STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer

COMPLEMENTARY AND ALTERNATIVE THERAPIES IN REGISTERED NURSING PRACTICE

The competency of a registered nurse (RN) to perform the skills of complementary and alternative therapies begins with nursing education and ends with the safe nursing practice of those skills in such a way "that ensures the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures" (B&P.§ 2725). A RN is deemed competent in complementary and alternative therapies when she/he consistently demonstrates the knowledge of complementary and alternative therapies, and performs these tasks safely.

History: Complementary and alternative therapies are based on the medical systems of ancient peoples, including Egyptians, Chinese, Asian Indians, Greeks, and Native Americans. Some therapies such as osteopathy and naturopathy have evolved in the United States over the past two centuries. Still other approaches, such as bioelectromagnetic applications, are on the frontier of current scientific knowledge and understanding.

Nursing Practice: The practice of nursing has traditionally espoused the concepts of systems, holistic, and humanistic theories. These theories are the essence of nursing practice and may include complementary and alternative therapies. Because of the theoretical congruence between nursing practice and the practice of complementary and alternative therapies, RNs are in a unique position to bridge the gap between conventional biomedical therapies and complementary and alternative therapies. Registered Nurses must act as advocates for their clients, and provide clients with information needed to make informed decisions about their health and health care; such information includes complementary and alternative therapies.

The Nursing Practice Act (NPA) defines the practice of nursing as those functions including "basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill including all of the following: direct and indirect patient care services..." (Section 2725). These direct and indirect patient services include the competence of RNs to provide information about complementary and alternative therapies, and to perform complementary and alternative procedures in accordance with the Standards of Competent Performance (CCR, Section 1443.5).

The ability of RNs to practice complementary and alternative therapies begins in nursing curricula/education. Nurses have the educational opportunities, in both theory and practice, to support the use of some complementary and alternative therapies with conventional therapies. For example, nursing students are taught how to manage pain. The nursing students then teach their clients about the complementary and alternative techniques for reducing pain such as focused breathing and relaxation, massage, guided imagery, music, humor, and distraction, as well as medication therapy used for reducing pain (conventional therapy.) The more complex complementary and alternative therapies become part of advanced education and nursing practice, frequently in the context of continuing education workshops or seminars; examples include acupressure, aromatherapy, massage, yoga, meditation, and reflexology. Acupuncture and chiropractic require a license to practice in California. Applied kinesiology, herbal medicine, homeopathy, and ayurveda, usually require formal educational preparation and practice, and in some instances these therapies have private certification.