

Department of Consumer Affairs Acupuncture Board

Examination Content

The content of the California Acupuncture Licensing Examination is based on the results of a comprehensive occupational analysis, which is revised every four or five years, most recently in 2008. Licensed acupuncturists in California were surveyed in order to identify the tasks, knowledge, skills and abilities that are important components of the acupuncture professions.

The following percentages indicate the portion of the test devoted to each major topic. For further definition of the content areas, please refer to Tables 18 and 19 in the 2008 Occupational Analysis / Validation Report found on this web site.

Content Area: Patient Assessment 33%

The practitioner obtains patient's history and performs a physical examination to determine presenting complaint and interrelationship among symptoms. The practitioner determines the effects of Western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.

- (A) Obtaining Patient History (15%)
- (B) Performing a Physical Examination (14%)
- (C) Evaluation for Western Pharmacology (3%)
- (D) Implementing Diagnostic Testing (1%)

Content Area: Developing a Diagnostic Impression 17%

The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner evaluates patterns of disharmony according to theories of Oriental medicine to arrive at a final diagnosis. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental medicine.

- (A) Form a Diagnostic Impression (7%)
- (B) Differentiation of Syndromes (4%)
- (C) Patient Education and Referral (4%)
- (D) Develop Treatment Plan (2%)

Content Area: Providing Acupuncture Treatment 32%

The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.

- (A) Point Selection Principles (8%)
- (B) Point Categories (8%)
- (C) Point Location and Needling Techniques (5%)
- (D) Provide Auxiliary Treatment (8%)
- (E) Implement Microsystems (1%)
- (F) Observation and Modification (2%)

Content Area: Prescribing Herbal Medicinals 11%

The practitioner prescribes herbs and formulas based on diagnostic criteria. The practitioner modifies formulas and dosage of herbs according to patient's condition. The practitioner identifies situations and conditions where herbs and formulas would produce undesired effects.

(A) Identification of Herbs (5%)

(B) Prescribing and Administering Herbs (6%)

Content Area: **Regulations for Public Health and Safety** 7%

The practitioner understands and complies with laws and regulations governing hygiene and the control of pathogenic contaminants. The practitioner applies legal guidelines for office practice and maintenance of patient records. The practitioner adheres to legal requirements for reporting known or suspected abuse.

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