

# Trigger Point Needling

## P.T.s Respond to Education Department's Ruling on Dry Needling of Trigger Points

*The following letter was sent to Deputy Commissioner Fernandez in response to his letter in the October E.S.P.T. newsletter concerning the dry needling of trigger points. The list of references used in compiling the letter was not printed due to constraints on space, however, it is available upon request from the Chapter Office. The E.S.P.T. welcomes any further input on this subject.*

Deputy Commissioner Mr. Fernandez:

We, among many other physical therapists, were very disappointed when we read the letter that you sent to the New York Chapter of the APTA concerning the status of dry needling technique by physical therapists. Your letter states clearly that dry needling "...is not now a modality to be practiced by licensees on a routine basis." A few months earlier, we had welcomed the statement of the Acting Executive Secretary for Physical Therapy that "...this modality fell within the scope of practice of physical therapy." It is obvious that the main issue is whether dry needle technique is within the scope of physical therapy practice.

Dry needling is the insertion and the repetitive manipulation of a very thin and flexible needle in the motor point and in the trigger point of specific muscles that causes a local twitch response. The technique had been used for the treatment of myofascial syndromes. Dry needling has been a highly effective therapeutic technique. The technique is similar to the trigger point injection, however without injecting anything into the muscle. In addition, it has been demonstrated that dry needling is more effective than trigger point injection.

Dry needling should not be confused with acupuncture. There are limited similarities between the two techniques, but also major differences. Some of them are:

### Dry Needling

- Used for the treatment of musculoskeletal problems and especially myofascial dysfunctions.
- "Pain relief is more likely due to reflex muscle relaxation produced by stimulation of a reflex arc, the afferent path of which included the muscle spindles and free nerve endings in the tissue".
- Uses specific motor points of the muscles and produces a local twitch response through mechanical stimulation.
- Usually only one needle in the motor point of the muscle is enough.
- Requires knowledge of the anatomy of the area, location of the motor point and the application of the techniques.
- For maximum results, has to be followed by myofascial stretching exercises.

### Acupuncture

- Used for the diagnosis and treatment of several pathological conditions including visceral dysfunctions and systemic disorders.
- Analgesic acupuncture promotes pain relief through the release of endorphins.
- Selection of points through the meridian or channel system.
- A larger number of needles is necessary.
- Requires knowledge of the entire diagnostic Acupuncture system.
- Nothing similar to that is required.

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## Trigger Pont cont.

We believe that physical therapists are qualified to provide the dry needling technique for the following reasons:

- Physical therapists have an extensive and detailed knowledge of the anatomy of the musculoskeletal system, because they primarily work with the musculoskeletal system.
- Physical therapists are presently eligible in New York and some other states to use needles to provide needling EMG, providing they have proper training.
- Dry needling is being applied on the trigger (motor) points of the muscles. Physical therapists have always been working with the release of trigger points of the muscles either through Trigger Point Therapy or through deep therapeutic massage.
- Dry needling technique is much more effective in the treatment of myofascial pain syndromes if followed by myofascial stretching exercises. Physical therapists are the most qualified among health care professionals to provide the proper myofascial stretching exercises.

We believe the above-mentioned arguments provide strong evidence to support that dry needling is within the scope of physical therapy and that physical therapists, with proper training are most qualified to provide the techniques to the patients in need.

We encourage the Deputy Commissioner of the Professions to take the appropriate steps that will re-establish dry needling as a legitimate physical therapy modality. We appreciate your serious consideration on this crucial issue.

Sincerely,  
Dimitrios Kostopoulos, M.A., P.T.  
Konstatine Rizopoulos, P.T.

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## Dry Needling Response to Education Department

*Copies of the following letter were sent to the Chapter office by Dimitrios Kostopoulos, M.A., P.T. with the signatures of a number of physical therapists, in support of dry needling by P.T.s. A number of similar letters, signed by occupational therapists supporting P.T.s rights to perform dry needling were also received. Mr. Kostopoulos offers this as a sample letter for anyone wishing to write Deputy Commissioner Fernandez with their support.*

Deputy Commissioner Mr. Fernandez:

The following undersigned physical therapists wish to express our serious concern about your statement that dry needling "...is not now a modality to be practiced by [physical therapy] licensees on a routine basis."

We find dry needling to be an extremely effective technique in the treatment of myofascial pain. It can also significantly enhance physical therapy treatment in cases of chronic and acute pain.

We believe that physical therapists are the most qualified to provide the dry needling technique due to the fact that we are always working with the release of the trigger point of a muscle, which also happens to be the objective of dry needling. In addition, we are the most qualified to provide myofascial stretching exercises immediately following the dry needling.

We encourage you to take any necessary action to reestablish dry needling as a legitimate physical therapy modality.