

for Research and Treatment (EORTC) Quality of Life Questionnaire (QLQ-C30). Patients completed the QLQ-C30 prior to their first treatment and again at subsequent acupuncture visits within a six month window. Responses were recorded via an iPad and entered directly into a REDCap database. Following Institutional Review Board approval, data was obtained for 49 patients who met the retrospective data review criteria. Data was analyzed using IBM SPSS Statistics 21.

Results: Forty-nine participants completed the QLQ-C30 prior to acupuncture treatments and within a six month period between June 2018 and September 2019. A sign test was used to assess the benefits of acupuncture on patient-reported pain, QOL, and physical-, social-, emotional-, role-, and cognitive-functioning. Acupuncture significantly reduced pain ($p=0.015$) and improved overall health ($p=0.043$), emotional functioning ($p=0.008$), cognitive functioning ($p=0.014$), and social functioning ($p=0.038$) in this sample. However, acupuncture did not significantly improve physical functioning ($p=0.243$) or overall quality of life ($p=0.216$). Conclusions: Acupuncture may be effective at reducing pain and improving overall health in cancer patients and survivors. However, reducing pain does not appear to improve physical functioning or overall QOL scores potentially indicating other factors may influence these symptoms. Future studies should further confirm these findings and focus on factors influencing physical function and overall QOL.

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Safe acupuncture and dry needling during pregnancy: A survey of New Zealand physiotherapists' practice



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Background: Acupuncture guidelines advise caution when treating pregnant patients because of historical 'forbidden' acupuncture points, believed to stimulate miscarriage or early labour. Recent research demonstrates acupuncture as useful and safe for pregnancy-related low back and pelvic girdle pain (LB/PGP), in trimesters two-three. However, fear of miscarriage and subsequent blame by association may restrict acupuncture provision for pregnant patients. Physiotherapists in New Zealand (NZ) mainly practice Western-medical acupuncture; some are traditional Chinese medicine focused. Recent increases in dry needling (DN)/trigger-point needling) courses has potentiated the rapid growth in DN practice in NZ. It is unknown if physiotherapists practicing DN have similar cautions during pregnancy. It was hypothesised that physiotherapists practicing acupuncture would treat pregnant patients more conservatively than those practicing DN only. Hence it was postulated that pregnant women may be being denied safe and useful treatment.

Method: NZ registered physiotherapists practicing acupuncture needling and/or DN were invited to participate in an electronic survey.

Results: Of 124 respondents only 60(48%) would treat pregnant patients with 'needling', with a further 66% of those still expressing concerns. Practitioners practicing DN only were more likely to needle areas related to 'forbidden points' in all trimesters. Comparatively, NZ physiotherapists were less likely to needle 'forbidden' points than their British peers. These findings supported the hypothesis that awareness of 'forbidden' acupuncture points caused acupuncture trained therapists to practice defensively. This awareness is not demonstrated in DN practice.

Conclusion: Conflicting literature and a fear of blame influences NZ physiotherapy acupuncturists decisions to offer acupuncture and/or DN during pregnancy. This restricts potential musculoskeletal treatment options for pregnant women. Further training is recommended, to provide safe needling-related physiotherapy options for pregnant women suffering musculoskeletal pain. Additional research into the use of needling therapies, in the first trimester of pregnancy, and DN for the pregnant patient is warranted.

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Efficacy of acupuncture in treating scars following tissue trauma: A narrative literature review



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Background: Abnormal or prolonged healing responses can lead to the formation of abnormal scars such as hypertrophic scars. Incidence of hypertrophic scar formation is as frequent as 3–72% following burn injury and up to 60% post-surgery. They cause significant discomfort and dysfunction, including restricted mobility, disfigurement and distress. Current conservative treatments include pressure garments, silicone gel, and massage. These show positive effects. Acupuncture is used to improve scar quality, pain and pruritus. If acupuncture can promote normal healing and restrict abnormal processes, it has the potential to impact scar quality and the sufferer's quality of life. No systematic reviews evaluating treatment efficacy of acupuncture for scars exist. This review appraised the current level of evidence for the use of acupuncture as a treatment modality to influence the symptoms of pain and/or itch of symptomatic, hypertrophic scars in human subjects.

Methods: A comprehensive electronic search investigating the use of acupuncture for scars was performed. Databases included Ebsco Health (including Cinahl, Medline and SportDiscus), AMED, Scopus and Google Scholar. Reference lists and grey literature databases were also searched. Study quality was assessed using the Oregon CONSORT STRICTA Instrument (OCSI) for clinical trials and the Joanna Briggs Institute (JBI) checklist for case reports.

Results: Four case studies, one retrospective cohort study, one cohort study and three clinical trials were located. Two case studies rated as high quality and two as low quality. Trials and cohort studies rated as low to moderate quality (26–50%) on the OCSI checklist due to limited reporting and heterogeneity of participant cohorts. All reported positive outcomes for the use of acupuncture for scar symptoms, however treatment variables varied widely.

Conclusion: The findings reveal a paucity of relevant research. Limited evidence exists for the treatment of scars by acupuncture. Further well designed, controlled trials are required.

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