

Safety Manual Summary of Dangerous / Cautionary Points

How to Use this Document:

These points are from the Safety Manual and are considered dangerous points as they can cause damage to an organ, an area or contraindicated during pregnancy.

This chart combines needling depths with the “dangerous” point. Points are grouped together by body area rather than in the traditional channel flow. Notice the same or similar needling depths per area.

Abbreviations:

Ob. = Oblique 45°

P. = Perpendicular 90°

P-O. = Perpendicular – oblique 70°

T-O. = Transverse oblique 20°

T. = Transverse 0°

Home Work:

Trying to learn each individual needling depth for each individual point is not a good use of your time. The exam **will not** be 50% needling depths. You might have 0 – 6 or 7 questions on your exam. Focus on the tricky needling depths. Areas where the channels move from abdomen (deeper needling) to chest (shallow needling) or over organs are always good points to learn and memorize.

In addition to learning the needling depths here, try the suggestions below.

- 1. Study Points by Area.** Often times points in certain areas have the same or similar needling depths. Figure out what those could be for the face, head, upper back, lower back, chest. That will cover a lot of points already.
- 2. Study Needling Depths.** As you study these points you will notice that there are actually very few needling depths for needling. Common ones are .3-5 cun, .5-.8 cun, .5 – 1 cun, 1- 1.5 cun. Group points by needling depths

Location of the Organs

1. **Pleural Cavity:** Extends from the supraclavicular fossa superiorly, down to the eighth rib in the mid-clavicular line, to the tenth rib in the mid-axillary line and to the 12th rib at the lateral border of the erector spinae muscles
 - a. **Partial pleura and Visceral Pleura:** anteriorly, extends to the midline, behind the sternum. Posteriorly, run vertically alongside the thoracic vertebral body from T1 to T2.
2. **Lung:** Extends from the supraclavicular fossa to fill the pleural cavities as far as the diaphragm. **Resting position:** lower border of the lung lies two ribs spaces above the pleural reflection anteriorly, medially and laterally. **Biomedicine: lower borders:** 6th ICS, **Axillary:** 8th ICS, **Back:** 10th ICS, **Apex of the Lungs:** T1
3. **Heart:** 2nd to the 6th intercostal spaces. From the right parasternal area across almost to the left mamillary line. The inferior surface of the heart rests on the diaphragm and particularly if the heart is enlarged, it is possible with deep needling to damage the heart muscle using acupuncture points on the epigastric region: Ren14, Ren15, KI21 and ST19. **Biomedicine: Heart Apex:** 5th ICS
4. **Liver:** Under the diaphragm, in the right subcostal area and it extends across the midline in the epigastric area. If enlarged, it emerges below the costal margin on the right side, and also extends more widely into the epigastric area. **Biomedicine:** Upper border: 6th ICS, Lower border: 10 or 11th rib (laterally) or under the xiphoid process (medially)
5. **Spleen:** Beneath the 9th, 10th and 11th ribs on the left side of the abdominal cavity, deep to the postero-lateral aspect of the ribcage. Enlarged: extends anteriorly and inferiorly and the tip emerges beneath the left costal margin at the front and in extreme cases it may extend as far as the right iliac fossa. **Biomedicine:** Between the 9th and 11th ribs
6. **Kidney:** Posterior wall, deep to the paravertebral muscles between the twelfth thoracic and the third lumbar vertebrae. Needle BL24 obliquely towards the spine rather than perpendicularly. **Biomedicine: Right Kidney:** T12 to L3; **Left Kidney:** T11-L2
7. **Bladder:** Behind the pubic symphysis and if full it will extend upwards into the hypogastric area, possibly as far as Ren4. Advisable to have the patient empty their bladder prior to needling this area. **Biomedicine:** behind the pubic symphysis
8. **Major Blood Vessels:** If sharp or painful sensations, withdraw the needle, recheck location, and reinsert the needle in a different direction with caution. If on needle withdrawal, there is significant bleeding, apply pressure with a cotton wool ball. Veins: 1 minute of pressure. Arteries: minimum of 3 minutes of pressure.
9. **Nerves:** Once patient experiences an electrical sensation, do not further manipulate the needle.

1. EYE

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
EYE	ST1	0.5 - 1 P.	Needle should be inserted slowly without lifting, thrusting or rotating; - Immediately on withdrawal of the needle, press firmly with a cotton wool ball for about a minute to prevent hematoma; - This needling method should not be attempted by those who have not had appropriate clinical supervision.
	ST2	0.2 - 0.4 P 0.3 - 0.5 T.	Deep insertion along the foramen may injure the eyeball; - Manipulation by lifting and thrusting is contraindicated due to risk of damaging the infraorbital nerve which emerges from foramen.
	BL1	0.2 – 0.3 P.	- Needling at this point should not be attempted by those who have not had appropriate clinical supervision

2. FACE

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
FACE	ST5	0.3 - 0.5 O. Can also do T. insertion	Vigorous manipulation is contraindicated to avoid the risk of damaging the facial artery and vein.

3. NECK

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
NECK	ST9	0.5 – 1 P.	Care should be taken to avoid puncturing carotid artery which must be palpated and then held laterally during needling, by using the index finger and thumb of one hand, above and below the point. This needling method should not be attempted by those who have not had appropriate clinical supervision.

4. PNEUMOTHORAX/LUNG

<u>Body Area</u>	<u>Point Name</u>	<u>Depth</u> (Deadman)	<u>Needling Notes</u>
PNEUMOTHORAX / LUNG	LU1 - LU2	0.5 - 1 T-O.	Deep perpendicular or oblique insertion carries a substantial risk of causing pneumothorax.
	ST11 - 12	0.3 - 0.5 P.	Deep insertion may puncture the lung.
	ST13	.5-.8 T-O.	Deep or perpendicular insertion carries a substantial risk of puncturing the lung
	ST14 - ST16	0.5 – 0.8 T-O. or T.	Deep or perpendicular insertion carries a substantial risk of puncturing the lung.
	ST18	0.5 -1 T-O or T.	Deep or perpendicular insertion carries a substantial risk of puncturing the lung.
	SP17 - SP21	0.5 - 1 T-O.	Perpendicular insertion, especially in thin patients, carries a substantial risk of inducing pneumothorax.
	HT1	.5 - 1 P.	Medial insertion toward the chest may puncture the lung.
	BL11 – BL21	0.5 - 1 O. / 1 – 1.5 T-O. (INNER UB LINE)	Perpendicular needling carries a substantial risk of causing pneumothorax.
	BL41- 50	0.3 - 0.5 O. (OUTER UB LINE)	Deep perpendicular or oblique needling in a medial direction carries a substantial risk of causing pneumothorax.
	KI22	.5 - 1 T-O. (chest)	Deep perpendicular or oblique needling may puncture the lung and/or the liver.
	KI23 - 27	.5 - 1 T-O.	Deep perpendicular or oblique needling may puncture the lung.
	PC1	.5 - 1 T-O.	Deep needling carries a substantial risk of causing a pneumothorax.
	GB21	0.5 -1 cun O. (posterior oblique)	- Perpendicular insertion, especially in thin patients, carries a substantial risk of inducing a pneumothorax
GB22 - 24	.5 - 1 T-O.	Deep or perpendicular insertion may induce pneumothorax.	

5. HEART

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
HEART	ST19	0.5 – 0.8 P.	Deep insertion may injure the heart on the left or the liver on the right if either of these organs is enlarged.

6. LIVER

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
LIVER	ST19	0.5 – 0.8 P.	Deep insertion may injure the heart on the left or the liver on the right if either of these organs is enlarged.
	ST20	0.5 – 1 cun P.	- In this subject, deep needling may penetrate the peritoneal cavity. - Deep needling at right Chengman ST-20 may penetrate an enlarged liver.
	ST21	1 – 1.5 P.	- In this subject, deep needling may penetrate the peritoneal cavity. - Deep needling at right Liangmen ST-21 may penetrate an enlarged liver.
	KI21	.5 - 1 P. (abdomen)	Deep needling, especially in thin subjects, will puncture the liver on the right side and the peritoneum on the left.
	KI22	.5 - 1 T-O. (chest)	Deep perpendicular or oblique needling may puncture the lung and/or the liver.

7. PERITONEAL CAVITY

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
PERITONEAL CAVITY	ST20	0.5 – 1 cun P.	In thin patients, deep needling may penetrate the peritoneal cavity.
	ST21 – ST28	1 – 1.5 P.	
	KD21	.5 - 1 P. (abdomen)	Deep needling, especially in thin subjects, will puncture the liver on the right side and the peritoneum on the left.
	GB25	0.5 - 1 cun P	In thin subjects, deep needling may penetrate the peritoneal cavity.
	CV5 - 7	.8 - 1.5 P.	Deep needling may penetrate the peritoneal cavity.
	CV9 - 13	.8 - 1.5 P.	In thin patients, deep needling may penetrate the peritoneal cavity.

8. KIDNEY

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
KIDNEY	BL22	1 - 1.5 O. or P-O.	Deep perpendicular needling carries a risk of injuring the kidney.
	BL23	1 - 1.5 O. or P-O.	
	BL51	0.5 - 1 O.	
	BL52	0.5 - 1 O.	

9. FULL BLADDER

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
FULL BLADDER	ST28	1 - 1.5 P.	Deep needling may penetrate the peritoneal cavity in thin patients or may penetrate a full bladder; the patient should therefore be asked to empty the bladder before needling.
	CV2 - 3	.5 - 1 P.	Deep insertion will penetrate a full bladder which therefore should be emptied before treatment.
	CV4	.5 - 1 P. 1 - 1.5 O.	

10. SPINAL CANAL / CORD

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
SPINAL CANAL	GV15	0.5 - 1 P.	The spinal canal lies between 1.25 and 1.75 cun deep to the skin surface, varying according to body build. Deep perpendicular insertion is therefore strictly contraindicated, as is superior oblique insertion towards the brain.
	GV16	.5 - 1 P.	The spinal canal lies between 1.25 and 1.75 cun deep to the skin surface, varying according to body build. Deep perpendicular or superior oblique insertion is therefore strictly contraindicated.
SPINAL CORD	GB20	1 - 1.5 O. (slightly obliq. Inferior)	Deeper needling may damage the spinal cord.

11. FEMORAL ARTERY, NERVE OR VEIN

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
FEMORAL ARTERY	SP11	.5 - 1 P.	Deep needling may puncture the femoral artery.
FEMORAL ARTERY OR NERVE	SP12	.5 - 1 P.	Deep needling in medial direction may puncture the femoral artery, and in lateral direction, the femoral nerve.
FEMORAL VEIN	LR12	0.5 - 0.8 O. (medial oblique)	Care should be taken to avoid penetrating femoral vein.

12. SUBCLAVIAN VESSELS

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
SUBCLAVIAN VESSELS	ST12	0.3 - 0.5 P.	Deep or posterior insertion may injure the subclavian vessels or puncture the lung.
	ST13	.5-.8 T-O.	Deep or perpendicular insertion carries a substantial risk of puncturing the lung or injuring the subclavian vessels.

13. OPEN FONTANELLES (INFANTS)

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
OPEN FONTANELLES	GV22	.5 - 1 T.	This point should not be needled in infants whose fontanelle has not yet closed.

14. CONTRAINDICATED FOR NEEDLING

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
CONTRA NEEDLING	ST17	Contra needling and moxa	This point is contraindicated to both needling and moxibustion and is used simply as a reference point.
	CV8	No needling	Needling is contraindicated at this point

15. PREGNANCY

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
PREGNANCY	LI4	0.5 - 1 P. 1 - 1.5 OB.	Contraindicated in pregnancy
	SP6	1 - 1.5 P. or O.	
	BL60	1 - 1.5 O.	
	GB21	0.5 - 1 cun O. (posterior oblique)	

16. DORSALIS PEDIS ARTERY

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
DORSALIS PEDIS ARTERY	ST42	1 - 1.5 P.	Care should be taken not to puncture the dorsalis pedis artery which lies beneath this point.

17. TIBIAL NERVE / POPLITEAL ARTERY

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
TIBIAL NERVE POPLITEAL ARTERY	BL40	1 - 1.5 P or prick to bleed	The tibial nerve and the popliteal artery lie deep to this point.

18. EXPERIENCE ONLY

<u>Body Area</u>	<u>Point Name</u>	<u>Depth (Deadman)</u>	<u>Needling Notes</u>
EXPERIENCE ONLY	CV22	0.2 - 0.3 P. 0.5 - 1 T.	Needling this point should not be attempted by practitioners who have not had appropriate clinical experience under supervision.