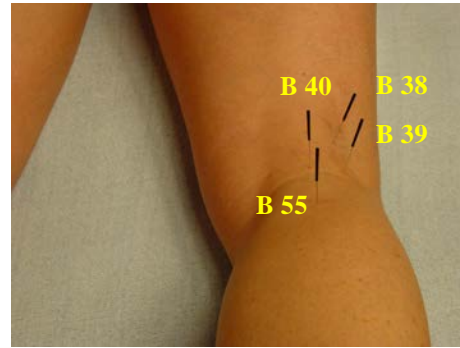
<i>Points</i>	<i>Anatomical location</i>
<i>ST 34</i>	With the patient's knee flexed at 30 <sup>0</sup> , 2 cun proximal to the superior lateral border of the patella.
<i>SP 10</i>	With the patient's knee flexed at 30 <sup>0</sup> , 2 cun proximal to the superior medial border of the patella, on the bulge of vastus medialis.
<i>Ex-LF 2</i>	<b>Heding point</b> (suprapatellar point). In the depression just proximal to the middle of the superior border of the patella.
<i>ST 35</i>	With the patient's knee flexed at 30 <sup>0</sup> , in the depression lateral to the patellar ligament. <b>Caution, intracapsular point: use of applicator advised. Contraindicated in the presence of haemophilia or anti-coagulant therapy.</b>
<i>Ex-LF 4</i>	With the patient's knee flexed at 30 <sup>0</sup> , in the depression medial to the patellar ligament, opposite ST 35. <b>Caution, intracapsular point: use of applicator advised. Contraindicated in the presence of haemophilia or anti-coagulant therapy. ST 35 and Ex-LF 4 constitute the "eyes of the knee", or "Xiyian".</b>
<i>ST 36</i>	3 cun distal to ST 35, one finger breadth lateral to the distal edge of the tibial tuberosity. <b>"Tonification point"</b> . Can be used in combination with P 6 and ST 44 for abdominal disorders (nausea, vomiting, diarrhea).
<i>GB 34</i>	In the depression anterior and distal to the head of the fibula.
<i>ST 44</i>	Proximal to the web margin between the 2 <sup>nd</sup> and 3 <sup>rd</sup> toes, distal to the metatarso-phalangeal joints, at the dividing line between red and white flesh. Can be used in combination with P 6 and ST 36 for abdominal disorders (nausea, vomiting, diarrhea).

## Posterior Compartment of the Knee

### Local Points

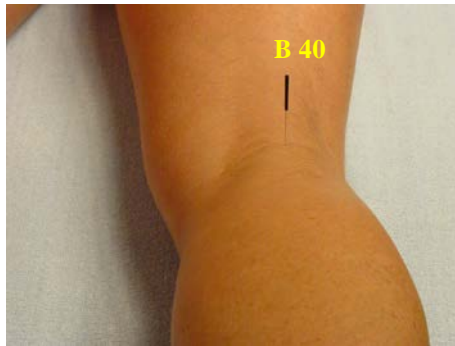


(Right thigh: posterior aspect)



(Right knee: posterior aspect)

### He-Sea and Distal Drainage Points



(Right knee: posterior aspect)

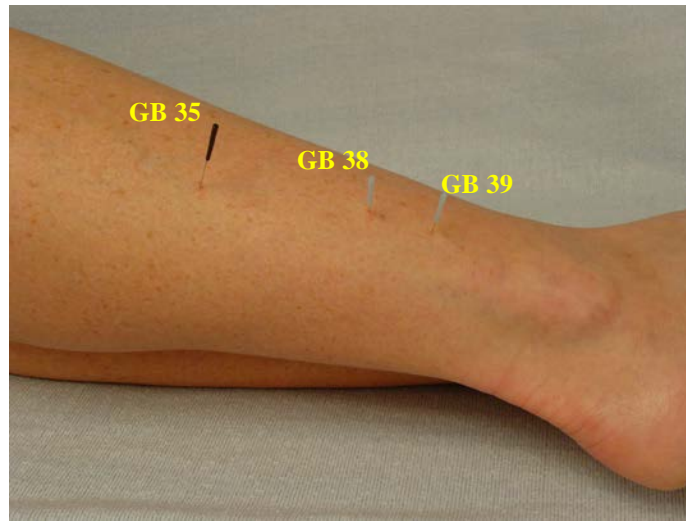


(Right ankle: lateral aspect)

<i>Points</i>	<i>Anatomical location</i>
<b>B 37</b>	6 cun distal to B 36, on the connecting line between B 36 and B 40.
<b>B 38</b>	1 cun proximal to B 39, on the medial side of the tendon of biceps femoris.
<b>B 39</b>	On the popliteal crease, lateral to B 40, and on the medial side of the tendon of biceps femoris.
<b>B 40</b>	At the midpoint between the tendons of biceps femoris and semitendinosus, on the popliteal crease.
<b>B 55</b>	2 cun distal to B 40, on the line connecting B 40 and B 57.
<b>B 60</b>	In the depression, at the midpoint between the prominence of the lateral malleolus and the Achilles tendon. <b>Contraindicated during pregnancy.</b>

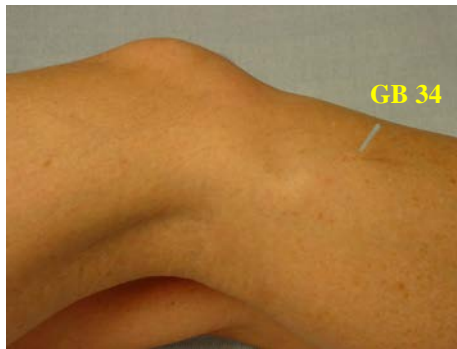
## Lateral Compartment of the Leg

### Local Points



(Right leg: lateral aspect)

### He-Sea and Distal Drainage Points



(Right knee: lateral aspect)

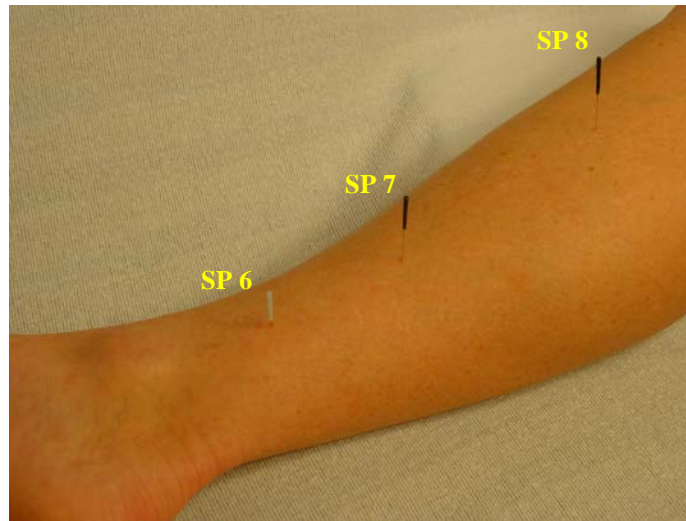


(Right foot)

<i>Points</i>	<i>Anatomical location</i>
<b>GB 34</b>	In the depression anterior and distal to the head of the fibula.
<b>GB 35</b>	7 cun proximal to the prominence of the lateral malleolus, on the posterior border of the fibula.
<b>GB 38</b>	4 cun proximal to the prominence of the lateral malleolus, on the anterior border of the fibula.
<b>GB 39</b>	3 cun proximal to the prominence of the lateral malleolus, on the anterior border of the fibula.
<b>GB 41</b>	On the dorsum of the foot, in the depression distal to the junction of the 4 <sup>th</sup> and 5 <sup>th</sup> metatarsal bases, lateral to the tendon of extensor digitorum longus.

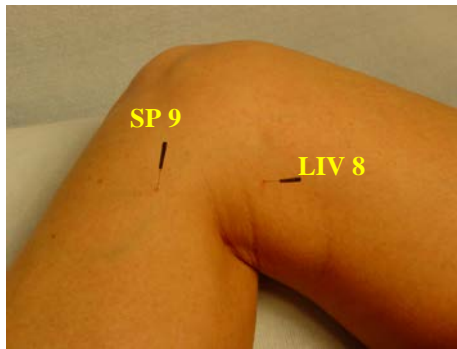
## Medial Compartment of the Leg

### Local Points



(Right leg: medial aspect)

### Tonification, He-Sea and Distal Drainage Points



(Right knee: medial aspect)



(Right foot: medial aspect)

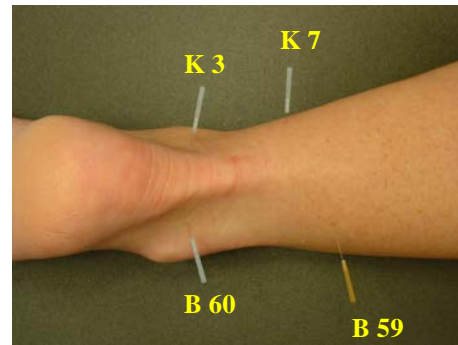
<i>Points</i>	<i>Anatomical location</i>
<i>LIV 8</i>	With the patient's knee flexed, in the depression proximal to the medial end of the popliteal crease, posterior to the medial condyle of the femur, at the anterior border of semimembranosus and semitendinosus. <b>"Tonification point"</b> .
<i>SP 6</i>	3 cun proximal to the prominence of the medial malleolus, posterior to the medial border of the tibia. <b>Contraindicated during pregnancy.</b>
<i>SP 7</i>	6 cun proximal to the prominence of the medial malleolus, posterior to the medial border of the tibia.
<i>SP 8</i>	3 cun distal to SP 9, posterior to the medial border of the tibia, on the line connecting the prominence of the medial malleolus and SP 9.
<i>SP 9</i>	In the depression distal and posterior to the medial condyle of the tibia, level with the tibial tuberosity.
<i>SP 3</i>	In the depression proximal and inferior to the head of the 1 <sup>st</sup> metatarsal bone, on the medial side of the foot, at the dividing line between red and white flesh.

## Calf Muscles and Achilles Tendon

### Local Points



(Right calf: posterior aspect)



(Right ankle: posterior aspect)

### He-Sea Point

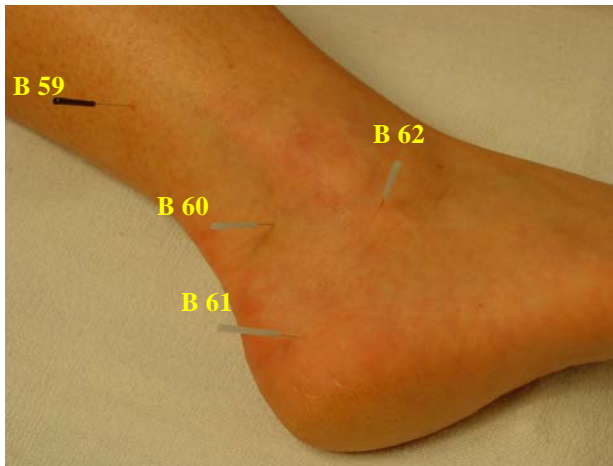


(Right knee: posterior aspect)

<i>Points</i>	<i>Anatomical location</i>
<i>B 57</i>	8 cun directly distal to B 40, half-way between the popliteal fossa and the ankle joint line, at the tip of the depression formed between the bellies of gastrocnemius.
<i>B 59</i>	3 cun directly proximal to B 60.
<i>B 60</i>	In the depression, at the midpoint between the prominence of the lateral malleolus and the Achilles tendon. <b>Contraindicated during pregnancy.</b>
<i>K 7</i>	2 cun proximal to K 3, anterior to the Achilles tendon, on the line connecting K 3 and K 10. <b>“Tonification point”.</b>
<i>K 3</i>	In the depression, at the midpoint between the prominence of the medial malleolus and the Achilles tendon.
<i>B 40</i>	At the midpoint between the tendons of biceps femoris and semitendinosus, on the popliteal fossa.

## Lateral Compartment of the Ankle

### Local Points



(Right ankle: lateral aspect)



(Right foot)

### He-Sea Point

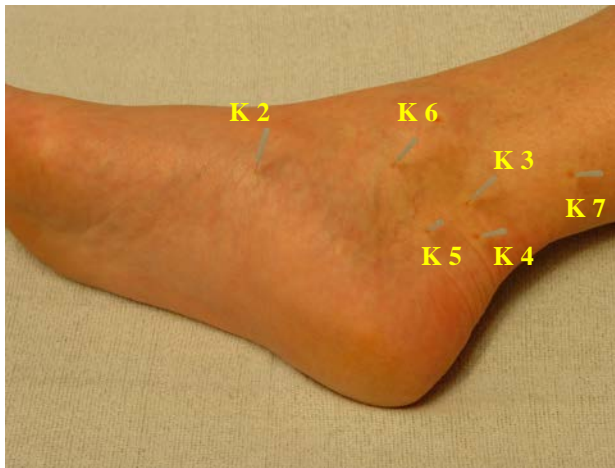


(Right knee: posterior aspect)

<i>Points</i>	<i>Anatomical location</i>
<i>B 59</i>	3 cun directly proximal to B 60.
<i>B 60</i>	In the depression, at the midpoint between the prominence of the lateral malleolus and the Achilles tendon. <b>Contraindicated during pregnancy. “Sandwich point” with K 3.</b>
<i>B 61</i>	In the depression of the calcaneum, directly distal to B 60, at the dividing line between red and white flesh.
<i>B 62</i>	In the depression directly distal to the tip of the lateral malleolus. <b>“Sandwich point” with K 6.</b>
<i>ST 41</i>	In the depression between the tendons of extensor hallucis longus and extensor digitorum longus, on the ankle joint line.
<i>B 40</i>	At the midpoint between the tendons of biceps femoris and semitendinosus, on the popliteal fossa.

## Medial Compartment of the Ankle

### Local Points

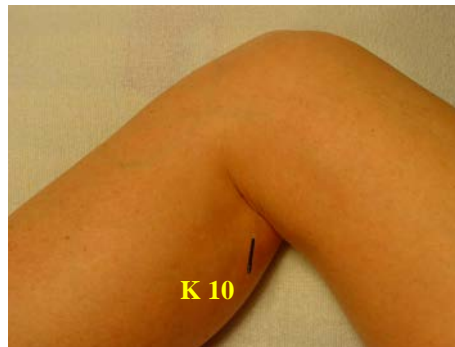


(Right ankle: medial aspect)



(Right foot)

### He-Sea Point



(Right knee: medial aspect)

<i>Points</i>	<i>Anatomical location</i>
<b>K 2</b>	On the medial side of the foot, plantar to the navicular tuberosity, at the dividing line between red and white flesh.
<b>K 3</b>	In the depression, at the midpoint between the prominence of the medial malleolus and the Achilles tendon. <b>“Sandwich point” with B 60.</b>
<b>K 4</b>	0.5 cun posterior and distal to K 3, in the depression anterior to the Achilles tendon.
<b>K 5</b>	1 cun directly distal to K 3, in the depression medial to the calcaneal tuberosity.
<b>K 6</b>	In the depression, 1 cun distal to the tip of the medial malleolus. <b>“Sandwich point” with B 62.</b>
<b>K 7</b>	2 cun proximal to K 3, anterior to the Achilles tendon, on the line connecting K 3 and K 10. <b>“Tonification point”.</b>
<b>ST 41</b>	In the depression between the tendons of extensor hallucis longus and extensor digitorum longus, on the ankle joint line.
<b>K 10</b>	With the patient’s knee flexed, in the medial part of the popliteal fossa, between the tendons of semimembranosus and semitendinosus. <b>Caution, needle accurately to avoid the tendons.</b>

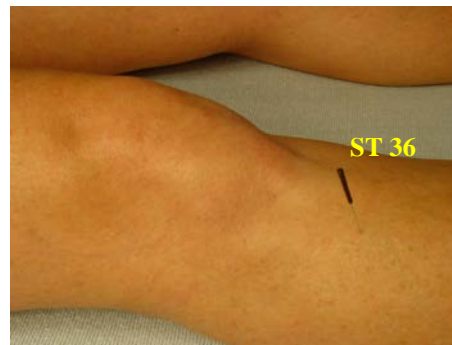
## The Foot

### Local Points



(Right foot)

### He-Sea Point



(Right knee: anterior aspect)

<i>Points</i>	<i>Anatomical location</i>
<b>ST 41</b>	In the depression between the tendons of extensor hallucis longus and extensor digitorum longus, on the ankle joint line.
<b>ST 43</b>	On the dorsum of the foot, in the depression distal to the junction of the bases of the 2 <sup>nd</sup> and 3 <sup>rd</sup> metatarsal bones.
<b>LIV 3</b>	On the dorsum of the foot, in the depression distal to the junction of the bases of the 1 <sup>st</sup> and 2 <sup>nd</sup> metatarsal bones.
<b>GB 41</b>	On the dorsum of the foot, in the depression distal to the junction of the bases of the 4 <sup>th</sup> and 5 <sup>th</sup> metatarsal bones, lateral to the tendon of extensor digitorum longus.
<b>Ex-LF 10</b>	Four points between the metatarso-phalangeal joints, at the dividing line between red and white flesh, at the border of the interdigital skin.
<b>ST 36</b>	3 cun distal to ST 35, one finger breadth lateral to the distal edge of the tibial tuberosity. <b>“Tonification point”</b> . Can be used in combination with P 6 and ST 44 for abdominal disorders (nausea, vomiting, diarrhea).

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