

DRY NEEDLING

Dry needling (DN) is a skilled intervention used by specially trained physical therapists to manage multiple neuromuscular and/or musculoskeletal impairments. The therapist uses a thin, monofilament needle to puncture the skin and stimulate the underlying connective tissue in order to optimize function in the muscle and fascia. This helps to reduce pain and improve mobility.

This is achieved by inserting the needle into an active and/or latent trigger point with the intention of provoking a localized twitch response (LTR). A trigger point is a hyper-irritable spot in a taut band of muscle and/or fascia that refers pain to another area of the body and impedes optimal function. A LTR is an abnormal, involuntary muscle spasm that occurs in muscles that are no longer functioning optimally. It is desired to elicit this response, which helps to improve circulation and modulate the tone of the muscle.

DN is not acupuncture. DN does use the same needles as used in acupuncture but the approach and treatment are very different. A physical therapist is trained with a western medical approach to evaluate neuromuscular and musculoskeletal disorders. DN is used as a modality to treat muscle and/or fascia in order to improve function and decrease pain. Acupuncture is performed by a licensed acupuncturist who has undergone training in traditional Chinese medicine to evaluate tongue and pulse readings in order to determine the flow of energy along meridians of the body.

When receiving DN the therapist will initially take time to thoroughly palpate and assess location of trigger points and restricted areas. Once these have been assessed the therapist will communicate the locations that h/she intends to treat. The needle will be inserted with a quick tap through the skin and then guided deeper into the tissue. The initial tap usually feels similar to a pinprick and as the needle goes deeper into the tissue there may be a dull, achy sensation. If the initial insertion provokes the desired LTR the patient may also feel a brief, intense muscle spasm. The therapist may choose

to piston or may redirect the needle once inserted to provoke multiple LTRs. The number of needles used and how long the needles remain in the body depends on many factors such as: patient's tolerance to treatment, number of pain sites, size of impaired region, number of palpable trigger points and pain presentation.

Following DN the patient should expect muscle soreness and/or slight bruising which typically resolves within 24-48 hours. The soreness generally feels similar to muscle soreness experienced after a hard workout. Some patients will also experience generalized fatigue for approximately 24 hours. It is important to drink plenty of water and to NOT increase any workouts or activity for 24 hours until the patient understands his/her personal response to the treatment. Continuing with any regularly performed exercise or activities is encouraged.

As with any procedure there are potential complications. Common complications include needle insertion pain, bruising, muscle soreness, bleeding and fatigue. Other rare complications can include: feeling faint or dizzy, headache, aggravation of symptoms, infection, pneumothorax, nausea/vomiting, neurological response, vasovagal response, and emotional response (anxiety, euphoria).

It is very important that the patient openly communicates any concerns with the therapist. If at any time or for any reason the patient wishes to stop the treatment this should be communicated and therapist will immediately cease DN. It is important to be both physically and emotionally comfortable with this treatment, so please be honest and communicate any concerns.

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