

HOT TOPIC

Evidence and Expert Opinions: Dry Needling *versus* Acupuncture (Ⅲ)

—The American Alliance for Professional Acupuncture
Safety (AAPAS) White Paper 2016

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ABSTRACT In the United States and other Western countries, dry needling (DN) has been a disputed topic in academic and legal fields. This White Paper is to provide the authoritative information that DN is acupuncture to academic scholars, healthcare professionals, administrators, policymakers, and the general public by demonstrating the authoritative evidence and expertise regarding critical issues of DN and reaching a consensus. We conclude that DN is not merely a technique but a medical therapy and a form of acupuncture practice. It is a form of over-simplified acupuncture, an invasive procedure, and is not in the practice scope of physical therapists (PTs). DN has been "developed" simply by replacing acupuncture terms and promoted by acupuncturists, medical doctors, and researchers, and it was not initiated by PTs. In order to promote DN theory and business, some commercial DN educators have recruited a large number of non-acupuncturists, including in PTs, as students and customers in recent years. The national organizations of PT profession, such as American Physical Therapy Association (APTA) and Federation of State Boards of Physical Therapy (FSBPT), started to support the practice of DN by PTs around 2010. Currently, there are probably more PTs involved DN practice and teaching than any other specialties. In most states, licensed acupuncturists are required to attain an average of 3,000 educational hours via an accredited school or program before they can apply for a license. The physician or medical acupuncturists are required to get a minimum of an additional 300 educational hours in a board-approved acupuncture training institution and have 500 cases of clinical acupuncture treatments in order to be certified in medical acupuncture. However, a typical DN education course run only 20–30 h, often one weekend, and the participants may receive "DN certificate" without any examination. For patients' safety and professional integrity, we strongly suggest that all DN practitioners and educators should have met the minimal standards required for licensed acupuncturists or physicians.

KEYWORDS dry needling, acupuncture, physical therapist, rebrand, education, regulation, evidence, expertise, consensus

Summary of Dry Needling Issues

Academic Perspective

In regards to terminology, dry needling (DN) is a synonym to acupuncture, just a different English translation from the original Chinese term 针刺 (Zhen Ci). In China, DN is a common name of acupuncture for over 200 years.^(11,17) In the West, DN became popular around the 1980s, especially increasing in popularity in the late 1990s, as a way to replace the term acupuncture by some traditional and medical acupuncturists and medical doctors, as an effort "toward acceptance of acupuncture by the medical profession".^(23,36,61)

DN is the use of dry needles alone, either solid filiform acupuncture needles or hollow-core hypodermic needles, to insert into the body for the treatment of muscle pain and related "myofascial" pain syndrome; a.k.a. intramuscular stimulation,

trigger points (TrP) acupuncture, TrP DN, myofascial TrP DN, or biomedical acupuncture. In West, DN is a form of over-simplified acupuncture using biomedical language in treating "myofascial" pain, a contemporary development of a portion of Ashi point acupuncture from traditional acupuncture. It seeks to redefine acupuncture by reframing its theoretical principles in a Western manner. Current DN protocol using filiform acupuncture needles is exact same as the acupuncture used by medical doctors in West since

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1821, and same as part of Ashi point acupuncture in traditional acupuncture used in China over 2,000 years.^(36,61) It is a medical therapy and a form of acupuncture practice, not just a technique of inserting a dry needle.

In order to promote the business of their commercial seminars, many DN educators have covered up their acupuncture background, and intentionally denied the fact that DN is acupuncture. However, in some other situations, they did state the fact. The "Mother of DN," Dr. Janet Travell admitted to the general public that DN is acupuncture when she stated in a newspaper that "the medical way of saying it is 'acupuncture'. In our language that means sticking a needle into somebody",^(37,61) and acupuncture professionals practice DN as acupuncture therapy and there are several criteria in the acupuncture profession to locate TrPs as acupoints.⁽¹³⁾

DN Caused the Problems

Firstly, on needling treatment, DN promoters have caused great confusion to academic scholars, healthcare professionals, administrators, policymakers, and the general public. As acupuncture professionals and researchers, they clearly know that DN is acupuncture—just a different name. However, some of them made stories to mislead people thinking DN is different from acupuncture, and they "discovered" or "developed" DN, or at least a "rediscovery" by western medical doctors. For example, Dr. Travell, a clinical researcher involved with acupuncture work and used to participate in the planning of acupuncture conferences^(37,62) described a complicated DN "discovery processes" in her books—from injecting therapy with local anesthesia medication to inserting injecting needle without medication-----performing injecting needle DN, to using acupuncture needling; and used TrPs to rebrand acupoints.

Secondly, in order to promote their "own" academic theory, commercial interests, and other objectives, DN educators have developed commercial DN courses for continuing education to teach "DN techniques" to a large number of students, including PTs and other customers without acupuncture credentials in non-regulated seminars. While conventional PTs programs do not include in any content in needling therapy,^(63,64) the national organizations of PT profession, such as

American Physical Therapy Association (APTA)⁽¹⁾ and Federation of State Boards of Physical Therapy⁽⁵²⁾ started to support DN around 2010, currently there are more PTs involving the DN teaching and practice than other professionals.^(53,54) Not recognized DN as a part of acupuncture, PT professionals, nevertheless, made a great effort to promote DN practice in the past 10 years in the U.S. While elevating their education level to a doctoral degree, PTs as a profession probably want to expand their scope of practice and take over DN, even "the physiological basis for DN treatment of excessive muscle tension, scar tissue, fascia, and connective tissues is not well-described in the literature."⁽¹⁾ As noted, DN educators in both PTs continuing education program and in schools are often licensed acupuncturists.

Thirdly, DN courses taught in continuing education program typically run 20–30 h (proposed to increase to 54 h in future in some program).^(1,53,54,65,66) This lack of adequate professional training increases the risk of patient injury and can be a threat to public health and safety. Reports of serious injuries associated with DN or acupuncture by PTs are not uncommon.⁽⁶⁷⁻⁷⁰⁾ Under current healthcare regulations and system, a patient has no way to know if his or her DN practitioner has sufficient training and what is the risk of being injured when treated by "dry needlers" who received minimal training. More often, patients are not likely to know the practitioners' experience level when DN technique is applied; nor will the patient know if the PT chooses to use needles for purposes beyond typical DN practice. Dr. David Simmons, a pioneer of TrPs, stated: "Your problem is largely one of semantics so the simple answer is to change the playing field and the semantics that go with it. If you... use the different terminology you leave other side without an argument".⁽⁷¹⁾

How can anyone practice acupuncture under the name of DN and say it is not acupuncture therapy? The public has a right to expect certain hard-earned standards of accredited education and licensing for those professionals who are using acupuncture needles on them therapeutically. In most of the states of the U.S., becoming a certified MDs acupuncturist, physicians (after they get their MD license including four years' medical school and at least three years of residency) are required to get a minimum of an additional 300 educational hours in a board-approved

acupuncture training institution (American Board of Medical Acupuncture, ABMA) and have 500 cases of clinical acupuncture treatments; For licensed in acupuncture, the candidates are required to attain an average of 3,000 educational or training hours via an accredited school or program (such as The Accreditation Commission for Acupuncture and Oriental Medicine, ACAOM).^(59,60,65) So far, there is no comparable requirements and regulations for PTs to study needling therapy and perform DN in the U.S.⁽¹⁸⁾ As noted, even Dr. Travell opposes PTs to perform DN.⁽⁶²⁾

In addition to increased public risk, PT dry needlers' denial of acupuncture recognition has created a big tension between the acupuncture profession and PTs, as well as among other professionals who are seeking to provide acupuncture by calling acupuncture by a different name. If law-makers and regulators are to decide to allow PTs and others to provide acupuncture to citizens based on only 20–30 h of training, they can certainly do that. The historic record shows however that these lawmakers should know that they are granting them the right to practice acupuncture.⁽¹⁸⁾

Our Position

In short, the evidence clearly shows that in the U.S., DN practitioners intend to bypass the legal regulations to practice acupuncture in the name of DN.^(18,44) At last, here is a quote of the position letter on DN from American Medical Association (AMA): "DN is indistinguishable from acupuncture", physical therapists and other non-physicians practicing DN should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.⁽⁶⁰⁾ We agree with AMA's position that "for patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians".⁽⁶⁰⁾

(The End)

Conflict of Interest

None.

Author Contributions

All authors participated in the planning, writing and proofread, and contributed equally and served as co-first authors.

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(The references 1-60 are available in Chin J Integr Med 2017;23:3-9, 83-90.)