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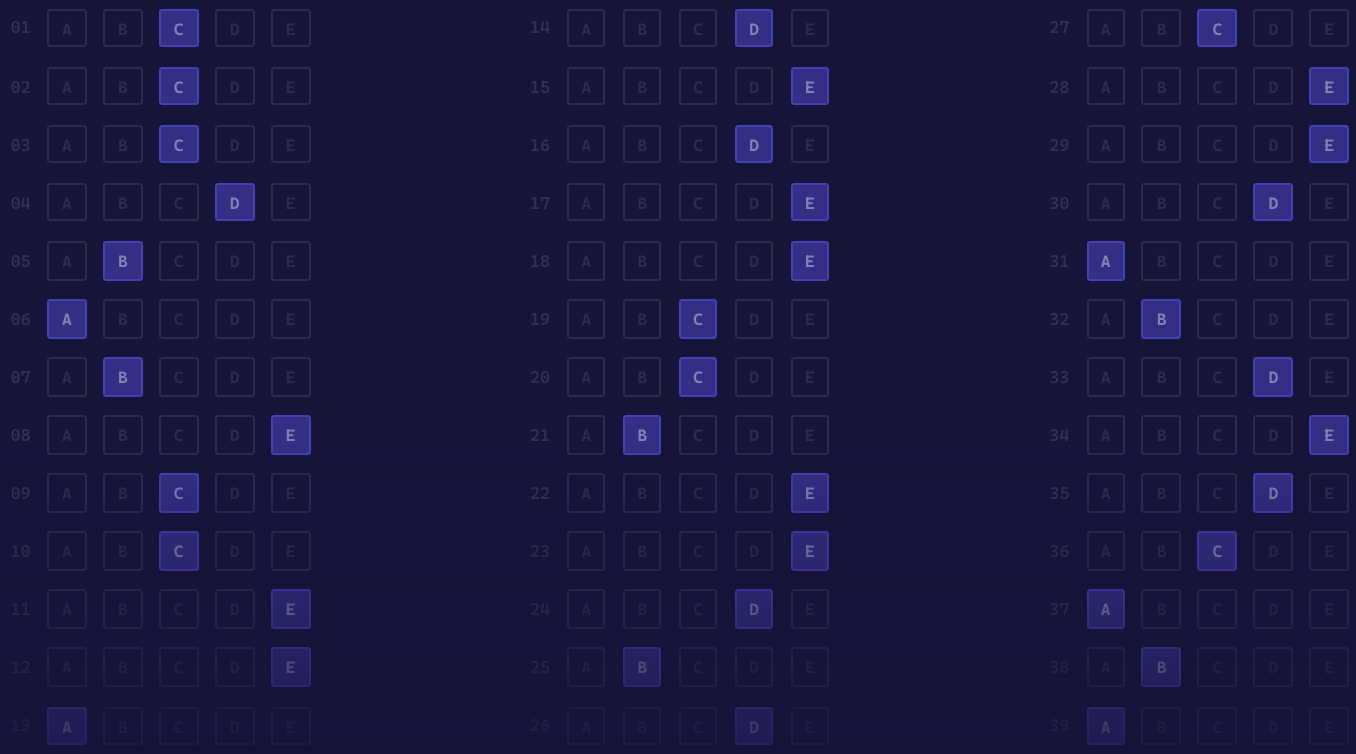

PRACTICE QUESTIONS

CA Acupuncture Board

M8ABXQ6K

CA Acupuncture Licensing Examination - English

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for CA Acupuncture Board `M8ABXQ6K`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `M8ABXQ6K`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

According to the California Acupuncture Board standards on Clean Needle Technique (CNT), which of the following is the correct disposal method for a used acupuncture needle immediately after withdrawal from a patient?

A **Place the needle in a designated sharps container that is puncture-resistant and leak-proof.**

B Recap the needle using a one-handed scoop technique and place it in a regular waste bin.

C Wipe the needle with an alcohol swab and return it to its original sterile package for reuse on the same patient.

D Dispose of the needle in a biohazard bag with other soft contaminated materials.

ANSWER A

WHY Used acupuncture needles are regulated as sharps waste under California Acupuncture Board standards (Title 16, CCR §1399.451) and must be discarded immediately into an approved sharps container that is puncture-resistant and leak-proof. Recapping is prohibited, needles are single-use (never reused even on the same patient), and needles are not placed in regular biohazard bags meant for soft waste.

QUESTION 2 SINGLE CHOICE

Under the California Acupuncture Licensing Act, a licensed acupuncturist (L.Ac.) may perform which adjunctive therapy within their authorized scope of practice?

A Prescription of legend (prescription-only) pharmaceutical medications.

B **Electroacupuncture as a form of physical medicine.**

C Surgical incision and drainage of abscesses.

D Administration of injectable controlled substances for pain management.

ANSWER B

WHY California Business and Professions Code §4937 defines the L.Ac. scope of practice to include electroacupuncture as an adjunctive therapy, along with needling, moxibustion, cupping, and related techniques. L.Ac.s in California cannot prescribe legend drugs, perform surgery, or administer controlled substances; these acts are outside their scope.

QUESTION 3 SINGLE CHOICE

Lung 7 (LU 7, Lieque) is located on the forearm in a specific anatomical landmark. Which of the following best describes the location of LU 7?

A On the radial side of the index finger, approximately 0.1 cun posterior to the corner of the nail.

B 1.5 cun proximal to the transverse crease of the wrist, on the lateral aspect of the brachioradialis tendon.

C At the midpoint of the first metacarpal bone on the radial side, in the junction of the red and white skin.

D On the radial side of the thumb, approximately 0.1 cun posterior to the corner of the nail.

ANSWER B

WHY LU 7 (Lieque) is classically located 1.5 cun proximal to the transverse crease of the wrist, on the radial side, in the depression proximal to the styloid process of the radius (lateral to the brachioradialis tendon). LU 7 is the Luo-Connecting point and Confluent point of the Ren Mai. The other options describe LU 11 (Shaoshang) on the thumb, LU 10 (Yuji) on the thenar eminence, and LI 1 (Shangyang) on the index finger.

QUESTION 4 SINGLE CHOICE

Stomach 36 (ST 36, Zusanli) is one of the most clinically important points on the body. What is its standard location?

A 3 cun below the umbilicus and 2 cun lateral to the midline.

B 3 cun below the lateral knee eye, one finger-breadth lateral to the tibia.

C On the anterior aspect of the thigh, 6 cun above the superior border of the patella.

D On the dorsum of the foot, in the depression distal to the junction of the 2nd and 3rd metatarsal bones.

ANSWER B

WHY ST 36 (Zusanli) is located 3 cun below the lateral eye of the knee (lateral to the patellar ligament) and approximately one finger-breadth lateral to the anterior crest of the tibia. ST 36 is the He-Sea and Earth point of the Stomach channel and a major point for gastrointestinal and tonification disorders. The other options describe ST 25 (Tianshu), ST 34 (Liangqiu), and ST 44 (Neiting).

QUESTION 5 SINGLE CHOICE

Which of the following acupoints is correctly matched to its special point classification?

A Large Intestine 4 (LI 4, Hegu) — Luo-Connecting point of the Large Intestine channel.

B **Liver 3 (LV 3, Taichong) — Yuan-Source point of the Liver channel.**

C Spleen 6 (SP 6, Sanyinjiao) — Jing-River point of the Spleen channel.

D Heart 7 (HT 7, Shenmen) — Xi-Cleft point of the Heart channel.

ANSWER **B**

WHY LV 3 (Taichong) is the Yuan-Source (Shu-Stream) point of the Liver channel. LI 4 (Hegu) is the Yuan-Source point (not Luo-Connecting) of the Large Intestine channel. SP 6 (Sanyinjiao) is the crossing point of the three Yin channels of the leg, not a Jing-River point (SP 5 is the Jing-River point). HT 7 (Shenmen) is the Yuan-Source and Shu-Stream point (not Xi-Cleft) of the Heart channel; HT 6 is the Xi-Cleft point.

QUESTION 6 SINGLE CHOICE

A patient presents with a fever, aversion to wind, headache, sore throat, slight chills, a thin white tongue coat, and a floating, tight pulse. Which TCM pattern best matches these signs?

A **Wind-Cold invasion (Feng Han) — exterior cold pattern.**

B Wind-Heat invasion (Feng Re) — exterior heat pattern.

C Yin deficiency with empty heat.

D Qi deficiency of the Lung and Spleen.

ANSWER **A**

WHY The combination of fever, aversion to wind/cold, headache, sore throat, thin white coating, and floating tight pulse is classic for Wind-Cold exterior invasion. Wind-Heat would present with pronounced thirst, red tongue, yellow coat, and floating rapid pulse. Yin deficiency would present with low-grade afternoon fever, night sweats, and a thin rapid pulse, not acute chills. Qi deficiency is chronic and would not produce a floating tight pulse with fever and aversion to cold.

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QUESTION 7 SINGLE CHOICE

In the Six Stages (Six Channels) theory of Zhang Zhongjing, which stage is characterized by aversion to cold, fever, headache, stiff neck, floating and tight pulse, and absence of sweating, but without organ-level symptoms?

A **Tai Yang (Greater Yang) stage.**

B Shao Yang (Lesser Yang) stage.

C Yang Ming (Bright Yang) stage.

D Tai Yin (Greater Yin) stage.

ANSWER **A**

WHY The Tai Yang stage governs the exterior of the body and is characterized by classic Wind-Cold invasion signs: aversion to cold, fever, headache, stiff neck, floating tight pulse, and absence of sweating (if Wind-Cold, not Wind-Heat). Shao Yang features alternating chills and fever with chest/hypochondriac fullness. Yang Ming features the four bigs (big fever, big sweat, big thirst, big pulse). Tai Yin is an interior cold pattern of the Spleen with abdominal fullness, vomiting, and diarrhea.

QUESTION 8 SINGLE CHOICE

A California-licensed acupuncturist must display their license in a conspicuous location at their primary place of practice. Under what regulation is this requirement established?

A California Business and Professions Code §4937 (Scope of Practice).

B **California Code of Regulations, Title 16, §1399.470 (Display of License).**

C California Health and Safety Code §123145 (Patient Records).

D California Business and Professions Code §4955 (Acupuncture Board Members).

ANSWER **B**

WHY Display of license is governed by Title 16, CCR §1399.470, which requires California L.Ac.s to conspicuously display their license at their primary place of practice. B&P §4937 defines scope of practice, not display. Health and Safety Code §123145 governs medical records. B&P §4955 pertains to the composition of the Acupuncture Board itself.

QUESTION 9 SINGLE CHOICE

When needling GV 20 (Baihui) on the vertex of the head, what is the standard angle and direction of insertion?

A Perpendicular insertion, 1.5 to 2.0 cun depth, toward the opposite ear.

B **Transverse (oblique) insertion, 0.5 to 1.0 cun depth, usually directed posteriorly.**

C Perpendicular insertion, 0.3 to 0.5 cun depth, toward the nose.

D Perpendicular insertion, 1.0 to 1.5 cun depth, directly into the fontanelle.

ANSWER **B**

WHY GV 20 (Baihui), located at the apex of the ears on the midline, is traditionally needled transversely (oblique or subcutaneous) to a depth of 0.5 to 1.0 cun, often directed posteriorly toward GV 21 or anteriorly toward the forehead for different clinical effects. Perpendicular deep insertion into the vertex is contraindicated due to the underlying cranial anatomy; perpendicular superficial needling into a fontanelle is anatomically incorrect for an adult point location.

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