each subject according to TCM principles; and

ii. individualised treatment of each subject (including point selection and needle technique) based upon (i) above.

While it may be argued that a physiotherapist might not reasonably be expected to be conversant in the theoretical framework and principles underpinning the practice of a complementary therapy such as traditional Chinese acupuncture, the notion of critical appraisal surely implies that just such a requirement is mandatory. Unfortunately, this piece of research, and the conclusions based upon it, like the vast bulk of research purporting to investigate the efficacy of traditional Chinese therapies, fails to respect the intrinsic link between theory and practice. By failing to clearly define their test treatment methodology, the authors fail to prove anything about traditional Chinese acupuncture. As most TCM practitioners would almost inevitably conclude, the absence of a specific explanation of the TCM basis and context of the treatment makes “standardised traditional Chinese acupuncture” somewhat of a contradiction in terms.

Currently in Victoria, negotiations are proceeding between the physiotherapy and Chinese medical professions (and their respective registration boards) in relation to the issue of standards of training and practice in acupuncture. As the first place outside mainland China to have a legislatively-based government register of Chinese medicine practitioners, our access to respected traditional Chinese acupuncture academics and practitioners has never been better – perhaps their professional expertise and advice could be sought prior to reaching and promulgating conclusions about (research into) the efficacy of complementary therapies such as traditional Chinese acupuncture.

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Reference

Sze et al investigated effects of traditional Chinese acupuncture. (Response to Richardson PW, Australian Journal of Physiotherapy 49: 139-140)

My thanks to Peter Richardson for his letter regarding the critical appraisal and commentary of the article “Does acupuncture have additional value to standard post-stroke motor rehabilitation?” (Sze et al 2002).

In the first instance I would refer Mr Richardson to the original article, as I believe his issues with the details of the nature of the traditional Chinese acupuncture are addressed in some detail there. In particular the authors (Sze et al 2002) appear to address the inherent TCM requirements for individualised assessment and treatment that was noted by Mr Richardson. For example, they report (p. 188-189): “All