



COMPREHENSIVE GRADUATION EXAMINATION GUIDELINES

6/2020 v.1

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Eligibility and Content

Eligibility and Passing Score Requirements

Students are required to pass the Comprehensive Graduation Exam (CGE) in order to graduate; they are eligible to take the CGE after they have completed 150 didactic units and 520 clinic hours. Students are strongly encouraged to take the CGE as soon as they are eligible in order to have sufficient time to practice and pass the exam. The passing score is 70%.

Effective from Summer 2019, DULA will implement mock questions system to the Institutional Exam (MCE and CGE). Mock questions are defined as but not limited to the new questions that have yet to be determined for their difficulty and appropriateness to the students' capability in either MCE or CGE.

From 200 questions that will be tested in MCE and CGE, 20 questions will be considered as mock questions. These 20 questions will not be counted for credit to the final result of the exam. Therefore, only 180 questions in total that will be counted for credit and students have to score at minimum of 70% to pass the exam (Passing score is 126 for written exam).

The academic affairs department establishes the minimum acceptable level of competencies in each CGE, which students must possess in order to take the CALE. Students who do not pass the CGE may take it again in the following quarter (see rates below).

CGE Content

The CGE is a 200-question test based on the CALE. As such, it has the same breakdown of questions, namely:

1. OM (17%) – (developing a diagnosis impression):

The practitioner evaluates patterns of disharmony according to theories of oriental medicine to arrive at a final diagnosis.

- Form diagnosis impression (7%)
- Differentiation of syndrome (4%)
- Education and referral (4%)
- Treatment plan (2%)

2. Acupuncture (32%):

The practitioner implements knowledge of the therapeutic effects of points and combinations of points in modifying pain, normalizing functioning, and treating disharmonies. The practitioner uses anatomical landmarks and proportional measurements in locating points on or near body surfaces. The practitioner identifies clinical indications for using alternate treatment modalities.

- Point selection (8%)

- Point categories (8%)
 - Point location and needling technique (5%)
 - Provide auxillary treatment (8%)
 - Microsystems (1%)
 - Observation and modification (2%)
3. Herbs (11%):
The practitioner prescribes herbs and formulas based on diagnostic criteria. The practitioner modifies formulas and dosage of herbs according to the patient's condition. The practitioner identifies situations and conditions where herbs and formulas would produce undesired effects.
- Identification of herbs (5%)
 - Prescribing and administering herbs (6%)
4. Biomedicine (33%) – Patient assessment:
The practitioner obtains the patient's history and performs a physical examination to determine presenting a complaint and interrelationship among symptoms. The practitioner determines the effects of western medications the patient is taking. The practitioner uses modern diagnostic testing procedures to augment traditional assessment methods.
- Patient history (15%)
 - Physical exam (14%)
 - Pharmacology (3%)
 - Diagnosis testing (1%)
5. Regulations for public health and safety (7%):
The practitioner understands and complies with laws and regulations governing hygiene and the control of pathogenic contaminants. The practitioner applies legal guidelines for office practice and maintenance of patient records. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Please also refer to the appendix (A to G) section of this document, to guide your study in CGE.

Requirements to take CGE

INITIAL COMPREHENSIVE GRADUATION EXAM (CGE) REQUIREMENTS*	
Completed units (class): over 150 units	HB110 Intro to Botany and Herbs
Completed internship hours: 520 hours	HB211, 212, 213, 214) Herbs: Category 1, 2, 3, 4
OM121, 211 Basic Theory of OM 1, 2	HB 311 / 312 / 313 / 314 At least two of Herbal Formulas
OM221, 311, 312 OM Diagnosis 1, 2, 3	AC211 Meridian Theory
OM 411 / 412 / 413 / 414 At least one of OM Internal Medicine 1/2/3/4	AC311, 312 Acupuncture Physiology 1, 2
BS211, 212, 213, 214 Anatomy & Physiology 1, 2, 3, 4	AC111,112 Acupuncture Anatomy 1, 2
BS311, 312, 313 WM Pathology 1, 2, 3	AC321, 322 Acupuncture Techniques 1, 2
WM110 WM Terminology	AC411 / 412 At least one of Acupuncture Therapeutics 1 or 2
WM224 Physical exam in WM	TB211 Tui-Na
WM311 / 312 / 313 At least one of Western Medicine 1/2/3	CM101, 102, 103 Case Management 1, 2, 3

CGE Scheduling, Special Accommodations, Fees and Registration

Scheduling

The exam is held on Sunday of the 7th week every quarter. Please check Academic Calendar to see when the exam will be held. Students take Part I (100 questions) of the CGE from 10:00AM-12:00PM. Part II (100 questions) is from 1:00PM-3:00PM the same day.

Special accommodations

Students requiring special accommodations must submit a doctor's note and/or other appropriate documentations to support their accommodation's requests to the Academic Department prior to registering for the CGE. Decision for granting the request including the type of accommodations will be determined by the Academic Department on a case basis. Students taking the CGE with special accommodations may take the exam in a separate room and may have an extra hour for each half of the exam. As such, they may take part I from 9 AM – 12 PM and part II from 1 PM – 4 PM.

Fees and registration

The fees for the exam are as follows:

Graduation exam, initial : US\$ 100

Graduation exam, retake : US\$ 100

Please refer to the academic calendar for registration for the initial and retake CGE and consult first with the MSOM program director for the graduation exam registration process.

CGE Procedure

Graduation exam instruction procedure:

1. Cancellation: If students change their mind and decide to postpone their test, students must do so at least 48 hours prior to the test date and time. Please let the front desk know of your decision to postpone your exam.
2. Exam schedule: The exam consists of two halves, each with 100 questions. Combining parts 1 and 2, the exam has 200 questions. The first half of the exam is from 10:00 am to 12:00 pm. The second half of the exam is from 1:00 pm to 3:00 pm. The exam is held in the lotus room on the 4th floor.
3. Students must arrive on time: Test instructions will begin 5 minutes after the start time, and doors will be closed 10 minutes after start time.
4. Students cannot have anything with them at their desk other than a beverage: Students will be required to turn off their cell phone and leave it, with all of their other belongings, in the back of the room. Any beverage students do have cannot have any sort of label.
5. Agreement: Once seated, all students must sign the examination taking agreement document before taking the exam. No talking is permitted at this time.
6. Students are allowed to write on your tests: This refers to the test itself, not the answer sheet. Do not write on the answer sheet (other than student's answers and name, etc.).
7. Emergency: Students are only permitted to go to the outside of the lotus room in the event of an emergency, accompanied by one of the proctors the whole time until they are back to the inside the lotus room. While students are leaving, the test and the clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test and they may leave the testing room with their proctor quietly.
8. Restroom: Students are permitted to go to the restroom, accompanied by one of the proctors the whole time until they are back to the inside the lotus room. While students are leaving, the test and the clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test and they may leave the testing room with their proctor quietly.

Students will be informed of their score by email from the associate dean: If students do not regularly receive emails from the school, students have to make sure to give their email address to the exam proctor. If a student does not use email, he/she need to provide his/her phone number to the exam proctor.

CGE review

After the DULA institutional exams, DULA will provide scores for each subject area for all test takers, so each student can assess their weak subject areas. If a student has concerns about the examination results, they can make an appointment with the associate dean and/or dean of academic affairs for further discussion.

When a student has any concern about the institutional examination's questions, DULA also provides a comment sheet on which the student may write any comments during the examination. If a student needs further time for the comments on the question, DULA will provide 5 minutes extra time for writing the comments. The student's comments will then be discussed and investigated internally with the program director, OMC director, and/or dean, as well as, (if needed) the academic committee meeting. The students will then be notified of the result of the discussion.

Students who have failed on their CGE will be asked to meet with the dean, program director or associate dean, to discuss about their recent exam and to help preparing them for their next CGE.

Number of Attempt of CGE

Effective from Fall quarter of 2020, DULA students will be given a maximum of 5 attempts to take and pass the Comprehensive Graduation Exam (CGE). If after 5 attempts of taking CGE, students still unsuccessfully passed their CGE, then the students will be terminated from the program. If the students want to re-enter the program, the readmissions policy should be followed.

Appendix A. Oriental Medicine (OM)

Collect and recognize clinically significant signs and symptoms.

A. Looking (Wang)

1. Spirit (Shen) appearance (including color)

- Observe outward manifestation of Shen (Spirit) (e.g., complexion, expression, demeanor, and general behavior)
- Identify and relate Shen (Spirit) to pattern/syndrome differentiation*

2. Face, eyes, nose, ears, mouth, lips, teeth, and throat

- Observe normal and abnormal conditions and changes of the face and complexion (including color, moisture, texture, and organ-indicative locations), eyes, nose, ear, mouth, lips, teeth and throat
- Identify and relate facial features to pattern/syndrome differentiation*
- Recognize pathological manifestations of the face, including color, moisture, texture, and organ-indicative locations

3. Tongue (body and coating)

- Observe normal and abnormal manifestations, patterns, conditions, and changes of the tongue and sub-lingual area
- Identify and relate features of the tongue to pattern/syndrome differentiation*
- Recognize pathological manifestations of the tongue and tongue coating, including color, size, moisture, texture, shape, position, movement, organ-indicative locations

4. Physical characteristics of the body

- Observe form, movement, and physical characteristics (e.g., head, hair, neck, back, chest, abdomen, extremities, nails)
- Five element body types
- Physiognomy in Su Wen and Ling Shu
- Infant's Index finger
- Identify and relate form, movement, and physical characteristics to pattern/syndrome differentiation*
- Recognize pathological significance of form, movement, and physical characteristics
- Observe conditions and changes of the skin
- Identify and relate conditions and changes of the skin to pattern/syndrome differentiation*
- Recognize pathological significance of conditions and changes of the skin
- Observe normal and abnormal excretions (e.g., phlegm, sputum, saliva, sweat, discharge, stool, urine)
- Identify and relate conditions and changes of excretions to pattern/syndrome differentiation*

- Recognize pathological significance of excretions

B. Listening and Smelling (Wen)

1. Sounds

- Listen to respiratory sounds
- Identify and relate respiratory sounds to pattern/syndrome differentiation*
- Recognize pathological significance of respiratory sounds
- Listen to tonal qualities, voice, and speech
- Identify and relate tonal qualities, voice, and speech to pattern/syndrome differentiation*
- Recognize pathological significance of tonal qualities, voice, and speech
- Listen to abdominal sounds
- Identify and relate abdominal sounds to pattern/syndrome differentiation*
- Recognize pathological significance of abdominal sounds

2. Odors

- Smell body odors
- Identify and relate body odors to pattern/syndrome differentiation*
- Recognize pathological significance of body odors
- Smell breath and mouth odors
- Identify and relate breath and mouth odors to pattern/syndrome differentiation*
- Recognize pathological significance of breath and mouth odors
- Smell excretions (e.g., sweat, urine, feces, leukorrhea, flatulence, wound exudates)
- Identify and relate excretions to pattern/syndrome differentiation*
- Recognize pathological significance of excretions

C. Asking (Wen)

1. Chief complaint

- Inquire about presenting complaint (onset, duration, location, nature, alleviation, aggravation)
- Inquire about the history and development of chief complaint
- Identify and relate chief complaint to pattern/syndrome differentiation*
- Identify appropriate additional questions based on examination findings and patients' response to inquiries

2. Current health conditions

- Conduct a review of systems, including the "Ten Questions" (Shi Wen)
- Identify and relate current health conditions to pattern/syndrome differentiation*
- Identify appropriate additional questions based on examination findings and patients' response to inquiries

3. Health history

- Inquire about personal health history, including previous symptoms, diagnoses, and treatments
- Inquire about familial history
- Identify and relate health history to pattern/syndrome differentiation*
- Identify appropriate additional questions based on examination findings and patients' response to inquiries

D. Touching (Palpation) (Qie)

1. Radial pulses (including the 28 Qualities)

- Identify the location of radial pulses
- Identify qualities of radial pulses (including rate, depth, strength, and shape) as indicators of patterns of disharmony and of normal and abnormal states of organ and meridian function
- Identify and relate radial pulses to pattern/syndrome differentiation*

2. Abdomen

- Identify, through palpation, normal and abnormal conditions of the abdomen (e.g., temperature, texture, shape, and pain)
- Identify abdominal regions representing organs and meridians
- Identify and relate abdominal palpation findings to pattern/syndrome differentiation*

3. Meridians

- Identify, through palpation, findings along the meridians (e.g., nodules, tenderness, numbness, temperature, sensitivity)
- Identify and relate meridian palpation findings to pattern/syndrome differentiation*

4. Other body areas

- Identify, through palpation, pain, body sensations (e.g., numbness, tingling, sensitivity), temperature changes, and quality of tissue (e.g., edema, hardness/softness, tension/flaccidity)
- Identify and relate palpation findings to pattern/syndrome differentiation*
- *Pattern/Syndrome Differentiation:
 - Eight Principles (Ba Geng)
 - Organs (Zang Fu)
 - Meridian/Channel (Jing Luo)
 - Six Stages (Liu Jing)
 - Four Levels (Wei, Qi, Ying, Xue)
 - Five Elements (Wu Xing)
 - Qi, Blood, Body Fluids (Qi, Xue, Jin Ye)
 - Triple Burner (San Jiao)

Assessment, Analysis, and Differential Diagnosis Based Upon Traditional Chinese Medicine (TCM) Theory

Formulate a differential diagnosis (Bian Zheng).

A. Knowledge and Application of Fundamental Theory of TCM Physiology (Sheng Li), Etiology (Bing Yin), and Pathogenesis (Bing Ji)

1. Yin/Yang theory (e.g., Interior/Exterior, Cold/Heat, Deficient/ Excess)
 - Describe Yin/Yang theory
 - Evaluate symptoms according to Yin/Yang theory
 - Identify pathologies according to Yin/Yang theory
 - Apply Yin/Yang theory to clinical assessment
2. Five Elements theory (Five Phases/Wu Xing)
 - Describe Five Elements theory
 - Evaluate symptoms according to Five Elements theory
 - Identify pathologies according to Five Elements theory
 - Apply Five Elements theory to clinical assessment
3. Organ theory (Zang Fu)
 - Describe Organ theory
 - Evaluate symptoms according to Organ theory
 - Identify pathologies according to Organ theory
 - Apply Organ theory to clinical assessment
4. Channel theory (Jing Luo) (including Regular channels, Extra-ordinary channels, Luo connecting channels, divergent channels, muscle channels, and skin regions)
 - Describe Channel theory
 - Evaluate symptoms according to Channel theory
 - Identify pathologies according to Channel theory
 - Apply Channel theory to clinical assessment
5. Essential Substances theory [Qi, Blood (Xue), Fluids (Jin Ye), Essence (Jing), Spirit (Shen)]
 - Describe Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen)
 - Evaluate symptoms according to Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen)
 - Identify pathologies according to Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen)
 - Apply Qi, Blood (Xue), Body Fluids (Jin Ye), Essence (Jing), Spirit (Shen) to clinical assessment

6. Causes of Disease: External (Six Excesses [Liu Yin]), Internal (Seven Emotions), and Miscellaneous (diet, excessive sexual activity, excessive physical work or lack of exercise, trauma, bites, parasites, Phlegm, Blood stasis)

- Describe Causes of Disease
- Evaluate symptoms according to Causes of Disease
- Identify pathologies according to Causes of Disease
- Apply Causes of Disease to clinical assessment

B. Formulation of a Differential Diagnosis Based upon Chief Complaint (Zhu Su), Prioritization of Major Symptoms (Zhu Zheng), Knowledge of TCM Diseases (Bian Bing), and Pattern Identification (Bian Zheng)

1. Eight Principles (Ba Gang) (i.e., Yin/Yang, Interior/Exterior, Cold/Heat, Deficient/ Excess)

- Describe Eight Principles differentiation
- Assess and analyze signs and symptoms according to Eight Principles differentiation
- Formulate a diagnosis based on the analysis of Eight Principles differentiation

2. Organ theory (Zang Fu)

- Describe Organ pattern differentiation
- Assess and analyze signs and symptoms according to Organ differentiation
- Formulate a diagnosis based on the analysis of Organ differentiation

3. Channel theory (Jing Luo) (including Regular channels, Extra-ordinary channels, Luo connecting channels, divergent channels, muscle channels, and skin regions)

- Describe Channel theory
- Assess and analyze signs and symptoms according to Channel theory
- Formulate a diagnosis based on the analysis of Channel theory

4. Six Stages (Tai Yang, Yang Ming, Shao Yang, Tai Yin, Shao Yin, Jue Yin)

- Describe the Six Stages differentiation
- Assess and analyze signs and symptoms according to Six Stages differentiation
- Formulate a diagnosis based on the analysis of Six Stages differentiation

5. Four Levels (Wei, Qi, Ying, Xue)

- Describe the Four Levels differentiation
- Assess and analyze signs and symptoms according to Four Levels differentiation
- Formulate a diagnosis based on the analysis of Four Levels differentiation

6. Five Elements (Five Phases/Wu Xing)

- Describe Five Elements differentiation
- Assess and analyze signs and symptoms according to Five Elements differentiation

- Formulate a diagnosis based on the analysis of Five Elements differentiation

7. Qi, Blood, Body Fluids (Qi, Xue, Jin Ye)

- Describe Qi, Blood, Body Fluids differentiation
- Assess and analyze signs and symptoms according to Qi, Blood, Body Fluids differentiation
- Formulate a diagnosis based on the analysis of Qi, Blood, Body Fluids differentiation

8. Triple Burner (San Jiao)

- Describe Triple Burner differentiation
- Assess and analyze signs and symptoms according to Triple Burner differentiation
- Formulate a diagnosis based on the analysis of Triple Burner differentiation

9. Six Excesses (Liu Yin)

- Describe Six Excesses
- Assess and analyze signs and symptoms according to Six Excesses
- Formulate a diagnosis based on the analysis of Six Excesses

Treatment Principle (Zhi Ze) and Strategy (Zhi Fa)

Formulate treatment principle and strategy based upon differential diagnosis (Bian Zheng).

A. Treatment Principle Based upon Differential Diagnosis

1. Eight Principles (Ba Gang)
2. Organs (Zang Fu)
3. Meridian/Channel (Jing Luo)
4. Six Stages (Liu Jing)
5. Four Levels (Wei, Qi, Ying, Xue)
6. Five Elements (Wu Xing)
7. Qi, Blood, Body Fluids (Qi, Xue, Jin Ye)
8. Triple Burner (San Jiao)
9. Causes of Disease: External (Six Excesses [Liu Yin]), Internal (Seven Emotions), and Miscellaneous (diet, excessive sexual activity, excessive physical work or lack of exercise, trauma, bites, parasites, Phlegm, Blood stasis)

B. Treatment Strategy to Accomplish Treatment Principle

- Select appropriate treatment principle based on pattern/syndrome differential diagnosis
- Select appropriate treatment strategy (e.g., disperse, tonify, cool, warm) to accomplish treatment principle
- Prioritize treatment focus [e.g., Root and Branch (Biao Ben), acute/chronic, external/internal, Pathogenic Factors, constitutional, seasonal]

- Adjust treatment principle and/or strategy based on patient's response, disease progression, and lifestyle (e.g., substance use, smoking, exercise, diet)

Appendix B. Biomedicine

A. Clinical Application of Biomedical Sciences (including anatomy, physiology, pathology, pathophysiology, etc.), Pharmacology, and Nutrients and Supplements

1. Biomedical sciences

- Differentiate normal and abnormal structures and functions of the body systems from the conventional biomedical perspective
- Recognize signs, symptoms, and morbidities associated with common medical conditions
- Demonstrate knowledge of medical terminology

2. Pharmacology

- Recognize functional classifications, mechanisms, side and adverse effects related to commonly used pharmaceuticals
- Recognize routes of administration (e.g., intravenous, oral, subcutaneous)
- Demonstrate knowledge of the effects of the use of tobacco, alcohol, and other drugs of abuse
- Recognize common, known pharmaceutical-supplement interactions

3. Nutrients and supplements

- Recognize major classifications, known actions, and potential adverse effects related to commonly used nutrients and supplements
- Recognize signs and symptoms associated with abnormal levels of commonly used nutrients and supplements

B. Patient History and Physical Examination

Understand clinically relevant information gathered through history taking and physical examination.

1. Patient history*

- Conduct a medical interview to obtain patient history
- Organize information obtained during interview into appropriate sections of the patient history
- Distinguish the relevant findings obtained during history taking

*Patient History includes: chief complaint, history of present illness, allergies, past medical history, past surgical history, personal and social history, family history, current medications (prescription and non-prescription), herbs and supplements, review of systems

2. Physical examination

- Identify the components of the physical examination

- Recognize how each portion of the physical examination is performed
- Distinguish the relevant findings obtained from the physical examination

a. General systems examination (e.g., vital signs, pulmonary, cardiovascular, gastrointestinal, integumentary)

- Understand relevant examination techniques such as observation, auscultation, and palpation as applied to each system
- Recognize how each portion of the general systems examination is performed
- Distinguish the relevant findings obtained from the general systems examination

b. Musculoskeletal examination

- Understand relevant examination techniques including, but not limited to, range of motion, muscle strength testing, deep tendon reflexes, dermatomal testing, and special tests including orthopedic tests
- Recognize how each portion of the musculoskeletal examination is performed
- Distinguish the relevant findings obtained from the musculoskeletal examination

c. Neurological examination

- Understand relevant examination techniques including, but not limited to, assessment of cognitive function, evaluation of cranial nerves, sensory and motor function, and reflexes
- Recognize how each portion of the neurological examination is performed
- Distinguish the relevant findings obtained from the neurological examination

3. Imaging, laboratory tests, and other medical studies

a. Imaging

- Understand commonly used medical imaging studies (e.g., x-ray, MRI, CT, PET, colonoscopy, cystoscopy, bronchoscopy)
- Recognize the significance of information gathered from imaging studies

b. Laboratory tests

- Understand commonly used medical laboratory tests** (e.g., complete blood count, basic metabolic panel, urinalysis, liver panel, cardiac panel, thyroid panel, pregnancy test, and reproductive hormones)
- Recognize the significance of information gathered from laboratory tests

c. Other medical studies

- Understand other commonly used medical studies (e.g., EMG, EKG)
- Recognize the significance of information gathered from these studies

C. Clinical Assessment Process

Interpret clinically significant information gathered during history taking and physical examination to recognize pathological conditions.

- Recognize abnormalities in the function of the body systems including, but not limited to, respiratory, cardiovascular, urogenital, reproductive, nervous, integumentary, musculoskeletal, and gastrointestinal systems

- Distinguish between relevant and non-relevant findings
- Recognize typical presentations of commonly encountered medical conditions
- Recognize commonly encountered ominous signs including, but not limited to, medical red flags, mental health red flags, and signs of abuse and trauma

D. Clinical Decision-Making and Standard of Care

Analyze information to determine appropriate patient management.

- Recognize medical conditions that may be treated without referral
- Recognize medical conditions that require co-management
- Recognize medical conditions that require a referral
- Differentiate the most appropriate type of referral*** (emergent, urgent, or routine), i.e., the timeframe within which the patient should be seen
- Recognize the conventional biomedical prognoses, management, and/or standard of care for common medical conditions
- ***emergent (immediate) referral; urgent (24 - 48 hours) referral; routine (48 hours - 7 days)
- Referral

Office Safety and Professional Responsibilities

Recognize and implement appropriate office safety standards and demonstrate knowledge of professional responsibilities.

A. Risk Management and Office Safety

- Recognize situations that require special care or emergency management (e.g., burns, seizures, falls, anaphylaxis, etc.)
- Implement emergency office protocols including contacting emergency services as appropriate

B. Infection Control

- Knowledge in the encountered communicable diseases (e.g., hepatitis, HIV, tuberculosis)
- Identify modes of transmission (e.g., airborne, fecal-oral) and appropriate preventive measurements for common communicable diseases
- Recognize the appropriate office management of commonly encountered communicable diseases and hazardous situations
- Recognize and apply Universal Precautions

C. Federal Regulations

- Demonstrate knowledge of applicable Occupational Safety and Health Administration (OSHA) and other federal health agencies' requirements

- Demonstrate knowledge of applicable Health Insurance Portability and Accountability Act (HIPAA) requirements

D. Reporting and Record-Keeping

- Demonstrate knowledge of the required contents and maintenance of medical records
- Demonstrate knowledge of mandated reportable conditions (e.g., elder and child abuse, infectious diseases, bioterrorism)
- Demonstrate knowledge of the definition and purpose of ICD, CPT, E/M codes
- Demonstrate knowledge of insurance types and requirements (e.g., general liability, malpractice insurance)

E. Ethics and Professionalism

- Demonstrate knowledge of ethical principles (e.g., informed consent, conflict of interest, negligence, boundary violations, etc.)
- Communicate effectively and professionally with patients, the public, and other healthcare providers

Safety and Professional Responsibilities

Apply standards of safe practice and professional conduct.

A. Management of Acupuncture Office Emergencies

- Recognize and manage acupuncture office emergencies [e.g., moxa burns, heat lamp burns, needle shock, organ puncture, fainting, stuck needle(s)]
- Recognize the signs and or symptoms of internal hemorrhage or clotting disorders
- Recognize risk factors for individual patients (e.g., patients taking blood thinners, diabetes)
- Recognize contraindication of acupuncture points to certain patients (e.g., pregnancy, infant, etc.)

B. Infection Control/Precautions

Recognize and apply knowledge of infection control and precautions (e.g., bloodborne pathogens, communicable diseases, universal precautions, needle stick, etc.)

C. Patient Education and Communication

- Communicate and discuss risks and benefits concerning acupuncture treatment with individual patient
- Communicate and discuss findings with individual patient
- Obtain legal informed consent
- Inform patient of initial treatment/procedure done
- Inform patient when there is a change in condition or treatment that may require a new plan of action

Appendix C. Acupuncture

Develop a comprehensive treatment plan using acupuncture points based on patient presentation and initial assessment.

A. Treatment Plan: Develop an Initial Treatment Plan

1. Point selection based on differentiation and/or symptoms

Identify pattern and develop treatment plan based on differentiation (e.g., syndrome/pattern, meridian/channel pathology, circadian rhythm)

a. Cautions and contraindications

- Recognize cautions and contraindications (e.g., pregnancy, organ damage)
- Determine appropriate points, needling methods and modalities for safe treatment

b. Point category

- Demonstrate knowledge and use of Antique/Five Transporting (Shu) points (e.g., Jing-Well, Ying-Spring, Shu-Stream, Jing-River, He-Sea)
- Demonstrate knowledge of theories and applications of source (Yuan) and connecting (Luo) points
- Demonstrate knowledge of theories and applications of Front-Mu (Alarm) points,
- Back-Shu (Associated) points and their combination(s) (e.g., excess/deficient, systemic imbalances)

c. Channel theory

Demonstrate application of channel theory, including pathway, points, pathologies / symptoms, meeting points, crossing points, organs interaction

d. Function and/or indication of points and point combinations

Demonstrate knowledge of functions, indications and application of points and point combinations (e.g., distal/local, Window of the Sky, Five Elements, circadian rhythms, Six Stages, Four Levels)

e. Ashi points

Demonstrate application or the use of Ashi points (including trigger points and motor points)

f. Extra points

Demonstrate the knowledge of indications, locations, needling angle and depth, and application of Extra points

g. Auricular points

Demonstrate knowledge of points location, functions, indications, applications, precautions and contraindications of auricular acupuncture points and anatomical areas

h. Scalp areas

Demonstrate knowledge of points location functions, indications, applications, precautions and contraindications of scalp acupuncture

2. Treatment techniques and mode of administration

Demonstrate knowledge of treatment techniques and modes of administration

a. Cautions and contraindications

- Recognize cautions and contraindications for individual patient
- Recognize cautions based on anatomy

b. Patient position

Demonstrate knowledge of appropriate patient position

c. Point locating techniques

Demonstrate knowledge of point location (e.g., anatomical landmarks, Cun measurement, palpation)

d. Needle selection

- Recognize and demonstrate knowledge of appropriate needle selection (e.g., filiform, three-edged, plum-blossom, press tack, intradermal)
- Recognize and demonstrate knowledge and appropriate use of needles (e.g., length, gauge, filiform, three-edged, plum-blossom, press tack, intradermal)

e. Needling technique

- Demonstrate knowledge of needling techniques (e.g., insertion, angle, depth, stretching skin)
- Demonstrate knowledge of needle manipulation (e.g., arrival of Qi, reinforcing, reducing, lifting and thrusting, plucking, rotating, twirling)
- Demonstrate knowledge of appropriate needle retention
- Demonstrate knowledge of safe and appropriate needle removal

f. Moxibustion

1.) Direct

Demonstrate knowledge of functions, indications, contraindications and application of direct moxibustion (e.g., thread, cone, rice grain)

2.) Indirect

Demonstrate knowledge of functions, indications, contraindications and application of indirect moxibustion (e.g., stick/pole, on ginger, box)

3.) On needle handle

Demonstrate knowledge of functions, indications, contraindications and application of moxibustion on needle handle

g. Additional acupuncture modalities

Demonstrate knowledge of functions, indications, contraindications and application of other acupuncture modalities

1.) Cupping

Demonstrate knowledge of functions, indications, contraindications and application of cupping

2.) Guasha

Demonstrate knowledge of functions, indications, contraindications and application of Guasha

3.) Bleeding

Demonstrate knowledge of functions, indications, contraindications and application of bleeding

4.) Intradermal needles, ear balls, seeds, pellets, tacks

Demonstrate knowledge of functions, indications, contraindications and application of intradermal needles, ear balls, seeds, pellets, tacks

5.) Electro acupuncture

Demonstrate knowledge of functions, type of waves, frequencies, intensity, indications, contraindications and application of electro acupuncture

6.) Heat

Demonstrate knowledge of functions, indications, contraindications and application of heat (e.g., TDP/heat lamp)

7.) Topical applications

Demonstrate knowledge of functions, indications, contraindications and application of topical applications (e.g., liniment, plaster)

h. Related modalities

1.) Asian bodywork therapy and other manual therapies

Demonstrate knowledge of indications and contraindications of Asian bodywork therapy and other manual therapies

2.) Exercise/breathing therapy

Demonstrate knowledge of exercise/breathing therapy (e.g., Qi Gong, Tai Ji)

3.) Dietary recommendations according to Traditional Chinese Medicine theory

Demonstrate knowledge of dietary recommendations according to Traditional Chinese Medicine theory

B. Patient Management

1. Re-assessment and modification of treatment plan

Reevaluate and modify treatment plan (e.g., diagnostic assessment, point selection, needling technique, other modalities, treatment frequency)

2. Referral and/or discharge of patient as appropriate

- Recognize and evaluate the need for referral
- Demonstrate the knowledge of referral to other healthcare providers
- Recognize and evaluate appropriate discharge of patient

C. Point Identification/Location

Identification of Points by Description - Identify by cun and anatomical landmarks

Appendix D. Herbs

A. Herbs and Herbal Formulas

1. Cautions and contraindications (e.g., condition-dependent, incompatibility)

Identify cautions and contraindications for herbs and herbal formulas (e.g., condition dependent, incompatibility)

2. Herb/drug interactions

- Recognize potential herb/drug interactions
- Describe strategies to avoid herb/drug interactions

3. Toxicity

- Identify potential toxicity of Chinese herbs and herbal formulas
- Describe strategies to prevent toxicity of Chinese herbs and herbal formulas

4. Potential adverse effects

- Identify potential adverse effects of Chinese herbs and herbal formulas
- Prevent and resolve the adverse effects of Chinese herbs and herbal formulas

B. Herbal Purchasing and Dispensing

1. Identification of raw herbs by appearance, smell, and taste

- Recognize the appearance of raw Chinese herbs
- Identify the quality of raw Chinese herbs by appearance, smell, and taste

2. Identification of products containing endangered species, animal products, and potential allergens, (e.g., wheat, soy, sulfa)

- Recognize Chinese herbs, herbal formulas and herbal products containing endangered species, animal products, and potential allergens (e.g., wheat, soy, sulfa)
- Identify patient allergies to prevent potential allergic reactions to Chinese herbs, herbal formulas and herbal products
- Apply substitutions for individual endangered species, animal products, and potential allergens (e.g., wheat, soy, sulfa) in Chinese herbs and herbal formulas

3. Recognition of potential contamination of stored herbs

- Identify signs of contamination of stored Chinese herbs and herbal products
- Identify substitutions for contaminated Chinese herbs and herbal products

4. Identification of product manufacturers in compliance with current Good Manufacturing Practice standards

- Monitor Chinese herbs and herbal products for expiration dates
- Assess the quality of Chinese herbs and herbal products according to current Good

- Manufacturing Practice (cGMP) standards

Treatment Plan: Develop a Comprehensive Treatment Plan Using Principles of Chinese Herbology Based upon Patient's Presentation and Diagnosis

A. Recommend Chinese herbs for Individual Patients Based on Assessment

1. Treatment strategies/methods of Chinese herbal medicine (e.g., purging, harmonizing, sweating)

- Identify treatment strategies/methods of Chinese herbs and herbal formulas
- Apply/prescribe Chinese herbs and herbal formulas based on the treatment strategies/methods of Chinese herbs and herbal formulas

2. Individual herbs

a.) Functions and indications

- Identify the functions and indications of individual Chinese herbs
- Identify the functions and indications of processed forms of Chinese herbs [e.g., honey-processed (mi zhi), vinegar-processed (cu zhi), dry-fried (chao)]
- Apply/prescribe individual Chinese herbs for patients based on presenting signs and symptoms

b.) Combinations of Chinese herbs (Dui Yao)

- Identify the functions and indications of combinations of Chinese herbs
- Apply/prescribe combinations of Chinese herbs for patients based on presenting signs and symptoms

c.) Tastes, properties, direction, and channels entered

- Identify characteristics (tastes, properties, directions, and channels entered) of individual Chinese herbs
- Apply/prescribe herbs for individual patients based on Chinese herb characteristics (tastes, properties, directions, and channels entered)

3. Chinese herbal formulas

a.) Functions and indications

- Identify the functions and indications of Chinese herbal formulas
- Apply/prescribe Chinese herbal formulas for individual patients based on presenting signs and symptoms

b.) Ingredients

- Identify the ingredients of Chinese herbal formulas
- Apply/prescribe Chinese herbal formulas for individual patients
- Identify potential substitutions for individual ingredients in Chinese herbal formulas

c.) Structure (e.g., chief (Jun); deputy (Chen); guiding herbs)

- Identify and analyze the structure of Chinese herbal formulas [e.g., chief (Jun); deputy (Chen); guiding herbs]
- Apply/prescribe Chinese herbs based on the theory of Chinese herbal formula structure

d.) Modifications

Modify Chinese herbal formulas based on a patient's presenting signs, symptoms, and medical history

B. Formulate and Administer Herbal Recommendation

1. Form of administration (e.g., decoction, granules, topical)

- Differentiate between forms of administration of Chinese herbs
- Apply/prescribe Chinese herbs, herbal formulas, and herbal products for individual patients based on forms of administration
- Advise individual patients on the use of Chinese herbs, herbal formulas and herbal products based on forms of administration

2. Preparation of herbs and herbal formulas

- Demonstrate knowledge of preparation methods for individual Chinese herbs and herbal formulas
- Advise individual patients on the preparation methods for individual Chinese herbs and herbal formulas

3. Dosage of herbs and formulas

- Demonstrate knowledge of common dosages of individual Chinese herbs and herbal formulas
- Apply/prescribe appropriate dosages of Chinese herbs and herbal formulas based on a patient's presenting signs, symptoms and medical history

C. Chinese Dietary Therapy

- Identify the characteristics, actions, and indications of foods based on TCM principles
- Advise individual patients on the use of foods and dietary therapy in accordance with TCM principles

Patient Management: Patient Education and Treatment Evaluation

A. Patient Education

- Advise individual patients of the benefits and expectations of Chinese herbal therapy
- Advise individual patients of the potential side-effect(s) and risks of Chinese herbal therapy, including informed consent.

B. Treatment Evaluation and Modification

- Recognize and anticipate Chinese herbal therapy clinical outcomes for individual patients
- Assess effectiveness of Chinese herbal therapy in individual patients, based on presenting signs and symptoms
- Modify treatment plans for individual patients based on effectiveness of Chinese herbal therapy
- Assess the condition of individual patients for appropriate medical referral and
- Intervention

Appendix E. Sample Questions

I. Oriental Medicine (OM)

A. OM: Form Diagnosis Impression

Sample 1:

A floating pulse generally means that there is an invasion of external Wind, but it can also indicate ?

- a. Yin deficiency
- b. Blood deficiency
- c. Yang collapse
- d. Internal wind

Answer: A

Sample 2:

The symptoms of lack of appetite, profuse phlegm, and cough indicate disorders of the:

- a. SP and K
- b. SP and LIV
- c. SP and L
- d. LIV and L

Answer: C

B. OM: Differentiation of Syndrome

Sample 1:

For the past year, a male patient in his forties has suffered from frequent coughing that produces sticky white sputum. In the morning and after eating his coughing is worse and phlegm more profuse. Other symptoms include stuffiness, depression of the chest, loss of appetite, loose stool, and white greasy tongue coat. Which of the following would you consider the etiology of his condition?

- a. Exogenous Wind-Cold Evils
- b. Stagnant Liver Qi
- c. Deficient Spleen, which is failing to transform and transport Qi and body fluid
- d. Deficient Kidney, which is failing to receive Qi

Answer: C

Sample 2:

A female patient has been suffering from asthma for over 10 years. She complains about panting, difficulty breathing, coughing with abundant phlegm, and feels palpitation, tightness in the chest. She has chronic low back pain, her limbs are not warm. She sweats easily, and has frequent urination. Her tongue is pale and swollen, tongue coating is white and greasy. Her pulse is deep, thready and deficient. What is the diagnosis?

- a. Upper Jiao Excess Phlegm, Lower Jiao Empty Cold
- b. Lung and Kidney Yang Deficiency, Phlegm Obstructs the Orifice of the Heart
- c. Phlegm Dampness Obstructs the Lung, Chest Yang Deficiency and Exhaustion
- d. Heart and Kidney Yang Deficiency, Water Overflows Upward

Answer: B

C. OM: Education and Referral

Sample 1:

A 52-year-old patient's doctor has suggested she begin hormone replacement therapy for menopause symptoms. Her main symptoms are hot flashes on the chest and head, irritability during the hot flashes, and irregularity in her menstrual cycle. She does not want to take hormones because many relatives had breast cancer. What do you suggest?

- a. She should come in twice a week for acupuncture and take a formula containing spleen and yang tonics, until her body stabilizes.
- b. She should heed her doctor's advice because Chinese medicine cannot help her.
- c. She should come in twice a week for acupuncture and take a formula containing kidney and liver yin tonics, until her body stabilizes.
- d. She should come in twice a week for acupuncture and take a formula containing Shen calmer, until her body stabilizes

Answer: C

Sample 2:

A patient presents at your clinic with sudden onset right lower quadrant abdominal pain with guarding and rebound tenderness. Her pulse is bounding at a rate of 110 beats per minute, the tongue has a greasy yellow coat, the sublingual veins are engorged. Her body temperature is 101.3 F. What should you do?

- a. Refer the patient to a gynecologist
- b. Treat the patient with acupuncture only; herbal treatment is contraindicated in this case
- c. Treat the patient with herbal treatment only; acupuncture is contraindicated in this case
- d. Call 911

Answer: D

D. OM: Treatment Plan

Sample 1:

A two-year-old girl has a fever of 100°F and an inflamed sore throat. Her other symptoms include stuffy nose, thirst, and some sweating. The superficial venules of her index fingers are reddish purple. Her tongue is red with a thin yellow coat. Her pulse is rapid-superficial. What would be your treatment approach in this case?

- a. Relieve the Exterior syndrome with herbs that are pungent and cool
- b. Relieve the Exterior syndrome with herbs that are pungent and warm
- c. Release Exterior Summer Heat
- d. Relieve the Exterior syndrome and promote digestion

Answer: A

Sample 2:

After overeating one day, a 20-year-old man develops constipation accompanied by distending abdominal pain, epigastric fullness, foul-smelling belching, and acid regurgitation. He takes Bao He Wan, but his condition does not improve. Two days later he has a minor attack of dysentery and continues to feel abdominal fullness and pain. His tongue has a thick greasy coat. His pulse is rolling. What treatment strategy would you use for this patient?

- a. Purge Heat, regulate the Stomach, moisten Dry, and soften hardness
- b. Purge Heat, unblock the bowels, and relieve distention and fullness
- c. Vigorously purge Heat accumulation
- d. Purge the Interior, promote the movement of Qi, and invigorate the Blood

Answer: B

II. Acupuncture

A. Acupuncture: Point Selection

Sample 1:

For the past six months, a male patient in his thirties has suffered from the following symptoms: difficulty falling asleep, disturbing dreams, palpitations, poor memory, dizziness, blurry vision, loss of appetite, listlessness, anorexia, sallow complexion, and a thin-weak pulse. Which of the following prescriptions would best treat this patient's condition?

- a. Sp6 (Sanyinjiao), H7 (Shenmen), B20 (Pishu), B15 (Xinshu), B14 (Jueyinshu), Sp1 (Yinbai)
- b. Sp6 (Sanyinjiao), H7 (Shenmen), B15 (Xinshu), B23 (Shenshu), K3 (Taixi)
- c. Sp6 (Sanyinjiao), H7 (Shenmen), B21 (Weishu), S36 (Zusanli)
- d. Sp6 (Sanyinjiao), H7 (Shenmen), B15 (Xinshu), P7 (Daling), B19 (Danshu), G40 (Qiuxu)

Answer: A

Sample 2:

A 29-year-old woman complains of fever with no chills, with the fever being worse at night. She is also irritable and delirious, semi-conscious, thirsty, has skin eruptions, and a dark, red tongue with a scanty coating. Which set of points would be most appropriate?

- a. Sp6, K3, H7, Du14, LI11
(Sanyinjiao, Taixi, Shenmen, Dazhui, Quchi)
- b. Sp8, Liv3, K7, LI4, L9, Du14
(Diji, Taichong, Fulu, Hegu, Taiyuan, Dazhui)
- c. K7, LI6, LI11, B17, S36, G41
(Fulu, Pianli, Quchi, Geshu, Zusanli, Zulinqi)
- d. SJ6, Du14, B13, LI4, LI11
(Zhigou, Dazhui, Feishu, Hegu, Quchi)

Answer: A

B. Acupuncture: Point Category

Sample 1:

Houxi (SI 3) of the Small Intestine Meridian leads to the Du (Governor Vessel) Meridian, and Shenmai (UB 62) of the Bladder Meridian connects with the?

- a. Yin Qiao Meridian
- b. Yin Wei Meridian
- c. Yang Qiao Meridian
- d. Yang Wei Meridian

Answer: C

Sample 2:

Which of the following points does not belong to Window of Heaven/Sky points?

- a. B10 (Tianzhu)
- b. LI18 (Futu)
- c. H1 (Jiquan)
- d. Du16 (Fengfu)

Answer: C

C. Acupuncture: Point Location and Needling Technique

Sample 1:

The Jing-River point of the GB channel is located at:

- a. 4 cun above the tip of the external malleolus, on the anterior border of the fibula
- b. 5 cun above the tip of the external malleolus, on the posterior border of the fibula
- c. 5 cun above the tip of the external malleolus, on the anterior border of the fibula
- d. 7 cun above the tip of the external malleolus, on the posterior border of the fibula

Answer: A

Sample 2:

How is Sp 10 (Xuehai) needled?

- a. Perpendicular, .5-1.2 cun
- b. Perpendicular, 1.5-2 cun
- c. Obliquely upwards, .7-1.5 cun
- d. Oblique laterally, .7-1.5 cun

Answer: A

D. Acupuncture: Provide Auxillary Treatment

Sample 1:

Which of the following types of indirect moxibustion treats painful joints?

- a. Garlic
- b. Ginger
- c. Fu Zi (Monkshood)
- d. Salt

Answer: B

Sample 2:

Which of the following conditions is contraindicated with plum-blossom needling?

- a. Headache
- b. Itching skin
- c. Skin ulcer
- d. Indigestion

Answer: C

E. Acupuncture: Microsystems

Sample 1:

In scalp acupuncture, what is the location of the Vision area?

- a. 3 cm lateral to the external occipital protuberance, parallel to the midline and extending 4 cm inferiorly
- b. 4 cm long horizontal line 1.5 cm superior to, and centered over, the auricular apex
- c. Vertical line 2 cm beside the tuber parietale on the posterior of the head, 3 cm in length
- d. 1 cm lateral to the external occipital protuberance, parallel to the midline and extending 4 cm superiorly

Answer: D

Sample 2:

In auricular acupuncture, the Lung point is located in?

- a. Lower tragic notch
- b. Cavum concha

- c. Anti-tragus
- d. Superior triangular fossa

Answer: B

F. Acupuncture: Observation and Modification

Sample:

A 7-year-old boy has the mumps. Two days ago he had chills and fever, redness, pain and swelling of both sides of the parotid regions. Later, his chills decreased and fever increased, and now he has some pain and swelling in the testes, dryness of the mouth and dark urine. He has a yellow tongue coating and a superficial, rapid pulse. In addition to your point prescription of S6 (Jiache), SJ17 (Yifeng), SJ5 (Waiguan), LI 11 (Quchi) and LI 4 (Hegu), you want to add points to relieve the testicular pain. What do you add?

- a. Liv3 (Taichong) and Liv5 (Ligou)
- b. SJ 20 (Jiaosun)
- c. Du14 (Dazhui) and several Jing-Well points
- d. L7 (Lieque)

Answer: A

III. Herbs

A. Identification of Herbs

Sample 1:

Your patient complains of diarrhea after taking an herbal prescription. All of the following herbs are in the formula; which one may cause this problem?

- a. Dang Gui (Rx. Angelicae Sinensis)
- b. Chuan Xiong (Rx. Ligusticum wallichii)
- c. Chai Hu (Rx. Bupleuri)
- d. Chen Pi (Peri. Citri Reticulatae)

Answer: A

Sample 2:

Which herb is in the category of Herbs that Stabilize and Bind?

- a. Suan Zao Ren (Sm. Zizyphi)
- b. Wu Wei Zi (Fr. Schisandrae)
- c. Tian Men Dong (R. Asparagi)
- d. Dang Gui (Rx. Angelica Sinensis)

Answer: B

B. Prescribing and Administering Herbs

Sample 1:

A diabetic patient presents with polyuria, frequent urination after drinking, dark facial appearance, a dark, dry ear helix, cold limbs, and intolerance of cold. The best formula is:

- Qing Hao Bie Jia Tang (Artemisia Annuum and Soft-shelled Turtle Shell Decoction)
- Liu Wei Di Huang Wan (Six Ingredient Pill with Rehmannia)
- Li Zhong Wan (Regulate the Middle Pill)
- Jin Gui Shen Qi Wan (Kidney Pill from the Golden Cabinet)

Answer: D

Sample 2:

A patient presents with abdominal pain and distention, and nausea and vomiting for the past two days. He has an aversion to cold, a moderate pulse and a thick and greasy tongue coat.

Which of the following treatments is best for this patient?

- Huo Xiang Zheng Qi San (Agastache Powder to Rectify the Qi); substitute Cang Zhu (Rz. Atractylodis) for Bai Zhu (Rz. Atractylodis Macrocephalae).
Needle P6 (Neiguan) and Sp4 (Gongsun)
- Huo Xiang Zheng Qi San (Agastache Powder to Rectify the Qi); no substitutions.
Needle S36 (Zusanli), Ren12 (Zhongwan), Sp10 (Xuehai)
- Ping Wei San (Calm the Stomach Powder); no substitutions.
Needle P6 (Neiguan) and Sp4 (Gongsun)
- Ping Wei San (Calm the Stomach Powder); add Cang Er Zi (Fr. Xanthii Sibirici) and Fang Feng (Rx. Schizonepetae).
Needle S36 (Zusanli), Ren12 (Zhongwan), Sp10 (Xuehai)

Answer: A

IV. Biomedicine

A. Biomedicine: Patient History

Sample 1:

A patient develops an acute allergic reaction 15 minutes after consuming some herbal tea. He has peri-orbital edema with conjunctivitis and rhinorrhoea. This is consistent with?

- Type I (anaphylactic type) hypersensitivity reaction
- Type II (cytotoxic type) hypersensitivity reaction
- Type III (immune complex type) hypersensitivity reaction
- Type IV (cell mediated type) hypersensitivity reaction

Answer: A

Sample 2:

Which of the following hormones are secreted by the hypothalamus?

- Growth hormone, antidiuretic hormone, and prolactin-releasing hormone
- Growth hormone, follicle-stimulating hormone, and adrenocorticotrophic hormone
- Growth hormone-releasing hormone, thyrotropin, and antidiuretic hormone

- d. Growth hormone-releasing hormone, thyrotropin-releasing hormone, and gonadotropin-releasing hormone

Answer: D

B. Biomedicine: Physical Exam

Sample 1:

Lifting the shoulders is one of the tests used to determine proper functioning of?

- a. Cranial Nerve VIII (8)
- b. Cranial Nerve IX (9)
- c. Cranial Nerve X (10)
- d. Cranial Nerve XI (11)

Answer: D

Sample 2:

A 71-year-old woman with a history of a previous myocardial infarction presents to her family physician for a routine checkup. The physician notices that she has lost 20 lb since her last visit 6 months ago. When questioned, the patient said that he experienced sudden severe abdominal pain and vomiting that begins 30 minutes after eating and lasts for 2 to 3 hours. She claims the pain is worse after eating, so she has begun to eat less out of fear of precipitating the pain. Her physical examination is unremarkable. Which of the following is the most likely diagnosis?

- a. Pancreatitis
- b. Mesenteric ischemia
- c. Cholecystitis
- d. Peptic ulcer disease

Answer: B

C. Biomedicine: Pharmacology

Sample 1:

Which of the following treats inflammation of the tongue, dermatitis and diarrhea?

- a. Riboflavin
- b. Niacin
- c. Thiamine
- d. Calcium

Answer: B

Sample 2:

Prozac acts as an antidepressant by inhibiting uptake of one of the neurotransmitter. What is this neurotransmitter?

- a. Serotonin
- b. Dopamine

- c. Acetylcholine
- d. Histamine

Answer: A

D. Biomedicine: Diagnosis Testing

Sample 1:

Blood ammonia levels are increased in?

- a. Pneumonia
- b. Ulcerative colitis
- c. Cirrhosis of the liver
- d. Urinary tract infection

Answer: C

Sample 2:

Atrial fibrillation is indicated by?

- a. An unrecognizable QRS complex
- b. An inverted P wave
- c. A flat T wave
- d. A missing P wave

Answer: D

E. Regulation for Public Health and Safety

Sample 1:

A needle inserted in the lower leg has broken and it is below the skin. What would you do?

- a. Have a physician surgically remove it
- b. Press tissue around needle until broken end is exposed and then pull out with hands
- c. Make a small incision so you can remove needle
- d. Press tissue around needle until broken end is exposed and then pull out with forceps

Answer: A

Sample 2:

Hepatitis D requires concurrent infection of?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis E

Answer: B

Sample 3:

California Welfare and Institutions Code requires you, as a health care professional in private practice, to report known or suspected elder or dependent adult abuse to?

- a. State Department of Mental Health
- b. Local Law Enforcement Agency or Adult Protective Services
- c. State Department of Developmental Services
- d. County Welfare Department

Answer: B

Appendix F. Acupuncture Point Abbreviation List and Herbs

Please be noticed, the exam (MCE, CGE) will not provide the English definition of the points, the points will only cover with the abbreviation code that are mentioned in this page and as well as the chinese pinyin. The point in Chinese and Korean, will be provided in their own name in Chinese and/or Korean words.

Channel / Meridian	List of Abbreviation	Abbreviation used in CGE
Lung	L / LU	L
Large Intestine	LI	LI
Stomach	S / ST	S
Spleen	SP / Sp	Sp
Heart	H / HE / HT	H
Small Intestine	SI	SI
Urinary Bladder	UB / BL / B	B
Kidney	K / KID / KD / KI	K
Pericardium	PC / P	P
San Jiao / Triple Burner / Triple energizer	SJ / TE / TB	SJ
Gall Bladder	GB / G	G
Liver	LIV / Liv / LR / Liv	Liv
Du Mai / Du Channel / Du Vessel / Du / Governor Vessel	DU / Du / GV / Gv	Du
Ren Mai / Ren Channel / Ren Vessel / Conception Vessel	REN / Ren / CV / Co	Ren
Extra Point	Extra point OR MHN NHN MBW MCA MUE NUE MLE MNL / MNLE	Name of Extra Point

CGE in Chinese and Korean program will use the name of the acupuncture point in Korean and Chinese characters, respectfully.

During exam, if students have any questions regarding acupuncture point abbreviation or others, they are always welcome to raise their hands and ask to one of the exam's proctors.

The Exam (MCE, CGE) will provide the name of the herbs / formula both in chinese pinyin and the definition in English. The Korean and Chinese exam will use the name of the herbs / formula in Chinese and/or Korean own words respectively. The single herbs that are covered in MCE is not only from the CALE list but also from NCCAOM list. The same with CGE, the exam will cover single herbs and formula not only in CALE list but also in NCCAOM.

Appendix G. References

The test will cover all the materials that were thought in DULA MSOM program following the breakdown percentage of the contents.

The purpose of CGE is to evaluate the student's knowledge and preparation before graduation and sit on the state licensing and/or national exam. Please understand that the state licensing exams and/or national exams use textbooks, not instructors' notes, when designing test questions. Therefore, you are required to read the textbooks and adequately understand the materials.

Please also be familiar with the CALE preparation guide (<http://www.acupuncture.ca.gov/students/examination.shtml>) and NCCAOM Preparation Handbooks (<http://www.nccaom.org/study-guides/>).

Study Aids

Please review the DULA webpage "study aids" to review the related information and also the textbook references. The webpage presents many important reference, study aids, how to prepare MCE / CGE, strategy, study time management and schedule, etc.

To access DULA webpage "study aids":

1. Get into this address: <https://www.dula.edu/study-aids/>
2. Enter the password: dulastudent

To also help the student in preparing CGE, students may practice the questions from these following books. These practice question books are all available in DULA library to be borrowed. Please be noticed, these books only serve as self-study, therefore real question in CGE, CALE and/or NCCAOM may be different, however as for the CGE, at least 30% of the questions will be created in each quarter from these practice questions' books:

1. Review and Pretest for NCCAOM and California Licensing Exams in TCM foundation, 2018, Dong Cheng Li
2. Review and Pretest for NCCAOM and California Licensing Exams in Chinese Herbology, 2018, Dong Cheng Li
3. Review and Pretest for NCCAOM and California Licensing Exams in Biomedicine, 2018, Dong Cheng Li
4. Review and Pretest for NCCAOM and California Licensing Exams in Acupuncture with Point Location, 2018, Dong Cheng Li

The remaining percentage of the questions will be taken from the DULA Exam Question Bank and from Didactic Faculty Final Exam questions. DULA updates its question bank in every quarter to

maintain the current, new and updated questions to reflect what have been covered comprehensively from the classes, curriculum, and also to meet the MSOM program education objectives and the standard competency similar to the state board and national exam acupuncture and oriental medicine competency.

Please also read the following general reference textbooks in preparing for your CGE:

1. Jameson et al, Harisson's Principles of Internal Medicine 20th Edition, McGraw Hill, 2018.
2. Beers, M., R. Porter, T. Jones, J. Kaplan and M. Berkwitz, The Merck Manual of Diagnosis and Therapy (19th Edition), Whitehouse Station, NJ, Merck Research Laboratories, 2011.
3. Bensky, D., V. Scheid, A. Ellis and R. Barolet, Chinese Herbal Medicine: Formulas and Strategies (2nd Edition), Seattle, Eastland Press, 2009.
4. Bensky, D., S. Clavey and E. Stöger, Chinese Herbal Medicine: Materia Medica (3rd Edition), Seattle, Eastland Press, 2004.
5. Bickley, L. and P. Szilagy, Bates' Guide to Physical Examination and History Taking (12th Edition), Philadelphia, Wolters Kluwer Health / Lippincott Williams & Wilkins, 2017.
6. Magee, David J. Orthopedic Physical Assessment, 6th ed. St. Louis, MO: Saunders Elsevier, 2013.
7. Cheng, X., Chinese Acupuncture and Moxibustion 3rd edition, Beijing, Foreign Language Press, 2010.
8. Deadman, P. and M. Al-Khafaji, A Manual of Acupuncture (2nd Edition), East Sussex, England, Journal of Chinese Medicine Publications, 2007.
9. Deng, T., Practical Diagnosis in Traditional Chinese Medicine, New York, Churchill Livingstone, 1999.
10. Johns Robert, The Art of Acupuncture Techniques, North Atlantic Books, 1996.
11. Katzung, Bertram G., Susan B. Masters, and Anthony J. Trevor, eds. Basic and Clinical Pharmacology. 14th ed. New York: McGraw Hill Medical, 2017.
12. Karch, A., Lippincott's Nursing Drug Guide, Philadelphia, Wolters Kluwer / Lippincott Williams & Wilkins, 2014.
13. Maciocia, G., The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists (3rd Edition), New York, Churchill Livingstone, 2015.
14. Maciocia, G., Tongue Diagnosis in Chinese Medicine (Revised Edition), Seattle, Eastland Press, 1995.
15. Maciocia, G., The Practice of Chinese Medicine: The Treatment of Diseases with Acupuncture and Chinese Herbs 2nd Edition, Churcill Livingstone, 2008.
16. Nigel Wisemann and Andrew Ellis, Fundamentals of Chinese Medicine, Revised Edition, 1995.
17. Ted Kaptchuk, The Web that Has No Weaver: Understanding Chinese Medicine, 2000.
18. McPhee, S. and M. Papadakis, Current Medical Diagnosis & Treatment (57th Edition), New York, McGraw-Hill, 2018.
19. National Acupuncture Foundation, Clean Needle Technique Manual for Acupuncturists: Guidelines and Standards for the Clean and Safe Clinical Practice of Acupuncture (7th Edition), Washington, DC, National Acupuncture Foundation, 2015.

20. Pagana, K. and T. Pagana, Mosby's Manual of Diagnostic and Laboratory Tests (13th Edition), St. Louis, Mosby Elsevier, 2016.
21. Fischbach, Frances and Marshall B. Dunning. A Manual of Laboratory and Diagnostic Tests. 9th ed. Philadelphia: Lippincott Williams & Wilkins Publishers, 2014.
22. Patton, K. and G. Thibodeau, Anatomy and Physiology (9th Edition), St. Louis, Mosby Elsevier, 2015.
23. Pitchford, P., Healing with Whole Foods: Asian Traditions and Modern Nutrition (3rd Edition), Berkeley, North Atlantic Books, 2002.
24. Bensky D., O'Connor John, Shanghai College of Traditional Chinese Medicine, Acupuncture: A Comprehensive Text, Seattle, Eastland Press, 1996.
25. Acupuncture Board, Laws and Regulations Relating to the Practice of Acupuncture, Sacramento, California Department of Consumer Affairs, 2018.
26. NCCAOM Code of Ethics (<http://www.nccaom.org/nccaom-code-of-ethics/>)