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Trigger Point Dry Needling

 Pain is by definition, physical or mental suffering or distress. When people experience pain, no matter what the cause, their lives seem to come to an abrupt halt. They can no longer find pleasure in daily activities and lose connection in their relationships. Therefore, it is not hard to understand why people in pain will go far lengths in order to alleviate their suffering. These efforts will include multiple techniques and persistence until an effective method for reducing pain is discovered. However, an individual’s pain does not affect that individual alone. Typically, in a good relationship, each person involved wants what is best for the other. This would include trying to ease one’s pain during times of hardship in life. Similarly to the individual experiencing the pain, the friend will be willing to help in any way possible if it means the individual will again be healthy and pain free.

In general, this is and always has been the goal of medicine: to treat patients’ various illnesses and issues in order to restore their health and eliminate pain. As medicine has developed, new techniques for treating various illnesses have become increasingly more prevalent in clinical practices. As new techniques are developed, they undergo many tests and studies in order to prove they are effective and can benefit patients before they are administered on a daily basis. Still, once they have been approved and satisfy the specific regulations made by various boards, they are implemented in order to improve the overall quality of care of patients. So if researchers, doctors, and other people in the medical field are constantly looking for new sources of pain relief and illness cures, why are there cases in which particular developing techniques are not widely accepted in certain scopes of medical practice?

The relatively new technique known as dry needling has caused much debate in the realm of physical therapy in the United States. By definition, “trigger point dry needling (TrP-DN), also referred to as intramuscular stimulation (IMS) is an invasive procedure in which an acupuncture needle is inserted into the skin and muscle” (Dommerholt). It is a method of treatment that is usually, but not always, implemented by physical therapists with extensive, additional education and certification on this topic. The goal of trigger point dry needling is to relieve muscle pain in different areas of the body by targeting what are called myofascial trigger points (MTrPs). These trigger points are abundant in all areas of the body and are described as hyperirritable spots with a taut band of skeletal muscle that results in pain when pressure is applied. It is also common for MTrPs to result in referred pain, the concept that applied pressure in one area of the body leads to pain in another. The actual process of dry needling involves inserting the acupuncture needles into these specific trigger points with the intention of stimulating specific reactions that cause the muscles to first twitch and subsequently release muscle tension. The term “dry” refers to the fact that the needle is not infused with medication such as lidocaine or procaine, which would be considered “wet.” Based on thorough studies and application, this technique has shown substantial documented pain relief in patients suffering from muscle related injuries such as plantarfasciitis, Temporomandibular joint (TMJ), low back pain, and lateral epicondylitis (tennis elbow). With this information, one may agree that trigger point dry needling seems like a beneficial development in alleviating muscular pain; however there is speculation about its accepted practice by physical therapists in particular areas of the United States, the question is why?

Since the procedure of dry needling was first developed, its acceptance and implementation as a form of medical treatment has spread to multiple areas of the world. Although the focus of this paper is on dry needling in the United States, it is important to note its acceptance in other countries throughout the world. Today, countries such as Canada, Switzerland, the Netherlands, South Africa, Chile, Ireland, Spain, and the United Kingdom consider trigger point dry needling “within the scope of physical therapy practice” (Dommerholt). Since this is the case and dry needling in these countries has proven to be successful in the majority of cases, why are certain states in the U.S. hesitant to allow this procedure to be performed by physical therapists? Currently, dry needling has been approved within the practice of licensed physical therapists in the District of Columbia and twenty-two states: Alabama, Colorado, Georgia, Illinois, Kentucky, Louisiana, Maryland, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Tennessee, Texas, Vermont, Virginia, Wisconsin, and Wyoming (Myopain Seminars). In contrast, it has been denied approval in the states of California, Nevada, Idaho, Utah, South Dakota, and New York (Myopain Seminars). Additionally, there are states that are unsure of approval, do not allow interpretation, and are not currently considering the topic of dry needling as a legal form of treatment. Reasons for varying opinions among the states differ and are not always consistent.

There are several arguments against the performance of intramuscular stimulation by physical therapists; however no argument provides sufficient evidence to completely eradicate this technique from being used. Specifically, arguments include dry needling is the practice of acupuncture, the practice of dry needling invades specific rights given to licensed acupuncturists, and those practicing dry needling do not receive sufficient education to accurately provide this type of care (Dommerholt). It is true that these disputes include reasonable concerns about the concept of dry needling, yet not to the point where the opposition should deny its consideration. After all, this technique was developed with the intention of decreasing the amount of muscular pain individuals have in certain areas of the body as well as increase his or her range of motion. And, ultimately that will allow the individual to return to daily physical activities that the pain inhibited. Therefore, it is important that this technique be given high consideration for approval simply because it works.

So, is trigger point dry needling the same as acupuncture? According to the Florida’s Department of Health website, “dry needling is the practice of acupuncture and is being administered by other health care providers without proper license or training, [which] poses a great risk to the public.” However, contrary to some beliefs, intramuscular stimulation did not originate from the traditional practice of acupuncture which is based on Chinese methods. Major development of trigger point dry needling and its effect on myofascial trigger points was completed by Dr. Chan Gunn, Janet Travell, David Simons, Lois Simons, and most recently Dr. Peter Baldry. During his studies, “Gunn advocated needling motor points instead of traditional acupuncture points” a specific difference between the two procedures. Now, some argue that these target points are in similar and even exact locations on the body and therefore constitute the practices as one and the same. Particularly, a man by the name of Melzack and his team constructed a study that “concluded that there was a 71% overlap between MTrPs and acupuncture points based on their anatomical location” which would support the opposition’s claim (Dommerholt). However, a later study performed by Birch reevaluated Melzack’s findings and determined that only 18%-19% of the said points correlated with one another (Dommerholt). The major difference in the two studies was the conclusion Birch made that Melzack “mistakenly assumed that all acupuncture points must exhibit pressure pain and that local pain indications of acupuncture points are sufficient to establish a correlation” (Dommerholt). Additionally, a distinct difference between acupuncture and dry needling is the procedure’s main focus. In the traditional practice of acupuncture, the focus is on energy pathways and meridians. Conversely, dry needling’s focus is simply on skeletal muscle.

Interestingly, acupuncturist Amado wrote that when acupuncture is defined as an effort to control energy flow, there are few if any correlations with trigger point dry needling. He maintained that traditional Chinese medicine would be based on pre-scientific ideas, rather than the scientific neurophysiologic and anatomic principles underlying dry needling (Dommerholt).

Furthermore and possibly most obvious is the argument that dry needling involves the use of an acupuncture needle, but given the information above, the use of the needle in the two procedures is quite different. In summary, even though there are some similarities between the more familiar technique of acupuncture and more recent therapeutic method of dry needling, they two procedures are not the same and should not be considered comparable.

 In addition, it has been proposed by Valerie Hobbs that the practice of “so-called dry needling has infringed upon of rights of acupuncture practitioners in the states of Virginia and Colorado” (Dommerholt). This argument again correlates to the idea that dry needling is a direct form of acupuncture. For those who believe this is true, it may give licensed acupuncturists a reason to be upset for fear that they may lose some of their patients to those performing dry needling. Nonetheless, dry needling is in fact an entirely different procedure when compared to acupuncture and physical therapists practicing this method recognize the differences and do not claim to be certified in the field of acupuncture. Most importantly, one should recognize that the two states listed above that argued about acupuncturists rights are currently included in the list of states that have deemed TrP-DN to be within the scope of physical therapy practice.

The last argument against the practice of TrP-DN, and perhaps the most significant of the three, is the idea that physical therapists and others certified to perform this technique do not receive adequate education and therefore cannot provide regulated treatment. As I stated earlier, dry needling is most commonly performed by physical therapists; however others who have been certified to practice include physicians, dentists, chiropractors, nurse practitioners, physician assistants, and acupuncturists. Unfortunately, some still believe “these groups do not have the educational background in: skin penetration; knowledge of all the myriad effects that inserting an acupuncture needle has; associated infection control; and visceral penetration risks” (Florida Board of Acupuncture). This is clearly not the case. In order for physical therapists to practice dry needling, additional post-graduate courses that specifically focus on myofascial trigger point therapy are necessary. These courses require approximately 300 hours of lecture, practical, and clinical education, and physical therapists will obviously not be given permission to practice until passing said courses. Moreover, “physical therapy education emphasizes anatomical knowledge in much more depth than typical acupuncture schools. Detailed knowledge of anatomy should be one of the major concerns to protect patients undergoing dry needling procedures” (Dommerholt). With licensed physical therapists who have completed graduate school, the average number of hours of education is around 2,500, which combined with the additional courses specific to dry needling, actually outweighs the average number of hours of education for a typical acupuncturist which is approximately 2,700. Furthermore, people consider physical therapists to have “recognized the benefit of acupuncture and renamed it in order to circumvent licensing and educational requirements and have begun using dry needling on their own without any legislative authority” (Florida). As established previously, dry needling is not the same as acupuncture, however this claim regarding practicing without legislative authority is also untrue. In order to fully practice TrP-DN, the physical therapist has to demonstrate understanding of the subject as well as proper training. Moreover, certified physical therapists can only offer this form of treatment in states that have approved it to be within the scope of physical therapy. On the other hand, an important point that can be made is the lack of intramuscular stimulation in the typical curriculum of a physical therapists’ education during graduate school. Currently in the U.S. Georgia State University is the only institution known to include course work in TrP-DN (Dommerholt). Even though this is true, it does not validate said claims that the additional education physical therapists receive outside of graduate school is not sufficient to perform dry needling. Perhaps, one should consider this an area of growth and look to implement such programs into more university curriculums in the future.

In the end, the debate concerning dry needling’s acceptance as an appropriate form of therapeutic treatment in the United States should revolve around the idea that it is a technique that works. Both the purpose and benefit of having multiple options of treatment for various physical disabilities is that different methods work on different patients. One technique may provide complete relief for one individual with low back pain and provide minimal relief for another. Therefore, the availability of different curative processes is essential. Specifically with dry needling, it can be a technique sought out by patients that did not respond well to other forms of treatment such as ice, physical therapy, electrical stimulation, and massage. In a study performed by Karel Lewit, it was “found that dry needling of MTrPs caused immediate analgesia in nearly 87% of needle sites,” with over 31% of the cases the analgesia was permanent, 20% had several months of relief, 22% several weeks, 11% several days, and only 14% had no relief at all (Dommerholt). For those patients that do not receive pain relief as a result, it may be due to “high intensity of pain, long duration of pain, widespread pain, previous episodes of pain, and disability caused by pain” (Shi Hon-Yi). These results indicate clear benefits of the dry needling technique, which advocates for its hopeful future acceptance in more states in the U.S. As mentioned previously, TrP-DN is most popular in other nations. Specifically, “of the approximate 9,000 physical therapists in South Africa, over 75% are estimated to employ this technique at least once daily” (Dommerholt). Although this method is newer to the United States and is only implemented in twenty-two states, it will continue to become more prevalent. Ultimately, the idea of trigger point dry needling being an accepted as form of medical treatment for myofascial pain circles back to the assumed goal of the medical world to implement new developments into practice in order to take whatever steps necessary to provide relief for an individual in pain.

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