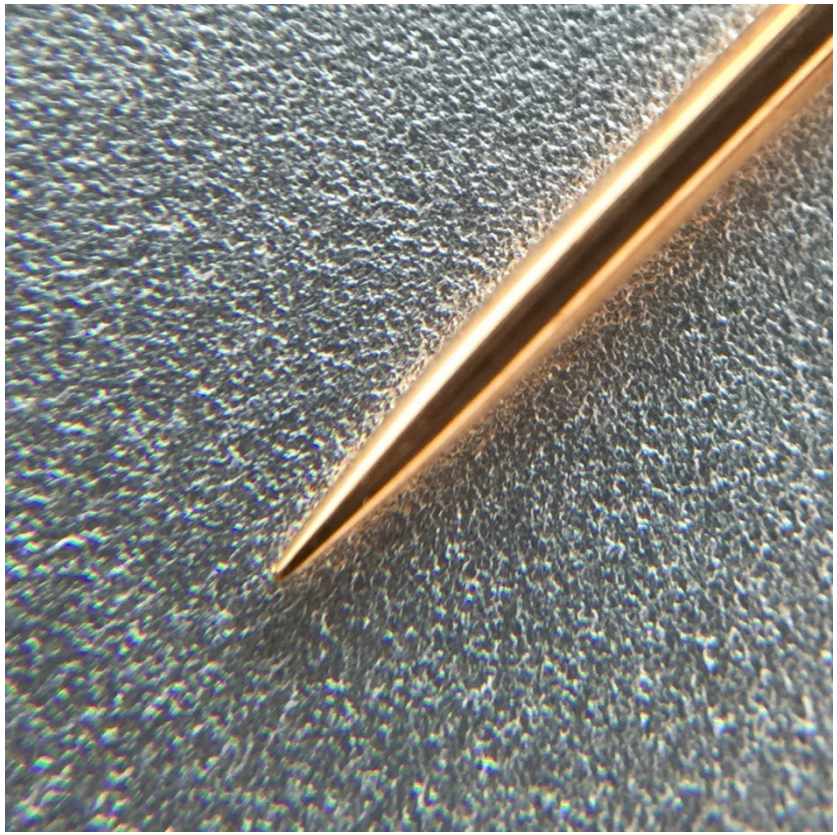
An approach to back pain…

…the WMA approach to the
assessment and treatment of back pain



Dr Mike Cummings MB ChB DipMedAc

Musculoskeletal Physician
Medical Acupuncturist

Medical Director BMAS

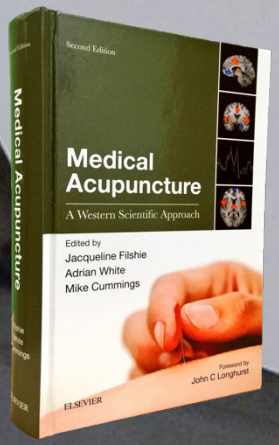
Associate Editor *Acupuncture in Medicine*
Honorary Clinical Specialist UCLH

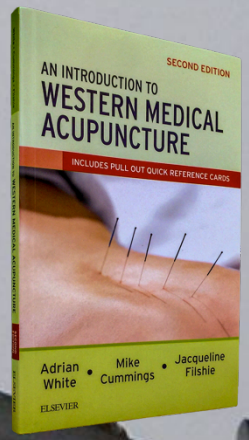
www.medical-acupuncture.co.uk
https://journals.sagepub.com/home/aim

Disclosure – no conflict of interest

mike.cummings@btinternet.com

goo.gl/6XQeXv





Medicine (Leeds) 1987

Musculoskeletal Medicine

RAF Medical Officer 1989–96

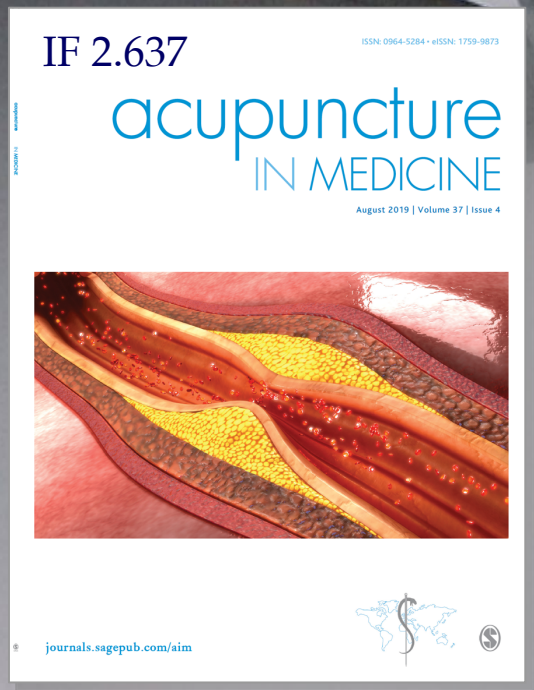
Acupuncture 1993–

Director of Education BMAS 1997–

Editor *Acupuncture in Medicine* 1999–

Medical Director BMAS 2001–

Expert Adviser NICE CG88 2007–09



Home

Mobile friendly site map

Who are the British Medical Acupuncture Society?

Acupuncture in Back Pain

BMAS Points Resource

Members

Patient information

Find a Practitioner

Training & Education

Register For Courses

London Teaching Clinic

Northwich Training Centre & Teaching Clinic

Shop

Site Map

- Home
  - Latest News
- Mobile friendly site map
- Who are the British Medical Acupuncture Society?
  - Who are BMAS?
  - Council
  - Medical Director
  - London office
  - Northwich office
  - Annual Report
  - Code of Practice
  - Affliation
  - Academic Associates
  - Make a donation or bequest
    - Donate Online
- Acupuncture in Back Pain
- BMAS Points Resource
- Members
  - Members Area
  - Request Password
  - User Registration
  - BMAS Awards/Accreditations

Home
Mobile friendly site map
Who are the British Medical Acupuncture Society?
Acupuncture in Back Pain
BMAS Points Resource
Members
Patient information
Find a Practitioner
Training & Education
Register For Courses
London Teaching Clinic
Northwich Training Centre & Teaching Clinic
Shop
Contact Us

Dr Mike Cummings

Mike is Medical Director of the British Medical Acupuncture Society (BMAS). This is a full time post that involves running the BMAS London Teaching Clinic (LTC), co-ordinating and lecturing on BMAS courses in Western medical acupuncture, acting as an associate editor for the Medline-listed journal *Acupuncture in Medicine*, and representing the BMAS at various academic and political meetings. Mike is an Honorary Clinical Specialist at the Royal London Hospital for Integrated Medicine, which is part of the University College London Hospitals NHS Foundation Trust, where he supports acupuncture services.

His principal academic and clinical interest is musculoskeletal pain, and in particular, needling therapies in the treatment of myofascial pain syndromes.

After completing his medical degree at Leeds, and several hospital jobs in the north of England, Mike joined the Royal Air Force for a six and a half year short service commission as a medical officer. A substantial portion of the workload for a general duties medical officer (GDMO) in the RAF is musculoskeletal medicine. Mike came across acupuncture by accident whilst working as a GDMO. He followed his interest in musculoskeletal medicine and acupuncture on retiring from military service, and finally found himself occupied full time in the field of acupuncture.

Read Mike's profile in the Leeds University Medical School Alumni magazine from 2003.
Read a description of how Mike unexpectedly got into acupuncture in Toby Murcott's book - The Whole Story from 2005.

Mike edits and writes on the BMAS Blog.

Publications

1. **Cummings** TM. A computerised audit of acupuncture in two populations: civilian and forces. *Acupunct Med* 1996;14(1):37-39.
2. Filshie J, **Cummings** TM. Western medical acupuncture. In: Ernst E, White AR, editors. *Acupuncture - A Scientific Appraisal*. Oxford: Butterworth Heinemann, 1999:31-59.
3. **Cummings** M. Teasing Apart The Quality And Validity In Systematic Reviews Of Acupuncture. *Acupunct Med* 2000;18(2):104-7.
4. **Cummings** M. Piriformis Syndrome. *Acupunct Med* 2000;18(2):108-21.
5. **Cummings** M. More on BMA's approval of acupuncture. Acupuncture techniques should be tested logically and methodically. *BMJ* 2001;322(7277):46.
6. **Cummings** TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic

79. **Cummings M**. Dry Needling from a Western Medical Acupuncture Perspective. In: Dommerholt J, Fernández-de-las-Peñas C eds. *Trigger point Dry Needling - An Evidence and Clinical-Based Approach*. 2nd ed. Elsevier 2018. 201-34.
80. Thayer T, **Cummings M**. Acupuncture in temporomandibular disorders. In: Fernández-de-las-Peñas C, Mesa-Jiménez J eds. Temporomandibular Disorders - Manual therapy, exercise and needling. 1st ed. Handspring Publishing 2018. 255-70.
81. Oliveira E Lemos M, **Cummings M**. An alternative approach to pudendal nerve stimulation. *Acupunct Med* 2018. doi:10.1136/acupmed-2018-011751
82. Hughes JG, Lewith G, MacPherson H, Witt CM, **Cummings M**, & Fisher P. Assessment of the quality of reporting in studies of acupuncture for patients with cancer using the STRICTA guidelines. *Acupunct Med* 2019 https://doi.org/10.1136/acupmed-2017-011592

Downloads

Piriformis Syndrome - a paper from the archives (reference 4 on the list above).

XIII International Physical Medicine & Rehabilitation conference, Oporto, 19-20 October 2017
Acupuncture for Physical Medicine & Rehabilitation - notes to accompany lecture.

XV Congreso Sociedad Española del Dolor, Palma de Mallorca, 24-26 May 2018
Acupuncture for Chronic Pain - notes to accompany lecture.

Electroacupuncture summary on a single white board, Lanzhou 2018.

The problem with sham, Madrid 2019.

Gramado 2019 slides: the needle; the neck; the back.

www.medacu.co.uk
www.medical-acupuncture.co.uk

goo.gl/6XQeXv

Conferences

Nordic Medical Acupuncture Congress programme, Copenhagen 2019.

European Congress for Integrative Medicine programme, Barcelona 2019.
ECIM Workshops.

Social media

Tweets by @drmike001

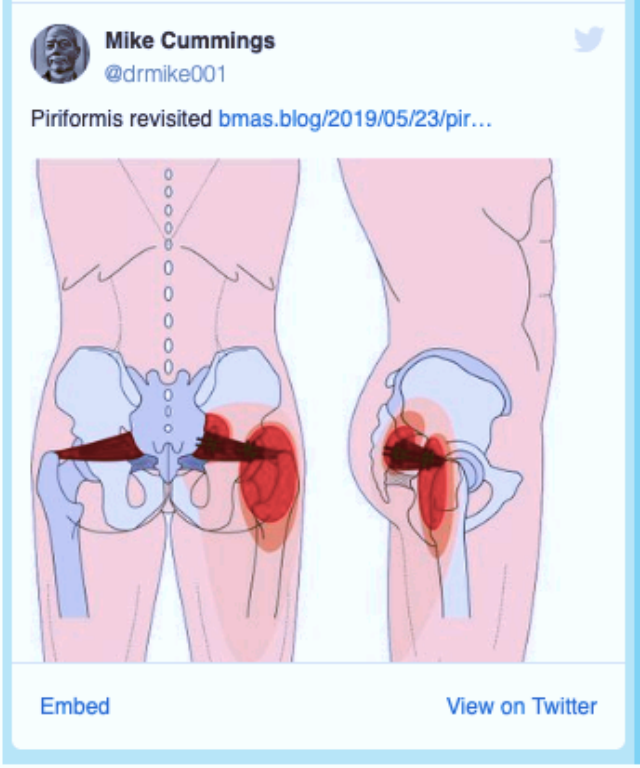
Mike Cummings
@drmike001

Atheroma 2019 bmas.blog/2019/06/19/ath…

Tweets by @Acupunct_Med

Acupunct Med
@Acupunct_Med

Effect of Mongolian warm acupuncture on the gene



Quick Navigation

Professionals
- Acupuncture Training Courses
- Useful BMAS Documents
- Webcasts of BMAS Meetings
- Academic Associates

Members
- Members Area
- Gift Aid Scheme
- Meetings
- Hot Topics in Acupuncture

Patients
- Find a Practitioner

London Teaching Clinic
- Map
- Teaching Sessions

About BMAS
- Admin Staff
- Code of Practice
- Feedback

BMAS House, 3 Winnington Court, Northwich, Cheshire CW8 1AQ - British Medical Acupuncture Society © 2010

Website designed and developed by Dataware Consultancy Centre

www.medacu.co.uk
www.medical-acupuncture.co.uk

goo.gl/6XQeXv

Admin
Home
Forum
Mobile friendly site map
Who are the British Medical Acupuncture Society?
Acupuncture in Back Pain
BMAS Points Resource
Members
Trigger Points
Patient information
Find a Practitioner
Training & Education
Register For Courses

Academic Associates

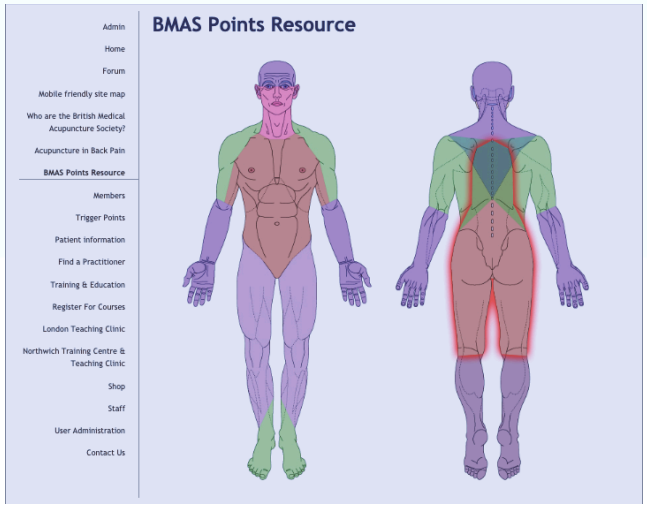
As part of its mission to promote acupuncture within healthcare the British Medical Acupuncture Society has chosen to make some of its resources available to acupuncture practitioners who are already members of another national acupuncture organisation or in a full time academic post, and who are not eligible to be members of the BMAS. This will permit use of specified BMAS resources to facilitate academic pursuits such as education, research or continuing professional development.

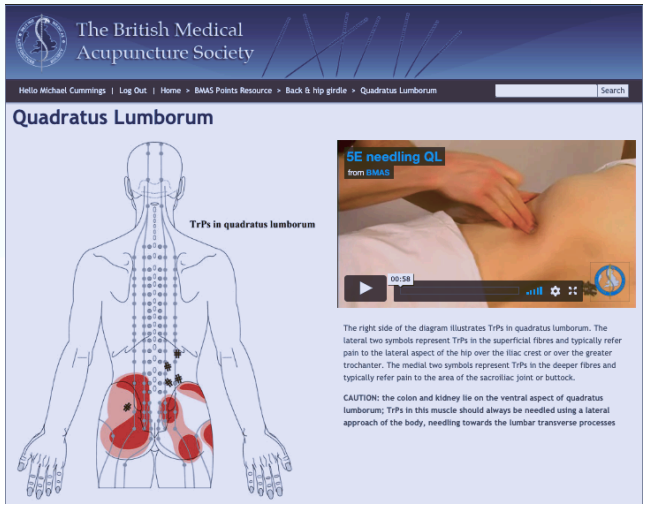
Academic Associateship offers:

- Full online access to *Acupuncture in Medicine* (impact factor 2.637)
- BMAS Points Resource
- Access to webcasts & CPD modules related to the BMAS Spring & Autumn Meetings
- Members rates at meetings

The cost is £36.00 per year. Proof of membership of a recognised acupuncture organisation must be submitted to support a request for academic associateship, and at each renewal.

To apply to become an Academic Associate please contact the BMAS Head Office on 01606 786782 or by email **admin@thebmas.com**





Home

Mobile friendly site map

Who are the British Medical Acupuncture Society?

Acupuncture in Back Pain

BMAS Points Resource

Members

Patient information

Find a Practitioner

Training & Education

Register For Courses

London Teaching Clinic

Northwich Training Centre & Teaching Clinic

Shop

Site Map

- Home
  - Latest News
- Mobile friendly site map
- Who are the British Medical Acupuncture Society?
  - Who are BMAS?
  - Council
  - Medical Director
  - London office
  - Northwich office
  - Annual Report
  - Code of Practice
  - Affliation
  - Academic Associates
  - Make a donation or bequest
    - Donate Online
- Acupuncture in Back Pain
- BMAS Points Resource
- Members
  - Members Area
  - Request Password
  - User Registration
  - BMAS Awards/Accreditations

An approach to back pain…

Definition

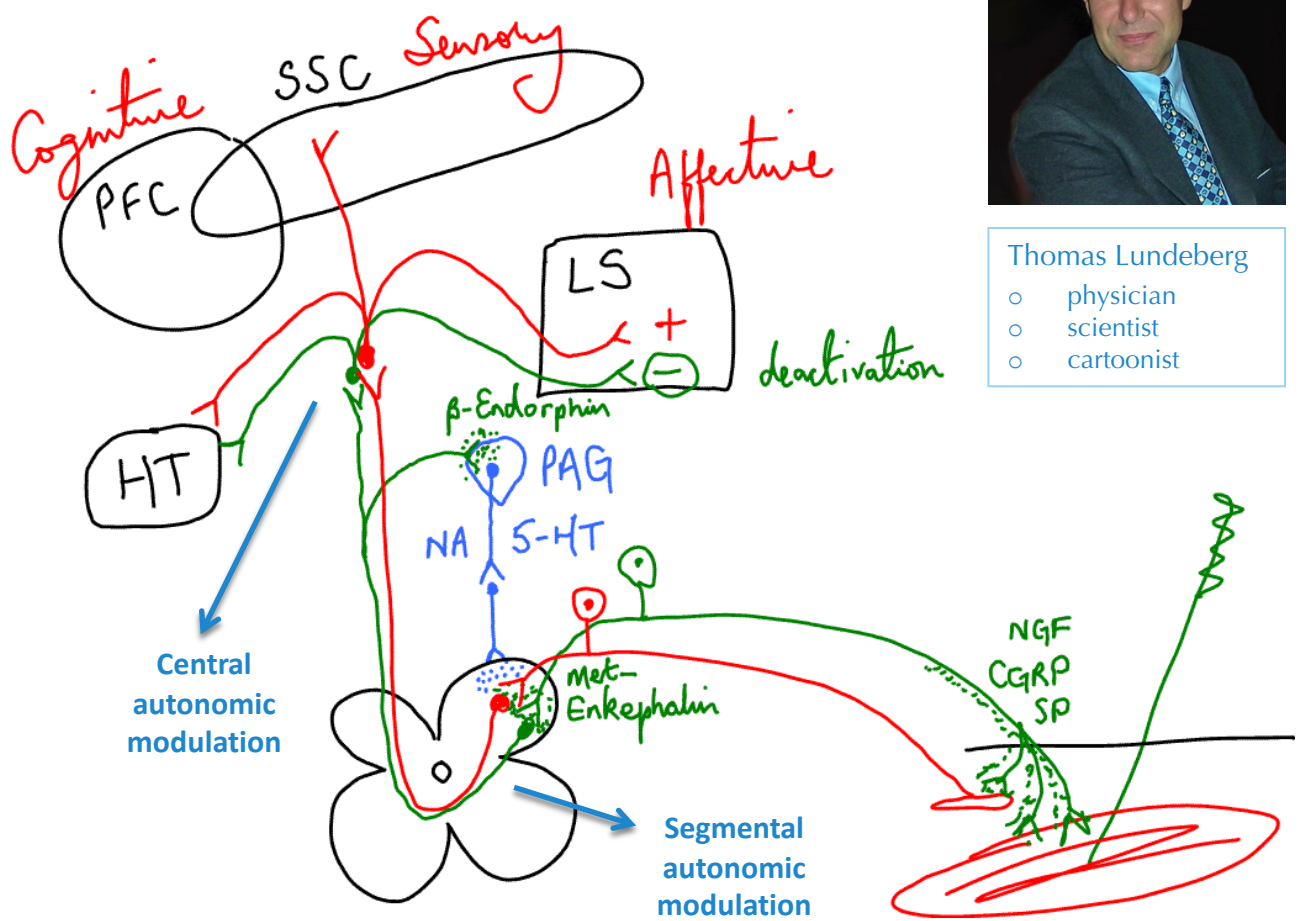
Evidence based medicine – evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.

Sackett DL, Rosenberg WM, Gray JA, *et al*. *BMJ* 1996; 312(7023):71-72.
Editorial
Evidence based medicine: what it is and what it isn't
Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
The practice of evidence based medicine means integrating **individual clinical expertise** with the best available external clinical evidence from systematic research.
By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine…
Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough.
Without clinical expertise, practice risks becoming tyrannised by evidence…
Evidence based medicine is not restricted to randomised trials and meta-analyses.

An approach to back pain…

Physiology

- Local effects
- Segmental
- General



Thomas Lundeberg

- physician
- scientist
- cartoonist

An approach to back pain…

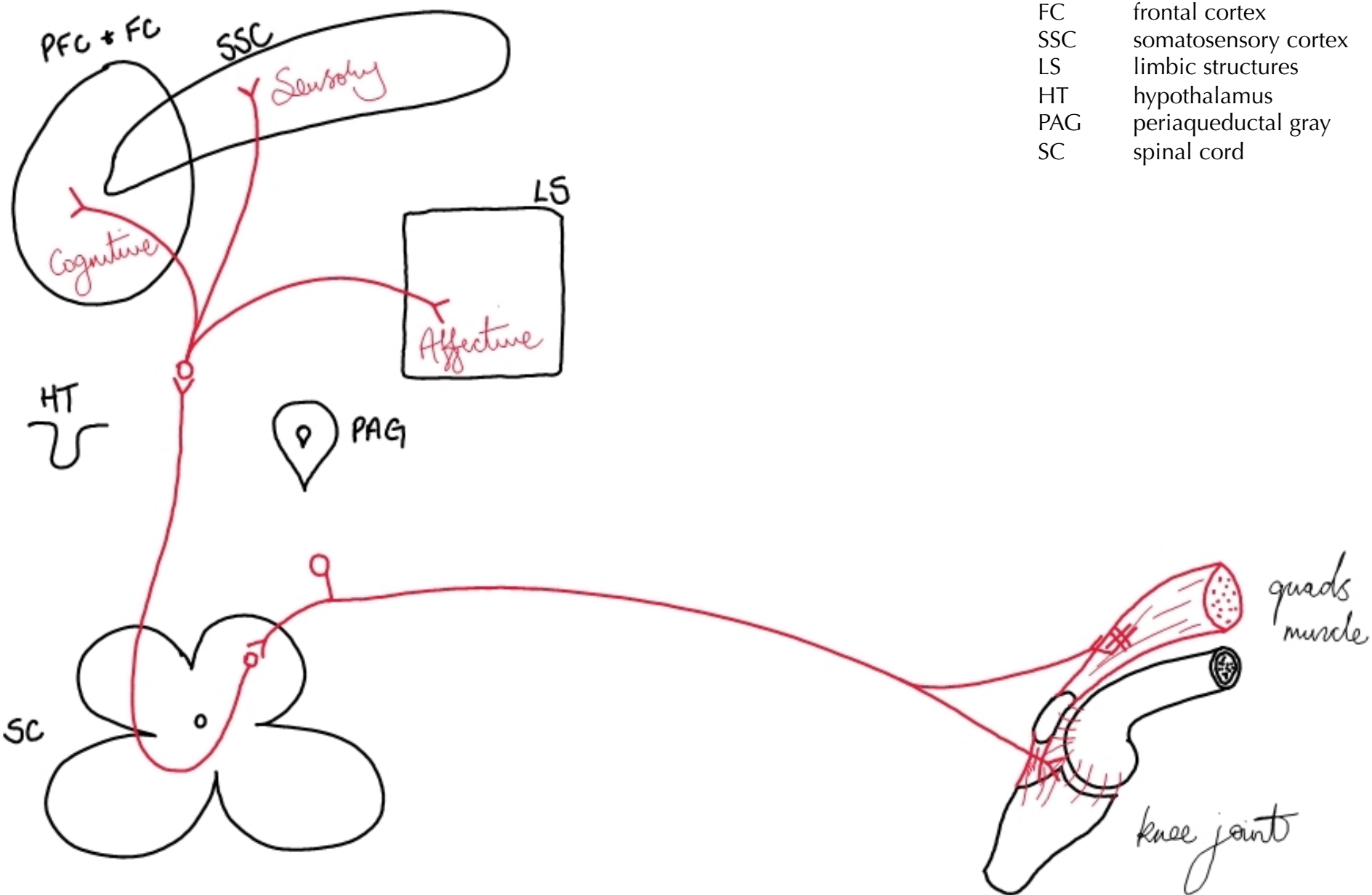
Assessment of (presumed) musculoskeletal pain

- History
  - said to contribute about 90% to the diagnosis
  - Red flags
- Examination (Look, Feel, Move)
  - focused on mechanical loading of tissues to provoke patient recognition of symptoms
    - the fine filiform needle provides the best tissue specific loading
- Special investigations (mostly imaging)
  - confirms clinical impression, but rarely reliable without a good clinical assessment
- Treatment response
  - may take up to 3 cycles of treatment and response to reach a conclusion in tricky cases

PAIN MECHANISMS

Drawings by Mike Cummings
copied in the style of Tom Lundeberg

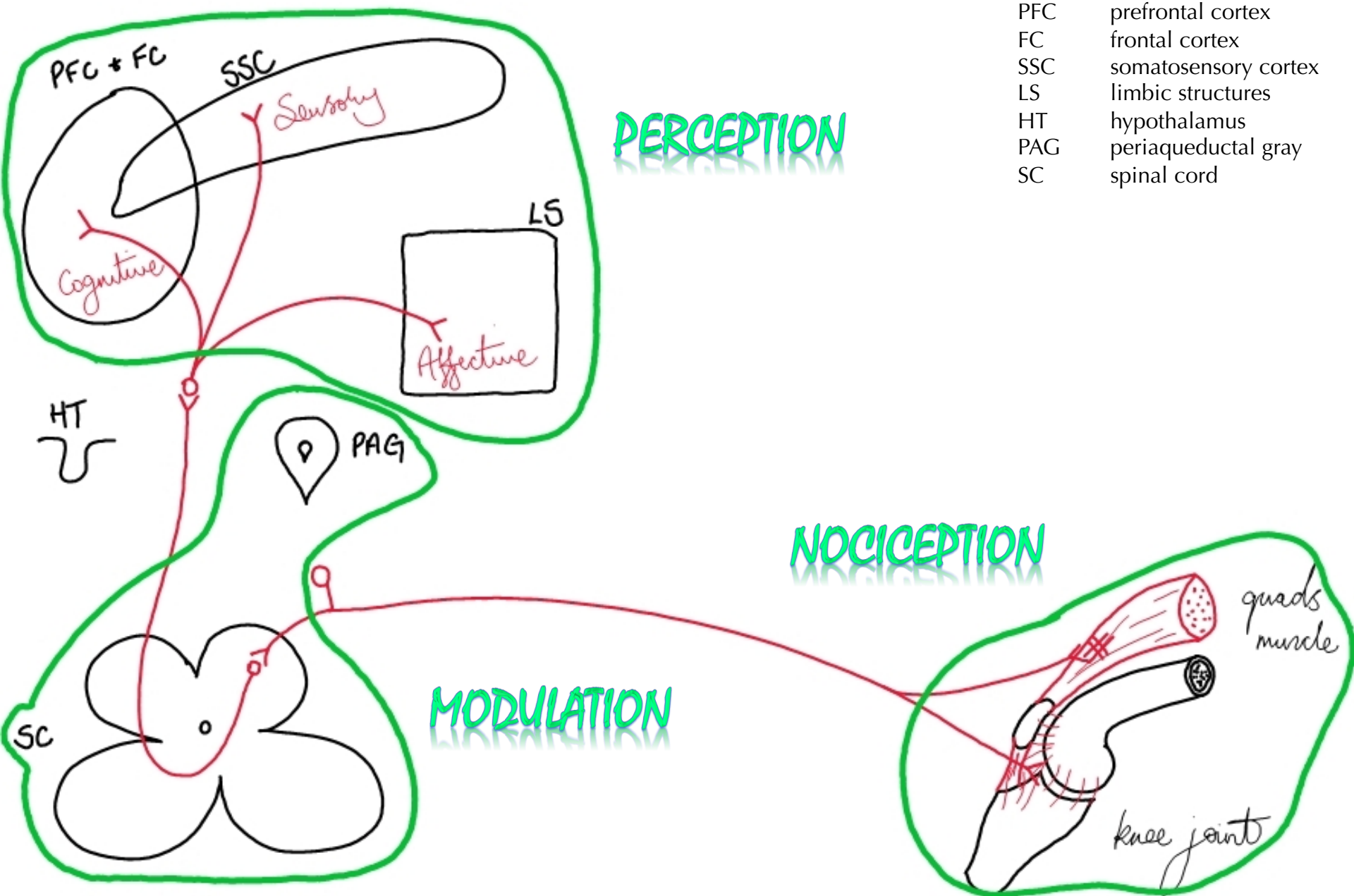
PFC	prefrontal cortex
FC	frontal cortex
SSC	somatosensory cortex
LS	limbic structures
HT	hypothalamus
PAG	periaqueductal gray
SC	spinal cord



PAIN MECHANISMS

Drawings by Mike Cummings
copied in the style of Tom Lundeberg

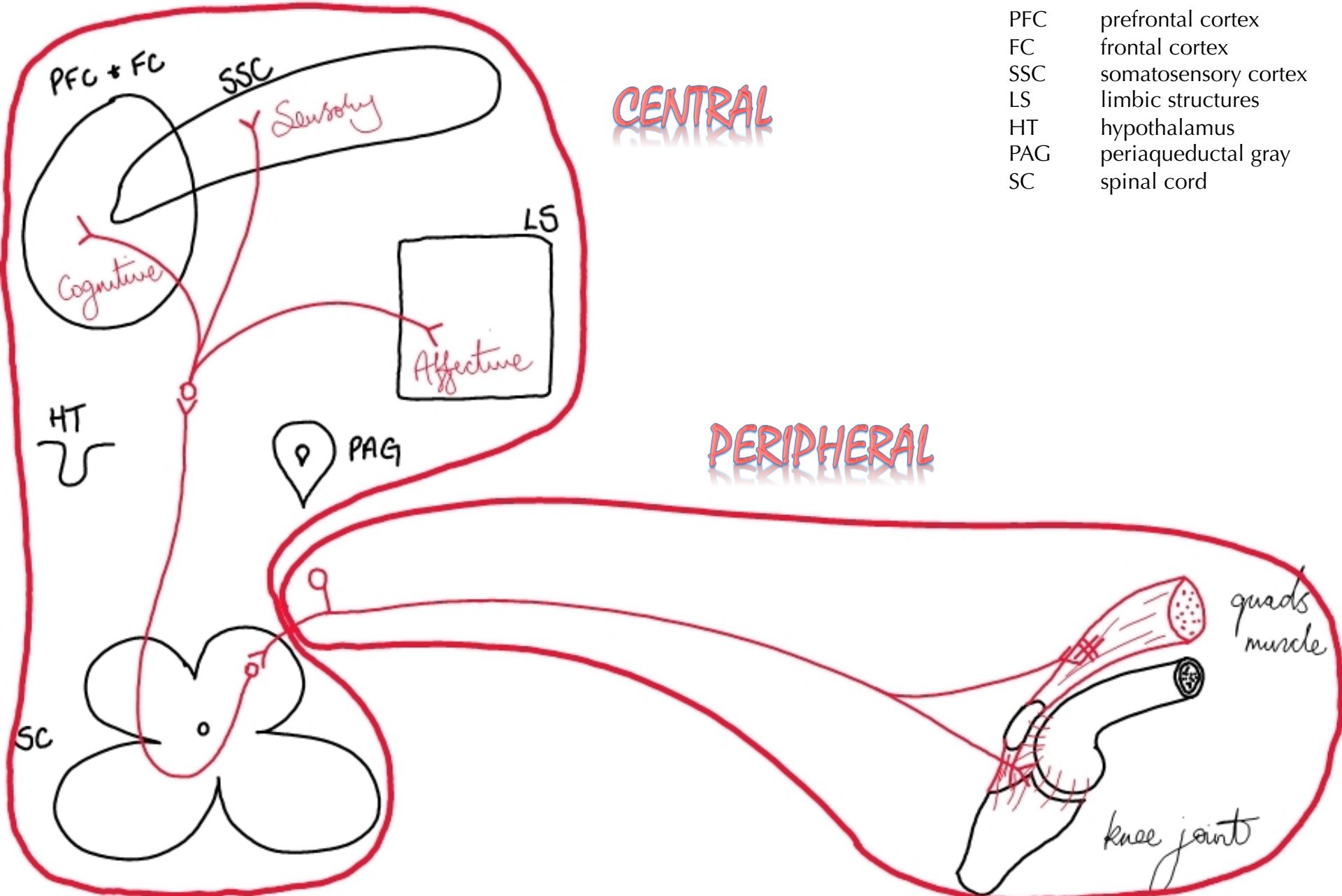
PFC	prefrontal cortex
FC	frontal cortex
SSC	somatosensory cortex
LS	limbic structures
HT	hypothalamus
PAG	periaqueductal gray
SC	spinal cord

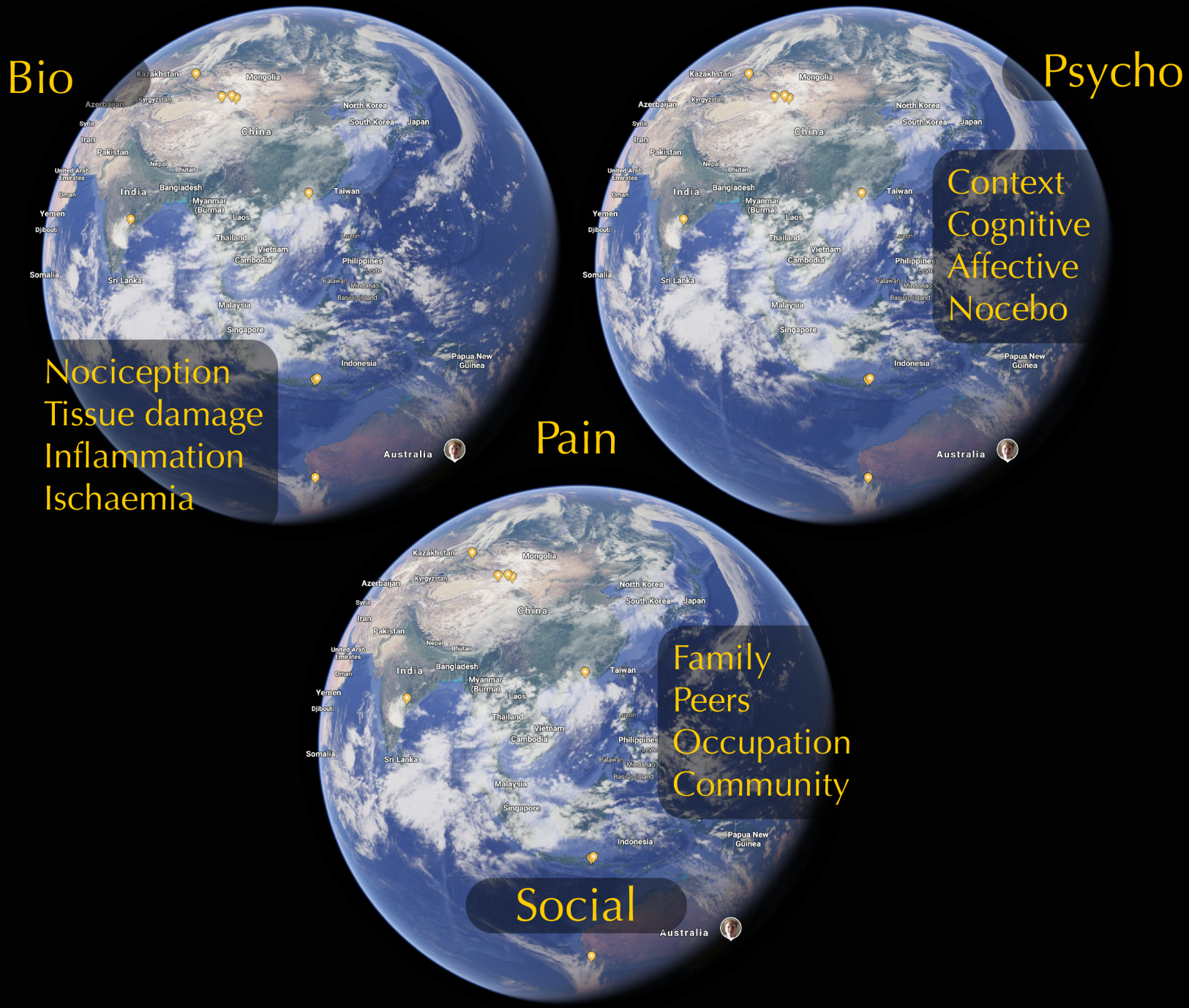


PAIN MECHANISMS

Drawings by Mike Cummings
copied in the style of Tom Lundeberg

PFC	prefrontal cortex
FC	frontal cortex
SSC	somatosensory cortex
LS	limbic structures
HT	hypothalamus
PAG	periaqueductal gray
SC	spinal cord




Bio
Nociception
Tissue damage
Inflammation
Ischaemia
Psycho
Context
Cognitive
Affective
Nocebo
Pain
Social
Family
Peers
Occupation
Community

An approach to back pain…

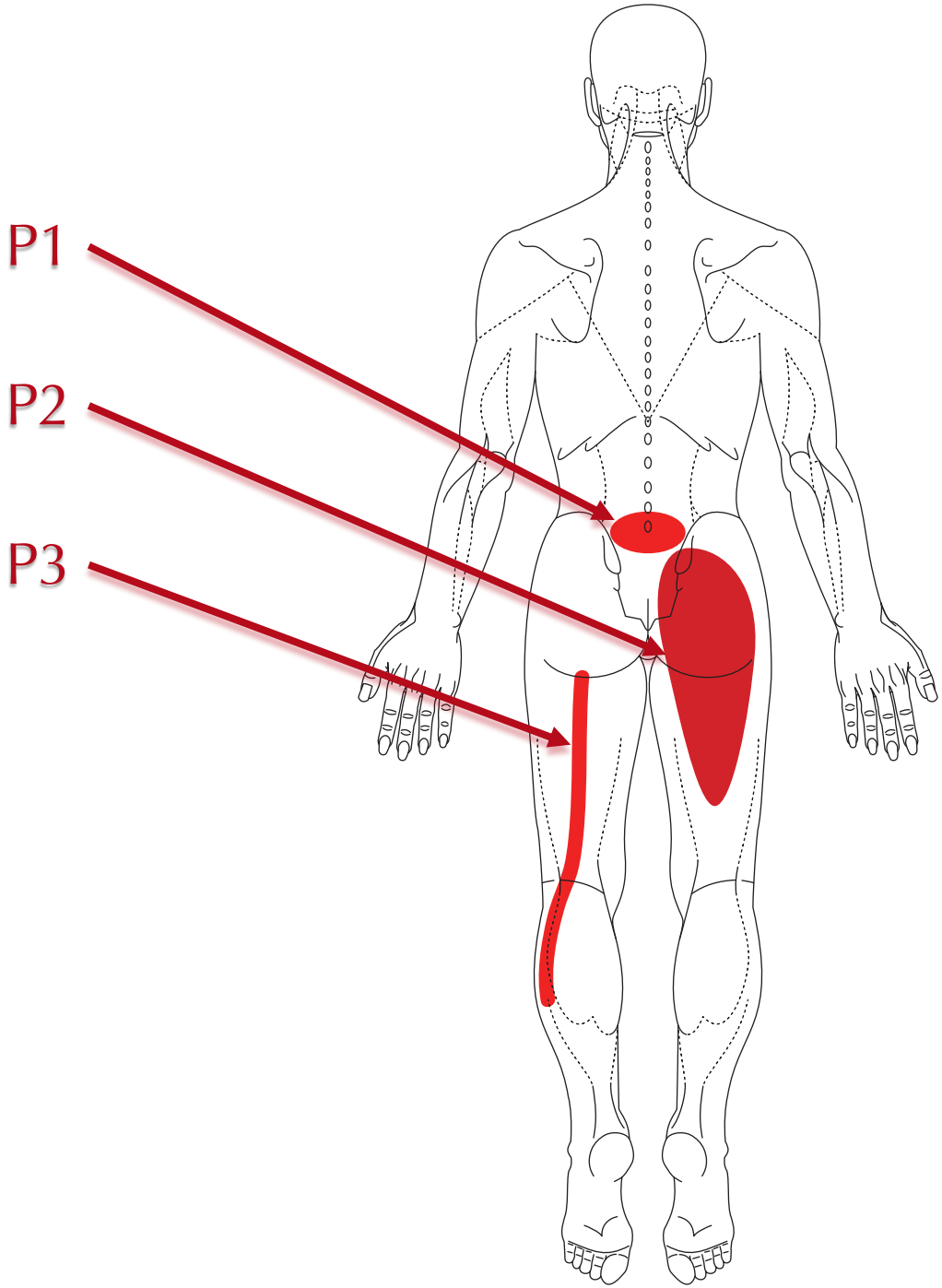
Assessment of (presumed) musculoskeletal pain

- **History**
  - ✧ said to contribute about 90% to the diagnosis
  - ✧ Red flags
- Examination (Look, Feel, Move)
  - ✧ focused on mechanical loading of tissues to provoke patient recognition of symptoms
    - the fine filiform needle provides the best tissue specific loading
- Special investigations (mostly imaging)
  - ✧ confirms clinical impression, but rarely reliable without a good clinical assessment
- Treatment response
  - ✧ may take up to 3 cycles of treatment and response to reach a conclusion in tricky cases

An approach to back pain…

Assessment of (presumed) musculoskeletal pain

- History
  - Pain history
    - Site
      - central vs lateralized
      - deep vs skin level
    - Character
    - Radiation
    - Onset
    - Severity
    - Duration
    - Special times of occurrence
    - Aggravating factors
    - Relieving factors
    - Associated symptoms



P1 disc
vertebral body
dura

P2 muscle
facet / SIJ

P3 nerve root
facet / foraminal
muscle

An approach to back pain…

Assessment of (presumed) musculoskeletal pain

- History
  - said to contribute about 90% to the diagnosis
  - Red flags
- Examination (Look, Feel, Move)
  - focused on **mechanical loading of tissues** to provoke patient recognition of symptoms
    - the fine filiform needle provides the best tissue specific loading
- Special investigations (mostly imaging)
  - confirms clinical impression, but rarely reliable without a good clinical assessment
- Treatment response
  - may take up to 3 cycles of treatment and response to reach a conclusion in tricky cases

Mechanical loading of tissues

Examination

- Observation
  - Weight bearing activity may result in obvious pain
- Tissue loading
  - Stretch
  - Loading via weight distribution or position
  - Loading via resisted contraction of muscle
  - Loading via bony impingement
  - Loading via palpation of tenderness
  - Loading with a filiform needle

Mechanical loading of tissues

Examination of the back

- Observation
  - Weight bearing activity may result in obvious pain
- Tissue loading
  - Stretch – provocation during assessment of RoM: standing or CAT
  - Loading via weight distribution or position – RoM: standing or CAT
  - Loading via resisted contraction of muscle
  - Loading via bony impingement – RoM: standing or modified CAT
  - Loading via palpation of tenderness – TrPs, ligaments, SPs
  - Loading with a filiform needle – TrPs, ligaments, facets

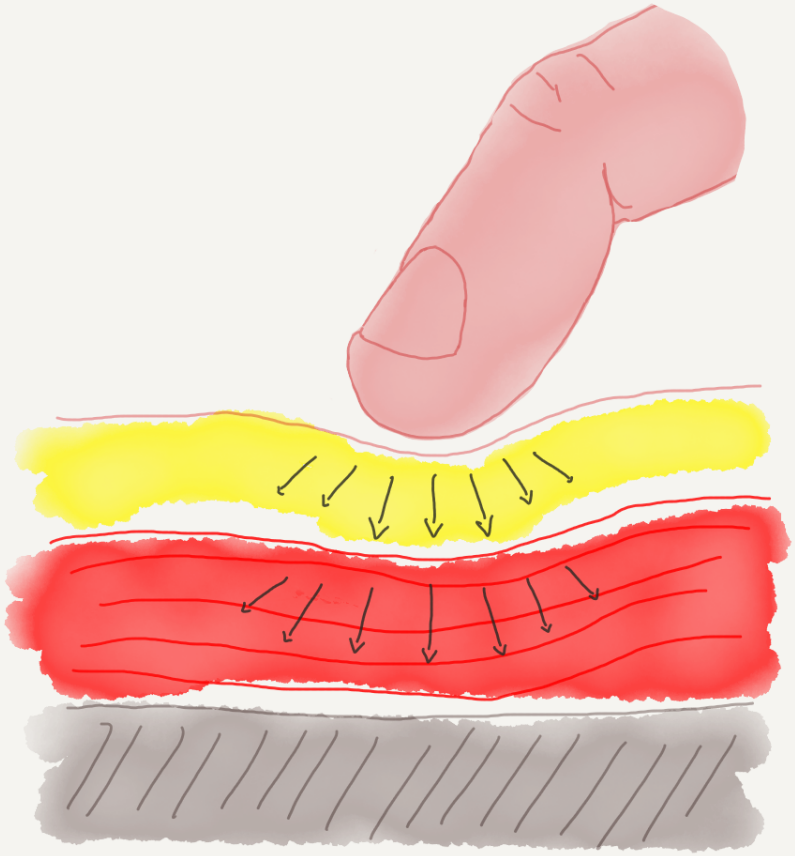
Mechanical loading of tissues

Examination of the back

- Observation
  - Weight bearing activity may result in obvious pain
- Tissue loading
  - Stretch – provocation during assessment of RoM: standing or CAT
  - Loading via weight distribution or position – RoM: standing or CAT
  - Loading via resisted contraction of muscle
  - Loading via bony impingement – RoM: standing or modified CAT
  - Loading via palpation of tenderness – TrPs, ligaments, SPs
  - Loading with a filiform needle – TrPs, ligaments, facets

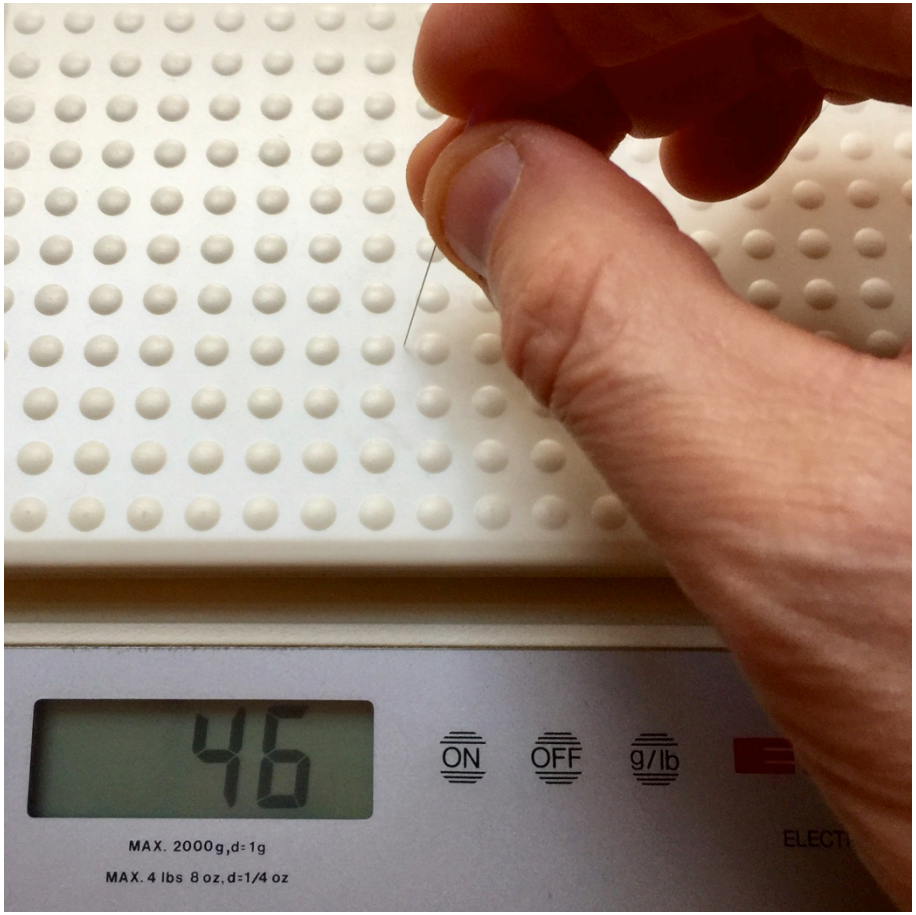
How do we apply loading

…with our fingers and with a needle



How much pressure do we apply

…with our fingers versus a needle



goo.gl/6XQeXv

The acupuncture needle…

Average pressures compared…

Digit	Dimensions	Weight applied	Average pressure
Middle fingertip (gentle)	100mm²	150g	0.15kg/cm²
Middle fingertip (firm)	100mm²	1-2kg	1-2kg/cm²
Thumb pad (maximum)	200mm²	5-10kg	2-5kg/cm²

Needle	Dimensions	Surface area of cone tip	Weight before bending	Average pressure at tip
Lilac	0.25x30mm	0.2mm²	30-50g	15-25kg/cm²

Needle	Dimensions	Surface area of flat tip	Weight before bending	Average pressure at tip
Lilac	0.25x30mm	0.05mm²	25-50g	50-100kg/cm²
		1/500 to 1/4000	1/50 to 1/400	10x to 100x

low diffuse pressure
not tissue specific

high localised pressure
tissue specific

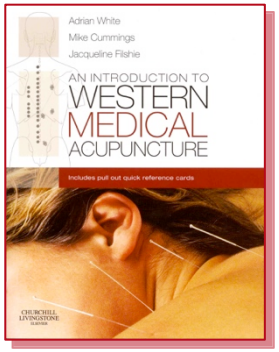
Mechanical loading of tissues

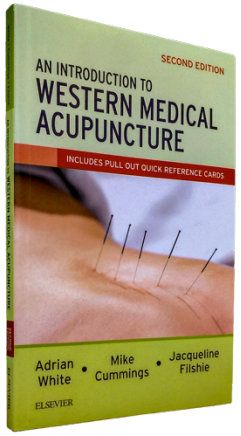
Examination of the back

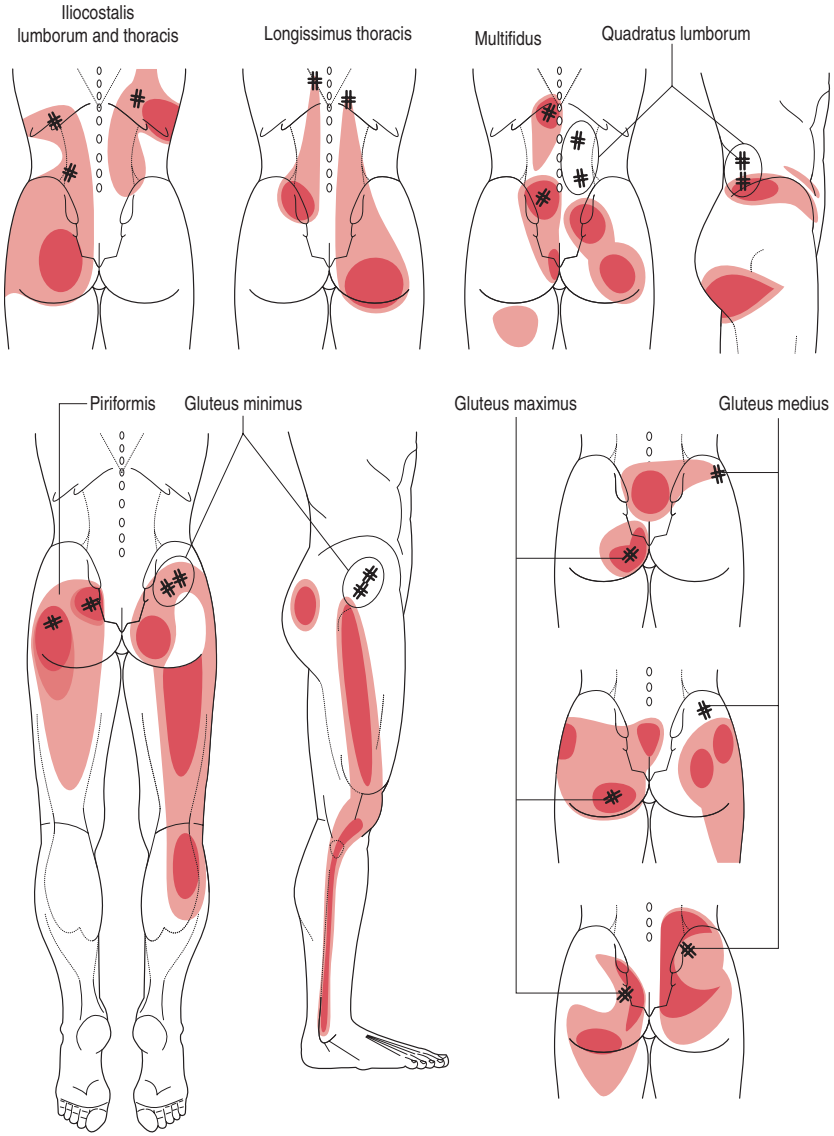
- Observation
  - Weight bearing activity may result in obvious pain
- Tissue loading
  - Stretch – provocation during assessment of RoM: standing or CAT
  - Loading via weight distribution or position – RoM: standing or CAT
  - Loading via resisted contraction of muscle
  - Loading via bony impingement – RoM: standing or modified CAT
  - Loading via palpation of tenderness – TrPs, ligaments, SPs
  - Loading with a filiform needle – TrPs, ligaments, facets
    - Is this the pain you are complaining of?
    - Or is it a different pain in the same place?

www.medacu.co.uk/triggerpoints.aspx
www.medical-acupuncture.co.uk/triggerpoints.aspx

TrP pain referral patterns

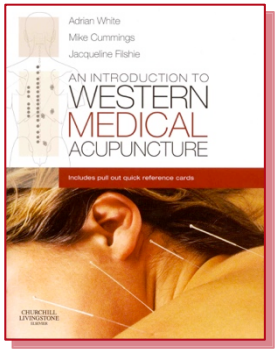


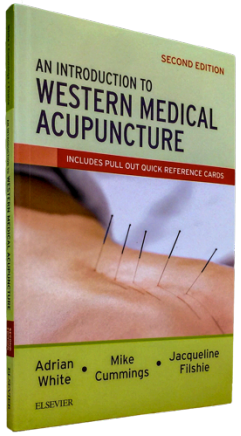


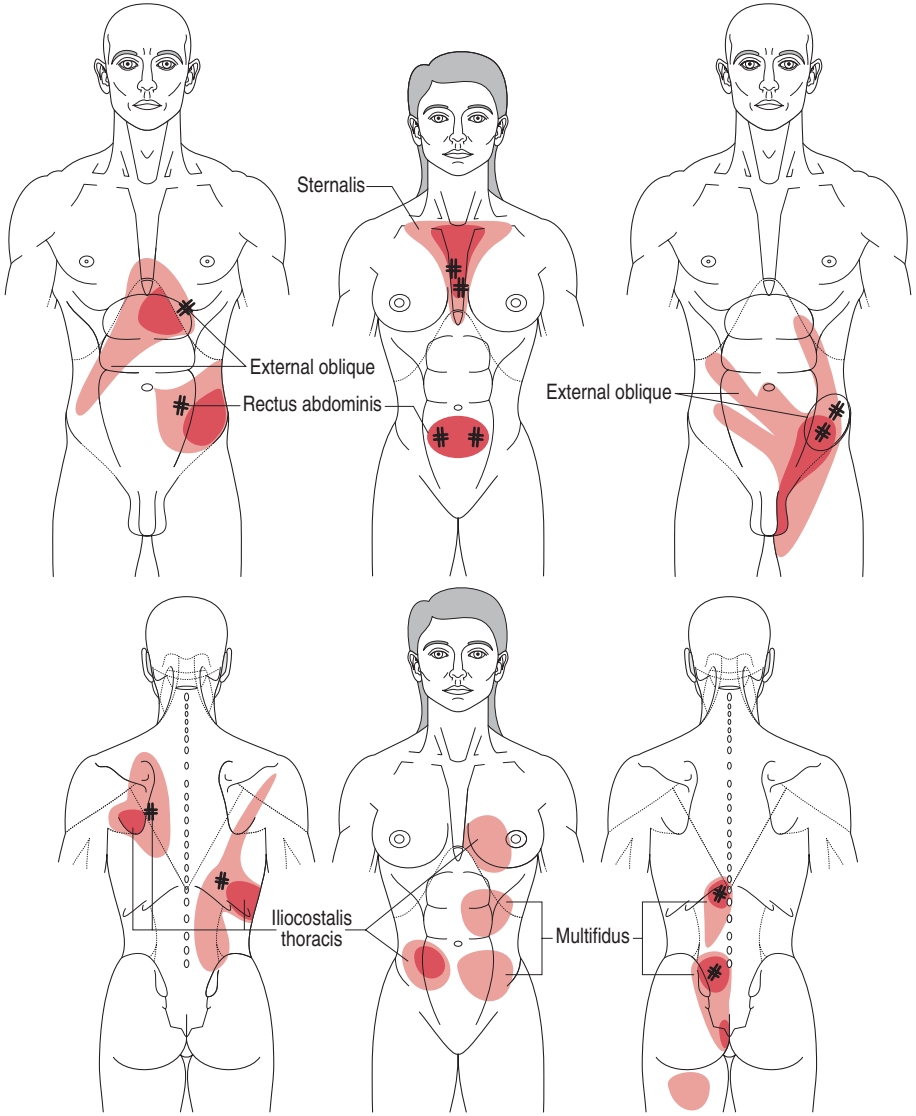


www.medacu.co.uk/triggerpoints.aspx
www.medical-acupuncture.co.uk/triggerpoints.aspx

TrP pain referral patterns

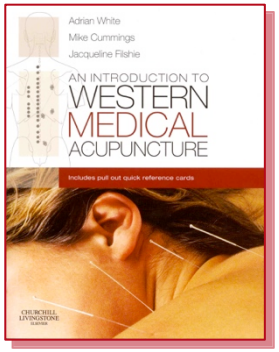


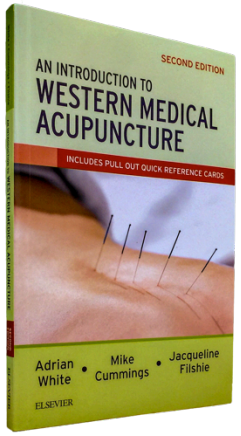


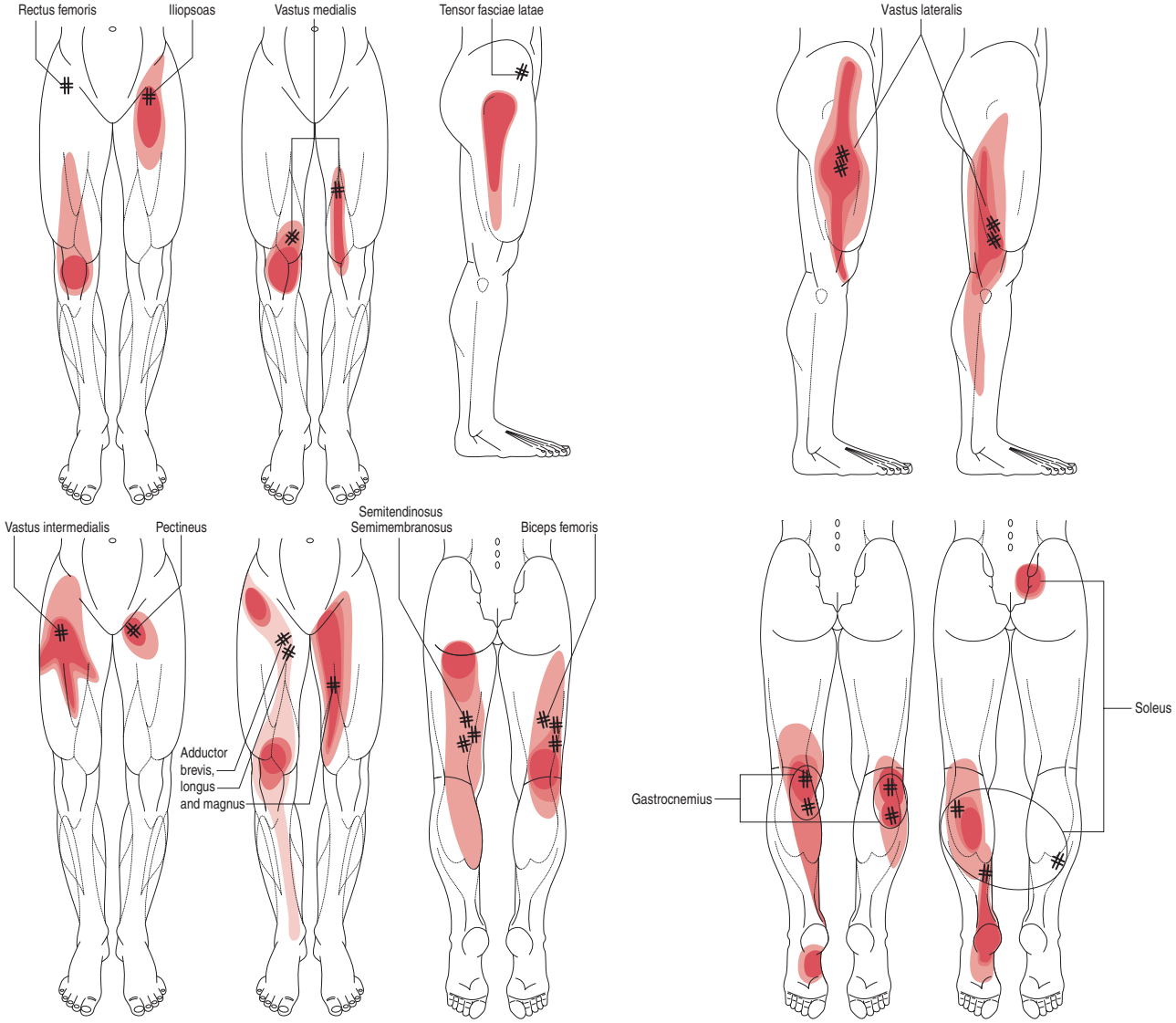


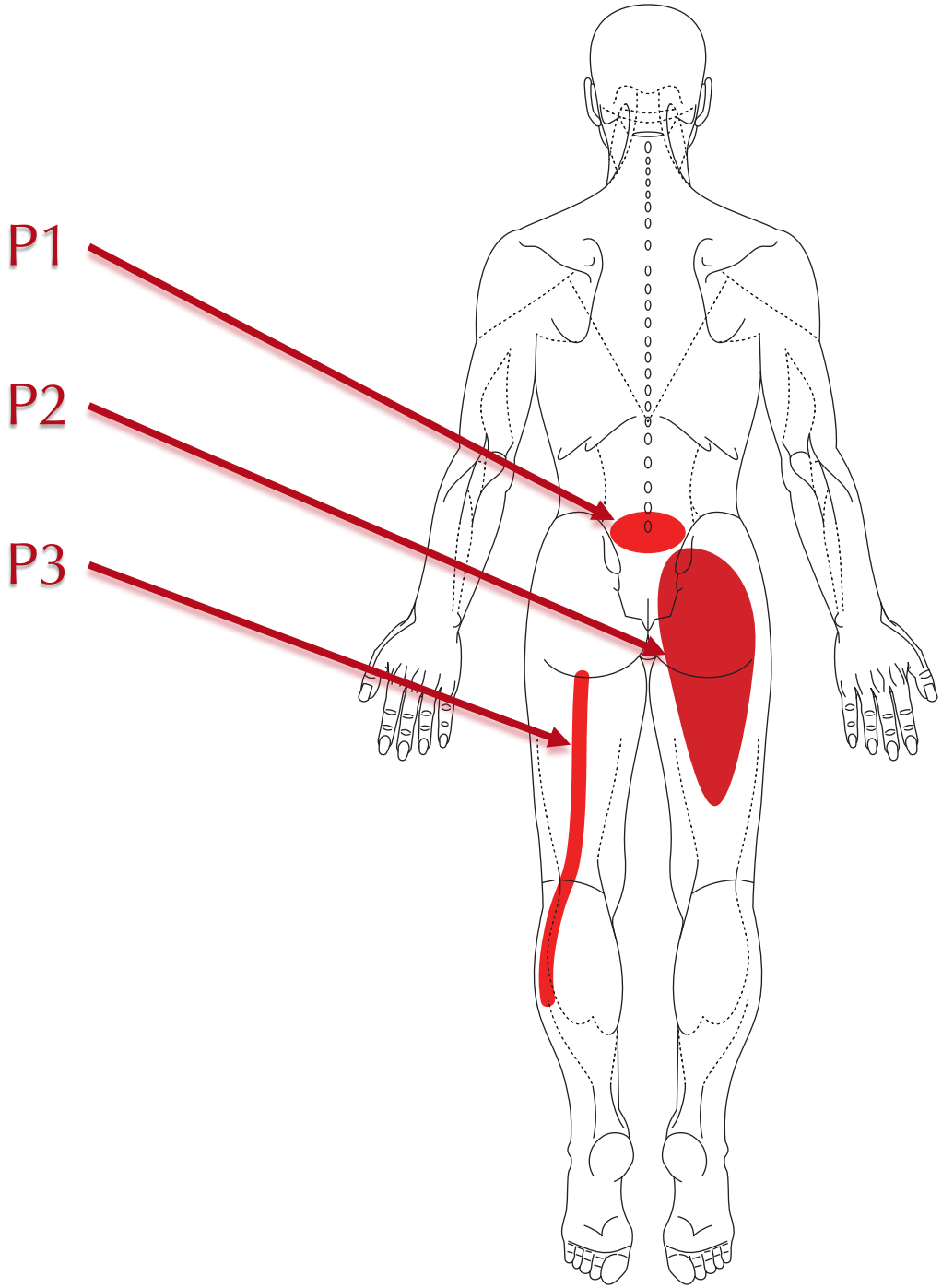
www.medacu.co.uk/triggerpoints.aspx
www.medical-acupuncture.co.uk/triggerpoints.aspx

TrP pain referral patterns





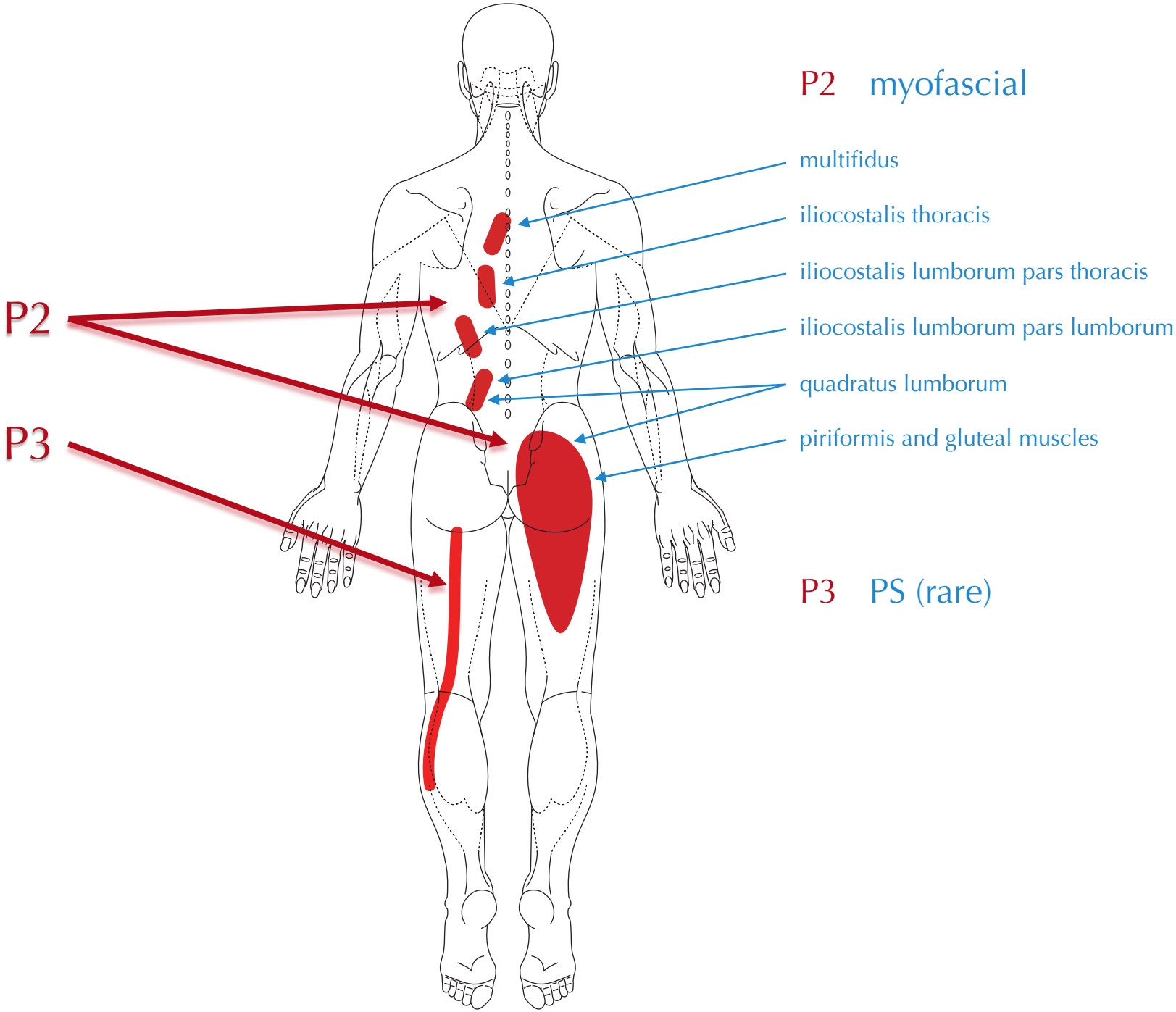


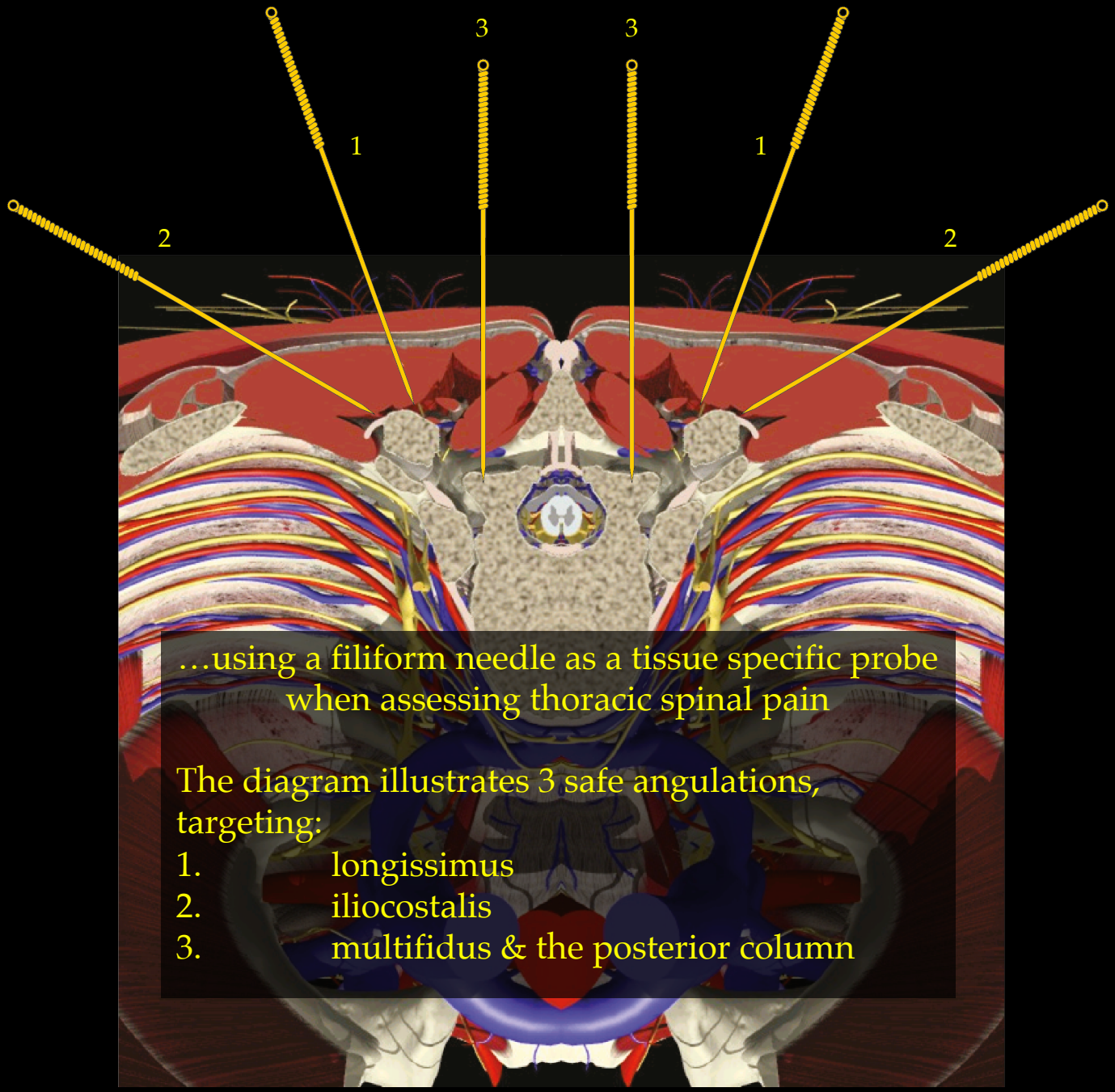


P1 disc
vertebral body
dura

P2 muscle
facet / SIJ

P3 nerve root
facet / foraminal
muscle

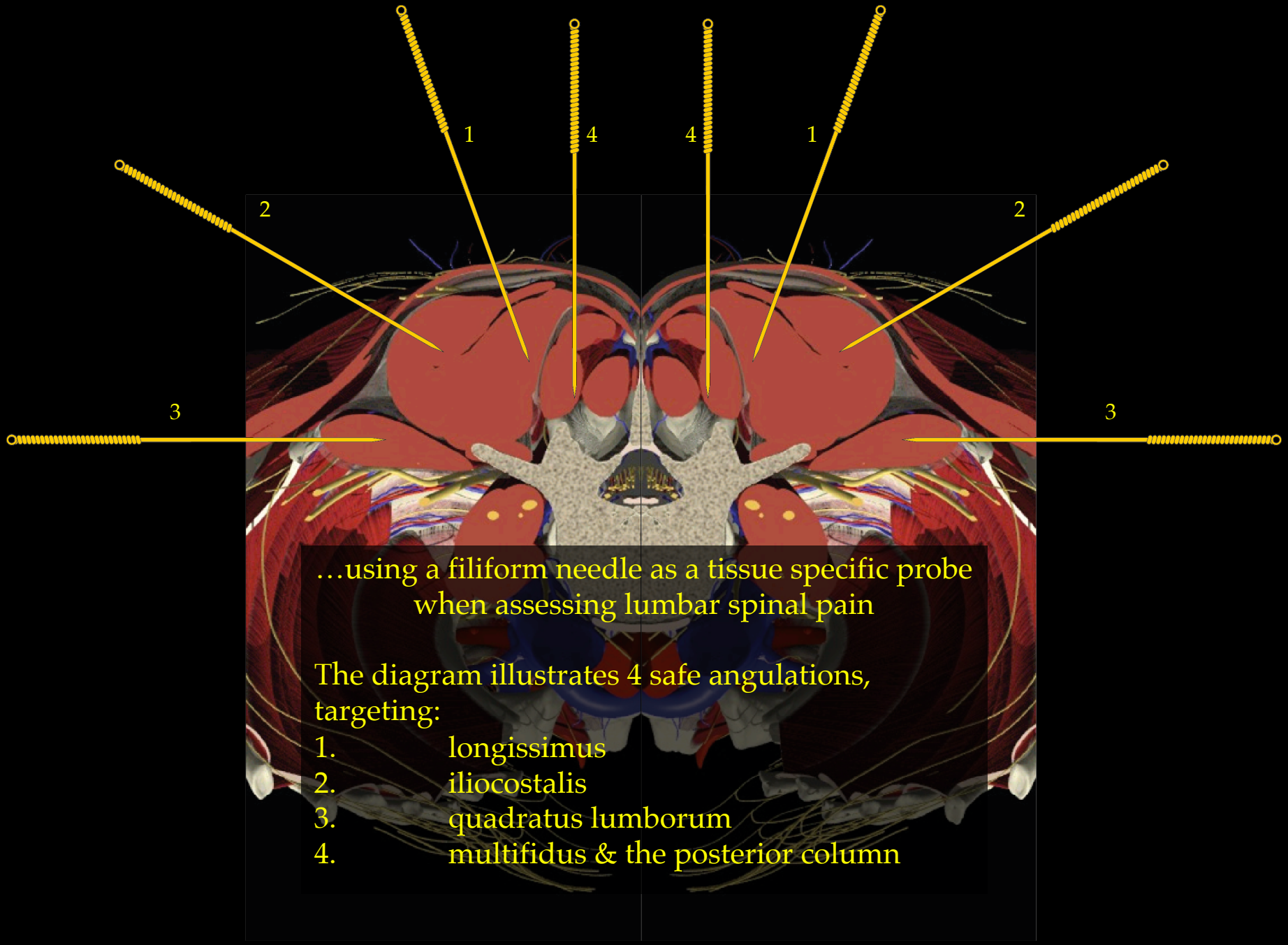

P2 myofascial
multifidus
iliocostalis thoracis
iliocostalis lumborum pars thoracis
iliocostalis lumborum pars lumborum
quadratus lumborum
piriformis and gluteal muscles
P2
P3
P3 PS (rare)



…using a filiform needle as a tissue specific probe when assessing thoracic spinal pain

The diagram illustrates 3 safe angulations, targeting:

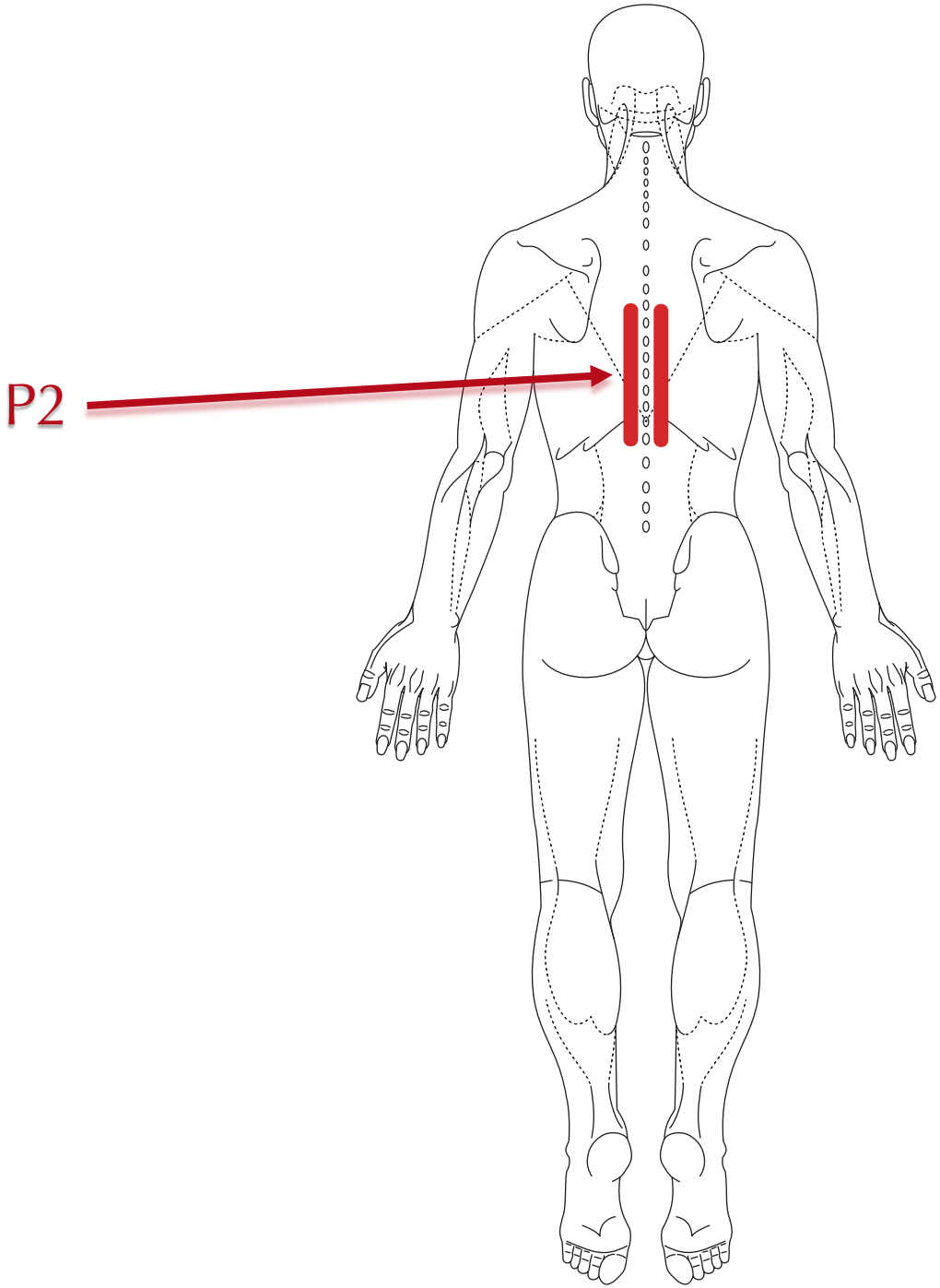
1. longissimus
2. iliocostalis
3. multifidus & the posterior column



…using a filiform needle as a tissue specific probe when assessing lumbar spinal pain

The diagram illustrates 4 safe angulations, targeting:

1. longissimus
2. iliocostalis
3. quadratus lumborum
4. multifidus & the posterior column



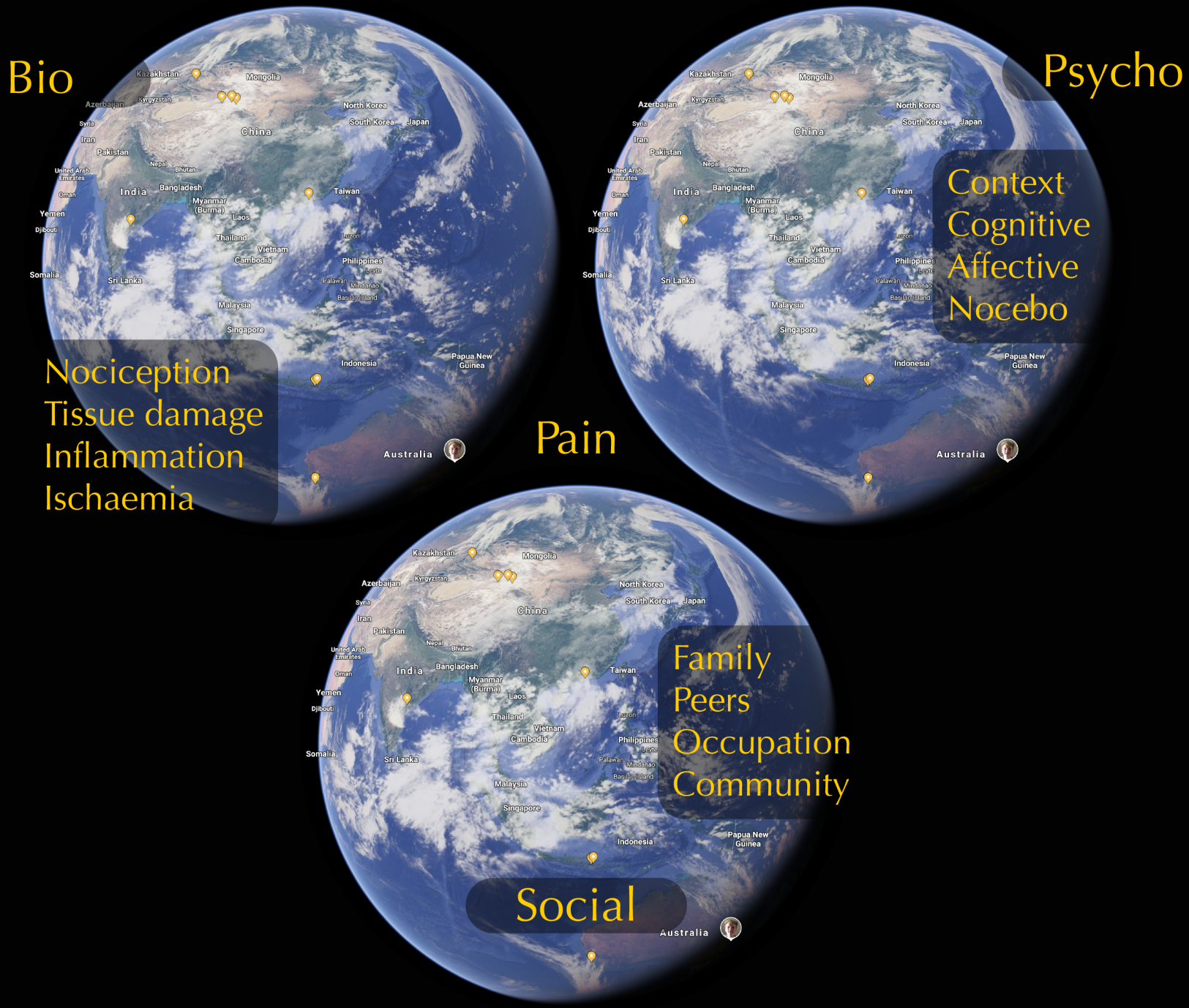
P2 myofascial

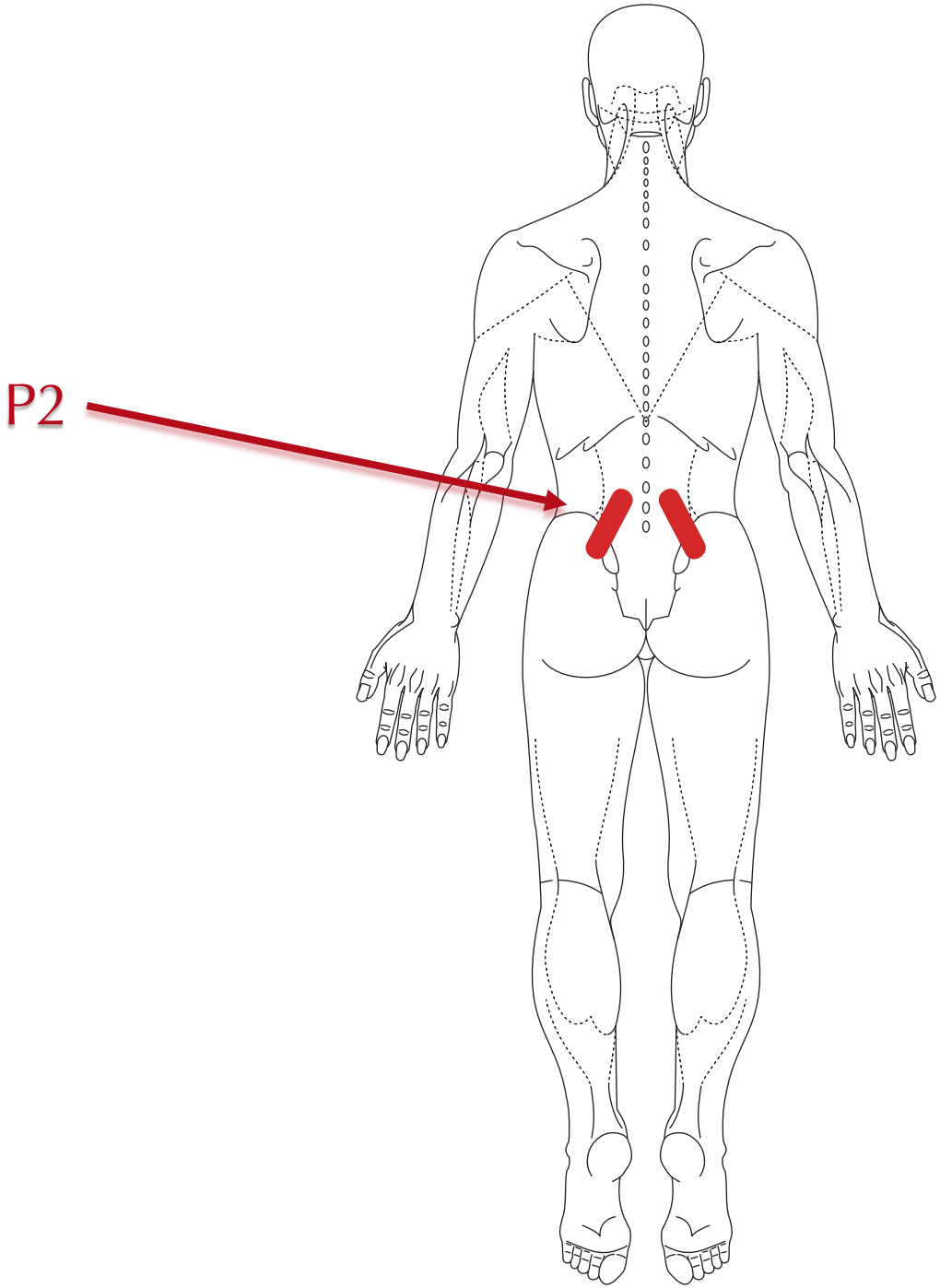
symmetrical myofascial pain is likely to be secondary

typically longissimus thoracis or trapezius

potential underlying problems include:

- work-related stress
- postural overuse
- anxiety

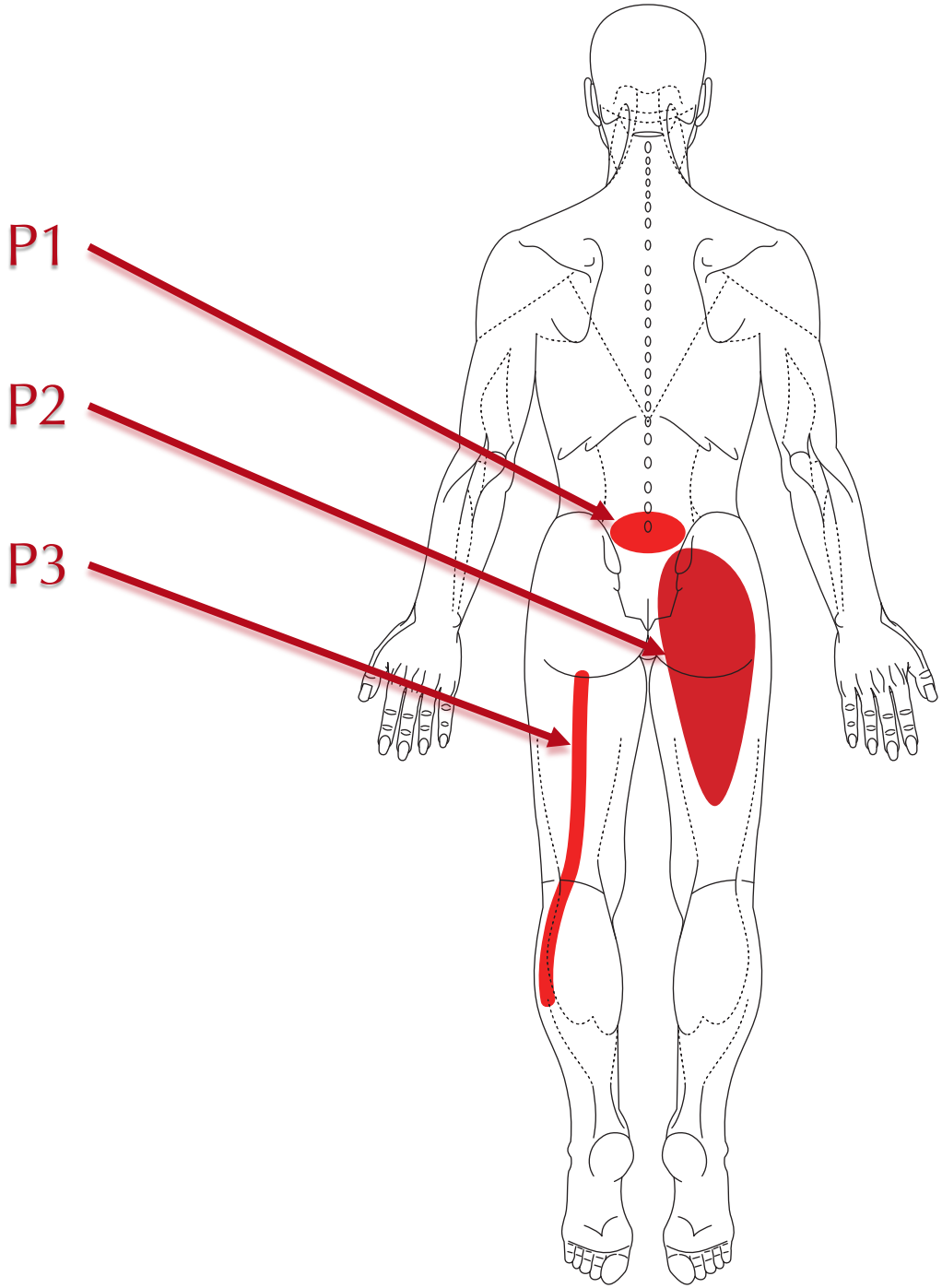

Bio
Nociception
Tissue damage
Inflammation
Ischaemia
Psycho
Context
Cognitive
Affective
Nocebo
Pain
Social
Family
Peers
Occupation
Community



P2 myofascial

symmetrical myofascial pain is likely to be secondary

this pattern may be secondary to internal disc derangement



P1 disc
vertebral body
dura

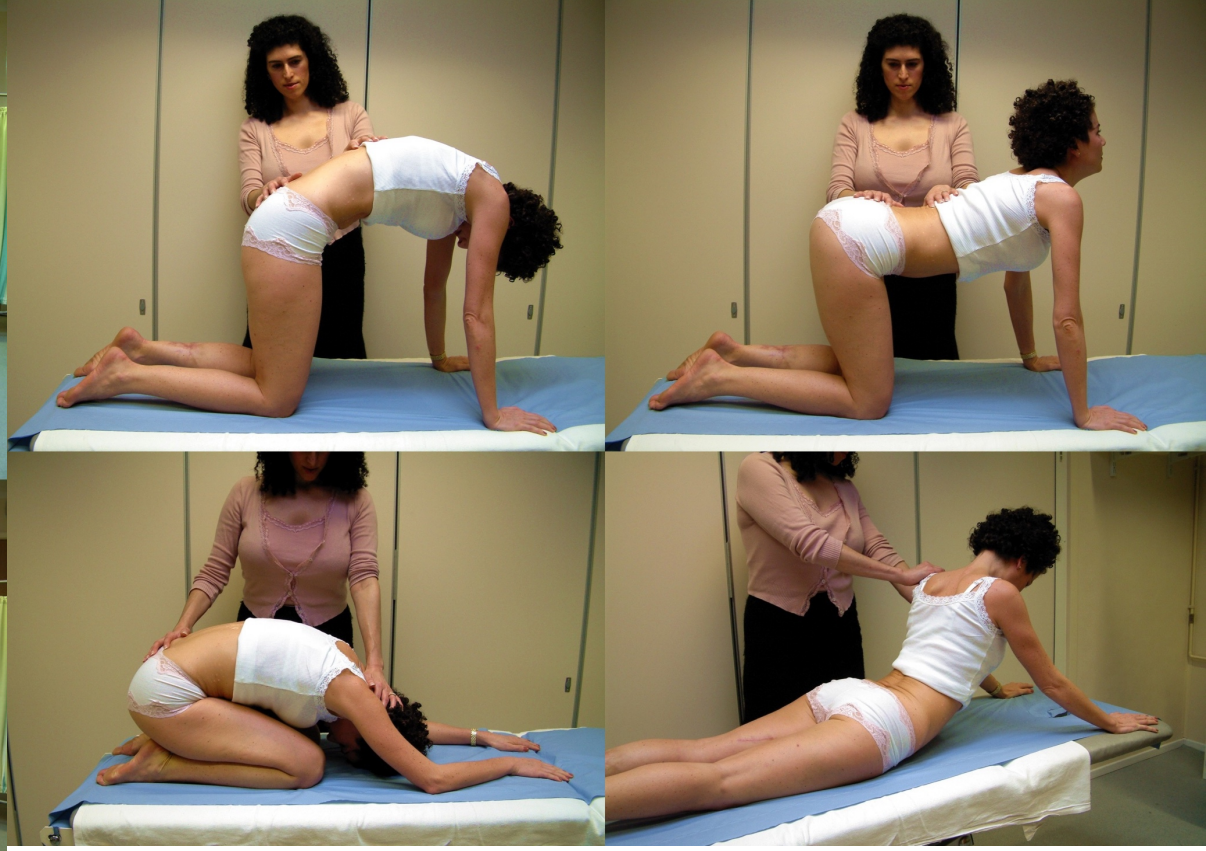
P2 muscle
facet / SIJ

P3 nerve root
facet / foraminal
muscle

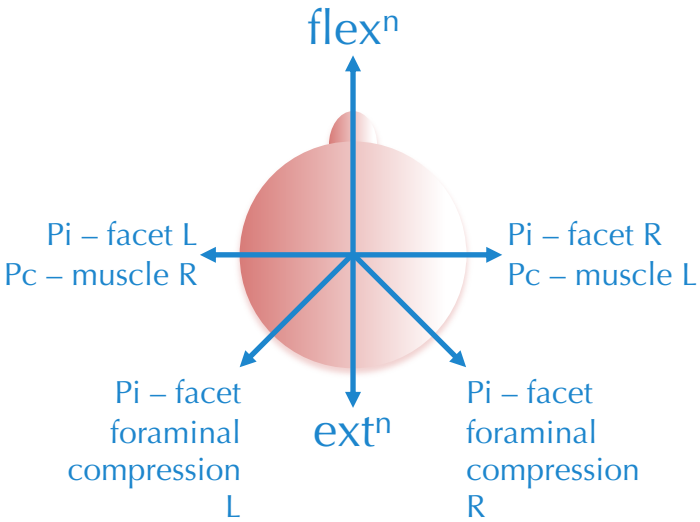
Mechanical loading of tissues

Examination of the back

- Observation
  - Weight bearing activity may result in obvious pain
- Tissue loading
  - Stretch – provocation during **assessment of RoM: standing or CAT**
  - Loading via weight distribution or position – **RoM: standing or CAT**
  - Loading via resisted contraction of muscle
  - Loading via bony impingement – **RoM: standing or modified CAT**
  - Loading via palpation of tenderness – TrPs, ligaments, SPs
  - Loading with a filiform needle – TrPs, ligaments, facets



O/E


flex^n
Pi – facet L
Pc – muscle R
Pi – facet R
Pc – muscle L
Pi – facet foraminal compression L
ext^n
Pi – facet foraminal compression R

Home
Mobile friendly site map
Who are the British Medical Acupuncture Society?
Acupuncture in Back Pain
BMAS Points Resource
Members
Patient information
Find a Practitioner
Training & Education
Register For Courses
London Teaching Clinic
Northwich Training Centre & Teaching Clinic
Shop
Contact Us

Dr Mike Cummings

Mike is Medical Director of the British Medical Acupuncture Society (BMAS). This is a full time post that involves running the BMAS London Teaching Clinic (LTC), co-ordinating and lecturing on BMAS courses in Western medical acupuncture, acting as an associate editor for the Medline-listed journal *Acupuncture in Medicine*, and representing the BMAS at various academic and political meetings. Mike is an Honorary Clinical Specialist at the Royal London Hospital for Integrated Medicine, which is part of the University College London Hospitals NHS Foundation Trust, where he supports acupuncture services.

His principal academic and clinical interest is musculoskeletal pain, and in particular, needling therapies in the treatment of myofascial pain syndromes.

After completing his medical degree at Leeds, and several hospital jobs in the north of England, Mike joined the Royal Air Force for a six and a half year short service commission as a medical officer. A substantial portion of the workload for a general duties medical officer (GDMO) in the RAF is musculoskeletal medicine. Mike came across acupuncture by accident whilst working as a GDMO. He followed his interest in musculoskeletal medicine and acupuncture on retiring from military service, and finally found himself occupied full time in the field of acupuncture.

Read Mike's profile in the Leeds University Medical School Alumni magazine from 2003.
Read a description of how Mike unexpectedly got into acupuncture in Toby Murcott's book - The Whole Story from 2005.

Mike edits and writes on the BMAS Blog.

Publications

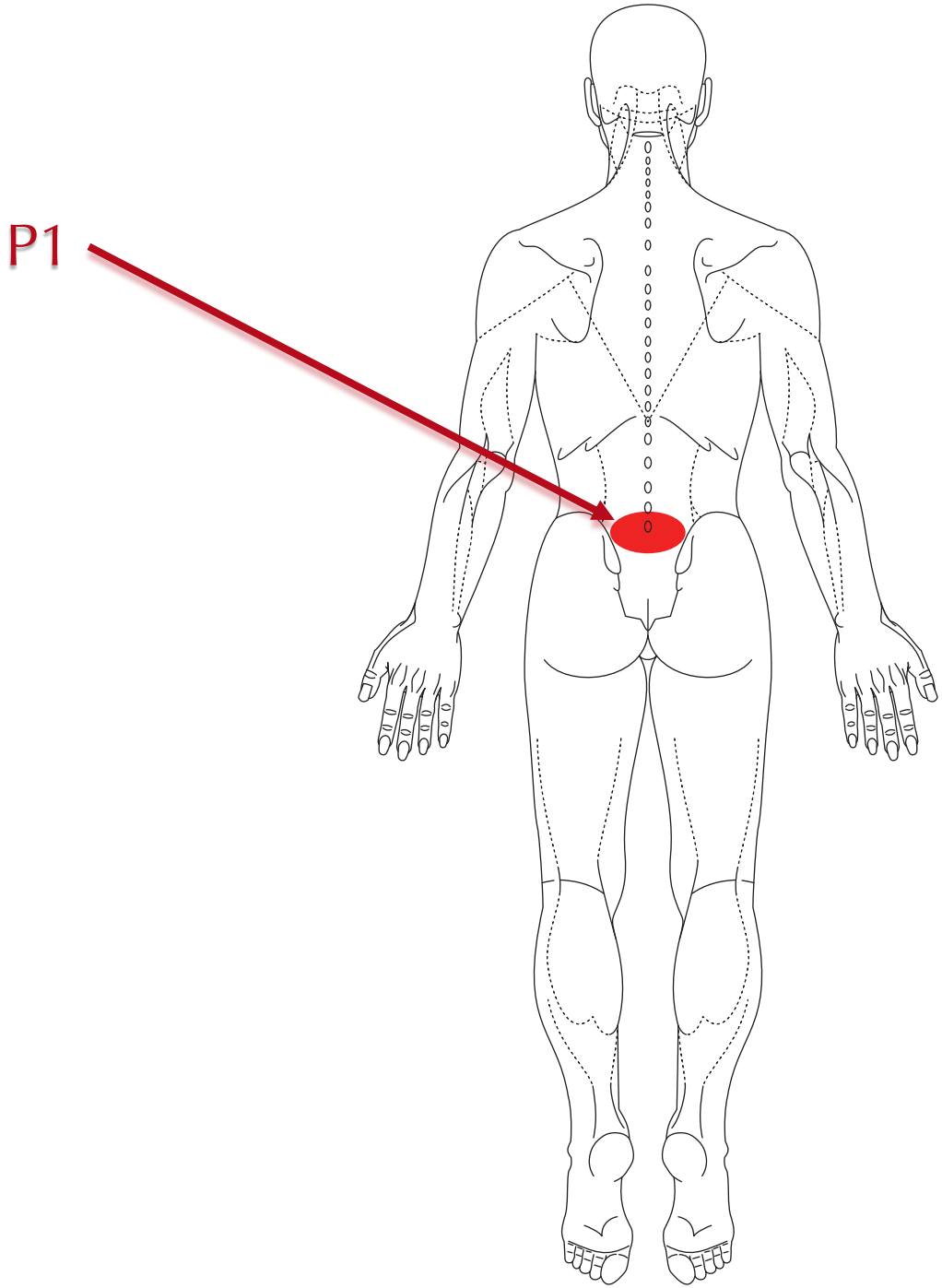
1. **Cummings** TM. A computerised audit of acupuncture in two populations: civilian and forces. *Acupunct Med* 1996;14(1):37-39.
2. Filshie J, **Cummings** TM. Western medical acupuncture. In: Ernst E, White AR, editors. *Acupuncture - A Scientific Appraisal*. Oxford: Butterworth Heinemann, 1999:31-59.
3. **Cummings** M. Teasing Apart The Quality And Validity In Systematic Reviews Of Acupuncture. *Acupunct Med* 2000;18(2):104-7.
4. **Cummings** M. Piriformis Syndrome. *Acupunct Med* 2000;18(2):108-21.
5. **Cummings** M. More on BMA's approval of acupuncture. Acupuncture techniques should be tested logically and methodically. *BMJ* 2001;322(7277):46.
6. **Cummings** TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic

Mike edits and writes on the BMAS Blog.

Publications

1. **Cummings** TM. A computerised audit of acupuncture in two populations: civilian and forces. *Acupunct Med* 1996;14(1):37-39.
2. Filshie J, **Cummings** TM. Western medical acupuncture. In: Ernst E, White AR, editors. *Acupuncture - A Scientific Appraisal*. Oxford: Butterworth Heinemann, 1999:31-59.
3. **Cummings** M. Teasing Apart The Quality And Validity In Systematic Reviews Of Acupuncture. *Acupunct Med* 2000;18(2):104-7.
4. **Cummings** M. Piriformis Syndrome. *Acupunct Med* 2000;18(2):108-21.
5. **Cummings** M. More on BMA's approval of acupuncture. Acupuncture techniques should be tested logically and methodically. *BMJ* 2001;322(7277):46.
6. **Cummings** TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil* 2001;82(7):986-92.
7. **Cummings** M. Commentary: Controls for acupuncture - Can we finally see the light? *BMJ* 2001;322(7302):1578.
8. **Cummings** M. Percutaneous electrical nerve stimulation - electroacupuncture by another name? A comparative review. *Acupunct Med* 2001;19(1):32-5.
9. White A, **Cummings** M, Hopwood V, MacPherson H. Informed Consent for Acupuncture - An Information Leaflet Developed by Consensus. *Acupunct Med* 2001;19(2):123-9.
10. White AR, Filshie J, **Cummings** TM. Clinical trials of acupuncture: consensus recommendations for optimal treatment, sham controls and blinding. *Complement Ther Med* 2001;9(4):237-45.
11. MacPherson H, White A, **Cummings** M, Jobst K, Rose K, Niemtzow R. Standards for reporting interventions in controlled trials of acupuncture: The STRICTA recommendations.STandards for Reporting Interventions in Controlled Trials of Acupuncture. *Acupunct Med* 2002;20(1):22-5.
12. Peuker E, **Cummings** M. Anatomy for the acupuncturist - facts and fiction 1: the head and neck region. *Acupunct Med* 2003;21(1-2):2-8.
13. **Cummings** M. Referred knee pain treated with electroacupuncture to iliopsoas. *Acupunct Med* 2003;21(1-2):32-5.
14. **Cummings** M. Acupuncture for low back pain in pregnancy. *Acupunct Med* 2003;21(1-2):42-6.
15. **Cummings** M. The terms 'acupuncture' and 'placebo' should be adequately defined in clinical trials. *Complement Ther Med* 2003; 11(2):123-124.
16. Peuker E, **Cummings** M. Anatomy for the acupuncturist - facts and fiction 2: the chest, abdomen and back. *Acupunct Med* 2003;21(3):72-9.
17. **Cummings** M. Myofascial pain from pectoralis major following trans-axillary surgery. *Acupunct Med* 2003;21(3):105-7.
18. Peuker E, **Cummings** M. Anatomy for the acupuncturist - facts and fiction 3: the upper and lower extremity. *Acupunct Med* 2003;21(4):122-32.
19. **Cummings** M. Acupuncture and trigger point needling. In: Hazelman B, Riley G, Speed C editors. *Soft Tissue Rheumatology*. Cambridge: Oxford University Press; 2004. p. 275-82.
20. **Cummings** M. Myofascial pain syndromes. In: Hazelman B, Riley G, Speed C editors. *Soft Tissue Rheumatology*. Oxford: Oxford University Press; 2004. p. 509-22.
21. Tait J, **Cummings** M. Education, training and continuing professional development in medical acupuncture - a contemporary overview. *Acupunct Med* 2004;22(2):75-82.
22. **Cummings** M, Reid F. BMAS policy statements in some controversial areas of acupuncture practice. *Acupunct Med* 2004;22(3):134-6.
23. White A, **Cummings** M, Filshie J. Report on acupuncture in patients with valvular heart disease and prosthetic valves - the opinion of COPE. *Acupunct Med* 2004; 22(3):159.
24. **Cummings** M. Low back pain assessment for the medical acupuncturist. *Acupunct Med* 2004;22(4):189-202.
25. Stener-Victorin E, **Cummings** M, Lundeberg T. Comment on: Acupuncture analgesia during surgery: a systematic review by Hyangsook Lee and Edzard Ernst, Pain 114 (2005) 511-517. *Pain* 2005;117(1-2):237-8.
26. Oomman S, Liu D, **Cummings** M. Acupuncture for acute postoperative pain relief in a patient with pregnancy-induced thrombocytopenia--a case report. *Acupunct Med* 2005; 23(2):83-85.
27. Dorsher P, **Cummings** M. *Anatomy for Acupuncture*. London: Primal Pictures Ltd; 2004. DVD-ROM ISBN 978-1-904369-70-7.

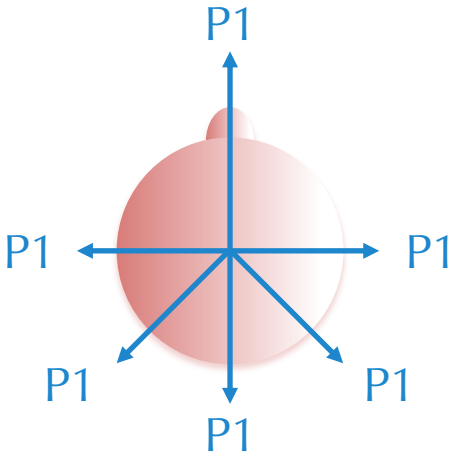
O/E



P1 disc
vertebral body
dura

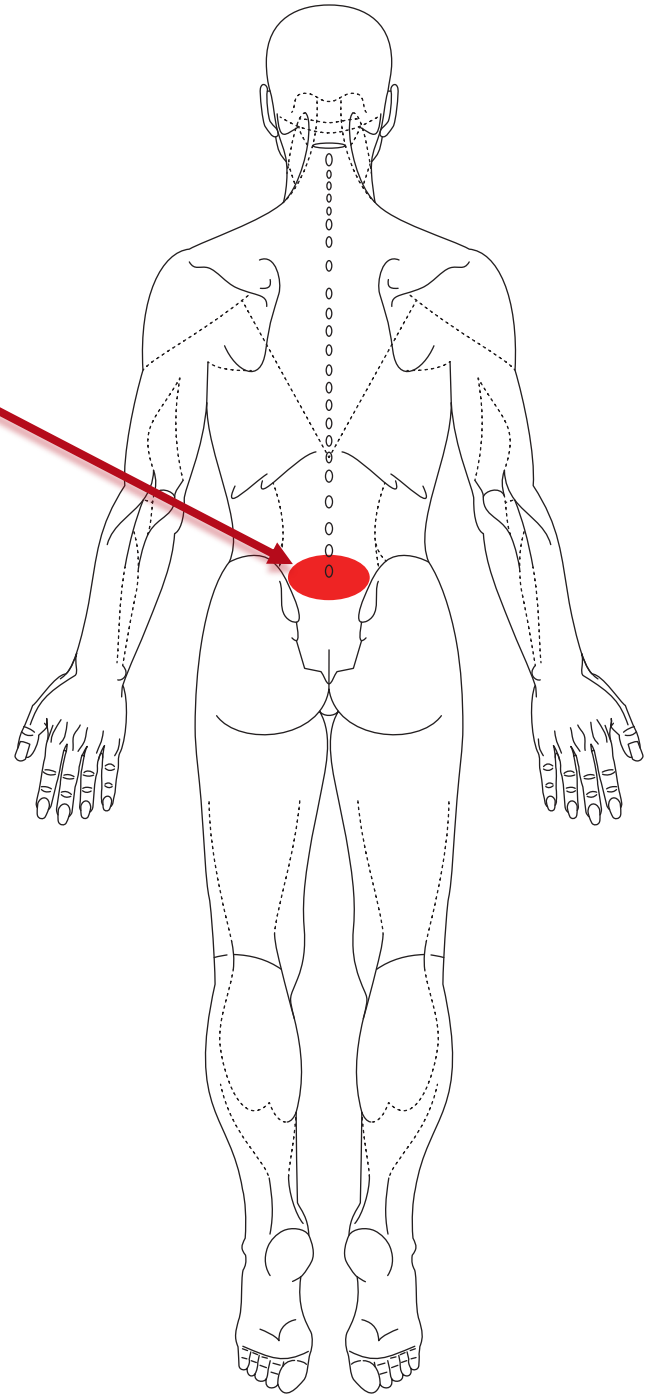
Needling assessment

- No
- Do not attempt direct needling of disc, vertebral body or dura



O/E

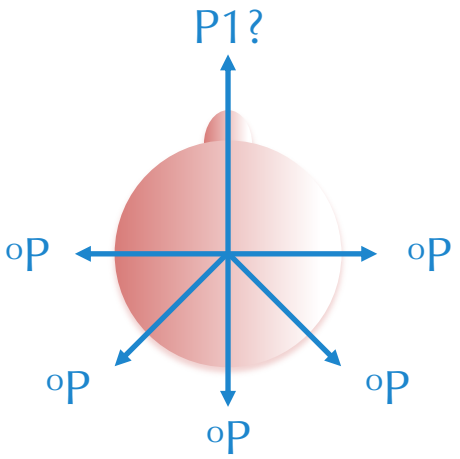
P1



P1 disc
vertebral body
dura

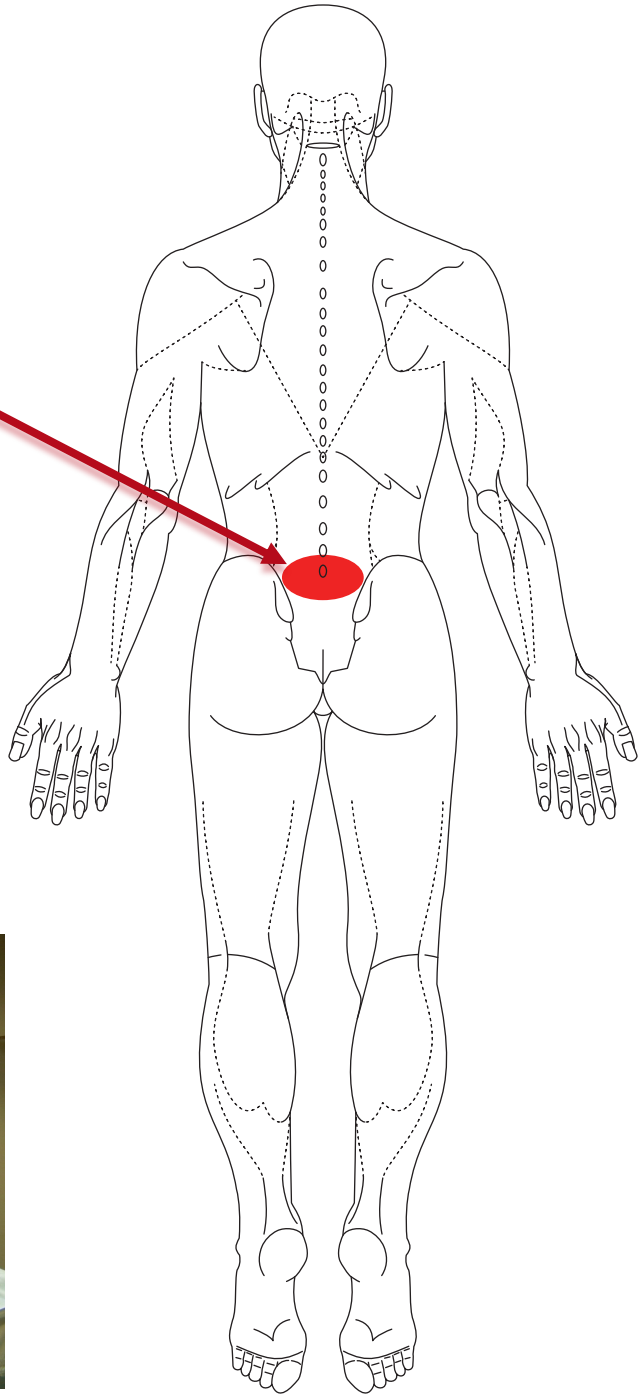
Needling assessment

- No
- Do not attempt direct needling of disc, vertebral body or dura



O/E

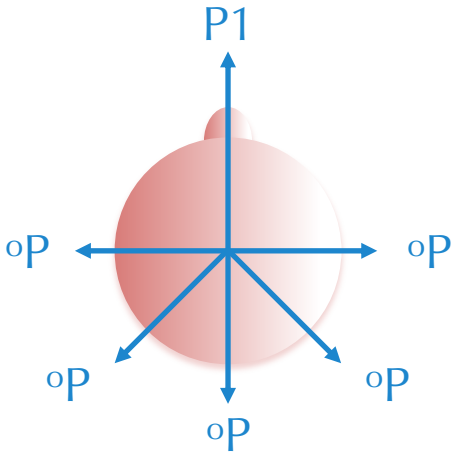
P1

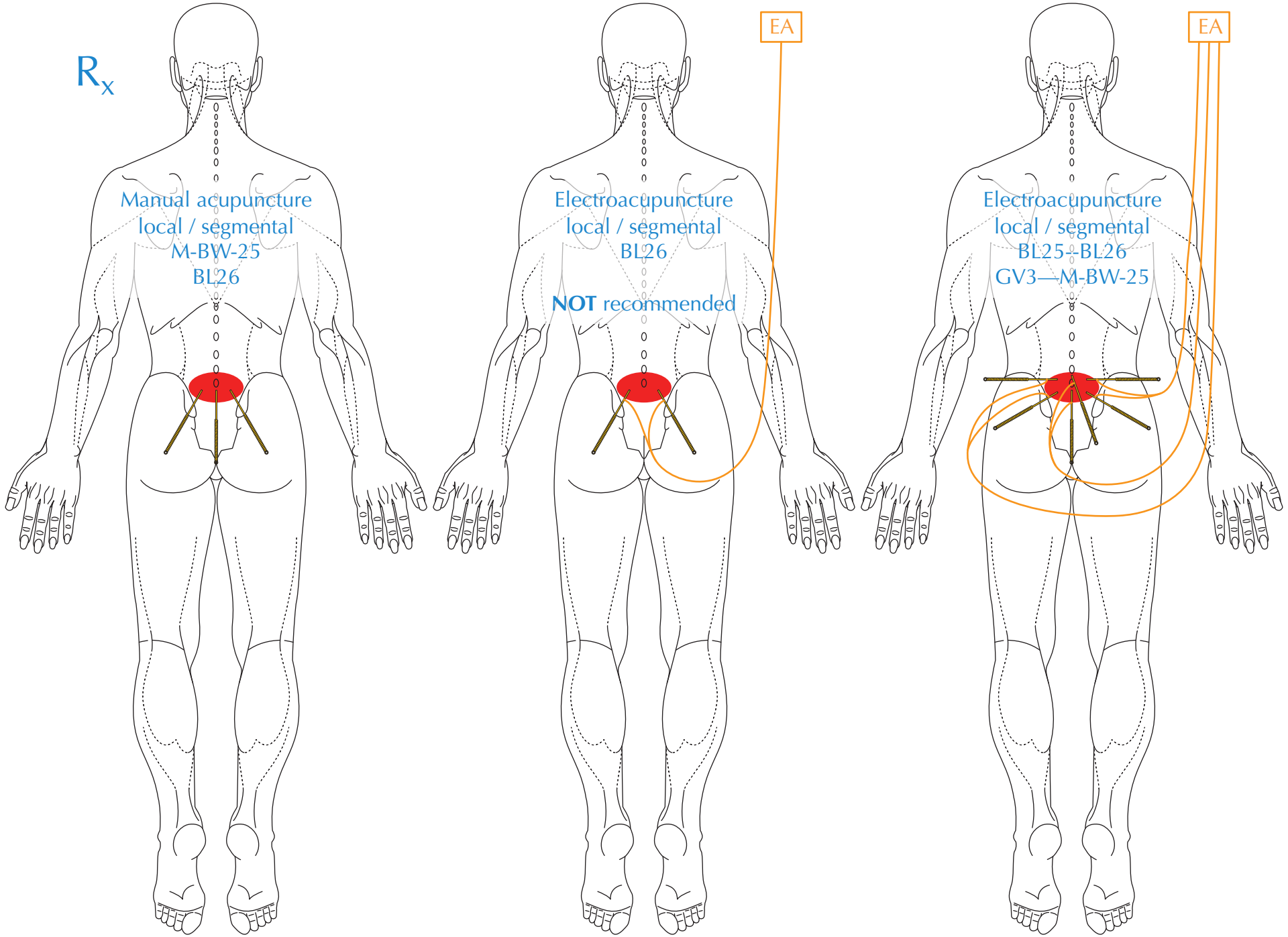


P1 disc
vertebral body
dura

Needling assessment

- No
- Do not attempt direct needling of disc, vertebral body or dura

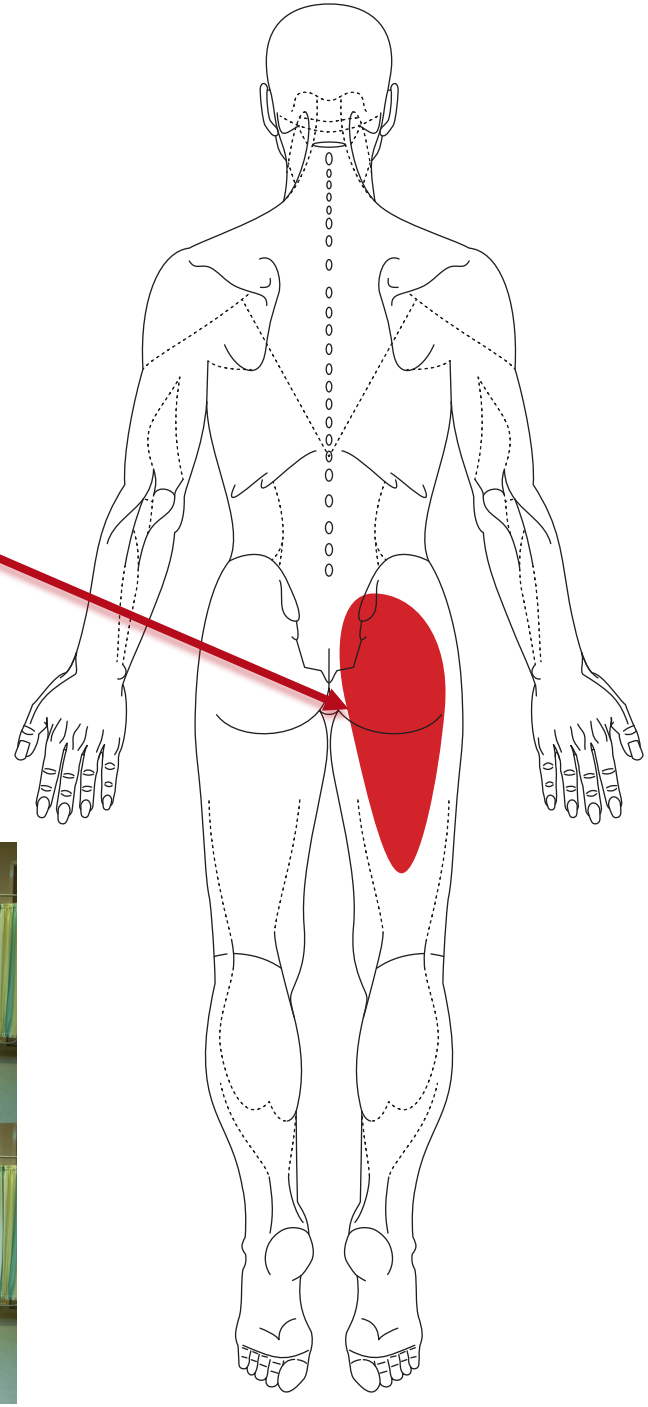



Rx
Manual acupuncture
local / segmental
M-BW-25
BL26
Electroacupuncture
local / segmental
BL26
NOT recommended
EA
Electroacupuncture
local / segmental
BL25-BL26
GV3—M-BW-25
EA

O/E

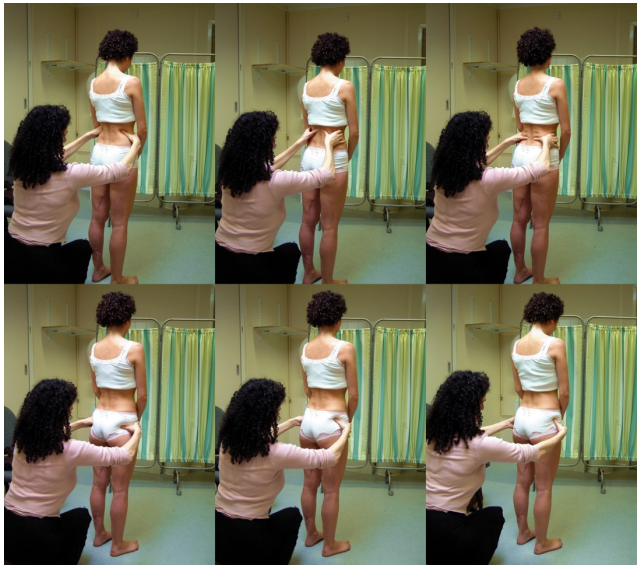
P2 muscle
facet / SIJ

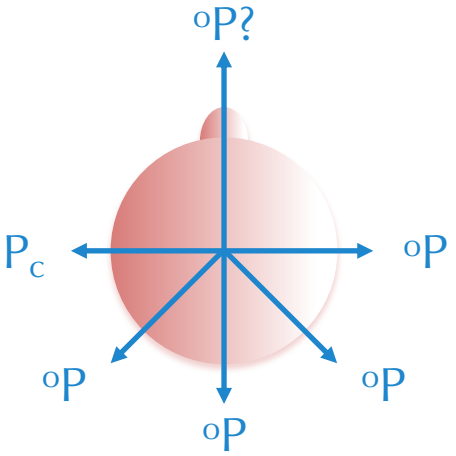
P2



Needling assessment

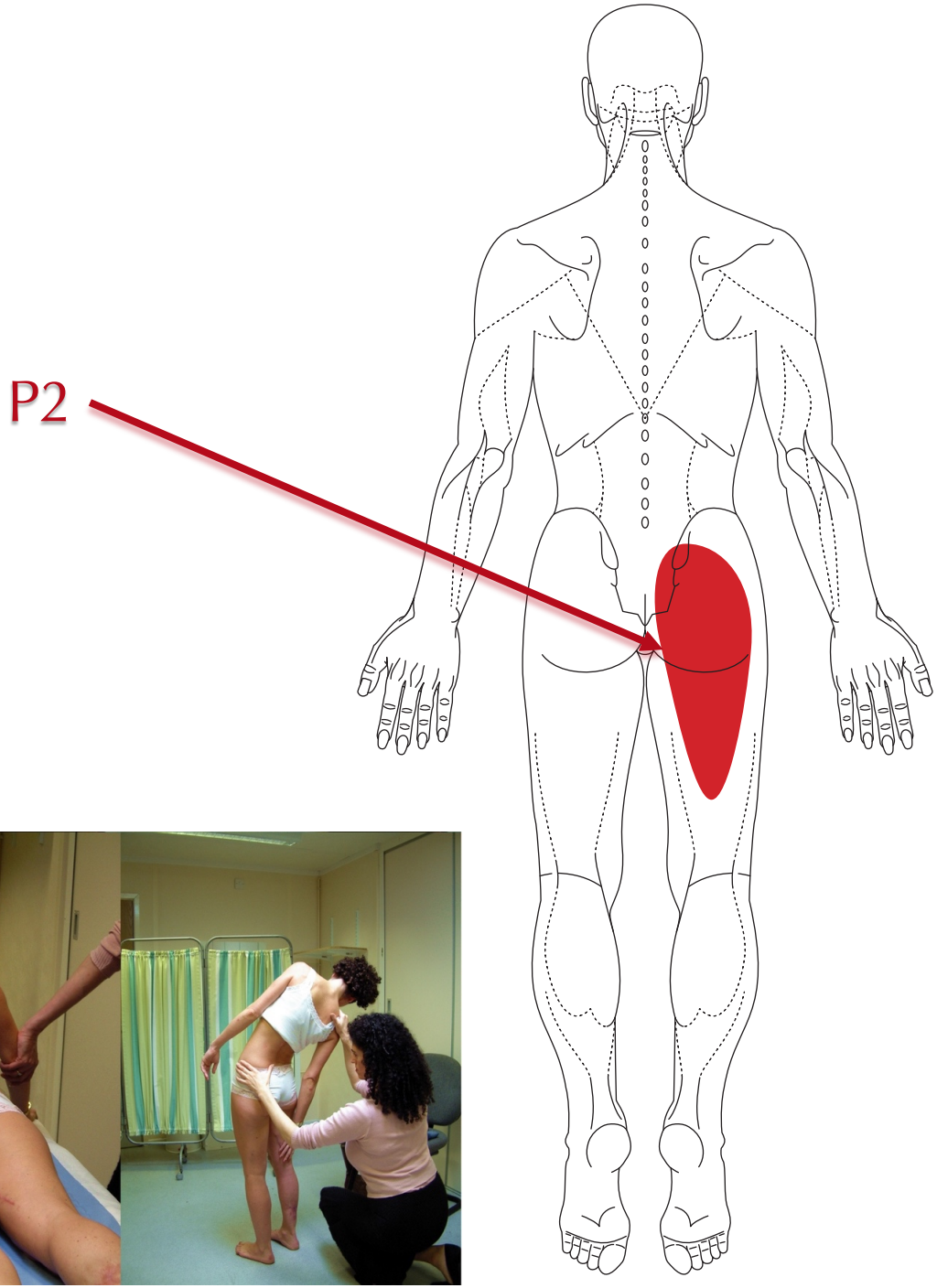
- Recognised pain from needling TrP





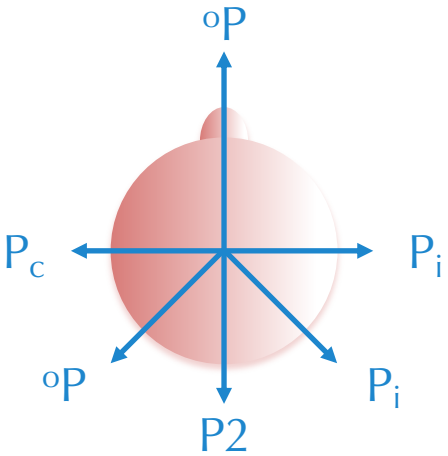
O/E

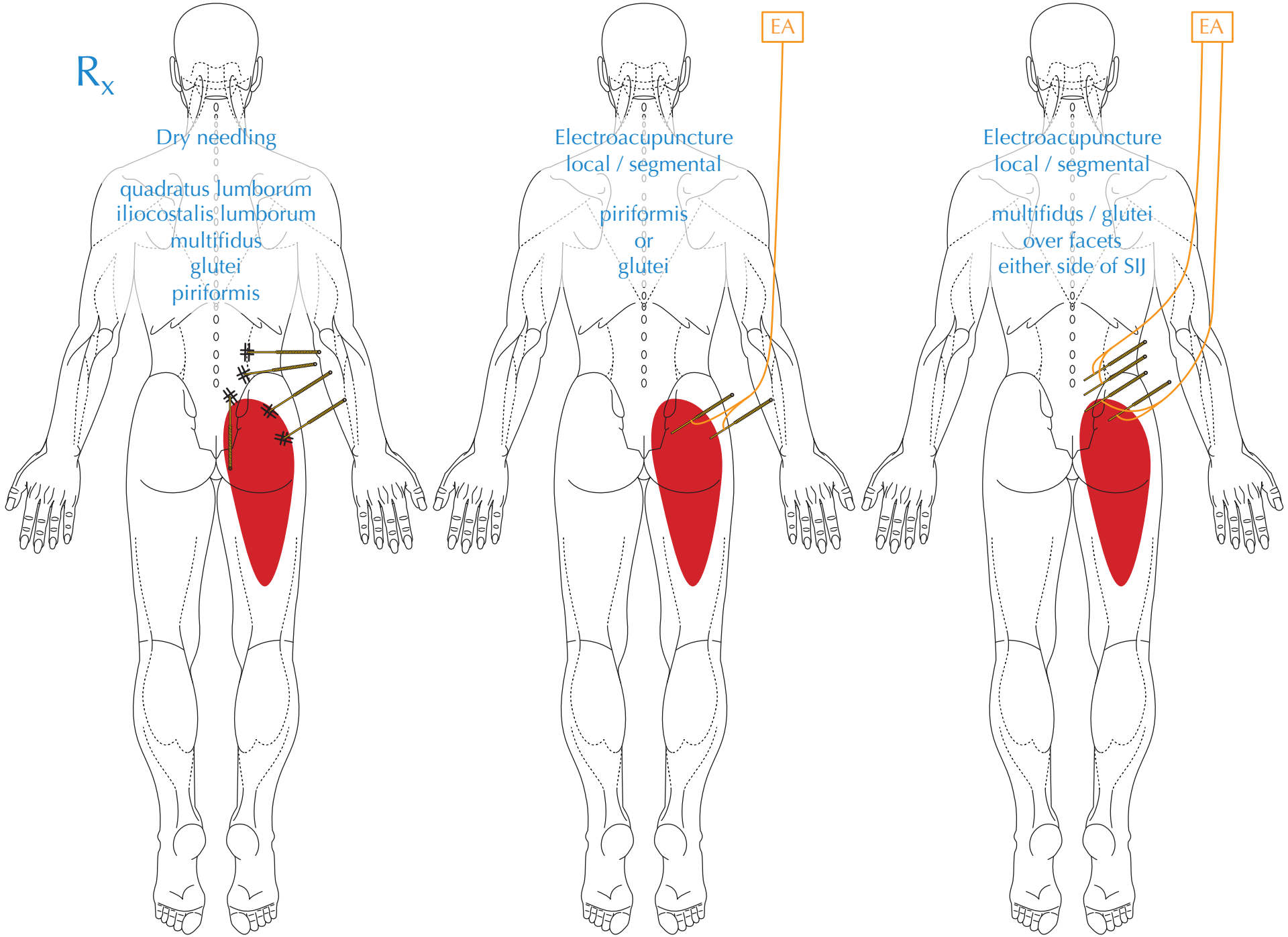
P2 muscle
facet / SIJ



Needling assessment

- Recognised pain from needling onto facet joint margins

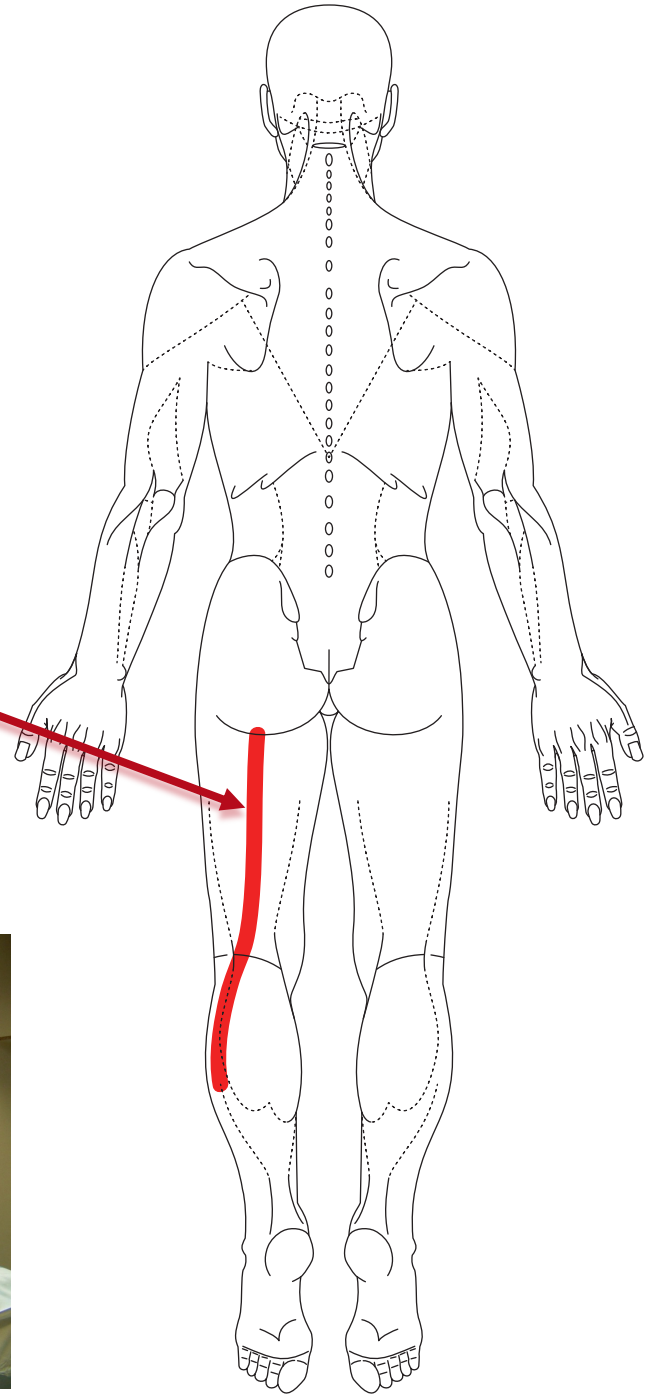



Rx
Dry needling
quadratus lumborum
iliocostalis lumborum
multifidus
glutei
piriformis
Electroacupuncture
local / segmental
piriformis
or
glutei
EA
Electroacupuncture
local / segmental
multifidus / glutei
over facets
either side of SIJ
EA

O/E

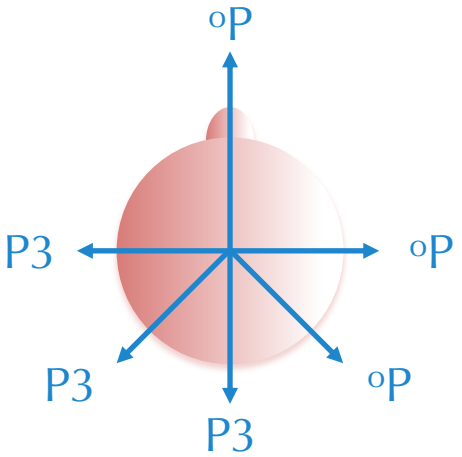
P3 nerve root
facet / foraminal
muscle

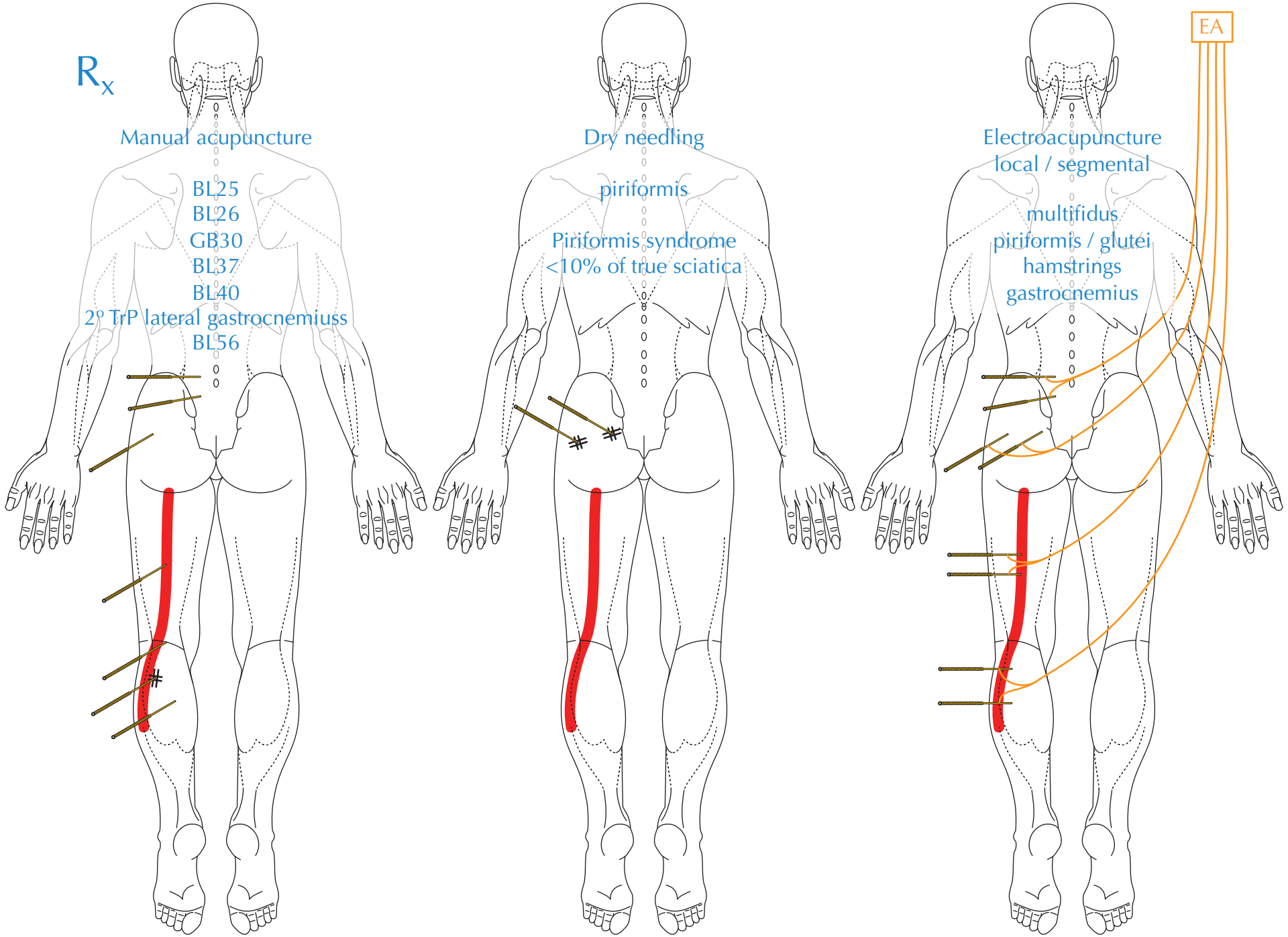
P3



Needling assessment

- Recognised pain from needling onto facet joint margins




Rx
Manual acupuncture
BL25
BL26
GB30
BL37
BL40
2º TrP lateral gastrocnemiuss
BL56
Dry needling
piriformis
Piriformis syndrome
<10% of true sciatica
Electroacupuncture
local / segmental
multifidus
piriformis / glutei
hamstrings
gastrocnemius
EA

Summary

WMA approach to assessment and treatment of back pain

- History
  - central vs lateral
- RoM and pain provocation
  - disc loading, facet loading, foraminal compression, muscle stretching
- Needling for reproduction of recognised pain
  - muscle TrPs
  - facet margins, SIJ (posterior or superior aspects)
  - ligament (rarely)

- Treatment
  - dry needling of TrPs
  - local or regional MA
  - local or regional EA
  - periosteal needling on facet margins / articular column

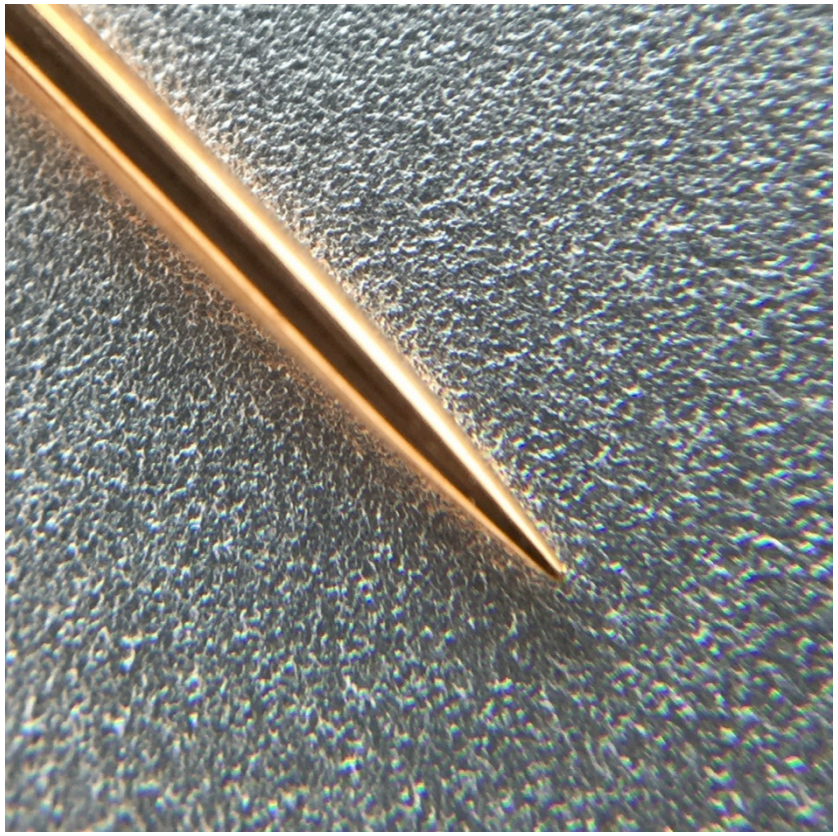
Charting the story from CG88 to NG59

Acupuncture in Low Back Pain

This is a presentation from the BMAS Spring Meeting in May 2017. It describes the story from the speakers' perspective of the events leading up to the recommendation in favour of acupuncture treatment for back pain in the NICE Clinical Guideline CG88, and the subsequent events that lead to this recommendation being reversed in 2016 in NG59 (the update of CG88).

An approach to back pain…

…the WMA approach to the
assessment and treatment of back pain



Thank you
for listening

Dr Mike Cummings
Medical Director BMAS

To find me **type BMAS** into **Google**

FaceBook: Mike Cummings
Instagram: drmike001 / onbmas
Twitter: @drmike001
LinkedIn: Mike Cummings