

Those Noxious Turf Wars



► The article “Those Noxious Nodules” (*ADVANCE*, Dec. 26, 2011) contains several erroneous and misleading statements regarding dry needling and acupuncture. The comments by Mina Larson of the National Certification Commission for Acupuncture and Oriental Medicine that “dry needling and acupuncture are one and the same” are understandable from a very limited acupuncture perspective, but they make little sense when considering the historical context and practice of dry needling. As Ms. Larson explained, (some) acupuncturists are seriously threatened by other disciplines using the same solid filament needle. She continues with suggesting that dry needling would constitute a public health hazard, implying that acupuncturists have superior education, while acknowledging that she really does not know anything about the education physical therapists have completed before using dry needling techniques.

Ms. Larson stated that “we have no evidence PTs receive this kind of training,” referring to acupuncture education and to what acupuncturists refer to as “clean-needle technique” to prevent infections. Ms. Larson’s comments are similar to statements by other U.S. acupuncture organizations. Nevertheless, here are the facts (modified from *Trigger Point Dry Needling: Professional controversies and dry needling*, in press).

Dry needling is within the scope of many disciplines including osteopathic, naturopathic, podiatric, veterinary and chiropractic medicine, acupuncture, physical therapy, dentistry and massage therapy, among others, dependent upon the country and local jurisdictional regulations. Overlap in practice is not only common between many health care disciplines; according to the Pew Health Commission Taskforce on Health Care Workforce Regulation, a near-exclusive scope of practice leads to unreasonable barriers to high-quality and affordable care. In other words, overlap of practice is desirable, as confirmed in a joint report by the Association of Social Work Boards, the Federation of State Boards of Physical Therapy, the Federation of State Medical Boards of the United States, the National Board for Certification in Occupational Therapy, and the National Council of State Boards of Nursing. To offer quality affordable and accessible health care, all providers must be able to practice within the full scope of their professional competencies.

Physical therapists and other health care providers may have contributed to the opposition to dry needling by non-acupuncturists by stating that “dry needling is not acupuncture.” Although every acupuncturist who has attended dry needling courses confirms that they have never before been introduced to the concepts and techniques of dry needling, acupuncturists who have not attended dry needling courses erroneously believe that dry needling is nothing but a sub-system of acupuncture. It is true that dry needling is within the scope of acupuncture, but historically dry needling grew out of the practice of trigger-point injections and does not require any knowledge of the theoretical foundations of traditional or modern acupuncture practice. The Task Force of Inter-Professional Standards of the American Association for Acupuncture and Oriental Medicine (AAAOM) concluded that “it is well established that Acupuncture and Oriental Medicine consists of physiological paradigms,

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diagnostic methods, and treatment applications that are distinctly independent and different from Western medicine.”

When acupuncturists maintain that dry needling is just a subsystem of acupuncture, they seem to deny the notion of original thought in the Western world. It is a fact that many different varieties of acupuncture have been developed in different countries. The concepts of trigger points and dry needling were developed independently of already existing acupuncture concepts.

There is no evidence that serious adverse reactions to dry needling are common; dry needling is a safe technique when practiced by trained health care providers with no significant risk to the public. The U.S. Federation of State Boards of Physical Therapy's Examination, Licensure and Disciplinary Database (ELDD) has no entries in any jurisdiction or discipline for harm caused by dry needling performed by physical therapists. Thousands of physical therapists in many countries have used trigger-point dry needling for years without any documented serious health hazards.

In 2010, the AAAOM revealed that its Task Force of Inter-Professional Standards had contacted a malpractice insurance company to stop coverage of physical therapists who use dry needling in their practices. In response, the insurance company issued a change in policy to “not provide malpractice insurance to any physical therapist who inserts needles and/or uses the technique of dry needling.”

By contacting the insurance carrier, the AAAOM may have engaged in “tortious interference with contract of business expectancy,” which occurs when an entity intentionally damages the contractual or other business relationship with a third party. A contract between

a health care provider and a malpractice insurance carrier is protected by US contract law, which recognizes that vital interests, rights and obligations are worthy of protection.

When Ms. Larson stated that acupuncturists are required to complete a minimum of 2,000 hours of education, she confirmed that physical therapists are very well prepared to use dry needling techniques, since the average number of hours of education in entry-level doctoral physical therapy programs in the U.S. is 2,676 hours. Physical therapy education programs emphasize anatomical knowledge in much more depth than typical acupuncture schools. Ms. Larson seems to imply that she and other acupuncture organizations are comparing a discipline to a technique. Dry needling is nothing but a technique or another tool in the clinical toolbox.

All physical therapists have studied the US Occupational Safety and Health Administration's Blood-Borne Pathogen Regulations (Standards - 29 CFR), which confirms that “gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin....” When Ms. Larson states that she has no evidence that PTs receive training in clean needle technique, she may want to consider attending courses in dry needling. She would learn that the U.S. Clean Needle Technique Guidelines are not always consistent with Blood-Borne Pathogen Regulations. Ms. Larson would learn that physical therapists use a much higher standard than the U.S. Clean Needle Technique Guidelines in preventing infections.

Acupuncture organizations are quick to conclude that dry needling by non-acupuncturists would constitute a public health hazard in spite of overwhelming evidence that

1. Physical therapists are superiorly educated compared to acupuncturists;
2. Overlap in scope of practice is both desirable and necessary;
3. Dry needling is not the same as acupuncture, although dry needling is certainly within the scope of acupuncture;
4. The U.S. Clean Needle Technique Guidelines are inconsistent with OSHA's Blood-Borne Pathogen Regulations; and
5. Dry needling used by physical therapists is very safe. ■

Jan Dommerholt is president and owner of Bethesda Physiocare in Bethesda, MD.

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