

Dry Needling is Acupuncture: But What of Education? What of Public Safety?

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One of my patients told me recently, that their physical therapist used a "dry needle" and that it wasn't acupuncture. Apparently, physical therapists (PT) are taught to tell their patients that "only acupuncturists practice acupuncture." The PT told my patient dry needling is not a form of acupuncture. To that, I say, what? They must be exposed to something besides moxibustion. Anyone who claims they are not doing acupuncture because they don't use traditional methods of thought is misleading the public, but, why would they? I will speculate.

There are teachers who profit from short training programs in the procedure of dry needling trigger point therapy. Their publications and testimony can be convincing. But, if we explore the problem more closely, the conflict of interest for these people and their profession glares like the midday sun on my watch.

"Word-tricksters" - as I like to call them - change language in order to gain personal advantage. Contrary to their assertions, acupuncture *is* intramuscular manual therapy, trigger point needling, functional dry needling, intramuscular stimulation or any other method by which a needle is inserted to effect therapeutic change. Acupuncture, is both incisive and invasive. When the words are twisted to justify unsafe training practices, it poses distinct ethical programs when viewed from the interest of the common good.

The trickster's message, "dry needling is not acupuncture" has even seeped into our mainstream sports press. Washington Wizards basketball guard, Martell Webster recently told the Post, "Dry needle is weird. It hurts. It's when they go in and actually floss your muscle with the needle.

Acupuncture, they just stick it in pressure points to try to relieve some tension."¹ The "flossing" action is consistent with lifting and thrusting techniques of acupuncture. It appears that Webster's PT could use some more education. The pain of acupuncture when performed by a PT is not a necessary standard of practice.

The problem of misrepresenting acupuncture is not my personal opinion. According to the American Association of Acupuncture and Oriental Medicine (AAAOM) Blue Ribbon Panel on Inter-professional Standards, dry needling and any of its alternate designations are acupuncture. The World Health Organization shares this opinion. They and the AAAOM are not the only consensus think tanks coming to such conclusions. Further, the North Carolina Acupuncture Licensing Board (NCALB) affirms, "The insertion of an acupuncture needle into the dermis, muscular or fascia tissue with the intention of promotion, maintenance, restoration of health and the prevention of disease is indeed the practice of acupuncture."²

There is a 92 percent correlation between trigger points and acupuncture points.^{3,4} Peng et al concluded that both, "induce similar linear propagation of needling response... both of them can treat symptoms of internal organs such as diarrhea, constipation, dysmenorrhea, etc. Therefore,

they are very similar in anatomic location, clinical indications, and the linear propagation of needling response induced by acupuncture, etc."⁵ The literature points to "dry needling" as a synonym for acupuncture.⁶

As a reminder, scope of practice is procedural - and - not behavioral⁷. In other words, how I think about inserting a needle has no bearing upon whether I am performing acupuncture. I may choose to use contemporary methods such as neuroanatomical, Yamamoto scalp, auricular and trigger point needling. I may also choose to organize my thought in terms of blood vessels. Whether I use pre-modern or contemporary thought - I am practicing acupuncture.

My sense of certainty about these assertions was heightened when I performed a *PubMed* search on January 18, 2013. Using the term dry needling, I pulled down 101 citations. I then sorted for the word acupuncture, culling 54 articles that used the term acupuncture in conjunction with dry needling. Further, there were studies comparing injectables (wet needling) against dry needling. 39 of the studies used the term injection. Here are eight titles of articles that use acupuncture synonymously with dry needling. They are gathered using the search terms dry needling anywhere in the article and acupuncture in the title:

1. Acupuncture and dry needling in the management of myofascial trigger point pain: a systematic review and meta-analysis of randomised controlled trials.⁸
2. Acupuncture and dry-needling for low back pain: an updated systematic review within the framework of the cochrane collaboration.⁹
3. Acupuncture and dry-needling for low back pain.¹⁰
4. Progress of research on acupuncture at trigger point for myofascial pain syndrome.¹¹
5. Comparison of acupuncture to injection for myofascial trigger point pain.¹²
6. Comparison of mini scalpel-needle release, acupuncture needling, and stretching exercise to trigger point in myofascial pain syndrome.¹³
7. Electro-acupuncture combined with the trigger point needle-embedding for treatment of primary trigeminal neuralgia in 31 cases.¹⁴
8. Randomized trial of trigger point acupuncture compared with other acupuncture for treatment of chronic neck pain".¹⁵

Noting that acupuncture can also be wet, there are several jurisdictions that authorize qualified acupuncturists to inject substances. These include Colorado, Florida, New Mexico and Washington and China.

A Point of Clarification

I do not support closure. That is, I am not against any of the healthcare disciplines practicing acupuncture with appropriate education.¹⁶ That means they can demonstrate a reasonable process for developing competencies and assessments along with standards for qualifying the teachers and systems of education. To date, only the acupuncture profession has fulfilled these criteria. They further have a publicly determined set of statutes, which provide for governance of the procedure within a profession and thus having the capacity and will to protect the public safety.

To wit: let us pursue a collaborative process of developing inter-professional competencies. Remove biomedicine and herbal medicine courses from the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) standards. Then, take what is left over in acupuncture programs as the starting place for a dialogue for portable competencies. We can't remove professionalism and ethics since anyone who promotes the use of an incisive and surgical procedure with as little as 10 or even 100 hours of training likely needs a refresher. To avoid

conflicts of interest, no individual who stands to profit from seminars should determine competencies and educational standards, nor should they testify in legislature on behalf of the common good.

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