

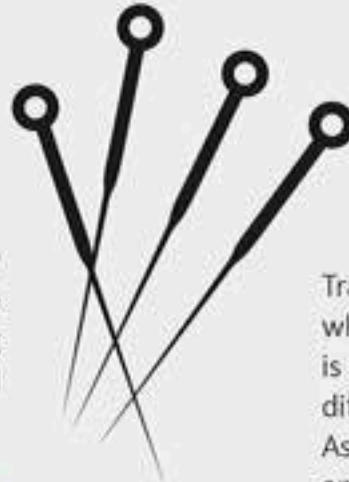
THE TOP 5 QUESTIONS ABOUT DRY NEEDLING



BY SUE FALSONE OF STRUCTURE & FUNCTION EDUCATION

WHAT IS DRY NEEDLING?

Dry needling is a skilled intervention performed by a healthcare professional. It is the insertion of a fine filiform needle into the body to stimulate a healing response in the presence of neuromusculoskeletal issues and movement dysfunction¹.



HOW IS DRY NEEDLING DIFFERENT FROM ACUPUNCTURE?

Traditional acupuncture is rooted in eastern philosophy while dry needling is rooted in western medicine. There is of course overlap between the two, and the main differences are discussed in this article by Zhou et al¹. As with any tool used in medicine, there is overlap amongst professionals who use the tool. The way the tool is applied is what makes it different from profession to profession.

IN WHICH SITUATIONS WOULD DRY NEEDLING BE USED?

Research is still looking at how dry needling works in both acute and chronic situations². Simple muscle tightness, strains and sprains, an overworked body needing recovery, muscle activation, swelling reduction and pain modulation are all clinical examples for the use of dry needling. Science points us in the correct direction to appropriately choose when to use the modality, and research is being gathered on best practices overall for dry needling.

IS DRY NEEDLING FOR ALL PEOPLE?

Everybody is different and their reactions to modalities are going to vary. In my personal experience, people with low blood pressure and low body fat have a poor body response to dry needling, meaning the technique can be more painful than clinically desired. Some patients may have a fight or flight physical response to the needles, breaking into a sweat. Others feel completely relaxed during and after a treatment³.

WHERE DOES KNOWLEDGE OF WHICH MODALITIES TO USE, LIKE DRY NEEDLING, COME FROM?

Right now, experience. We practice a clinical art based on science. There is so much art involved in the clinical decision making process, and much of it is left up to the experience and personal successes of the clinician. Evidence always lags behind our clinical practice. But making informed decisions based on current science and known research is always best.

References:

1. Zhou K, Ma Y, Brogan MS. Dry needling versus acupuncture: the ongoing debate. *Acupunct Med J Br Med Acupunct Soc*. November 2015. doi:10.1136/acupmed-2015-010911.
2. Butts R, Dunning J, Perreault T, Mourad F, Grubb M. Peripheral and Spinal Mechanisms of Pain and Dry Needling Mediated Analgesia: A Clinical Resource Guide for Health Care Professionals. *International J Phys Med Rehabilitation*. 2016;4(327). <http://www.omicsonline.org/open-access/peripheral-and-spinal-mechanisms-of-pain-and-dry-needling-mediatedanalgesia-a-clinical-resource-guide-for-health-care-professional-2329-9096-1000327.pdf>. Accessed May 2, 2016.
3. Brady S, McEvoy J, Dommerholt J, Doody C. Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. *J Man Manip Ther*. 2014;22(3):134-140. doi:10.1179/2042618613Y.0000000044.
4. Description of Dry Needling in Clinical Practice. Accessed 5/11/2017. <http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/>



STRUCTURE & FUNCTION
DRY NEEDLING