THE RELATIONSHIP BETWEEN

ACUPUNCTURE & DRY NEEDLING

CLARIFYING MYTHS & MISINFORMATION

American Society of Acupuncturists™
www.ASAcu.org

MYTH #1:
DRY NEEDLING IS NOT ACUPUNCTURE

FACT:
Dry needling techniques are a subset of techniques used in orthopedic or myofascial acupuncture systems. Dry needling uses acupuncture needles, and originators of dry needling identify it as acupuncture. That said, not all techniques being promoted as dry needling would be considered safe and delivered by competent trained acupuncture practitioners; therefore, the public should be wary.

MYTH #2:
PHYSICAL THERAPISTS ARE QUALIFIED TO PERFORM ACUPUNCTURE/ DRY NEEDLING BECAUSE THEY HAVE ADVANCED KNOWLEDGE AND TRAINING IN ANATOMY

FACT:
While physical therapists are highly trained experts in their field of physical rehabilitation, their education does not effectively include invasive techniques that penetrate the skin surface nor the vast body of information on using needling therapeutically. Licensed acupuncturists must have a degree from an accredited acupuncture school that requires more than 1300 hours of acupuncture specific training for entry-level competency. This includes anatomy relevant to safe acupuncture practice and supervised clinical training. Licensed acupuncturists also receive 450 hours or more of biomedical training. The applicant must subsequently pass five national, psychometrically valid and reliable exams to ensure minimal competency in needling, while the physical therapy community is is promulgating entry into this field with as little as 12-27 hours of unaccredited coursework. This level of disparity in training is likely to lead to patient injury. Additionally, the lack of standards is leading to the rapid expansion of a practice likely to harm more patients than help them.

MYTH #3:
DRY NEEDLING HAS DEFINED STANDARDS TYPICAL OF A PROFESSIONAL LEVEL PRACTICE

FACT:
There are no objectively determined standards of education, curriculum, standardized national examination, or requisite knowledge, skills, and abilities (KSAs) in place for dry needling. There are no standards for clinical mentorship. In short, there is no current definition of the practice referred to as dry needling and no standardized system of demonstrating either minimal competency or safety.

MYTH #4:
DRY NEEDLING IS BASED ON ANATOMY WHILE ACUPUNCTURE IS BASED ON ENERGY

FACT:
Classical acupuncture theory is based on the observation of humans in their

environments, and treatment theory therefore reflects real-world situations that lead to injuries or illnesses that are identical to those observed in modern medicine. While classical theory organizes real-world information about the body differently than western science, it nonetheless describes the same organism with the same pathologies, and therefore bases diagnoses and treatments on anatomy which are compatible with western models. Mechanistic models of acupuncture's effects have been researched along with the effects of acupuncture needle stimulation on the nervous system, muscles, and connective tissue. Acupuncture channels reflect clinically observable and anatomically relevant interrelationships between body structures, including kinematic relationships.

MYTH #5:
DRY NEEDLING USES TRIGGER POINTS—POINTS THAT ARE UNIQUELY SENSITIVE TO TOUCH; ACUPUNCTURE DOES NOT

FACT:
It has been estimated that 95% of trigger points correspond to acupuncture points. "Ashi point" needling is acupuncture trigger point needling, and this is described in Chinese medical texts dating from 200 BCE – 200 CE. For over 2000 years, Chinese medicine has treated these painful areas with acupuncture, tui na massage, heat, cupping, gua sha, and other methods. Trigger points are not a new discovery.

MYTH #6:
DRY NEEDLING INVOLVES DEEP INSERTION WHILE ACUPUNCTURE DOES NOT

FACT:
Many acupuncture points are needled with deep insertion technique. Each acupuncture point has specific indications for how it should be stimulated, and both shallow and deep techniques are used on many points.

MYTH #7:
THE SCIENTIFIC LITERATURE PROVIDES EVIDENCE SUPPORTING DRY NEEDLING BUT NOT ACUPUNCTURE

FACT:
Meta-analyses of acupuncture data received for a total of 20,827 patients from 39 trials conclude that acupuncture is effective for the treatment of chronic pain, with treatment effects persisting over time. Acupuncture is currently one of the most widely studied medical interventions, and much of the literature used to justify the clinical legitimacy of dry needling is drawn from acupuncture research studies.

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