

Article

Selected Case Studies of Moving Qi Acupuncture for Pain Relief

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Abstract: This paper provides a comprehensive overview of the origin, theoretical foundation, operational principles, and clinical efficacy of Dong's "Moving Qi" acupuncture technique in pain management. Rooted in the classical theory that "where Qi flows smoothly, there is no pain," this method integrates the principles of meridian regulation, dynamic balance of Yin and Yang, and neuromuscular coordination. The technique involves inserting needles at distant or contralateral acupoints while guiding the patient to actively move or gently massage the affected area. This process enhances Qi circulation and blood flow, promotes neuromuscular activation, and facilitates the body's self-regulation mechanisms. Drawing upon both ancient medical texts such as Lingshu-Guanzhen and modern research on acupuncture analgesia, this study elucidates how movement synergizes with needling stimulation to produce dual effects on sensory and motor pathways. By activating motor output, movement suppresses excessive nociceptive input and enhances the brain's endogenous pain control system, thus amplifying acupuncture's therapeutic impact. Clinical observations demonstrate that Moving Qi acupuncture achieves rapid and sustained pain relief in conditions such as cervical spondylosis, shoulder periarthritis, lumbar disc herniation, knee osteoarthritis, and ankle sprain. Through detailed case analyses, the paper highlights the technique's operational features, including point selection, manipulation methods, and movement coordination strategies, offering insights into its integration with modern rehabilitation and pain medicine. Dong's Moving Qi acupuncture represents a unique synthesis of traditional meridian theory and modern physiological mechanisms, providing a valuable model for the future development of dynamic acupuncture therapies.

Keywords: Moving Qi acupuncture; acupuncture treatment; pain syndromes; clinical cases

1. Introduction

Pain is one of the most common and distressing symptoms encountered in clinical practice, exerting a profound impact on patients' physical well-being, emotional state, and overall quality of life. Traditional Chinese Medicine (TCM) attributes the occurrence of pain to the obstruction or deficiency of Qi and blood within the meridians, encapsulated in the classical principle: "stagnation leads to pain; malnourishment leads to pain." This concept highlights that smooth Qi circulation and balanced nourishment are fundamental to maintaining a pain-free state.

Dong's acupuncture is a special acupuncture treatment which belongs to a traditional family lineage of Chinese medicine. Dong's acupuncture has a complete theoretical system that includes its own unique points, diagnostic methods and needling techniques, which is different from traditional 14 channels acupuncture[1], and well-known very effective for relieving pain.

Dong's Moving Qi Acupuncture technique, a key technique of Dong's acupuncture, is founded on the central principle of "activating the flow of Qi." The method involves inserting a needle at a distal acupoint to stimulate the internal circulation of Qi, while simultaneously guiding patients to move or gently massage the affected limb. This coordinated action of needling and movement facilitates the transmission of Qi toward

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the pathological site, thereby achieving the therapeutic goal that "where there is no obstruction, there is no pain."

Unlike the conventional acupuncture concept of "obtaining Qi" (De Qi), which primarily emphasizes the patient's sensory response at the needling site, Dong's method insists that Qi must reach the diseased location to produce optimal results. The emphasis on dynamic Qi transmission reflects an integration of sensory feedback and active body movement, transforming the treatment from passive stimulation into a form of guided self-regulation.

Having practiced medicine for many years, I have accumulated extensive case studies and clinical experience applying Dong's Moving Qi Acupuncture for a wide range of pain syndromes. The following sections will systematically introduce the origin, theoretical foundation, mechanism of action, and representative clinical cases of this unique therapeutic approach.

2. The Origin of Moving Qi Acupuncture

The term "Moving Qi Acupuncture" (Dongqi Zhenfa) was first introduced in the 1975 edition of *Acupuncture and Meridians* by Weijie Yang, a distinguished Taiwanese acupuncturist and one of the early proponents of modern acupuncture systematization. In his writings, Yang described how his mentor, Jingchang Dong, frequently instructed patients to move or gently exercise the affected body part during the course of acupuncture treatment. This dynamic element was not merely a supplementary practice but an integral diagnostic and therapeutic process.

Dong observed that when patients actively moved the painful or stiff region while the needles remained inserted, the sensation of Qi often followed the direction of motion, leading to a noticeable alleviation of symptoms. This phenomenon validated the classical TCM notion that "Qi flows where movement directs it." Through consistent clinical application, Dong recognized that this interaction between needle stimulation and guided movement could accelerate the circulation of Qi and blood, dissolve meridian blockages, and restore physiological harmony more effectively than static needling alone.

Yang, deeply inspired by Dong's innovation, systematized and officially named the approach "Moving Qi Acupuncture." The term emphasizes both the physical movement of the patient and the energetic mobilization of Qi within the body. Since then, the concept has been widely cited in acupuncture literature and passed down through various clinical schools, marking a key evolution from traditional De Qi (obtaining Qi) practices toward a more interactive and participatory therapeutic model.

The emergence of Moving Qi Acupuncture represents an important milestone in the modernization of acupuncture theory. It not only reflects the empirical wisdom of traditional healers but also anticipates later understandings in neurophysiology and somatosensory feedback, where the coordination of motion and stimulation plays a critical role in modulating pain perception and promoting self-regulation of bodily functions.

3. Theoretical Basis and Mechanism of Action

According to the ancient Chinese medical classic *Lingshu · Guanzhen*, the method of "Great Needling" involves stimulating the opposite side of the body—"needling the right for a left-sided ailment, and the left for a right-sided one." This technique reflects a deep understanding of meridian circulation and the principle of bilateral correspondence, implying that the flow of Qi and blood can be harmonized through contralateral stimulation. Traditional Chinese Medicine (TCM) upholds that the balance between Yin and Yang constitutes the foundation of physical and mental health. Within this framework, the Great Needling method embodies the concept that Yin and Yang are mutually dependent and dynamically adjustable, allowing the restoration of systemic equilibrium through reciprocal regulation. When dysfunction occurs on one side of the body,

stimulating the corresponding point on the opposite side can help realign this balance and restore homeostasis.

Jingchang Dong, founder of Dong's Magical Points, advanced this classical principle by proposing that the human body possesses an innate self-regulatory capacity and that certain points across the meridians act as functional mirrors capable of rebalancing Qi flow. Building on this understanding, Dong integrated cross-meridian stimulation with active movement of the affected limb, forming what is now known as Moving Qi Acupuncture. This approach mobilizes both the energetic circulation of Qi and the physiological feedback from muscular motion, achieving rapid and tangible therapeutic outcomes.

Doori Kim[2] et al reviewed possible mechanisms for the combination of acupuncture and movement therapy. They found the most frequently described mechanism is Motion style acupuncture treatment (MSAT) ends the negative cycle of pain. Patients with severe pain may be inclined to avoid movement because of fear of pain and negative perceptions about pain, and such avoidance and fear will create a vicious cycle of pain that leads to functional disability and pain. During treatment, the strong stimulation of acupuncture points stimulates internal activity of the central nervous system, thereby triggering "diffuse noxious inhibitory controls" and increasing the secretion of endorphins, resulting in reduced pain. Thus, if a patient feels less pain and gains mobility through the combination of acupuncture and movement therapy, the treatment will then create a positive cycle, which will lead to maximized therapeutic effects.

Modern studies provide further validation for this integrated approach. Researchers demonstrated that combining acupuncture with exercise produces superior results in relieving pain compared to acupuncture alone[3]. Exercise exerts a positive regulatory effect on acupuncture-induced analgesia, reinforcing the therapeutic signal and enhancing neural responsiveness. Likewise, international studies have revealed that motor output modulates sensory input, and that movement-related neural activity can inhibit excessive somatosensory transmission, thereby reducing pain perception.

Through this synergistic mechanism, Moving Qi Acupuncture harmonizes the body's sensory and motor systems. The technique transforms passive needling into an interactive dynamic process, where guided movement amplifies the flow of Qi and accelerates physiological recovery. This dual action-meridian-based regulation combined with neuromuscular coordination forms the scientific and philosophical foundation of Dong's Moving Qi Acupuncture, exemplifying the unity of traditional wisdom and modern biomedical understanding.

4. Operational Method and Indications

The operational process of Moving Qi Acupuncture involves a sequence of coordinated steps that integrate needling techniques with guided movement to enhance the flow of Qi:

1. Point Selection: Appropriate acupuncture points are selected based on the patient's symptoms, meridian pathways, and syndrome differentiation.
2. Needle Insertion and Qi Induction: After inserting the needle, the practitioner manipulates it until the patient experiences the *Deqi* sensation - a characteristic feeling of soreness, numbness, heaviness, or distension that signifies the arrival of Qi.
3. Movement and Qi Connection: Once *Deqi* is achieved, the patient is instructed to gently move the affected region while the practitioner continues to twist or lift-thrust the needle. If the pain diminishes or movement becomes easier, it indicates that the Qi between the acupuncture point and the diseased area has connected and begun to flow smoothly. The practitioner may then stop the manipulation and decide whether to retain or withdraw the needle.

4. Retention and Reinforcement: For chronic or long-standing disorders, the needle is retained for a longer duration, during which several rounds of mild manipulation can be performed to maintain Qi circulation. The patient may again be guided to move the affected area to further promote Qi movement or may remain still to consolidate the effect.
5. Alternative Stimulation: When movement of the affected part is not possible - such as in chest or abdominal disorders - alternative methods like localized massage, respiratory regulation, or gentle body swaying can be used to simulate internal movement and assist Qi flow.

Moving Qi Acupuncture has broad clinical applications, demonstrating rapid onset, stable efficacy, and long-lasting therapeutic effects. It is particularly effective for musculoskeletal pain, including conditions of the limbs, joints, and spine, but it also shows promising results in systemic disorders such as respiratory, digestive, and neurological conditions where Qi stagnation plays a central pathogenic role.

5. Case Examples

5.1. Moving Qi Acupuncture for Neck Pain

Case Summary:

Patient: Charles, male, 44 years old.

Date of First Consultation: April 2024.

Chief Complaint: The patient reported a chronic history of neck stiffness and discomfort associated with long hours of desk work, which had been neglected over time. Approximately one week before consultation, the symptoms acutely worsened without any apparent external trigger. He experienced marked limitation in neck mobility- especially in right rotation- accompanied by dull, persistent pain, prompting him to seek treatment at the clinic.

Physical Examination: Palpation revealed tense cervical musculature with pronounced tenderness between the spinous processes. The normal cervical lordotic curve appeared flattened. Active right rotation of the neck was restricted by approximately 30°, while flexion and extension also elicited discomfort.

Diagnosis: Neck pain (Jing Bi), categorized as Qi Stagnation and Blood Stasis Syndrome due to prolonged strain and poor posture.

Treatment Procedure: The Dong's Moving Qi Acupuncture Technique was employed. Bilateral needling was performed at Fengchi (GB20), Tianzhu (BL10), and Wangu (GB12). On the left side, Linggu, Dabai, Waiguan (SJ5), Houxi (SI3), and Zu San Chong were selected as distal points. Sterile 28-gauge, 1.5-inch filiform needles were inserted perpendicularly or obliquely depending on point location.

After achieving the *Deqi* sensation, a reducing (sedating) twirling manipulation was applied. Needles were retained for 15 minutes. Subsequently, the local points- Fengchi, Tianzhu, and Wangu were withdrawn, and the patient was instructed to perform gentle, active neck movements (flexion, extension, and left-right rotation) while the distal points were retained for another 15 minutes. The total retention time was approximately 30 minutes. The treatment was administered once every two days, for a total of five sessions, after which the patient reported complete resolution of symptoms and restoration of normal cervical mobility.

Commentary: Neck pain commonly arises from often repetitive movements, twisted neck postures, or both, causing abnormal sustained or intermittent cervical muscle contractions[4], leading to obstruction of the meridians and stagnation of Qi and blood. In traditional Chinese medicine, the neck and shoulder regions are traversed by the Shaoyang and Taiyang channels of both the hand and foot. When Qi and blood fail to circulate smoothly within these channels, pain and stiffness manifest.

The selected points in this case embody the principle of combining distal and local point therapy to achieve both immediate and sustained relief:

Linggu and Dabai are classic points from Dong's Extraordinary Points, known for activating Qi, warming Yang, and promoting the circulation of Qi and blood. Their combination with Zu San Chong enhances the effect of invigorating blood and dispelling stasis.

Waiguan (SJ5), the Luo-Connecting point of the Hand Shaoyang Sanjiao Channel, connects internally with the Yang Wei Vessel, harmonizing the Shaoyang channels that traverse the lateral neck.

Wangu (GB12), belonging to the Foot Shaoyang Channel, serves as a meeting point of the Foot Taiyang and Shaoyang channels, thereby relaxing the tendons and dispersing local stagnation.

Houxi (SI3), the Shu-Stream point of the Hand Taiyang Small Intestine Channel and one of the Eight Confluent Points, connects to the Du Vessel, which governs the spine. It is thus particularly effective in treating disorders of the back, neck, and spine.

During treatment, the Moving Qi Acupuncture technique was applied at distal points while the patient actively moved the neck. This dynamic integration of needle manipulation and guided movement effectively mobilized the Qi of the Yang channels. In accordance with the classical dictum-*"When Qi moves, blood moves; when there is free flow, there is no pain"*-the combination of local and distal stimulation promoted unobstructed circulation, relaxed tendons and muscles, and rapidly relieved discomfort.

This case demonstrates that Moving Qi Acupuncture, through the synergistic use of channel theory, point combination, and patient participation, provides a highly effective therapeutic approach for cervical disorders related to Qi stagnation and blood stasis.

5.2. Moving Qi Acupuncture for Shoulder Pain

Case Summary:

Patient: Salil, male, 52 years old.

Date of First Consultation: May 2025.

Chief Complaint: The patient had suffered from right shoulder pain for six months without apparent cause. The pain progressively worsened, was particularly severe at night, and was accompanied by significant restriction of movement-especially when dressing or lifting the arm. Previous physical therapy yielded little improvement, and he was referred to my clinic for further treatment.

Physical Examination: Mild atrophy of the right deltoid muscle was observed. Tenderness was noted below the acromion. Forward flexion was limited to 90°, abduction to 80°, and both internal and external rotations were markedly restricted.

Diagnosis: Shoulder pain (Jian Bi), classified as Cold-Damp Obstruction of the Channels.

Treatment Procedure: The Moving Qi Acupuncture Technique was applied. Distal points were selected on the left leg-Shenguan, Zu Qianjin, and Zu Wujin-and local points on the right arm-Linggu, Dabai, Waiguan (SJ5), and Shousanli (LI10). Sterile 28-gauge, 1.5-inch needles were inserted, and after achieving Deqi, an even reinforcing-reducing manipulation was performed. Needles were retained for 15 minutes, after which the local needles were removed. The patient was then instructed to gently move the shoulder through the restricted range of motion while the distal needles were retained for an additional 15 minutes. Treatments were given twice weekly.

After one month, the patient reported marked improvement in nocturnal pain and shoulder mobility. After three months of treatment, shoulder function was almost completely restored, with only occasional mild discomfort.

Commentary: In a US survey, a high prevalence of shoulder pain is experienced by over one-quarter of the general population in their lifetimes[5]. Unlike more prevalent conditions such as low back pain, with a low risk of chronicity, nontraumatic musculoskeletal shoulder pain persists beyond 6 months in 50% of individuals[6].

Shoulder pain commonly results from Cold-Damp obstruction within the meridians, leading to chronic stagnation and pain that are often refractory to conventional therapies.

In Dong's system, Shenguan-located 1.5 cun below Yinlingquan (SP9)-is a key point for shoulder disorders. Master Jingchang Dong proposed that Shenguan regulates the functional relationship among the *Zang-Fu* organs: the Kidney communicates with the Sanjiao, the Liver with the Large Intestine, and the Spleen with the Small Intestine. Since the Kidney governs bones, the Liver governs tendons, and the Spleen governs muscles, stimulating Shenguan harmonizes these systems and promotes free circulation of Qi in the shoulder. As the *Ode to Elucidation of Acupuncture Points* states, "For crossing-channel needling, treat the right side for a left-sided disease; for distal needling, needle the foot for a disease in the head." Hence, contralateral Shenguan was selected.

Zu Qianjin and Zu Wujin, located superior to the lateral malleolus, are effective in treating "frozen shoulder," characterized by restricted movement and inability to reach backward. Shoulder pain often involves the Hand Yangming Large Intestine Channel and Hand Shaoyang Sanjiao Channel.

Linggu and Dabai, both Dong's Extraordinary Points on the Hand Yangming channel, tonify Qi, warm Yang, and facilitate Qi and blood flow.

Waiguan (SJ5), the Luo-Connecting point of the Hand Shaoyang channel and one of the Eight Confluent Points, connects with the Yang Wei Vessel, regulating Yang Qi throughout the body's exterior.

Shousanli (LI10), corresponding to Zusanli (ST36) of the lower limb, strengthens Qi and blood while addressing shoulder pain along the Hand Yangming pathway.

The coordinated use of distal and local points, together with patient-guided movement, exemplifies the therapeutic essence of Moving Qi Acupuncture-activating Qi through dynamic participation to restore circulation, dispel Cold-Damp obstruction, and relieve pain swiftly and effectively.

5.3. Moving Qi Acupuncture for Low Back Pain (Acute Lumbar Sprain)

Case Summary:

Patient: Eric, male, 50 years old.

Date of First Consultation: July 2025.

Chief Complaint: Five days prior to his visit, the patient experienced sudden, severe low back pain after lifting a heavy object. The pain was sharp, radiating down the right leg, and worsened with movement. Rest and self-administered ibuprofen provided little relief.

Physical Examination: Pronounced lumbar muscle spasm was observed, with marked tenderness beside the L3-L4 vertebrae and a positive straight leg raise test at 30° on the right. Lumbar flexion and extension were both significantly restricted.

Diagnosis: Acute low back pain (*Yao Bi*), classified as Qi Stagnation and Blood Stasis Syndrome.

Treatment Procedure: The Moving Qi Acupuncture Technique was applied. Points selected on the left side included Linggu, Dabai, Houxi (SI3), and Waiguan (SJ5). After achieving *Deqi*, an even reinforcing-reducing manipulation was performed while instructing the patient to gently move the lower back-flexion, extension, rotation, and right leg lifting-to promote Qi circulation. Needles were retained for 20 minutes. After three treatment sessions, the patient fully recovered, with complete restoration of mobility and disappearance of pain.

Commentary: Acute low back pain is normally self-limiting[7], with 90% of cases experiencing significant relief from pain and disability within 1 month. However, recurrences of symptoms are very common and lead to serious medical and economic problems for individuals and society[8]. Acute lumbar sprain often results from improper lifting or sudden strain, leading to blockage of Qi and blood in the lumbar channels. This stagnation manifests as severe pain and restricted movement.

Linggu, a key point in Dong's system located between the first and second metacarpal bones, is known for unblocking the Du Vessel and strengthening the spine, making it highly effective for lumbar disorders.

Dabai, located on the radial side of the first metacarpal bone, enhances the action of Linggu and is particularly useful for lumbosacral pain.

Houxi (SI3), one of the Eight Confluent Points, connects with the Du Vessel and is classically indicated for cervical and lumbar disorders, as recorded in *The Great Compendium of Acupuncture and Moxibustion*: "Houxi is essential for treating back and lumbar pain."

Waiguan (SJ5), the Luo-Connecting point of the Hand Shaoyang Channel and another of the Eight Confluent Points, connects with the Yang Wei Vessel, harmonizing Qi and blood throughout the Yang channels.

These four distal points, all located on the upper limb, exemplify the classical principle of "treating lower diseases from upper points." Through the dynamic interaction of needling and movement, Moving Qi Acupuncture effectively activates Qi flow, disperses stagnation, and restores normal function, producing rapid and lasting relief.

5.4. Moving Qi Acupuncture for Knee Pain

Case: Lisa, female, 61, first consulted in June 2024.

Chief Complaint: Persistent left knee pain for six months, most severe medially. Symptoms included morning stiffness improving with movement, exacerbation in rainy weather, difficulty climbing stairs, and nocturnal pain disturbing sleep.

Examination: Mild swelling of the left knee joint, tenderness at the medial joint line, positive patellar grinding test, and 20° limitation in flexion and extension.

Diagnosis: Knee pain due to Liver-Kidney Deficiency with Phlegm-Stasis Obstructing the Channels.

Treatment:

Moving Qi Acupuncture was applied. Distal points on the right side: Jianzhong, Linggu, Dabai, and Waiguan.

Local points on the left: Neixiyan, Waixiyan, Xuehai (SP10), Liangqiu (ST34), Yinlingquan (SP9), Yanglingquan (GB34), Zusanli (ST36), Sanyinjiao (SP6), and Taichong (LR3).

Sterile 28-gauge, 1.5-inch needles were inserted to obtain *Deqi*, followed by even reinforcing-reducing manipulation. After 15 minutes, local needles were removed, and the patient was instructed to actively move the knee joint through its restricted range while distal needles were retained for another 15 minutes.

Treatment was given twice weekly. After six sessions, morning stiffness shortened significantly and pain reduced by about 50%. After two months, the range of motion improved markedly with minimal stiffness. After three months, pain had nearly resolved and normal knee function was restored.

Commentary: Knee osteoarthritis (KOA) is the most common arthritis degenerative disease in adults, with a high level of disability and socioeconomic burden[9]. Knee pain in the elderly often reflects *Liver-Kidney Deficiency with Phlegm-Stasis Obstruction*. Local points Neixiyan and Waixiyan directly unblock knee channels, while Xuehai and Liangqiu invigorate blood and relieve acute pain. Yanglingquan, the influential point of tendons, and Yinlingquan, which resolves dampness and reduces swelling, address the underlying deficiency and stagnation. Sanyinjiao tonifies the Liver, Spleen, and Kidney, nourishing tendons and bones. Zusanli strengthens Qi and blood and supports joint health, while Taichong promotes Qi flow and relieves stiffness.

The combination of contralateral points (Linggu, Dabai, Waiguan) with local and special points (Jianzhong) synergistically enhanced circulation and relieved pain, producing excellent therapeutic results.

5.5. Moving Qi Acupuncture for Ankle Pain

Case: Johnson, male, 40, first consulted in August 2025.

Chief Complaint: Left ankle sprain sustained five days prior while playing golf, with severe pain, swelling, and difficulty bearing weight. Symptoms had progressively worsened, affecting daily activities.

Examination: Obvious lateral ankle swelling and bruising, tenderness anterior-inferior to the lateral malleolus, positive inversion test, and restricted plantarflexion and dorsiflexion. X-ray ruled out fracture.

Diagnosis: Ankle pain due to *Qi Stagnation and Blood Stasis Syndrome*.

Treatment: Moving Qi Acupuncture was applied. Contralateral points included Shangqu, Xiaqu, Jianzhong, Libai, Yunbai, Linggu, Dabai, Waiguan, and Xiaojie (Ankling). Sterile 28-gauge, 1.5-inch needles were inserted to achieve *Deqi*, followed by reducing twirling manipulation. The patient performed active ankle movements-including plantarflexion, dorsiflexion, and internal/external rotation-while needles were retained for 20 minutes. Treatment was administered three times weekly for a total of six sessions, resulting in complete recovery.

Commentary: Ankle sprains are one of the most common sports injuries[10], and delayed treatment can lead to chronic instability. Xiaojie (Ankling), a distal contralateral point, is particularly effective in alleviating pain and promoting rapid recovery when combined with active joint movement. Shangqu, Xiaqu, Jianzhong, Libai, and Yunbai (the Shoulder Six points in Dong's acupuncture) are needled in a coordinated pattern to treat contralateral ankle and lower limb pain. Combined with Linggu, Dabai, and Waiguan, these points synergistically enhance Qi circulation, reduce swelling, relieve pain, and accelerate functional recovery.

6. Clinical Insights

Traditionally, Moving Qi Acupuncture focuses on needling distal points combined with active movement of the affected area. However, in clinical practice, I have observed that for stubborn or chronic pain, a more effective approach involves a sequential combination of local and distal points. Initially, local points along the meridian near the painful area are needled to rapidly mobilize local Qi and blood. Once the *Deqi* sensation is achieved, distal points are subsequently inserted. Both local and distal needles are retained for a period-typically 15-20 minutes, depending on the severity and type of symptoms. After this period, the local needles are removed while distal needles remain, and the patient is guided to actively move the affected area, performing previously restricted motions.

This sequential approach often produces rapid and pronounced pain relief, demonstrating superior efficacy compared with needling distal points alone. The likely mechanism is that stimulating local points first "primes" the area by activating Qi and blood locally, creating a receptive pathway for the distal Moving Qi technique to guide energy to the site of dysfunction. Clinicians can apply this flexible, tailored method according to the patient's condition, adapting point selection, needling techniques, and movement patterns to optimize therapeutic outcomes. This clinical insight underscores the importance of combining traditional acupuncture theory with dynamic, patient-centered strategies to maximize efficacy.

7. Conclusion

Moving Qi Acupuncture represents a distinct evolution of traditional acupuncture methods, integrating conventional needling techniques with targeted movement therapy to enhance analgesic effects. By coordinating local and distal needling with guided motion of the affected area, this approach creates a synergistic effect that promotes the free flow of Qi and blood, relieves pain, and restores function. Clinical experience demonstrates that incorporating active movement during needling accelerates symptom relief,

improves range of motion, and enhances overall treatment outcomes, particularly in cases of resistant pain.

This technique is not only fast-acting and effective but also produces lasting benefits, making it a valuable addition to contemporary acupuncture practice. Moving Qi Acupuncture exemplifies how the integration of traditional theory with practical, movement-based strategies can elevate therapeutic efficacy. Future research should focus on standardized protocols, mechanistic studies, and broader clinical trials to further validate its effectiveness, optimize treatment parameters, and facilitate its wider adoption in clinical settings worldwide.

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