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世界中医药学会联合会

World Federation of Chinese Medicine Societies

SCM/NP-2025-193

国际中医技术操作规范 儿科

第 4 部分:小儿推拿疗法

International standardized manipulations of Chinese medicine Pediatrics

Part 4: Pediatric-Tuina

(征求意见稿, CD)

世界中联国际组织标准

International Standard of WFCMS

20**-**-**发布实施

Issued & implemented on ** **, 20**

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前 言

本文件为《国际中医技术操作规范 儿科》的第4部分。《国际中医技术操作规范 儿科》已经发布了以下部分：

- 第1部分：小儿内治给药方法
- 第2部分：小儿常用外治法
- 第3部分：小儿针灸疗法
- 第4部分：小儿推拿疗法
- 第5部分：小儿拔罐疗法

本文件无相关被替代、废止的文件。

本文件制订以中华人民共和国国家标准（指导性技术文件）《GB/Z 40893.4-2021 中医技术操作规范 儿科 第4部分：小儿推拿疗法》为基础转化形成。

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

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本文件的起草程序遵守了世界中医药学会联合会发布的 SCMI.1-2021 《标准化工作导则第1部分：标准制修订与发布》。

本文件由世界中医药学会联合会翻译专业委员会承担翻译，翻译人员为***。若发生异议，以中文文本为准。

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引 言

随着全球范围内对中医药的认可度不断提升，中医儿科作为中医药体系的重要组成部分，其国际化需求日益迫切。中医儿科技术操作涵盖较多内容，经多轮论证研讨选取具有中医特色和儿科常用的治疗操作技术先行编制，并根据技术操作的形式及特点分为 5 部分。技术内容在中医儿科学术界具有广泛性、普适性，对于满足全球中医儿科推拿操作者临床学习应用的迫切需要，促进世界中医儿科临床技术操作规范化、标准化具有重要价值。

《中医技术操作规范儿科》系列包含了中医儿科临床常用的技术方法，是治疗儿科疾病、提高疗效的重要手段，主要包括以下 5 部分：

- 第 1 部分：小儿内治给药方法
- 第 2 部分：小儿常用外治法
- 第 3 部分：小儿针灸疗法
- 第 4 部分：小儿推拿疗法
- 第 5 部分：小儿拔罐疗法

小儿推拿疗法是由操作者按照推拿处方，在患儿体表经络穴位施以各种不同的操作手法，以达到疏通经络、调和气血、调整阴阳及脏腑功能，从而起到治疗和预防疾病的一种中医特色疗法，是中医儿科临床治疗小儿疾病的主要手段之一，由于小儿特殊的生理病理特点和穴位分布，小儿推拿疗法与成人相比具有其自身的特殊性，为了规范小儿推拿疗法的操作技术、保障其治疗的安全性，小儿推拿疗法的规范化、标准化已成为临床迫切需要解决的问题。

本文件是在充分搜集和整理古今中医专家经验的基础上，结合目前中医儿科临床实践，征求了海内外行业内著名专家意见编制而成，并且期待随着临床应用和科研的进展修订、补充，定期更新。

【重要声明】本文件涉及的所有操作，操作者应遵守所在国家或地区的法律法规及执业范围要求。

国际中医技术操作规范 儿科第4部分：小儿推拿疗法

1 范围

本文件规定了小儿推拿疗法的操作步骤与要求，给出了注意事项与禁忌。

本文件适用于各国中医医疗、卫生统计、中医病案管理、中医临床医疗质量评定、科研、教学、学术交流等领域。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

SCM-C 0056-2023 小儿推拿技术操作规范

GB/T12346 腧穴名称与定位

GB/T 12346-2021 经穴名称与定位

GB/T 40997-2021 经外奇穴名称与定位

GB/Z 40893.4-2021 中医技术操作规范 儿科 第4部分：小儿推拿疗法

T/CACM 1476-2023 医疗机构小儿推拿技术规范

T/CACM 1560.7-2023 中医养生保健服务（非医疗）技术操作规范 小儿推拿

T/CACM 1082-2018 中医治未病技术操作规范 小儿推拿

T/CEMA 022—2025 侗医小儿推拿疗法技术操作规范

WHO-ICD11（2022年）

WHO benchmarks for the practice of tuina

3 术语和定义

下列术语和定义适用于本文件。

3.1

小儿推拿

由操作者按照推拿处方，在患儿体表经络穴位施以各种不同的操作手法，以达到疏通经络、调和气血、调整阴阳及脏腑功能，治疗和预防疾病的一种中医疗法。

4 操作步骤与要求

4.1 施术前准备

4.1.1 器具

普通诊疗床，推拿用介质如清水、滑石粉、葱汁、姜汁、食用油等。小儿推拿常用介质见附录 A。

4.1.2 环境

环境清洁卫生，定期消毒，室内安静，避风、避强光，温度适宜，保持空气流通。

4.1.3 体位

根据患儿年龄和治疗需要选择舒适、放松、能暴露操作部位、能配合操作的治疗体位，如坐位、仰卧位、侧卧位、俯卧位、抱位（正抱、背抱、侧抱）。

4.1.4 部位

根据病症辨证选取适当的治疗穴位。小儿推拿常用穴位定位及操作手法参见附录 B，穴位定位应符合 GB/T 12346-2021 的规定。

4.1.5 操作者

操作前，操作者应取下影响推拿的手和腕部饰物，修剪指甲并锉平。在操作开始前，应先询问患儿是否存在推拿慎用症的相关情况。用肥皂水或洗手液清洗干净，并用医用消毒剂进行手部消毒。可按证候选择介质涂抹。操作时，操作者双手温暖，精神专注，态度和蔼，争取患儿的配合。

4.2 施术方法

4.2.1 小儿推拿常用手法

4.2.1.1 推法

4.2.1.1.1 直推法

操作者用拇指螺纹面或桡侧缘（或用示、中两指螺纹面），在选定的穴位上做单向直线推动。一般 150~200 次/分。

4.2.1.1.2 分推法

操作者用双手拇指桡侧缘或螺纹，或用双手示、中指螺纹面自穴位中间向两旁做分向推动。又称分法。150~200 次/分。

4.2.1.1.3 旋推法

操作者用拇指螺纹面在穴位上做环形旋转推动，频率多在 160~260 次/分钟左右。

4.2.1.2 揉法

4.2.1.2.1 指柔法

操作者用拇指或示指，或用示、中、无名指螺纹面，吸定于一定部位或穴位上，做轻柔回旋揉动。一般 120~160 次/分。

4.2.1.2.2 掌柔法

操作者用掌根部分，吸定于一定部位或穴位上，做轻柔回旋揉动。一般 120~160 次/分。

4.2.1.2.3 鱼际柔法

操作者用手掌大鱼际吸定于一定部位或穴位上，做轻柔回旋揉动。一般 120~160 次/分。

4.2.1.3 按法

操作者以手指、掌根或鱼际在一定的穴位或部位上由轻到重垂直向下用力按压，按而留之后，再由重到轻逐渐放松。

4.2.1.4 摩法

操作者用手掌掌面或示、中、无名指指面附着于一定部位上，以腕关节连同前臂做环形的有节律的抚摩。动作宜轻柔而有节奏。一般以按摩的速度和方向来区别补泻，如急摩为泻、缓摩为补；顺时针摩为泻、逆时针摩为补。此法在小儿多用于腹部。一般 120~150 次/分。

4.2.1.5 运法

操作者用拇指或中指螺纹面，由此穴向彼穴或在穴周做弧形或环形推动。因常用手指进行推动，故又称指运法。操作宜轻不宜重，宜缓不宜急。作用力仅达表皮，只在皮肤表面运动，不带动皮下组织。一般 80~120 次/分。

4.2.1.6 掐法

操作者手握空拳，用拇指指甲垂直用力按刺穴位。操作时，操作者用指甲重刺穴位，切压不动，以指代针。适用于点状穴位，主要用于急救，如掐人中。本法也可用于疾病的防治，一般轻掐后加揉，形成掐揉复合手法，如掐揉五指节。操作时要逐渐用力，以达到深透为止，不宜反复长时间应用，注意在重掐时不得掐破皮肤。每穴 3~5 次。

4.2.1.7 搓法

搓以转之。操作时，操作者两手掌夹住所取的肢体或部位，相对用力搓摩，或同时做上下往返的移动。要求两手用力相等、速度均匀，搓动快、移动慢。切忌用生硬粗暴蛮力，以免搓伤皮肤与筋脉。主要适用于四肢和胁肋部。一般 50~100 次。

4.2.1.8 摇法

摇以动之。操作时，操作者一手握持住肢体或关节的近端，一手握持住关节的远端，做一定幅度的摇动，如摇肘关节。操作者两手要协调配合，注意动作宜缓不宜急，幅度应由小到大；不得超出关节生理活动的范围，摇颈时须低头位。主要适用于关节部位，一般根据病情决定摇动的次数。

4.2.1.9 捣法

是以食指或中指近端指间关节背面进行有节奏叩击的推拿手法。如捣小天心，操作时，

患儿坐位，操作者以一手握持住患儿食指、中指、无名指、小指四指，使手掌向上，用另一手的中指指端或食指、中指屈曲后的第1指间关节突起部着力，其他手指屈曲相握，前臂主动运动，通过腕关节的屈伸运动，带动着力部位做有节奏的叩击。每穴5~20次。

4.2.1.10 捏法

操作者以拇指与示、中两指相对用力捏拿皮肤。捏法主要用于脊柱部，故称为捏脊。

捏脊疗法是用拇指桡侧缘顶住皮肤，示、中两指前按，三指同时用力提拿肌肤，双手交替捻动向前推行，本法又称翻皮肤；或用示指屈曲，用示指中节桡侧缘顶住皮肤，拇指前按，两指同力提拿肌肤，双手交替捻动向前推行。一般3~5遍。

4.2.1.11 拿法

操作者用拇指指端和示、中两指指端，或用拇指与其他四指相对，提拿一定部位和穴位，做一松一紧的拿捏。

4.2.1.12 拍法

操作者五指并拢，掌指关节微屈，使掌心空虚，腕关节充分放松，以肘关节屈伸为主，带动腕关节的协调活动。操作时应保持虚掌不变，拍击的动作要均匀、灵活、连贯、快起快落，不可在操作部位出现停顿、拖抽。拍击的刺激量应根据受医者的体质、病情及耐受力而灵活掌握。该法适用于肩背、腰臀及下肢部，常用于治疗的整理结束阶段。

4.2.2 小儿推拿复式手法

4.2.2.1 飞经走气

患儿取坐位或仰卧位。操作者坐其身前一侧，用一手拿住患儿四指，使掌面与前臂掌侧向上，用另一手的食、中、无名、小四指螺纹面着力，从曲池穴起向下弹击至总筋穴处，如此反复数遍，然后拿住患儿阴池、阳池二穴，前手将患儿四指屈伸摆动数次。

4.2.2.2 摇抖肘法

操作者先以左手拇、示、中三指托患儿之肘，再以右手拇、示两指叉入患儿虎口，同时用中指按定天门穴，然后屈患儿之手上下摇之。

4.2.2.3 水底捞月

患儿取坐位或仰卧位。操作者坐其身前一侧，用一手握捏住患儿四指，将掌面向上，用冷水滴入患儿掌心，用另一手拇指螺纹面着力，紧贴患儿掌心并做旋推法，或由小指根推运起，经掌小横纹、坎宫至掌心，边推边用口对着掌心吹凉气，反复操作3~5分钟。

4.2.2.4 打马过天河

患儿取坐位或仰卧位。操作者坐其前旁，用一手捏住患儿四指，将掌心向上，用另一手的中指面运内劳宫后，再用食、中、无名指三指沾凉水，由总筋起沿天河水打至洪池穴，或用食、中两指沿天河水弹击至肘弯处，边弹打边吹凉气，弹击20~30遍。

4.2.2.5 黄蜂入洞

患儿取仰卧或坐位。操作者以一手轻扶患儿头部，使患儿头部相对固定，另一手食、中两指的指端着力，紧贴在患儿两鼻孔下缘处，以腕关节为主动，带动着力部位做反复、不间断揉动 50~100 次。

4.2.2.6 运水入土

操作者用大拇指外侧缘自小指指腹部的肾经穴起，沿手掌的尺侧和掌根部，运至大拇指指腹的脾经穴。

4.2.2.7 运土入水

操作者用大拇指外侧缘自大拇指指腹的脾经穴沿患儿手掌的掌根部和尺侧运向小指指腹部的肾经穴。

4.2.2.8 按弦搓摩

患儿取坐位，或家长将患儿抱坐怀中。患儿两手自然下垂，操作者立于患儿身后，用两手掌面着力，轻贴在患儿两侧胁肋部，呈对称性地搓摩，并自上而下搓摩至肚角处，50~500 次。

4.2.2.9 二龙戏珠

患儿取坐位或仰卧位，或由家长抱坐怀中。操作者坐其身旁，用一手拿捏患儿食指、无名指的指端，用另一手按捏患儿阴池、阳池两穴，并由此边按捏边缓缓向上移动至曲池穴，如此 5 次左右。寒证重按阳穴，热证重按阴穴。最后一手拿捏阴、阳两穴 5~6 次，另一手拿捏患儿食指、无名指的指端各摇动 20~40 次。

4.2.2.10 双凤展翅

操作者用双手示、中两指夹小儿两耳向上提几次后，再按掐眉心、太阳、听会、牙关、人中、承浆等穴。

4.2.3 小儿推拿取穴方法

4.2.3.1 自然标志取穴

可根据固定标志取穴，如外劳宫位于手背三、四掌骨交接处凹陷中；四横纹位于掌面示、中、无名、小指第一指间关节横纹处。或根据活动标志取穴，如委中：屈膝，膝后腘横纹之中间，两筋凹陷处。

4.2.3.2 手指同身寸取穴

以患儿中指中节长度为 1 寸确定穴位位置。如肺俞在第三胸椎棘突旁开 1.5 寸；天庭在头部正中线、入前发际 0.5 寸处。

4.2.3.3 简便取穴

例如：内劳宫位于掌心，握拳时中指落着点端即是该穴。

4.3 小儿推拿操作顺序与补泻

4.3.1 小儿推拿的顺序

以操作方便、患儿能接受为原则。一般按先上肢，后头面，再躯干，后下肢。也可以先主穴，后配穴。还可以先刺激量小的穴位，后刺激量大的穴位。上肢部穴位，可根据操作者习惯操作患儿左手或右手一侧的穴位；非上肢部位的双侧穴位，两侧均可选择操作。

4.3.2 小儿推拿常用补泻方法

4.3.2.1 方向补泻法

此种补泻方法主要用于患儿手部与腹部的穴位。一般而言，在手部穴位上做向心性方向直推为补法，离心性方向直推为泻法；逆时针摩腹为补法，顺时针摩腹为泻法。

4.3.2.2 轻重补泻法

轻重是指操作者在患儿体表穴位上操作时用力的大小。轻手法操作为补法，重手法操作为泻法。

4.3.2.3 快慢补泻法

快慢是指操作者运用某一手法在患儿体表穴位上操作的速度。速度快慢会影响手法频率的高低，手法操作频率低为补法，反之为泻法。

4.3.2.4 迎随补泻法

随（顺）其经络走行方向操作为补法，迎（逆）其经络走行方向操作为泻法。又称为顺逆补泻法。

4.3.2.5 次数补泻法

次数多时间长而轻柔的手法治疗为补法；次数少时间短而较重的手法治疗为泻法。

4.3.2.6 得气补泻法

又称推拿感应补泻法。所谓得气，即指操作手法过程中患儿所表现出“酸、麻、胀、痛、重”的一种自我感觉。“得气”明显者为泻法；“得气”轻微者为补法。

4.3.2.7 平补平泻法

患儿病情虚实不明显，或平素患儿保健时常用的一种方法。一般采用快慢结合、顺逆结合的方式。

4.4 小儿推拿治疗操作时间及治疗间隔与疗程

小儿推拿治疗操作时间及治疗间隔与疗程参见附录 C。

4.5 施术后的处理

4.5.1 推拿后的正常反应

在推拿操作后，局部皮肤可能出现充血泛红，片刻后可恢复正常，属推拿后的正常反应，一般无需处理。

4.5.2 推拿的善后处理

4.5.2.1 操作完毕后将患儿的汗液擦干，防止感冒。

4.5.2.2 操作者若用力过度，可能造成患儿皮下出血。少量皮下出血可不予特殊处理，让其自行吸收。瘀点较多者，可给服适量活血疗伤药物。

5 注意事项及禁忌

小儿推拿疗法注意事项及禁忌见附录 D 和附录 E。

附录 A
(资料性)
小儿推拿常用介质

A.1 油类

由成份安全的动植物油脂类物质或医用石蜡油等为主构成的介质,适用于身体各部位推拿。

A.2 粉类

医用滑石粉、婴儿爽身粉等。慎用于患儿头面部,使用时避免进入患儿眼鼻等孔窍。适用于各种病症。

A.3 清水

自来水、蒸馏水等各种清洁水。一般用于患儿发热等病症。

A.4 葱姜汁

新鲜葱或新鲜生姜打碎后取汁。适用于表寒证。

A.5 薄荷水

新鲜薄荷泡水。适用于表热证。

A.6 膏类

用动植物油、蜂蜜或羊毛脂、凡士林等为基质,加药物细粉或提取的有效成分混合而成。具有相应药效的介质。常用有:

a) 冬青膏 由冬青油、凡士林等混合配制而成。具有温经散寒的作用,适用于寒凝经络所致的病症。

b) 健脾膏 由具有健脾作用的中药提取物与油脂混合调制而成。具有健脾开胃的作用,适用于脾胃功能虚弱的病症。

附录 B
(资料性)
小儿推拿常用穴位

B.1 头面部穴位

B.1.1 太阳

定位：眉梢与眼外角（目外眦）中间，向后约 1 寸凹陷处。

操作手法：揉法、运法、直推法。

B.1.2 人中

定位：人中沟上 1/3 与中 1/3 交界处。

操作手法：掐法。

B.1.3 天柱骨

定位：颈后发际至大椎穴沿颈椎脊突成一直线。

操作手法：直推法、揉法、擦法。

B.1.4 天门

定位：自眉心至前发际成一直线。

操作手法：直推法。

B.1.5 坎宫

定位：两眉上，自眉头至眉梢成一线。

操作手法：分推法。

B.1.6 天庭

定位：头部正中线，入前发际 0.5 寸处。

操作手法：掐法、揉法。

B.1.7 山根

定位：两目内眦中间，鼻梁上低洼处。

操作手法：掐法。

B.1.8 迎香

定位：鼻翼旁 0.5 寸，鼻唇沟中。

操作手法：揉法、推法。

B.1.9 耳门

定位：耳区，耳屏上切迹与下颌骨髁突之间的凹陷中。

操作手法：按法、揉法。

B. 1. 10 百会

定位：头顶正中线与两耳尖连线之中点。

操作手法：按法、揉法。

B. 1. 11 高骨

定位：耳后入发际，乳突后缘下陷中。

操作手法：掐法、揉法。

B. 2 手部及上肢穴位

B. 2. 1 脾土（经）

定位：拇指螺纹面，或拇指桡侧自指尖至指根处。

操作手法：旋推法、直推法。

B. 2. 2 胃经

定位：拇指掌面近掌端第一节。

操作手法：直推法。

B. 2. 3 大肠

定位：示指桡侧缘，自示指端桡侧边缘至虎口成一直线。

操作手法：直推法。

B. 2. 4 小肠

定位：自小指端尺侧边缘至指尖成一直线。

操作手法：直推法。

B. 2. 5 板门

定位：大鱼际隆起处。

操作手法：揉法、推法（横纹推向板门或板门推向横纹）。

B. 2. 6 内劳宫

定位：掌区，横平第3掌指关节近端，第2、3掌骨之间偏于第3掌骨。简便取穴：患儿握拳时，中指落着点端。

操作手法：揉法、运法。

B. 2. 7 一窝风

定位：屈腕，手背掌根中凹陷处。

操作手法：揉法、掐法。

B. 2. 8 少商

定位：拇指末节桡侧，指甲根角侧上方 0.1 寸。

操作手法：掐法。

B. 2. 9 肝经

定位：示指末端螺纹面。

操作手法：直推法。

B. 2. 10 心经

定位：中指末端螺纹面。

操作手法：掐法、直推法。

B. 2. 11 肺经

定位：无名指末端螺纹面。

操作手法：直推法、旋推法、掐法。

B. 2. 12 肾经

定位：小指末端螺纹面。

操作手法：直推法、旋推法。

B. 2. 13 四横纹

定位：掌面示、中、无名、小指关节第一指间关节横纹处。

操作手法：掐法、直推法。

B. 2. 14 内八卦

定位：以内劳宫为圆心，从内劳宫至中指根约 2/3 处为半径所作圆上。

操作手法：运法、掐法。

B. 2. 15 小天心

定位：根部，腕横纹正中央的凹陷处，即大、小鱼际（手掌内侧和外侧肌肉隆起处）交汇点。

操作手法：捣法、揉法、按法、掐法。

B. 2. 16 曲池

定位：屈肘，在肘窝桡侧横纹头至肱骨外上髁中点处。

操作手法：拿法、按法、揉法。

B. 2. 17 老龙

定位：距中指指甲根正中约 0.1 寸处。

操作手法：掐法。

B. 2. 18 二扇门

定位：掌背无名指与中指、中指与示指的指根夹缝间。

操作手法：掐法、揉法。

B. 2. 19 二人上马

定位：手背小指与无名指掌指关节后凹陷处。

操作手法：掐法、揉法。

B. 2. 20 外劳宫

定位：手背三、四掌骨交接处凹陷中。

操作手法：掐法、揉法。

B. 2. 21 三关

定位：前臂桡侧边缘，自腕横纹直上至肘横纹成一直线。

操作手法：直推法。

B. 2. 22 六腑

定位：前臂尺侧边缘，自腕横纹直上至肘横纹成一直线。

操作手法：直推法。

B. 2. 23 天河水

定位：前臂掌侧正中，自腕横纹中点至肘横纹中点成一直线。

操作手法：直推法。

B. 3 躯干部穴位

B. 3. 1 天突

定位：胸骨切迹上缘凹陷正中。

操作手法：按法、揉法。

B. 3. 2 膻中

定位：胸骨上，两乳头连线中点。

操作手法：分推法、按法、揉法。

B. 3. 3 中脘

定位：脐上 4 寸。

操作手法：按法、揉法、摩法、分推法。

B.3.4 脐中

定位：肚脐中。

操作手法：揉法、搓法、摩法、直推法。

B.3.5 腹

定位：大腹部。

操作手法：摩法、分推法。

B.3.6 天枢

定位：与脐平，脐旁 2 寸。

操作手法：按法、揉法。

B.3.7 肚角

定位：脐下 2 寸，旁开 2 寸至两旁大筋（相当于石门穴）。

操作手法：按法、拿法、揉法。

B.3.8 丹田

定位：脐下小腹部，脐中线直下 3 寸。

操作手法：揉法、摩法。

B.3.9 大椎

定位：脊柱区，第七颈椎与第一胸椎棘突正中间。

操作手法：按法、揉法、直推法。

B.3.10 肺俞

定位：第三胸椎棘突下旁开 1.5 寸。

操作手法：按法、揉法、分推法。

B.3.11 脊柱

定位：大椎至长强成一直线。

操作手法：直推法、捏法。

B.3.12 七节骨

定位：第四腰椎至尾骶骨端（长强穴）成一直线。

操作手法：推法。

B.3.13 龟尾

定位：尾椎骨端（相当于长强穴）。

操作手法：揉法、旋推法、掐法。

B. 4 下肢及足部穴位

B. 4. 1 百虫

定位：膝上内侧肌肉丰厚处。

操作手法：按法、揉法。

B. 4. 2 足三里

定位：外膝眼下 3 寸，胫骨外侧约一横指处。

操作手法：按法、揉法。

B. 4. 3 三阴交

定位：内踝尖直上 3 寸，胫骨内侧缘后方。

操作手法：按法、揉法，向上或向下直推法。

B. 4. 4 委中

定位：屈膝、膝后腘横纹之中间，两筋凹陷处。

操作手法：拿法。

B. 4. 5 涌泉

定位：足底部，卷足时足前凹陷处，约位于足底二、三趾趾缝纹头端与足跟连线的前 1/3 与后 2/3 交点上。

操作手法：掐法、揉法，或向足大趾方向直推法。

附录 C

(资料性)

小儿推拿治疗操作时间及治疗间隔与疗程

C.1 小儿推拿治疗操作时间

操作时间可根据年龄、病情、体质和手法特性等情况而定。一般每个穴位操作时间为 1～2 分钟，合计治疗时间为 20～40 分钟。对于年龄小、体质弱、病情轻、采用刺激性较强的手法者可适当缩短操作时间；年龄较大、体质强、病情重可适当增加操作时间。

C.2 小儿推拿治疗操作间隔与疗程

治疗的时间间隔视病情而定。急性病一般每日 1 次，部分因病情需要、情况许可时可每日 2 次，痊愈为止。慢性病一般每日 1 次或隔日 1 次，5 次为一疗程，每个疗程之间可间隔 2～4 天。

附录 D
(资料性)
小儿推拿疗法注意事项

D.1 小儿推拿介质准备注意事项

常用滑石粉，以润滑皮肤。一般冬春季节及表寒证，宜蘸葱、姜汁推；夏秋季节及表热证，宜蘸清水或薄荷水推。

D.2 小儿推拿手法运用及时间注意事项

对患儿实施推拿治疗，不仅要求操作者手法熟练、用力均匀、动作轻柔、深透平稳；而且要求掌握好推拿的时间、次数、强度等规律。一般根据年龄、体质、病情虚实来决定推拿的时间、次数和强度。若以 1 岁为标准，每穴推 2 分钟左右(强刺激手法除外)；每个主穴推 300 次左右。小于 1 岁或体质较弱者，推拿的时间可适当缩短，次数可适当减少；大于 1 岁或体质强壮者，时间适当延长，推次适当增加。年龄小、体质弱、病证属虚者，手法宜轻；年龄较大、体质强、属实者，手法可加重。

D.3 小儿推拿安全保障注意事项

D.3.1 在治疗过程中，操作者和家长要注意保护患儿安全，防止因惧怕而从诊疗床上跌下受伤；操作者或家长不要用力牵拉患儿四肢，避免扭伤。

D.3.2 治疗前后短时间内避免大量进食与剧烈活动；可饮少量温水补液，注意擦干汗液与保暖。

D.3.3 操作者应认真清洗或使用免洗消毒液清洁双手，保持手部清洁，避免交叉感染发生。操作者若手法使用不当，可能磨破患儿皮肤，一旦发生，应对局部及时作清洗消毒处理，防止感染。

附录 E
(资料性)
小儿推拿疗法禁忌

E.1 推拿部位禁忌

推拿部位有皮肤破损、出血、感染、水肿者。

E.2 小儿推拿疾病禁忌

E.2.1 皮肤高度过敏、患传染性皮肤病者。

E.2.2 各种肿瘤，急性外伤性骨折、脱位，局部明显肿胀者。

E.2.3 患有血小板减少症、IgA 血管炎、血友病等易致出血的疾病者。

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Foreword

Please note that certain content of this document may involve patents. The issuing organization of this document is not responsible for identifying these patents.

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The drafting procedures of this document comply with SCM 1.1-2021 “Directives for Standardization Part 1: Procedures for Standard Development, Revision, and Publication” issued by the World Federation of Chinese Medicine Societies (WFCMS).

This document was translated by the WFCMS Translation Professional Committee. Translators: ***. In case of any dispute, the Chinese text shall prevail.

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Introduction

As the global recognition of Chinese medicine continues to increase, pediatric Chinese medicine, as an integral part of the Chinese medicine system, faces a growing need for international standardization. The technical operational specifications of pediatric Chinese medicine cover extensive content. After multiple rounds of discussion and review, commonly used therapeutic techniques with distinct Chinese medicine characteristics and frequent application in pediatrics were prioritized for development, divided into five parts based on the form and nature of the techniques. The technical content is broad and universally applicable within the academic field of pediatric Chinese medicine. It holds significant value for meeting the urgent clinical learning and application needs of pediatric Chinese medicine practitioners worldwide and for promoting the standardization and normalization of clinical pediatric Chinese medicine techniques globally.

The “Technical Operational Specifications of Chinese Medicine Pediatrics” series includes commonly used clinical technical methods in pediatric Chinese medicine, which are crucial for treating pediatric diseases and enhancing therapeutic efficacy. The series mainly comprises the following five parts:

- Part 1: Pediatric Internal Treatment Methods
- Part 2: Common Pediatric External Therapies
- Part 3: Pediatric Acupuncture and Moxibustion
- Part 4: Pediatric Tuina Therapy
- Part 5: Pediatric Cupping Therapy

Pediatric tuina therapy is a distinctive Chinese medicine therapy in which the practitioner, following a tuina prescription, applies various manipulation techniques to the child's body surface meridians and acupoints. It aims to unblock meridians, harmonize qi and blood, regulate yin and yang and the functions of the viscera and bowels, thereby achieving therapeutic and preventive effects. It is one of the primary methods used in clinical pediatric Chinese medicine for treating pediatric diseases. Due to the unique physiological and pathological characteristics of children and the distribution of acupoints, pediatric tuina therapy possesses its own particularities compared to adult tuina. To standardize the operational techniques of pediatric tuina therapy and ensure its safety in treatment, standardization and normalization have become urgent clinical needs.

This document is formulated based on a comprehensive collection and review of the experience of ancient and modern Chinese medicine experts, combined with current clinical pediatric Chinese medicine practices, and incorporates input from

renowned experts in the field both domestically and internationally. It is anticipated that this document will be revised, supplemented, and periodically updated with advances in clinical application and scientific research.

All operations covered in this document should be performed by practitioners in compliance with the laws, regulations, and scope of practice requirements of their respective countries or regions.

WECMS

International Standardized Manipulations of Chinese Medicine Pediatrics Part 4: Pediatric Tuina Therapy

1 Scope

This document standardizes the operational steps and requirements for pediatric tuina therapy and provides relevant precautions and contraindications.

This document is applicable to various fields including Chinese medicine medical services, health statistics, Chinese medicine medical record management, clinical medical quality evaluation, scientific research, teaching, and academic exchanges in countries worldwide.

2 Normative References

The contents of the following documents constitute essential provisions of this document through normative references. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

- SCM-C 0056-2023 Standardized Manipulations of Pediatric Tuina
- GB/T 12346 Nomenclature and Location of Acupuncture Points
- GB/T 12346-2021 Nomenclature and Location of Meridian Points
- GB/T 40997-2021 Nomenclature and Location of Extra-Meridian Points
- GB/Z 40893.4-2021 Technical Operation Specifications of Chinese Medicine – Pediatrics – Part 4: Pediatric Tuina
- T/CACM 1476-2023 Technical Specification of Pediatric Tuina in Medical Institutions
- T/CACM 1560.7-2023 Technical Operation Specifications for Traditional Chinese Medicine Health Preservation Services (Non-Medical) – Pediatric Tuina
- T/CACM 1082-2018 Technical Operation Specifications for Preventive Treatment of Diseases in Chinese Medicine – Pediatric Tuina
- T/CEMA 022-2025 Technical Operation Specifications for Dong Pediatric Tuina Therapy
- WHO-ICD11 (2022)
- WHO benchmarks for the practice of tuina

3 Terms and Definitions

For the purposes of this document, the following terms and definitions apply.

3.1 Pediatric Tuina

A Chinese medicine therapy in which the practitioner, following a tuina prescription, applies various manipulation techniques to the child's body surface meridians and acupoints to achieve unblocking of meridians, harmonizing qi and blood, regulating yin and yang and the functions of the viscera and bowels, thereby treating and preventing diseases.

4 Operational Steps and Requirements

4.1 Pre-Procedure Preparation

4.1.1 Apparatus

Standard treatment couch, tuina media such as clean water, talcum powder, scallion juice, ginger juice, edible oil, etc. Refer to Appendix A for commonly used media in pediatric tuina.

4.1.2 Environment

The environment should be clean and hygienic, regularly disinfected, quiet, draft-free, protected from strong light, with suitable temperature and adequate ventilation.

4.1.3 Positioning

Choose a comfortable and relaxed treatment position that allows exposure of the area to be manipulated and cooperation from the child, based on the child's age and treatment needs. Options include sitting, supine, lateral, prone, or being held (front-hold, back-hold, side-hold).

4.1.4 Site

Select appropriate treatment acupoints based on syndrome differentiation according to the condition. Refer to Appendix B for the location and manipulation of commonly used acupoints in pediatric tuina. Acupoint locations should comply with the provisions of GB/T 12346-2021.

4.1.5 Practitioner

Before manipulation, the practitioner should remove any items from hands and wrists that may interfere with the tuina, trim and file fingernails. Before starting, inquire whether the child has any relative contraindications for tuina. Wash hands thoroughly with soap or hand sanitizer and disinfect with a medical-

grade disinfectant. Media may be applied as per syndrome differentiation. During manipulation, the practitioner's hands should be warm, with focused concentration, a pleasant demeanor, and seek the child's cooperation.

4.2 Manipulation Methods

4.2.1 Common Manipulations in Pediatric Tuina

4.2.1.1 Pushing Manipulation

4.2.1.1.1 Straight Manipulation

The practitioner uses the palmar surface or radial border of the thumb (or the palmar surfaces of the index and middle fingers) to push linearly in a single direction over the selected acupoint. Generally 150–200 times per minute.

4.2.1.1.2 Separating Manipulation

The practitioner uses the radial borders or palmar surfaces of both thumbs, or the palmar surfaces of both index and middle fingers, to push from the center of the acupoint outwards in opposite directions. Also known as Separating Method (Fen Fa). 150–200 times per minute.

4.2.1.1.3 Rotating Pushing

The practitioner uses the palmar surface of the thumb to push in a circular, rotating motion over the acupoint. Frequency is generally around 160–260 times per minute.

4.2.1.2 Kneading Manipulation

4.2.1.2.1 Finger Kneading

The practitioner uses the palmar surface of the thumb, index finger, or the index, middle, and ring fingers, applying gentle, circular kneading motion while maintaining contact with a specific area or acupoint. Generally 120–160 times per minute.

4.2.1.2.2 Palm Kneading

The practitioner uses the palm root area to apply gentle, circular kneading motion while maintaining contact with a specific area or acupoint. Generally 120–160 times per minute.

4.2.1.2.3 Thenar Kneading

The practitioner uses the thenar eminence of the hand to apply gentle, circular kneading motion while maintaining contact with a specific area or

acupoint. Generally 120–160 times per minute.

4.2.1.3 Pressing Manipulation

The practitioner uses fingers, palm root, or thenar eminence to apply pressure vertically, gradually increasing from light to heavy, on a specific acupoint or area. After pressing and holding momentarily, gradually release from heavy to light.

4.2.1.4 Rubbing Manipulation

The practitioner uses the palm surface or the palmar surfaces of the index, middle, and ring fingers to make rhythmic, circular rubbing movements on a specific area, with movement originating from the wrist joint and forearm. The movement should be gentle and rhythmic. Reinforcement and reduction are often distinguished by speed and direction: fast rubbing is reducing, slow rubbing is reinforcing; clockwise rubbing is reducing, counterclockwise rubbing is reinforcing. This method is often used on the abdomen in children. Generally 120–150 times per minute.

4.2.1.5 Circular Arc Pushing Method

The practitioner uses the palmar surface of the thumb or middle finger to push in an arc or circular motion from one acupoint to another or around an acupoint. Also known as Finger Circular Arc Pushing (Zhi Yun Fa) as fingers are commonly used. Manipulation should be light and gentle, slow and unhurried. The force only reaches the epidermis, moving only on the skin surface without moving subcutaneous tissue. Generally 80–120 times per minute.

4.2.1.6 Nail Pressing Method

The practitioner holds the hand loosely with a fist and uses the nail of the thumb to apply vertical pressure to the acupoint. During manipulation, the practitioner applies a heavy press with the nail, akin to using a needle, without moving. Suitable for point-shaped acupoints, mainly used in emergencies, e.g., pressing Renzhong (GV26). This method can also be used for disease prevention and treatment, often followed by gentle kneading (Rou Fa) to form a combined technique, e.g., pressing and kneading Wujie (EX-UE-22). Force should be applied gradually to achieve deep penetration, avoiding prolonged or repeated use. Care must be taken not to break the skin. Apply 3–5 times per acupoint.

4.2.1.7 Twisting Manipulation

Rub to rotate. The practitioner places the affected limb or area between both

palms and rubs with opposing force, optionally moving back and forth simultaneously. Both hands should apply equal force with uniform speed; rubbing motion should be quick while the movement along the limb is slow. Avoid applying crude, forceful pressure to prevent skin or tendon injury. Primarily used on limbs and the hypochondriac region. Generally 50–100 times.

4.2.1.8 Rocking Manipulation

Rock to move. The practitioner holds the proximal part of the limb or joint with one hand and the distal part of the joint with the other, rocking it within a certain range, e.g., rocking the elbow joint. The practitioner's hands must coordinate, performing the rocking motion slowly rather than quickly, gradually increasing the amplitude. Do not exceed the physiological range of motion of the joint. When rocking the neck, ensure the head is slightly bent forward. Primarily used for joints; number of rocks depends on the condition.

4.2.1.9 Tapping Method

A tuina manipulation involving rhythmic tapping using the dorsal surface of the proximal interphalangeal joint of the index or middle finger. For example, tapping Xiaotianxin (EX-HN15). During manipulation, the child sits. The practitioner holds the child's index, middle, ring, and little fingers with one hand, positioning the palm upward. The practitioner uses the tip of the middle finger or the protrusion of the first interphalangeal joint of the bent index or middle finger of the other hand as the tapping point, with other fingers bent and held securely. Movement originates from the forearm, driving the wrist joint's flexion-extension to create rhythmic tapping. Apply 5–20 times per acupoint.

4.2.1.10 Pinching Manipulation

The practitioner uses the thumb opposing the index and middle fingers to pinch and lift the skin. This method is commonly applied to the spine, hence often called Spinal Pinching (Nie Ji).

The Spinal Pinching technique uses the radial border of the thumb to push against the skin while the index and middle fingers press forward. All three fingers work together to lift and grasp the skin, moving forward with alternating hand movements. This is also known as "turning the skin." Alternatively, the index finger is bent, using the radial side of its middle segment to push against the skin while the thumb presses forward; both fingers lift and grasp the skin together, moving forward with alternating hand movements. Generally performed 3–5 times.

4.2.1.11 Grasping Manipulation

The practitioner uses the tips of the thumb and index and middle fingers, or the thumb opposing the other four fingers, to lift and grasp a specific area or acupoint, performing a rhythmic action of grasping and releasing.

4.2.1.12 Tapping-Patting Method

The practitioner brings five fingers together, slightly flexes the metacarpophalangeal joints to create a hollow palm, fully relaxes the wrist joint, and uses elbow flexion-extension as the primary motion to drive the coordinated movement of the wrist joint. Maintain the hollow palm shape; the tapping movement should be even, flexible, continuous, with quick contact and release, without pausing or dragging on the manipulated area. The intensity of the tapping should be adjusted based on the patient's constitution, condition, and tolerance. This method is suitable for the shoulders, back, lower back, buttocks, and lower limbs, often used in the concluding phase of treatment.

4.2.2 Combined Manipulations in Pediatric Tuina

4.2.2.1 Fei Jing Zou Qi (Flying along the Meridian to Move Qi)

The child adopts a sitting or supine position. The practitioner sits in front and to one side. One hand holds the child's four fingers (excluding thumb) with the palm and anterior forearm facing upward. The practitioner uses the palmar surfaces of the index, middle, ring, and little fingers of the other hand to tap from Quchi (LI11) downwards to Zongjin (in the center of the wrist crease), repeating several times. Then, grasp Yinchí (on the ulnar side of the wrist crease) and Yangchi (on the radial side of the wrist crease). The hand holding the fingers flexes and extends them several times.

4.2.2.2 Yao Dou Zhou Fa (Shaking and Rocking Elbow Method)

The practitioner first supports the child's elbow with the thumb, index, and middle fingers of the left hand. Then, the right thumb and index finger are inserted into the child's tiger's mouth (first web space), while the middle finger presses on Tianmen (located at the midpoint of the transverse palmar crease at the wrist). Subsequently, the child's hand is bent and rocked up and down.

4.2.2.3 Shui Di Lao Yue (Scooping the Moon from the Water)

The child adopts a sitting or supine position. The practitioner sits in front and to one side. One hand holds the child's four fingers (excluding thumb), palm facing upward. A drop of cold water is placed in the child's palm. The practitioner uses the palmar surface of the thumb of the other hand to press closely against the child's palm and perform rotating pushing (Xuan Tui Fa), or pushes from the root

of the little finger, passing through Zhang Xiaowenheng (at the base of the palm, near the little finger), Kangong (the line from the inner canthus to the eyebrow tip), to the center of the palm. While pushing, blow cool air onto the palm with the mouth. Repeat for 3–5 minutes.

4.2.2.4 Da Ma Guo Tian He (Flicking along the Tianhe)

The child adopts a sitting or supine position. The practitioner sits beside and in front. One hand holds the child's four fingers (excluding thumb) with the palm facing upward. The practitioner first uses the middle finger surface of the other hand to perform Yun Fa on Neilaogong (PC8). Then, using the three fingers (index, middle, ring) dipped in cool water, tap from Zongjin along Tianhe (the midline of the ventral forearm) to Hongchi (the endpoint of Tianhe at the elbow crease). Alternatively, use the index and middle fingers to flick along Tianhe up to the elbow bend, blowing cool air while flicking. Perform flicking 20–30 times.

4.2.2.5 Huang Feng Ru Dong (Yellow Bee Entering the Cave)

The child adopts a supine or sitting position. The practitioner supports the child's head with one hand to keep it relatively stable. The tips of the index and middle fingers of the other hand press firmly against the lower edge of the child's nostrils. Using the wrist joint as the pivot, drive the working area to perform a repetitive, uninterrupted kneading (Rou Fa) 50–100 times.

4.2.2.6 Yun Shui Ru Tu (Moving Water into Earth)

The practitioner uses the lateral border of the thumb to push from the Kidney Meridian point on the palmar surface of the little finger tip, along the ulnar border of the palm and the base of the palm, towards the Spleen Meridian point on the palmar surface of the thumb tip.

4.2.2.7 Yun Tu Ru Shui (Moving Earth into Water)

The practitioner uses the lateral border of the thumb to push from the Spleen Meridian point on the palmar surface of the thumb tip, along the base of the child's palm and the ulnar border, towards the Kidney Meridian point on the palmar surface of the little finger tip.

4.2.2.8 An Xian Cuo Mo (Pressing the Hypochondrium and Rubbing-Kneading)

The child sits, or the parent holds the child sitting on the lap. The child's arms hang naturally. The practitioner stands behind the child and uses the palmar surface of both hands to gently press on the child's hypochondriac regions on both

sides, performing a symmetrical rubbing-kneading motion (Cuo Fa) from top to bottom down to the DuJiao area. Perform 50–500 times.

4.2.2.9 Er Long Xi Zhu (Two Dragons Playing with a Pearl)

The child adopts a sitting or supine position, or is held sitting on a parent's lap. The practitioner sits beside the child. One hand holds and pinches the tips of the child's index and ring fingers. The other hand presses and pinches the child's Yinchí and Yangchi points, slowly moving upwards along the pressing and pinching motion to Quchi (LI11). Repeat about five times. For cold patterns, emphasize pressing the Yang point; for heat patterns, emphasize pressing the Yin point. Finally, one hand holds and pinches the Yin and Yang points five to six times, while the other hand holds and pinches the tips of the child's index and ring fingers, shaking each 20–40 times.

4.2.2.10 Shuang Feng Zhan Chi (Two Phoenixes Spreading Wings)

The practitioner uses the index and middle fingers of both hands to pinch the child's ears and lift them upward several times, then presses and pinches (Qia Fa) Meixin (Yintang EX-HN3), Taiyang (EX-HN5), Tinghui (GB2), Yaguan (ST7), Renzhong (GV26), and Chengjiang (CV24) points sequentially.

4.2.3 Acupoint Location Methods in Pediatric Tuina

4.2.3.1 Natural Landmark Method

Locate acupoints using fixed landmarks, e.g., Wailaogong (EX-UE-8) is located in the depression at the junction of the third and fourth metacarpal bones on the dorsum of the hand; Siwenheng (EX-UE-10) is located at the transverse creases of the first interphalangeal joints of the index, middle, ring, and little fingers on the palmar aspect. Alternatively, use moving landmarks, e.g., Weizhong (BL40): locate when the knee is flexed, at the midpoint of the popliteal crease, in the depression between two tendons.

4.2.3.2 Finger-cun Measurement Method

Use the length of the child's middle phalanx of the middle finger as 1 cun to determine acupoint locations. For example, Feishu (BL13) is located 1.5 cun lateral to the spinous process of the third thoracic vertebra; Tianting (DU24) is located on the midline of the head, 0.5 cun within the anterior hairline.

4.2.3.3 Simple Location Method

For example, Neilaogong (PC8) is located in the center of the palm; when the hand makes a fist, the point where the middle finger tip touches is this acupoint.

4.3 Sequence and Reinforcement/Reduction Methods in Pediatric Tuina

4.3.1 Sequence of Pediatric Tuina

The principle is convenience of operation and acceptability to the child. Generally, manipulate upper limbs first, then head and face, then the trunk, and finally the lower limbs. Alternatively, manipulate main acupoints first, then secondary acupoints. Or start with acupoints requiring less stimulating force, followed by those requiring stronger stimulation. For acupoints on the upper limbs, the practitioner may choose to manipulate acupoints on either the child's left or right hand according to habit. For bilateral acupoints on non-upper limb areas, either side can be selected.

4.3.2 Common Reinforcement and Reduction Methods in Pediatric Tuina

4.3.2.1 Direction-Based Reinforcement/Reduction

This method is primarily used for acupoints on the hand and abdomen. Generally, pushing centripetally (towards the heart) on hand acupoints is reinforcing, while pushing centrifugally (away from the heart) is reducing. Counterclockwise circular rubbing (Mo Fa) on the abdomen is reinforcing, while clockwise is reducing.

4.3.2.2 Pressure-Based Reinforcement/Reduction

Pressure refers to the amount of force applied by the practitioner on the child's body surface acupoints. Gentle manipulation is reinforcing; forceful manipulation is reducing.

4.3.2.3 Speed-Based Reinforcement/Reduction

Speed refers to the rate of performing a specific manipulation on the child's body surface acupoints. Manipulation speed affects frequency; a lower frequency is reinforcing, while a higher frequency is reducing.

4.3.2.4 Direction (Against/With the Meridian) Reinforcement/Reduction

Manipulation performed along (following) the direction of the meridian is reinforcing; performed against (opposing) the direction is reducing. Also known as Along/Against Reinforcement/Reduction.

4.3.2.5 Frequency/Duration-Based Reinforcement/Reduction

Treatment with a higher number of manipulations, longer duration, and gentle technique is reinforcing; treatment with fewer manipulations, shorter duration, and firmer technique is reducing.

4.3.2.6 De Qi Sensation (obtaining qi)-Based Reinforcement/Reduction

Also known as Tuina Sensation Reinforcement/Reduction. De Qi refers to the sensation experienced by the child during manipulation, such as soreness, numbness, distension, pain, or heaviness. A distinct De Qi sensation indicates reducing; a mild De Qi sensation indicates reinforcing.

4.3.2.7 Neutral Reinforcement/Reduction (Ping Bu Ping Xie Fa)

A method commonly used when the child's condition does not clearly indicate deficiency or excess, or for routine health maintenance. It generally involves a combination of fast and slow movements, as well as with and against the meridian direction.

4.4 Pediatric Tuina Treatment Duration, Interval, and Course

Refer to Appendix C for details on treatment duration, interval, and course.

4.5 Post-Procedure Management

4.5.1 Normal Reactions After Tuina

After tuina manipulation, localized skin redness may occur but typically returns to normal shortly thereafter. This is a normal post-tuina reaction and generally requires no intervention.

4.5.2 Post-Tuina Care

4.5.2.1 After completing the manipulation, wipe off any sweat from the child to prevent catching a cold.

4.5.2.2 If the practitioner applies excessive force, it may cause subcutaneous bleeding in the child. Minor subcutaneous bleeding usually requires no special treatment and will resolve on its own. If numerous petechiae or bruises appear, appropriate blood-activating and trauma-healing medication may be administered.

5 Precautions and Contraindications

Refer to Appendices D and E for precautions and contraindications related to pediatric tuina therapy.

Appendix A
(Informative)
Commonly Used Media in Pediatric Tuina

A.1 Oils

Media primarily composed of safe animal or vegetable oils or medical-grade paraffin oil, suitable for tuina on various body parts.

A.2 Powders

Medical-grade talcum powder, baby powder, etc. Use with caution on the child's head and face, avoiding contact with eyes, nose, and other orifices. Suitable for various conditions.

A.3 Clean Water

Tap water, distilled water, or other clean water. Generally used for conditions such as fever in children.

A.4 Scallion-Ginger Juice

Juice extracted from fresh scallions or fresh ginger. Suitable for exterior cold patterns.

A.5 Mint Water

Fresh mint steeped in water. Suitable for exterior heat patterns.

A.6 Ointments

Media formulated using a base of animal/vegetable oils, honey, lanolin, or petroleum jelly, mixed with finely powdered medicinal substances or extracted active ingredients, possessing specific therapeutic effects. Commonly used:

a) Dongqing Ointment: Prepared by mixing dongqing oil (methyl salicylate) with petroleum jelly. Has the effect of warming meridians and dispersing cold, suitable for conditions caused by cold congealing in meridians.

b) Jianpi Ointment (Spleen-Strengthening Ointment): Prepared by mixing extracts from Chinese herbs with spleen-strengthening properties with oils. Has the effect of strengthening the spleen and stimulating appetite, suitable for

conditions with spleen-stomach qi deficiency.

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Appendix B
(Informative)
Commonly Used Acupoints in Pediatric Tuina

B.1 Head and Face Acupoints

B.1.1 Taiyang

Location: In the depression approximately 1 cun posterior to the midpoint between the lateral end of the eyebrow and the outer canthus.

Manipulations: Kneading (Rou Fa), Circular Arc Pushing (Yun Fa), Straight Pushing (Zhi Tui Fa).

B.1.2 Renzhong

Location: At the junction of the upper 1/3 and middle 1/3 of the philtrum.

Manipulations: Nail Pressing (Qia Fa).

B.1.3 Tianzhugu

Location: A line from the posterior hairline to Dazhui along the spinous processes of the cervical vertebrae.

Manipulations: Straight Pushing (Zhi Tui Fa), Kneading (Rou Fa), Rubbing (Ca Fa).

B.1.4 Tianmen

Location: A straight line from the midpoint between the eyebrows to the anterior hairline.

Manipulations: Straight Pushing (Zhi Tui Fa).

B.1.5 Kangong

Location: A line on the supraorbital region, from the inner end of the eyebrow to the outer end (eyebrow tip).

Manipulations: Separating Pushing (Fen Tui Fa).

B.1.6 Tianting

Location: On the midline of the head, 0.5 cun within the anterior hairline.

Manipulations: Nail Pressing (Qia Fa), Kneading (Rou Fa).

B.1.7 Shangmen

Location: Between the inner canthi, in the depression on the bridge of the nose.

Manipulations: Nail Pressing (Qia Fa).

B.1.8 Yingxiang

Location: 0.5 cun lateral to the ala of the nose, in the nasolabial groove.

Manipulations: Kneading (Rou Fa), Pushing (Tui Fa).

B.1.9 Ermen

Location: In the ear region, in the depression between the tragus notch and the mandibular condyle.

Manipulations: Pressing (An Fa), Kneading (Rou Fa).

B.1.10 Baihui

Location: On the midline of the head, at the midpoint of the line connecting the apexes of the ears.

Manipulations: Pressing (An Fa), Kneading (Rou Fa).

B.1.11 Gaogu

Location: Behind the ear, within the hairline, in the depression posterior to the mastoid process.

Manipulations: Nail Pressing (Qia Fa), Kneading (Rou Fa).

B.2 Hand and Upper Limb Acupoints

B.2.1 Pitu

Location: Palmar surface of the thumb tip, or along the radial aspect of the thumb from the tip to the base.

Manipulations: Rotating Pushing (Xuan Tui Fa), Straight Pushing (Zhi Tui Fa).

B.2.2 Wei Jing

Location: The proximal segment of the palmar surface of the thumb (near the wrist).

Manipulations: Straight Pushing (Zhi Tui Fa).

B.2.3 Dachang

Location: A line along the radial border of the index finger from the fingertip

to the tiger's mouth (first web space).

Manipulations: Straight Pushing (Zhi Tui Fa).

B.2.4 Xiaochang

Location: A line along the ulnar border of the little finger from the fingertip to the base.

Manipulations: Straight Pushing (Zhi Tui Fa).

B.2.5 Banmen

Location: The thenar eminence.

Manipulations: Kneading (Rou Fa), Pushing (Tui Fa) (either from the transverse crease of the wrist to Banmen or from Banmen to the transverse crease).

B.2.6 Neilaogong

Location: In the palm region, level with the proximal end of the 3rd metacarpophalangeal joint, between the 2nd and 3rd metacarpal bones, closer to the 3rd. Simple location: when the child makes a fist, the point where the middle finger tip touches.

Manipulations: Kneading (Rou Fa), Circular Arc Pushing (Yun Fa).

B.2.7 Yiwengfeng

Location: In the depression at the center of the dorsum of the wrist when the wrist is flexed.

Manipulations: Kneading (Rou Fa), Nail Pressing (Qia Fa).

B.2.8 Shaoshang

Location: On the radial aspect of the thumb, 0.1 cun lateral to the corner of the nail base.

Manipulations: Nail Pressing (Qia Fa).

B.2.9 Gan Jing

Location: Palmar surface of the index finger tip.

Manipulations: Straight Pushing (Zhi Tui Fa).

B.2.10 Xin Jing

Location: Palmar surface of the middle finger tip.

Manipulations: Nail Pressing (Qia Fa), Straight Pushing (Zhi Tui Fa).

B.2.11 Fei Jing

Location: Palmar surface of the ring finger tip.

Manipulations: Straight Pushing (Zhi Tui Fa), Rotating Pushing (Xuan Tui Fa), Nail Pressing (Qia Fa).

B.2.12 Shen Jing

Location: Palmar surface of the little finger tip.

Manipulations: Straight Pushing (Zhi Tui Fa), Rotating Pushing (Xuan Tui Fa).

B.2.13 Siwenheng

Location: The transverse creases of the first interphalangeal joints of the index, middle, ring, and little fingers on the palmar aspect.

Manipulations: Nail Pressing (Qia Fa), Straight Pushing (Zhi Tui Fa).

B.2.14 Nei Bagua

Location: A circle centered at Neilaogong with a radius approximately 2/3 of the distance from Neilaogong to the base of the middle finger.

Manipulations: Circular Arc Pushing (Yun Fa), Nail Pressing (Qia Fa).

B.2.15 Xiaotianxin

Location: At the root of the palm, in the depression at the center of the wrist crease (the intersection point of the thenar and hypothenar eminences).

Manipulations: Tapping (Dao Fa), Kneading (Rou Fa), Pressing (An Fa), Nail Pressing (Qia Fa).

B.2.16 Quchi

Location: When the elbow is flexed, at the midpoint of the line connecting the radial end of the cubital crease and the lateral epicondyle of the humerus.

Manipulations: Grasping (Na Fa), Pressing (An Fa), Kneading (Rou Fa).

B.2.17 Laolong

Location: Approximately 0.1 cun proximal to the center of the nail base of the middle finger.

Manipulations: Nail Pressing (Qia Fa).

B.2.18 Ershanmen

Location: On the dorsum of the hand, between the proximal phalanges of the ring and middle fingers, and middle and index fingers.

Manipulations: Nail Pressing (Qia Fa), Kneading (Rou Fa).

B.2.19 Erren Shangma

Location: On the dorsum of the hand, in the depression posterior to the metacarpophalangeal joints of the little and ring fingers.

Manipulations: Nail Pressing (Qia Fa), Kneading (Rou Fa).

B.2.20 Wailaogong

Location: In the depression at the junction of the 3rd and 4th metacarpal bones on the dorsum of the hand.

Manipulations: Nail Pressing (Qia Fa), Kneading (Rou Fa).

B.2.21 Sanguan

Location: A line along the radial border of the ventral forearm from the wrist crease to the elbow crease.

Manipulations: Straight Pushing (Zhi Tui Fa).

B.2.22 Liufu

Location: A line along the ulnar border of the ventral forearm from the wrist crease to the elbow crease.

Manipulations: Straight Pushing (Zhi Tui Fa).

B.2.23 Tianhe

Location: A line on the ventral midline of the forearm from the midpoint of the wrist crease to the midpoint of the elbow crease.

Manipulations: Straight Pushing (Zhi Tui Fa).

B.3 Trunk Acupoints

B.3.1 Tiantu

Location: In the center of the suprasternal fossa.

Manipulations: Pressing (An Fa), Kneading (Rou Fa).

B.3.2 Tanzhong

Location: On the sternum, at the midpoint between the two nipples.

Manipulations: Separating Pushing (Fen Tui Fa), Pressing (An Fa), Kneading (Rou Fa).

B.3.3 Zhongwan

Location: 4 cun above the umbilicus.

Manipulations: Pressing (An Fa), Kneading (Rou Fa), Circular Rubbing (Mo Fa), Separating Pushing (Fen Tui Fa).

B.3.4 Qizhong

Location: Center of the umbilicus.

Manipulations: Kneading (Rou Fa), Twisting Manipulation (Cuo Fa), Circular Rubbing (Mo Fa), Straight Pushing (Zhi Tui Fa).

B.3.5 Fu

Location: The abdominal region.

Manipulations: Circular Rubbing (Mo Fa), Separating Pushing (Fen Tui Fa).

B.3.6 Tianshu

Location: Level with the umbilicus, 2 cun lateral to it.

Manipulations: Pressing (An Fa), Kneading (Rou Fa).

B.3.7 Dujiao

Location: 2 cun below the umbilicus, 2 cun lateral, near the large tendons (corresponding to Shimen).

Manipulations: Pressing (An Fa), Grasping (Na Fa), Kneading (Rou Fa).

B.3.8 Dantian

Location: In the lower abdomen, on the midline, 3 cun directly below the umbilicus.

Manipulations: Kneading (Rou Fa), Circular Rubbing (Mo Fa).

B.3.9 Dazhui

Location: In the spinal region, at the midpoint between the spinous processes of the 7th cervical and 1st thoracic vertebrae.

Manipulations: Pressing (An Fa), Kneading (Rou Fa), Straight Pushing (Zhi Tui Fa).

B.3.10 Feishu

Location: 1.5 cun lateral to the spinous process of the 3rd thoracic vertebra.

Manipulations: Pressing (An Fa), Kneading (Rou Fa), Separating Pushing (Fen Tui Fa).

B.3.11 Jizhu

Location: A line from Dazhui to Changqiang.

Manipulations: Straight Pushing (Zhi Tui Fa), Pinching (Nie Fa Spinal Pinching).

B.3.12 Qijiegu

Location: A line from the 4th lumbar vertebra to the tip of the coccyx (Changqiang,).

Manipulations: Pushing (Tui Fa).

B.3.13 Guiwei

Location: Tip of the coccyx (corresponding to Changqiang,).

Manipulations: Kneading (Rou Fa), Rotating Pushing (Xuan Tui Fa), Nail Pressing (Qia Fa).

B.4 Lower Limb and Foot Acupoints

B.4.1 Baichong

Location: On the upper medial thigh, in the fleshy part.

Manipulations: Pressing (An Fa), Kneading (Rou Fa).

B.4.2 Zusanli

Location: 3 cun below the lateral knee eye (Dubi,), one finger-breadth lateral from the anterior crest of the tibia.

Manipulations: Pressing (An Fa), Kneading (Rou Fa).

B.4.3 Sanyinjiao

Location: 3 cun directly above the tip of the medial malleolus, posterior to the medial border of the tibia.

Manipulations: Pressing (An Fa), Kneading (Rou Fa), Straight Pushing (Zhi Tui Fa) upward or downward.

B.4.4 Weizhong

Location: When the knee is flexed, at the midpoint of the popliteal crease, in the depression between two tendons.

Manipulations: Grasping (Na Fa).

B.4.5 Yongquan

Location: On the sole of the foot, in the depression when the foot is curled, approximately at the junction of the anterior 1/3 and posterior 2/3 of the line from the web margin of the 2nd and 3rd toes to the heel.

Manipulations: Nail Pressing (Qia Fa), Kneading (Rou Fa), or Straight Pushing (Zhi Tui Fa) towards the big toe.

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Appendix C
(Informative)
Pediatric Tuina Treatment Duration, Interval, and Course

C.1 Pediatric Tuina Treatment Duration

The manipulation duration can be determined based on factors such as age, condition, constitution, and the characteristics of the technique. Generally, each acupoint is manipulated for 1–2 minutes, with a total treatment duration of 20–40 minutes. For younger children, those with weaker constitutions, milder conditions, or when using more stimulating techniques, the manipulation time may be appropriately shortened. For older children, those with stronger constitutions, or more severe conditions, the manipulation time may be appropriately increased.

C.2 Pediatric Tuina Treatment Interval and Course

The interval between treatments depends on the condition. For acute diseases, treatment is generally given once daily. In some cases, based on the condition and feasibility, treatment may be given twice daily until recovery. For chronic diseases, treatment is generally given once daily or once every other day, with five treatments constituting one course. A break of 2–4 days may be taken between courses.

Appendix D

(Informative)

Precautions for Pediatric Tuina Therapy

D.1 Precautions for Preparing Media in Pediatric Tuina

Talcum powder is commonly used for skin lubrication. Generally, in spring and winter or for exterior cold patterns, scallion or ginger juice may be used. In summer and autumn or for exterior heat patterns, clean water or mint water may be used.

D.2 Precautions for Manipulation Techniques and Timing in Pediatric Tuina

When performing tuina therapy on a child, the practitioner must not only possess skilled manipulation, apply even force, perform gentle movements, and achieve deep, steady penetration but also master the rules for timing, frequency, and intensity. Generally, the manipulation time, frequency, and intensity are determined based on age, constitution, and the nature of the condition (deficiency/excess). Taking a 1-year-old as a standard, each acupoint is manipulated for about 2 minutes (excluding strong stimulating techniques); each main acupoint is manipulated about 300 times. For children under 1 year or those with weaker constitutions, the manipulation time may be appropriately shortened, and the number of manipulations reduced. For children over 1 year or those with stronger constitutions, the time may be appropriately extended, and the number of manipulations increased. For younger children, those with weaker constitutions, and deficiency patterns, manipulation should be gentle. For older children, those with stronger constitutions, and excess patterns, manipulation may be firmer.

D.3 Precautions for Safety Assurance in Pediatric Tuina

D.3.1 During treatment, the practitioner and parents should ensure the child's safety to prevent falls from the treatment couch due to fear. The practitioner or parents should not pull the child's limbs forcefully to avoid sprains.

D.3.2 Avoid large meals or strenuous exercise immediately before or after treatment. The child may drink a small amount of warm water to replenish fluids. Ensure sweat is wiped dry and the child is kept warm.

D.3.3 The practitioner should thoroughly wash hands or use alcohol-based hand sanitizer, keeping hands clean to prevent cross-infection. If the practitioner uses improper techniques that may abrade the child's skin, the affected area should be

promptly cleaned and disinfected to prevent infection.

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Appendix E
(Informative)
Contraindications for Pediatric Tuina Therapy

E.1 Contraindications Related to Manipulation Sites

Tuina should not be performed on areas with skin damage, active bleeding, infection, or edema.

E.2 Contraindications Related to Diseases in Pediatric Tuina

E.2.1 Individuals with highly allergic skin or infectious skin diseases.

E.2.2 Various tumors, acute traumatic fractures, dislocations, or areas with significant swelling.

E.2.3 Individuals with diseases prone to bleeding, such as thrombocytopenia, IgA vasculitis (Henoch-Schönlein purpura), hemophilia, etc.

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