



BATTLEFIELD ACUPUNCTURE QUARTERLY NEWS

COMPLEMENTARY PAIN MANAGEMENT

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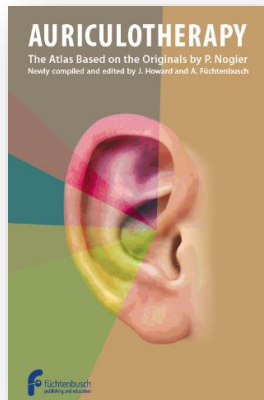
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On Pain

Pain has an element of blank;
 It cannot recollect
 When it began, or if there was
 A time when it was not.
 It has no future but itself,
 Its infinite realms contain
 Its past, enlightened to perceive
 New periods of pain.

Emily Dickinson



📖 [Learn more](#) 📖

BFA – Some numbers

Battlefield acupuncture (BFA) is the most popular form of acupuncture used in the military worldwide. In the United States, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) created the Defense and Veterans Pain Management Initiative (DVPMI), which received a grant to train Military and Veterans Affairs providers in the use of BFA in 2005. This \$5.4M grant has trained providers at almost every DoD and VA facility in the United States and abroad.

Between 2015 and 2016, the VA trained 1,300 providers in BFA with the goal of integrating BFA into existing pain-management care.

Between 2016 and 2019, 41,234 patients used BFA across 130 Veterans Health Administration medical facilities. These patients who used BFA had 10.9 times greater odds of subsequent traditional acupuncture use.

Pain management – Issues and Responses

Over the last decade, major deficiencies in pain education and management for health professionals have been identified.

Issues

2001. North America. The modal amount of time spent on pain in the curricula of 169 accredited Doctor of Physical Therapy (DPT) programs was *four* hours.

2009. Canada. The mean amount of time spent on pain in the curricula pre-licensure programs was 41 hours.

2012. U.S.A. Patients have limited access to clinicians knowledgeable about pain, related to the prevalence of outmoded or unscientific knowledge and attitudes about pain. Institute of Medicine.

2013. U.S.A. Significant gaps in pain content across six interprofessional pre-licensure health science education programs are identified. N.I.H. Pain Consortium.

2012. U.S.A. The mean amount of time spent on pain in the curricula of DPT schools was 31 hours.

2014. U.S.A. Deficits in pain management are reviewed at the Nursing Education Level.

2015. Persisting deficits in PT curriculum content and competencies have been identified, such as understanding pain mechanisms and the assessment and management of pain across the lifespan.

Responses

2009. The Veterans Pain Care Act and the Military Pain Care Act requires that the Veterans Administration and the Department of Defense to provide a focused pain management program in each Department and present an annual report back to Congress on progress in achieving more effective pain management.

2011. The Affordable Care Act requires that the National Academy of Medicine to complete a comprehensive review of pain management in the United States. The subsequent report identifies pain as a public health problem and outlines the state of pain management education and clinical care in the United States.

2013. The American Academy of Pain Medicine starts focusing on pain education and training.

2013-2017. Efforts to develop educational material for national and international use include the work of the NIH’s Pain Consortium, the International Association for the Study of Pain, and the Pain Management Work Group of the Department of Veterans Affairs and Department of Defense’s Health Executive Council.

2016. A publication by the National Institutes of Health (NIH), the National Pain Strategy, outlines steps to improve pain management, including a section dedicated to education and training.

2016. The CDC Guideline for Prescribing Opioids for Chronic is issued.

2016. The CARA law passed by Congress to address the opioid overuse epidemic contains a further mandate for improved pain management.

2019. The HHS Inter-Agency Pain Management Task Force issues its final draft report on Best Practice.

<p>Key Gaps and Recommendations Emphasized in the HHS Inter-Agency Pain Management Task Force:</p> <ol style="list-style-type: none"> 1. Fragmentation of pain care and a lack of coherent policy for pain management limit best practices. 2. Clinical policies tend to apply simple medication rules to the large population of patients with multiple conditions causing chronic pain. 3. Tools for risk assessment, such as prescription drug monitoring programs (PDMPs), medical records review, urine drug monitoring, and opioid treatment agreements, are highly variable and inconsistently applied. 4. Patients living with chronic pain may face major barriers to care due to stigmatization. 5. There are numerous areas for improvement in public, patient, provider, and policymaker education about acute and chronic pain. 6. Drug shortages, insufficient insurance coverage and reimbursement for pain management services, a shortage of clinicians who specialize in pain, lack of research on innovative and effective pain therapies, and concern over regulatory scrutiny create barriers to adequate pain care.

The spirit of our work – Improving Quality of Life through Innovative and complementary Pain Management.

The BFA Certification and Membership – In details

▣ [BFA Certification](#) ▣

Why

We have taught the protocol for over a decade to thousands of students across the world. Our students include hundreds of employees of government organizations (DOD/US Military, VA, IHS (Indian Health Service, NATO/MOD (Ministry of Defense). Over this period, we collected clinical observations and questions from students and organizations. We also witnessed the growing interest in the protocol, in pain management techniques and in a need to ensure (1) a coherence in the basic practice of the protocol, (2) a community of practitioners who can share experiences and information on a platform and (3) a referral roster of active members that can be used by patients in health care organizations.

Additionally, the growing interest in the BFA protocol is now at a crossroad: its needs and applications widen. To name a few, its role in pain management could be vital in preparing to face the worldwide expanding issues of pain management and consequent addictive components.

How

Our two Certification Level-1 programs are both based on the fulfilment of two educational units and one practical unit:

Type	Unit One	Unit Two	Unit Three
BFA	2-day live seminar ACU	8-hour distance learning	40 treatments log sheet
	(Module 1-BFA)	(Module 2)	
BFAP	2-day live seminar ACUP	8-hour distance learning	40 treatments log sheet
	(Module 1-BFA)	(Module 2)	

Unit One consists of a two-day live seminar of 16 continuing education units in Battlefield Acupuncture or Acupressure (16 NCCAOM; 16 AOM-ACU).

Unit Two consists of two four-hour distance learning courses in basic ‘Pain Management and Awareness’ and ‘Soft Tissues Pain Evaluation and Awareness’ (8 AOM-BIO PDA points pending).

Unit Three is a verification of clinical experience: it consists of forty documented treatments of patients using the BFA / BFAP protocol. It must be completed within the year of completion of Unit 2.

The cost of the complete certification program (the three units) is: \$675.00 and includes a one-year membership.

The certification is active for a year. Maintaining the certification requires: (1) active membership and (2) affidavit of yearly continuing education. The continuing education can be either: (1) affidavit of 20 treatments using BFA or BFAP or (2) affidavit of 15 treatments using BFA and BFAP affidavit plus a published article in our newsletter or in a medical journal. For Certification Grandfathering, see below.

[Certification \(for those who have taken our BFA Seminar training\)](#)

Our certification cost is \$250 for those that took our BFA training seminar. We offer a grandfathering pathway for practitioners having completed Unit 1 (BFA) as long as they fulfill Unit 2 (online training) and Unit 3 (40 BFA treatments) within the year preceding the certification application. Cost for Unit 2, Membership and application is \$250 dollars. Unit 3 must be completed and applies only to the year prior to the certification application.

For those who have not taken any of our training, the cost of the complete certification program (the three units) is: \$675.00 and includes a one-year membership. The certification is active for a year. Maintaining the certification requires: (1) active membership and (2) yearly continuing education. The continuing education can be either: (1) affidavit of 20 treatments using BFA or BFAP or (2) affidavit of 15 treatments using BFA and BFAP affidavit plus a published article in our newsletter or in a healthcare journal. For Certification Grandfathering, see below.

[Support our work – Yearly membership](#)

Membership privileges include online videos on BFA-related material including “How to bill for BFA,” reasonable phone and email contact with our BFA team, quarterly electronic magazine, all BFA treatments forms and ear care management notes, listing in the electronic roster of active BFA and BFAP professionals, access to members’ information.

Type	Yearly dues
Professional	\$70
Students - Public	\$40

▣ [BFA Membership](#) ▣

Further info: info@bfacu.com

Chronic Pain Stats and Facts: A Quick Summary

- *1 in 5 US adults experienced chronic pain in 2016.*
 - *Between 11% and 40% of US adults are living with chronic pain.*
 - *Low back pain is the most common type of chronic pain.*
 - *At least 10% of the world’s population is affected by chronic pain.*
 - *Chronic pain costs the US up to \$635 billion ever year.*
 - *191 million opioid prescriptions were dispensed to patients in the US in 2017.*
 - *Up to 85% of patients with chronic pain are affected by severe depression.*
-

Questions and Answers

What is Battlefield Acupuncture (BFA)?

It pertains to the field of auriculotherapy (“auricular acupuncture”). Paul Nogier, MD, created this system in 1951. BFA is an algorithmic protocol: every step calls for a branching decision.

BFA started in the late 1990s, Richard C. Niemtow, MD, was finalizing an acupuncture protocol using the ear with significant pain control results. In 2001 at the time of the terrorist attacks, he was on active duty and introduced this protocol within the Military to assist our troops on the battlefield when opioids could not be used.

What kind of needles are used in BFA?

Semi-permanent needles also known as ASP® needles. They are of three types: Gold, titanium and stainless steel, each having slightly different properties.

How many points are there in BFA?

Up to five sequential points bi-laterally (up to ten points) depending on the patient’s response.

What are some of the conditions addressed by BFA?

Body pain, acute and chronic, including soft tissues pain (muscle and joints) and headaches.

The protocol is now further evaluated in peri-operative care, mild depression and anxiety.

How is BFA used in clinical practice?

As a standalone therapy, or integrated with other techniques, such as body acupuncture or pain management protocols.

Is there a difference using BFA in the civilian sector versus in the military or VA hospitals and clinics?

Yes. BFA has been use for twenty years in the Military and VA sectors where the teaching and delivery of the procedure has evolved into variations. For example, all ten points are often used at once.

In the private sector, the protocol follows the path of least intervention – Each insertion is followed by the observation of the response and assessing what the next steps entails: Up to three of four choices exist at each step.

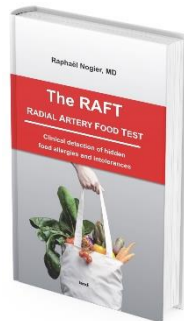
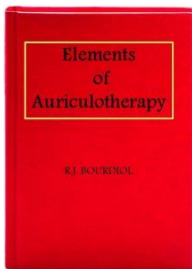
Finally, the civilian and military scope of practice can have different regulations in terms of BFA delivery, especially when considering health care practices on government property.

How about body acupuncture?

BFA is a powerful protocol under the umbrella of pain management techniques. In short- and long-term strategies, additional auricular and body acupuncture approaches are integrated as well. See our Classes.

Is there a difference between BFA and NADA?

Yes. The NADA protocol has been used extensively within the context of addiction recovery. The BFA protocol has been used extensively for pain management and, consequently, reduction of risks of addictions. NADA uses a set of five points in each ear. BFA uses a sequence of up to five points in each ear. The points used are different. NADA needles are filiform and removed after the treatment. BFA needles are semi-permanent and remain in the ear for a few days. Finally, in the private sector, regulations pertaining to each protocol can differ substantially from state to state. This last point can be a source of confusion and providers who want to learn the BFA protocol *must enquire with their state board for clarification* in the case of doubts.



▣ [Learn more](#) ▣

Distant Learning Classes

Biomedicine

- Pain management and awareness
- Soft tissues pain evaluation and awareness

Body Acupuncture

- System-wide and regional pain
- Regional pain treatment
- Perioperative acupuncture
- Headaches
- Anxiety and depression
- Sleep disturbances

Seminars 2022

- 9/17-9/18. Baltimore MD. [BFA Seminars.](#)
- 10/29-10/30. Manchester, UK. [The College of Auricular Acupuncture](#)
- 11/12-11/13. Austin, TX. [AOMA Graduate School of Integrative Medicine.](#)

“MORE AMERICANS SAY THEY’RE IN PAIN. IT’S A FASCINATING AND DISTURBING MEDICAL MYSTERY.”

FROSTENSON, SARAH. VOX, MARCH 15, 2017.

BFA Mission Statement

The Battlefield Acupuncture Association trains people in the BFA protocol, an acupuncture (BFA) and ear acupressure (BFAP) intervention for Pain conditions. Together we promote and advocate for the adequate training in the BFA and advanced BFA protocols and its integration in Pain Management setups as a response to the international crisis in Pain Management and Opiate use.

BFA Vision

We envision the BFA protocols to set a standard of training for providers to safely and intelligently deliver complementary pain management techniques, (2) to have sufficient knowledge to integrate with Conventional Pain management teams and (3) to be part of a community of providers seeking to increase Quality of Life.

Contact

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About BFA Newsletter

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Full page: \$900
