

**INTERNATIONAL ACADEMY OF MEDICAL ACUPUNCTURE INC.
DIPLOMATE (Dipl.Ac.)**

Template for Acupuncture Clinical Case Study Presentation for Peer Review

**100 Category II Continuing Education Units (CEU) through
The New York Chiropractic College Department of Post Graduate and
Continuing Education.**

This template is to serve as a guideline for the submission of 30 clinical case studies leading toward Diplomate (Dipl.Ac.) status with the International Academy of Medical Acupuncture. Case studies are accepted after the applicant has attained Fellowship (FIAMA) in the Academy. The applicant has one year from the time of the rewarding of Fellowship status to complete and submit the case studies earning the honor and distinction of “Diplomate” (Dipl.Ac.) to those whose studies are accepted by the peer review board.

Case Study Presentations should be presented in a professional, neat and concise format. Additional attached pages may be submitted with each case such as EMI, MRI, X-Ray findings etc. Do retain all original files should further investigation into any case study be required. See sample case studies for further assistance.

Case Number:

Patient Initials/File# :

Initial Date of Patient Consult/Treatment:

Patient Age:

Gender:

Occupation:

Primary Subjective Patient Complaint:

Onset:

What palliates/provokes the symptoms?

Quality of pain/symptoms? (Rate on a scale of 1 to 10, with 10 being the worst symptoms):

Is there any radiation of symptoms?

Describe the site of symptomatology:

Time of day/ duration of symptoms?

Prior contributory health history:

Characteristics of symptoms based upon Five Element Theory if applicable (example- KI/BL, edema, bone pain, cravings for salt, etc.):

Objective Findings:

Diagnostic Test Results (MRI results, electro diagnostic findings, radiographic findings, Electro-Meridian Imaging findings, Pulse/Tongue Diagnosis Characteristics, etc. if applicable):

Working Diagnosis- (Include Western Medical/ Chiropractic and/or Acupuncture impression):

Treatment Protocol:

A. **Points treated per session** (Indicate modalities used-example: Needle, electronic stimulation, etc.); **with rationale for treatment** (example- "Surround

the Dragon”; Extraordinary Channels; Pain control, Anti-inflammatory effect, EMI balancing points, Alarm/Associated Points, etc.):

B. Number of Treatments:

C. Mobilization Techniques (Tuina, Chiropractic Manipulative Techniques, Physical Therapy Modalities):

D. Electro-Meridian Imaging (EMI) findings if applicable: (Please attach graph with explanation of findings)

E. Supplements/Nutrition recommended (Chinese herbs, vitamins, homeopathics, etc.):

F. Ancillary Procedures (if any)- Explain:

G. Results: (Include percentage relief on a scale of 1-10; outcome of treatment; Impact on patient’s lifestyle, etc.):

H. Personal comments from patient (Attach testimonial pages if applicable):

I. Personal comments by treating physician:

Doctor Name: (Please print)_____

Address:_____

Telephone:_____

Signature:_____

Date:_____