

Patient Safety Advisory for Dry Needling

One of our duties as the State of Utah Board of Acupuncture Licensing is to ensure public safety in regards to the practice of acupuncture and Oriental medicine. Recently, a treatment modality known as trigger point “dry needling,” or “intra-muscular therapy” has grown in popularity; we feel it is necessary to address this modality since both the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and the American Association of Acupuncture and Oriental Medicine (AAAOM) has determined that dry needling is, by definition, the practice of acupuncture.¹ A Mayo Clinic study also confirms that 93.3% of trigger points used with dry needling techniques correspond to classic acupuncture points.²

It is important for the public to know the training difference between acupuncture and dry needling. For a licensed acupuncturist to receive a license to practice in the state of Utah, they must be NCCAOM board certified. To be eligible for board certification, one must complete a minimum of 1905 hours in an ACAOM approved acupuncture program (minimum of 3 years), which includes a minimum of 660 supervised clinical hours.³ In comparison, “dry needling” can be taken as a continuing education certification which can be completed in as little as 12 to 27 hours in a two to three day seminar. Additionally, other licensed professionals, such as D.C.’s, M.D.’s, or D.O.’s, may practice acupuncture within their scope of practice, although their training may differ from that of a licensed acupuncturist in both hours of training and clinical supervision.

The Acupuncture Board believes that 1905 hours cannot compare to a two to three day seminar in regards to safely and effectively using a sterile needle to penetrate the skin with the intention of relieving pain or disease. We would advise the public that if you are seeking such treatment, to be aware of the qualifications and training of your healthcare practitioner as we feel significant injury and other risks are possible when an individual implements this technique without proper and thorough training.

1. Dry needling has been defined as a form of acupuncture commonly used by the NCCAOM licensed practitioners who use it as part of their medicine. See NCCAOM Letter to Massachusetts Division of Professional Licensure. AAAOM has determined that dry needling and any of its alternate designations, including 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 is, by definition, the practice of acupuncture. See AAAOM Position Statement.

2. P.T. Dorsher and J. Fleckenstein, *“Trigger Points and Classical Points: Part 3: Relationships of Myofascial Referred Pain Patterns to Acupuncture Meridians”*)

3. See NCCAOM Certification Handbook <http://www.nccaom.org/applicants/handbook-and-applications>

Definition of “Dry Needling” - Dry needling is a broad term used to differentiate “non-injection” needling from the practice of “injection needling” which utilizes a hypodermic syringe and usually involves the injection of an agent such as saline, local anesthetic, corticosteroid, or other substances into the tissue or specific anatomical structures. In contrast to this, dry needling uses an acupuncture needle which is a solid, filiform needle, and relies on the stimulation of specific reactions in the target tissue for its therapeutic effect.