Manual therapy is the ART and SCIENCE of ELIMINATING PAIN and RESTORING FUNCTION.

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COMPARING PHYSICAL THERAPY DRY NEEDLING AND TRADITIONAL CHINESE MEDICINE (TCM) ACUPUNCTURE

"UNDERSTANDING THE DIFFERENCES IN ARIZONA"
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(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
What is Dry Needling?

Dry Needling is a needling “technique” used by various professional for the treatment of pain and movement dysfunctions.

Dry needling is practiced by multiple professions, and just like spinal manipulation, therapeutic exercise, or electrical modalities, no one profession owns the exclusive rights to any one technique or modality. When a chiropractor performs spinal manipulation it is the practice of chiropractic, when a doctor of osteopathy performs spinal manipulation it is the practice of osteopathy, when a physical therapist performs spinal manipulation it is the practice of physical therapy. Each professional performs the technique within their paradigm of training on how to evaluate and treat the body and dysfunction. As history has shown, just because the primary intervention of chiropractors is spinal manipulation, this does not create an environment where everybody that practices spinal manipulation is practicing chiropractic.

This is the basis of all turf wars, one profession claims expertise in one particular intervention or modality, and attempts to keep all other professionals from utilizing that specific modality or intervention. This practice would create a healthcare system with unreasonable barriers to high-quality and affordable care. So, in this current turf war, please understand when an acupuncturist performs dry needling, it is the practice of TCM acupuncture; when a physical therapist performs dry needling it is the practice of physical therapy. Dry needling is not synonymous with TCM acupuncture, it is one needling technique shared by many professions.

Currently, dry needling has been approved by 34 states and the District of Columbia.

Federation of State Medical Boards of the United States acknowledges that "scopes of practice often overlap within the health care delivery system’, which ‘can be an effective means for providing safe and competent health care’.

(All references found in this paper can be found at www.MPTAlliance.com)
professions including physical therapists, nurses, occupational therapists, medical doctors, osteopathic physicians, naturopaths, homeopaths, dentists, chiropractors and acupuncturists. TCM acupuncture is an entire system of Chinese medicine used to treat patients, it is not a single technique like dry needling is.

What is the difference?

These are two very different professions with very different scopes of practice:

Both professions may, at times, use a similar treatment technique or modality, a thin filiform needle, to treat the patient, but the underlying treatment strategies, reasonings, and approaches to care are very different.

For TCM practitioners, dry needling is just one needling technique of many that they use to treat patients with and is normally associated with “ashi” points (painful points) in the body. However, beyond needling painful points with this one technique, TCM practitioners have multiple other needling techniques in which they claim to treat all 11 body systems and conditions such as the common cold, irritable bowel syndrome, depression, anxiety, infertility and a whole host of conditions with TCM.

Physical therapists, on the other hand, are highly specialized to treat neuromusculoskeletal conditions and their scope of practice restricts the conditions they treat. Physical therapists do NOT desire to practice as acupuncturists, chiropractors, naturopaths or homeopathic.

(Please note that the full source text is too large to fit in the margin.)
physicians do. These professions all use TCM acupuncture and it’s principles to treat all 11 body systems and the entire spectrum of disease. TCM is a methodology on how to look at and treat the entire spectrum of health. Physical therapists do not want to expand their scope to all those areas and conditions; they use dry needling to treat neuromusculoskeletal conditions within their scope of practice.

**Dry Needling According to the Arizona Physical Therapy Association:**

“Dry Needling is a skilled intervention performed by a physical therapist (PT) that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular and connective tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments.”

**Dry Needling According to the American Academy of Orthopedic Manual Physical Therapy:**

“It is the Position of the AAOMPT Executive Committee that dry needling is within the scope of physical therapist practice.” (AAOMPT 10/09) and:

“Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation.”

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Dry needling is practiced by physical therapists around the world in:

- Australia
- Denmark
- South Africa
- Spain
- UK
- Belgium
- Ireland
- Norway
- Sweden
- Canada
- The Netherlands
- New Zealand
- Switzerland
- United States of America

(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
Dry needling within physical therapy scope of practice:

Dry needling by physical therapists is used only to treat the neuromusculoskeletal system within the scope of physical therapy practice. As physical therapists we do not wish to restrict the practice of acupuncturists, and we do not want to expand our scope of practice to treat all 11 body systems through dry needling. Dry needling is a specialized needling approach used to treat pain and movement dysfunction in physical therapy patients with neuromusculoskeletal conditions.

Dry needling is based on the western medical sciences while TCM, according to the National Center for Complementary and Alternative Medicine is rooted in the ancient philosophy and religion of Toaism. Dry needling has been determined within the practice of physical therapy by 34 different state boards. Only two states as of January 2014, have passed legislation concerning dry needling by physical therapists. Historically, the scope of practice determinations have been regulated by State Boards.

On October 22, 2013 the Arizona State Board of Physical Therapy, as commissioned by A.R.S. § 32-3003.4 to regulate the practice of physical therapy by interpreting and enforcing the physical therapy chapter, determined that dry needling is within the scope of practice of physical therapists in Arizona.

This determination is not an expansion of scope of practice but a determination of current scope of practice. Historically in Arizona, physical therapists have been practicing needling for over 30 years long, before the existence of an acupuncture board, which was formed in Arizona in 1998. Note that the Arizona State Board of Acupuncture Examiners was not created to limit the scope of practice of other professions according to A.R.S. § 32-3921 (B)(1), but to set standards, rules and regulations for those that wanted to be licensed to practice TCM acupuncture without any other training or formal training in the medical sciences.
Origins of Dry Needling

The very first research article to describe the needling affect from a non-eastern approach was publish by a medical doctor, Dr. K. Lewit in 1979, in the medically reviewed journal Pain. Prior to 1979, the Journal of the American Medical Association published an article titled “Therapeutic injections in painful musculoskeletal disorders” in 1944, however this approach used needling with injectate, otherwise known as trigger point injections. Then in 1980, Dr. Gunn, a medical doctor in Canada published a paper in the medical journal Spine titled “Dry needling of muscle motor points for chronic low back pain; a randomized clinical trial with long term follow-up.” Dr. Janet Travell, who is remembered as President John F. Kennedy’s personal physician further popularized the practice of dry needling when she published a series of trigger point manuals in 1983.

The big question, is it safe?

To answer this question lets look at the historical evidence and research literature, along with actual numbers provided by insurance companies.

1. LOCALLY: In 3 decades of practice in AZ, the PT Board has received zero complaints from patients or providers of a physical therapist injuring, harming, or mistreating a patient in regard to dry needling.

2. NATIONALLY: The State of Maryland determined dry needling was within the scope of practice of PT’s in 1984, and in 3 decades of practice in the US, the CNA, which has been the nationally endorsed professional liability underwriting company for physical therapists for over 22 years has stated: “After reviewing the CNA claim database, which includes approximately 5,800 closed physical therapist claims, there

The research literature suggests, overall needling, whether called dry needling or acupuncture, performed by either a TCM practitioner, physician, or a physical therapist is a relatively safe procedure, carrying with it less risk than that associated with taking over the counter anti-inflammatory medications.
were no trends relative to dry needling identified that would indicate this procedure presents a significant risk factor.” Further more, “CNA does not forsee the practice of dry needling by licensed physical therapist as having any immediate claim or rate impact.” CNA reported only 6 closed cases over this time period that involved dry needling, with a total indemnity paid out of $79,000.00. (Please visit www.MPTAlliance.com for copy of letter)

3. **RESEARCH:** According to Brady et. al. the risk of a significant adverse event for dry needling by PTs was calculated to be 0.04%, which is considerably lower than the risk of taking ibuprofen (Brady S, et. al. Journal of Manual and Manipulative Therapy 2013 vol. 000 no. 000).

Anyone acting within reason, logic and ethics can look at the above evidence to easily determine that over the last thirty years of clinical practice, physical therapists have acted responsibly and competently as required by their licensure, state laws and national code of ethics. Although accused by the TCM community of being reckless, fraudulent and unethical, the results over the last 30 years say differently. Emotional pleas of unsafe practice and endangering the public are simply untrue and have no evidence to support their implications.

**Why up-regulate the physical therapy profession?**

There is no reason for legislators to choose to up-regulate an entire profession based on false accusations. The Arizona State Board of Physical Therapy is empowered by A.R.S. § 32-3003.4 to regulate the practice of physical therapy by “interpreting” and “enforcing” the physical therapy chapter. The historical evidence provides the proof of the effectiveness of its enforcement and regulation of its professionals. It is our opinion that the accusations of the TCM community be acknowledged as valid concerns. However it is also our opinion that upon further review those concerns should be viewed as unsubstantiated. Furthermore, the legislative members should be confident that the regulatory board they created would act appropriately to ensure public safety if
even a small trend of valid patient safety concerns were brought to attention of the Arizona State Board of Physical Therapy.

**What about education?**

What are the qualifications of physical therapists who are dry needling, compared to TCM practitioners. Let’s look at the law and current entry level educational programs for physical therapists.

**Summary of Educational Differences Table 1**

<table>
<thead>
<tr>
<th>Minimum requirements by law A.R.S. § 32</th>
<th>TCM ACUPUNCTURE</th>
<th>DRY NEEDLING</th>
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<tbody>
<tr>
<td>Certified or licensed with at least 1850 hours of training (of that, 800 hours of clinical training) A.R.S. § 32-3924</td>
<td>Successfully passed national board exam</td>
<td>Graduate of an accredited Physical Therapy Program*</td>
</tr>
<tr>
<td>***Only 1050 hours of in class hours needed to practice</td>
<td>Successfully passed Arizona State Jurisprudence Exam</td>
<td></td>
</tr>
<tr>
<td><strong>All current entry level physical therapy programs are at the professional doctorate level) A.R.S. § 32-2022</strong></td>
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<tr>
<th>Bachelors Degree Requires</th>
<th>NO, ***NO GED REQUIRED</th>
<th>YES</th>
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<tr>
<th>Average National Training</th>
<th>1950 hours of Traditional Chinese Medicine / Acupuncture Training (Average according to Council of Colleges of Acupuncture and Oriental Medicine)</th>
<th>Current entry level degree: Doctor of Physical Therapy 2676 hours (Avg. in 2004)</th>
</tr>
</thead>
</table>

*(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))*
What specific training do physical therapists have to prepare them to perform dry needling?

Physical therapists’ specific training in regards to needling comes from a variety of foundational subjects. As part of the entry level education, PTs are trained in neuroanatomy, pathology and diagnosis of myofascial trigger points and neuromusculoskeletal conditions as well as EMG testing and wound care. EMG testing uses the same type and size of needles as acupuncturist do, with a modified handle. Wound care therapists use surgical scalpels for debridement, or the cutting away of unhealthy tissue, in wounds to aid wound healing. These are uncontested areas of physical therapy scope of practice.

These specific areas require foundations training in the following:

1. **Blood borne Pathogen Regulations** (Standards - 29 CFR) as published by the US Occupational Safety and Health Administration (United States Department of Labor) and with guidelines published by the US Centers for Disease Control and Prevention.

2. **Creation of a sterile field** to prevent infection, contamination and/or spread of disease.

3. **Physical therapists are educated in adverse events and emergency first aid.** Having direct access to patients in Arizona means that physical therapists may see a patient without a prescription from their doctor. Therefore, physical therapy education has extensive differential diagnosis training, and red flag screening, especially in life threatening conditions.

(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
Because of this training, many therapists are employed in emergency rooms and are expected to be able to identify emergency conditions such as pneumothorax (punctured lung), aneurysms, stroke, heart attacks or arteriole dissections. These therapist must be able to respond, treat, and appropriately refer in the presence of such conditions. Due to their extensive training, physical therapists are now utilized on the front-lines in the military because of their ability to triage and treat patients. Military physical therapists use dry needling to treat our service men and women.

4. **Extensive understanding of human anatomy.** Without such understanding, wound care debridement, EMG needling and dry needling would be very risky. According to Peuker et al. 2001, when looking at adverse events in acupuncture, serious complications of acupuncture could have been avoided if acupuncturists had better anatomical knowledge. Physical therapists are the neuromusculoskeletal experts because of our understanding of anatomy and orthopedics.

**Post-Graduate Dry Needling Training**

Post-graduate dry needling courses for physical therapists build on the knowledge and skills achieved during graduate physical therapy education.

The average certification is 54 hours long with comprehensive coverage of the following areas as related to dry needling:

- Contraindication and Indications
- Needling Handling & Safety, Management of Adverse Events
- Blood Borne Pathogen Regulation Review
- Extensive Anatomical Review with safe needling techniques

(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
Furthermore when it comes to managing musculoskeletal conditions physical therapists, according to Childs et al. 2005, have been shown to rank only behind orthopedic surgeons in their knowledge of musculoskeletal conditions management. The study shows that physical therapists rank ahead of family medicine practitioners, internists, general surgeons and other non-orthopedic physicians in their knowledge of musculoskeletal conditions management. This again was supported by research from Moore, et al 2005, which shows that clinical diagnostic accuracy by physical therapists and orthopedic surgeons on patients with musculoskeletal injuries was significantly greater than non-orthopedic surgeon’s, with no statistical difference between orthopedic surgeons and physical therapists. These research studies suggest that PT’s have the knowledge, training, and skills necessary to clinically diagnose and manage musculoskeletal injuries beyond most non-orthopedic physicians.

**How is this not acupuncture by definition according to A.R.S. § 32-3901(1)?**

A.R.S. § 32-3901(1) “Acupuncture” means puncturing the skin by thin, solid needles to reach subcutaneous structures, stimulating the needles to affect a positive therapeutic response at a distant site and the use of adjunctive therapies.”

The answer lies in where the response is directed. Although both professions use thin filiform needles, the reasoning behind the chosen intervention and where the therapeutic response is directed is distinctly different. Physical therapists are directing the treatment toward specific structures, based on their understanding of human neuromusculoskeletal anatomy and physiology.

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**Acupuncture attempts to direct a therapeutic response at a distant site through movement of qi.**

Physical therapists direct their dry needling treatments at specific, direct, local structures based on human anatomy.

(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
In the TCM view a vital energy or life force called qi circulates in the body through a system of pathways called meridians. Health is an ongoing process of maintaining balance and harmony in the circulation of qi. By stimulating specific points on the body, by inserting thin metal needles through the skin, TCM practitioners seek to remove blockages in the flow of qi, thus, as the definition of acupuncture indicates, their treatments are directed at a distant site from the needle insertion.

How does DN fit into physical therapy according to A.R.S. § 32-2001(12)?

12. "Practice of physical therapy" means:

(a) Examining, evaluating and testing persons who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of intervention.

(b) Alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions including:

(i) Therapeutic exercise.

(ii) Functional training in self-care and in home, community or work reintegration.

(iii) Manual therapy techniques.

(iv) Therapeutic massage.

(v) Assistive and adaptive orthotic, prosthetic, protective and supportive devices and equipment.

Dry needling is a neuromuscular treatment technique that requires effective manual assessment and knowledge of the neuromusculoskeletal systems.

(All references found in this paper can be found at www.MPTAlliance.com)
(vi) Pulmonary hygiene.

(vii) Debridement and wound care.

(viii) Physical agents or modalities.

(ix) Mechanical and electrotherapeutic modalities.

You will notice that EMG needles nor scalpels are found within the practice act but are implied by the term modalities. This is the basis of how the Arizona Board of Physical Therapy came to the following determinations based on an exhaustive 2 year review process.

In October 2013 the Board concluded that Dry Needling is a modality; which is a broad intervention identified in the definition of the practice of physical therapy. (See A.R.S. §32-2001(12)(a & b)). Further, the definition of the “Practice of Physical Therapy” includes in paragraph b that a physical therapist is responsible for managing, designing, implementing and modifying interventions that include modalities and mechanical modalities. (A.R.S. §32-2001(12)(b)).

The education within the profession of physical therapy includes the knowledge base and skill set including, but not limited to anatomy, physiology, pathology, and differential diagnosis required to treat myofascial pain, trigger points, and neuromuscular dysfunction. Dry Needling is a neuromuscular treatment technique that requires effective manual assessment and knowledge of the neuromuscular system. Therefore such treatment requires the expertise of a physical therapist and should not be delegated to assistive personnel. (See A.R.S. §32-2001(12)(a, b, c, and d)).

Ms. Carol Kari, L.Ac, RN, who served as the President of the Maryland Acupuncture Society from 1992 to 1997 testified that: “Yes, both professions hold the same tool, a needle, but the physical therapists are not working from a perspective of acupuncture meridians or chi flow in the body.”

(All references found in this paper can be found at www.MPTAlliance.com)
According to the State Board of Physical Therapy in the delivery of all treatment techniques, including dry needling, a physical therapist must maintain a level of competence that ensures the treatment will be safe, effective and efficient. Any physical therapist delivering treatment in which they are not competent to perform may face discipline for substandard care under A.R.S. §32-2044(4).

What is a “passive” intervention?

Although the physical therapy board does not classify dry needling as a manual therapy technique, but a mechanical modality, many in TCM practitioners argue that dry needling cannot be considered as a part of physical therapy scope of practice because the definition of manual therapy according to A.R.S. §32-2001(6) is a broad group of “passive” interventions. . . The argument is that needling is an “invasive” intervention and manual therapy is a “passive” intervention. This argument assumes invasive is the opposite of passive. This may sound reasonable, however it is based on an incorrect understanding of what a “passive intervention” is. A passive intervention involves the patient “not” moving or participating in the intervention, they are sitting or lying still. During a passive intervention, the physical therapist is moving the target limb or performing an intervention on their body. For example when performing spinal manipulation, soft-tissue mobilization, or dry needling the patient is not actively moving, they are relaxed and the therapist is performing the technique on them, therefore, these are passive interventions.

The opposite of a passive intervention would be an active intervention. An active intervention is one in which the patient is participating or actively moving during the intervention. An example would be a therapeutic exercise program, or with a neuromuscular re-education program where the patient actively moves his or her limb.
or body part to assist the therapist in achieving the desired therapeutic outcome. Since the patient is actively moving, these would be considered active interventions. Passive interventions are in no way the opposite of invasive techniques. The opposite of invasive is non-invasive.

Protect access to affordable healthcare & consumer choice

Acupuncturists want to own the “sole” right to use a thin filament needle to treat consumers. This restricts consumer choice and does not promote affordable healthcare to consumers. It limits free enterprise and the formation of a competitive market place.

According to National Center for Complementary and Alternative Medicine: TCM, which encompasses many different practices, is rooted in the ancient philosophy of Taoism and dates back more than 5,000 years. Treatment thus requires patients to buy into its roots in eastern philosophy and religion.

As a consumer, if oriental beliefs do not fit within the patient’s world view, shouldn’t they be allowed to have access to practitioners that do not treat in line with oriental medicine? Shouldn’t they be able to choose a provider that has a foundation in western medicine and the sciences?

It would be wrong to take consumer choice, and access to a safe, effective treatment modality away from an informed public. In the 2013-14 Arizona School of Acupuncture and Oriental Medicine, on page 24 of their catalog states:

“For a number of Westerners, Qi poses conceptual problems because it fits none of the categories of phenomena to which they are accustomed. Having no form, it is clearly not a substance. Many are happy to consider it energy, but since science has been

(All references found in this paper can be found at www.MPTAlliance.com)
unable to determine its nature, it can at best be called energy only in an as-yet-undefined use of the word. Since science’s probes cannot detect it consistently as a single phenomenon, its existence has to be taken, to a greater or lesser degree, on faith.”

As a western based medical practitioner a physical therapist would not and cannot, with any professional integrity, tell their patients that they are acting simply on “faith” that dry needling will work. Physical therapists provide care based on the belief it will work based on experience, training and what the scientific literature and evidence states. As a whole the medical professions are pushing for more evidence based or informed practices. As physical therapists TCM does not hold with or support our western medical education.

**TCM and the Western Sciences**

TCM, in order to become more accepted in Western society has had to incorporate the biomedical sciences and explain their approaches in western terminology in order to survive in the free enterprise system. This acceptance of western biomedical sciences does not make them superior to others, but proves their adaptability and willingness to learn. This does not change the foundations of TCM. According to the Coalition for Safe Acupuncture Practice’s facebook page:

“Traditional Chinese Medicine (TCM) inherits and develops the philosophies of Taoism and Confucianism and uses them to understand disease and health. The guiding concept of TCM is a correspondence between humankind and nature. We, as an organism in nature, reflect the world in which we live, thus making a balance between humankind and nature essential for wellbeing. Practice of acupuncture with a knowledge of the concepts of Traditional Chinese Medicine is essential to preserving the efficacy, the safety, the harmony and ultimately the power of acupuncture to heal.”

This philosophical viewpoint is not related to the medical sciences, and in our opinion it is completely unnecessary or needed in order to make medically trained physical therapist effective, safe, and competent when utilizing thin filament needles.

(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
This is not to say TCM does not have therapeutic value; we are simply stating TCM does not fit within the paradigm of physical therapy education. To be able to practice TCM as a physical therapist one would have to go back to school to learn an entire new way of looking at the body. Fortunately dry needling is not based on TCM but on the biomedical sciences, which is the foundation of physical therapy education.

In addition if a physical therapist was to become certified, or licensed in acupuncture, that would effectively expand their scope of practice. Licensed acupuncturists, whether they be acupuncturists, chiropractors, naturopaths or homeopaths claim to treat all 11 body systems with various needling techniques and all sorts of pathological conditions from depression, anxiety, IBS, and the common cold to low back pain. Physical therapists use dry needling within their scope of expertise: neuromusculoskeletal conditions. Physical therapists do not wish to expand their scope of care to those other areas, physical therapists desire to remain the neuromusculoskeletal care experts.

Thank you for taking the time to understand this issue, its implications and impact on our current healthcare community, its professionals, our patients and your constituents.

Please feel free to contact us at your convenience with any questions, comments or concerns at mpta@mptalliance.com, or browse our website for more resources about dry needling and manual physical therapy at www.MPTAlliance.com.

Professionally,

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Justin Dunaway, PT, DPT, OCS, Cert. SMT, Cert. DN, Co-Founder MPTA
Calvin Noonan, PT, DPT, ATC, Cert. SMT, Cert. DN, Co-Founder MPTA

The Manual Physical Therapy Alliance is a group of concerned physical therapists who have a common mission to promote the practice and proliferation of manual therapy through political activism, provider education, consumer education, and continuing competency promotion.

Manual Physical Therapy Alliance

Dry Needling & Acupuncture

(All references found in this paper can be found at www.MPTAlliance.com)
## SUMMARY OF DIFFERENCES Table 2

<table>
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<th></th>
<th>TCM ACUPUNCTURE</th>
<th>DRY NEEDLING</th>
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<tr>
<td><strong>Roots or Foundations</strong></td>
<td>Ancient philosophy of Taoism (According to the National Center for Complementary and Alternative Medicine <a href="http://nccam.nih.gov/health/whatiscam/chinesemed.htm">http://nccam.nih.gov/health/whatiscam/chinesemed.htm</a>)</td>
<td>Base on the biomedical sciences, anatomy and physiology</td>
</tr>
<tr>
<td><strong>Origins</strong></td>
<td>2,500 years ago in China</td>
<td>Needle Effect first mentioned by non-acupuncturist, Dr. Lewit MD in 1979</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>TCM Diagnosis: According to MacPherson et. al., 2003. LBP is diagnosed as “Qi and Blood Stagnation in 88% of patients, followed by Kidney Deficiency in 53% of patients, and the Bi Syndrome in 28% of patients, and more than one syndrome was identified in 65% of patients.</td>
<td>Medical Diagnosis: For example, low back pain may be diagnosed as acute or chronic lumbar radiculopathy, mechanical low back pain, sacroiliac dysfunction, or facet syndrome.</td>
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</tbody>
</table>

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Manual Physical Therapy Alliance

Dry Needling & Acupuncture

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UNDERSTANDING THE DIFFERENCES Continued:

<table>
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<th>Underlying concepts</th>
<th>TCM ACUPUNCTURE</th>
<th>DRY NEEDLING</th>
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<td>According to the National Center for Complementary and Alternative Medicine (<a href="http://nccam.nih.gov/health/whatiscam/chinesemed.htm">http://nccam.nih.gov/health/whatiscam/chinesemed.htm</a>):</td>
<td></td>
<td>The Biomedical Sciences including but not limited to:</td>
</tr>
<tr>
<td>• The human body is a miniature version of the larger, surrounding universe.</td>
<td></td>
<td>Anatomy &amp; Physiology</td>
</tr>
<tr>
<td>• Harmony between two opposing yet complementary forces, called yin and yang, supports health, and disease results from an imbalance between these forces.</td>
<td></td>
<td>Biochemistry</td>
</tr>
<tr>
<td>• Five elements—fire, earth, wood, metal, and water—symbolically represent all phenomena, including the stages of human life, and explain the functioning of the body and how it changes during disease.</td>
<td></td>
<td>Biomechanics</td>
</tr>
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</table>

Manual Physical Therapy Alliance
Dry Needling & Acupuncture

(All references found in this paper can be found at [www.MPTAlliance.com](http://www.MPTAlliance.com))
**UNDERSTANDING THE DIFFERENCES Continued:**

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<th>Energy Flow</th>
<th>TCM ACUPUNCTURE</th>
<th>DRY NEEDLING</th>
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<tbody>
<tr>
<td>Qi (chi), a vital energy that flows through the body, along meridians and performs multiple functions in maintaining health.</td>
<td>Dry needling neither attempts, nor claims, to balance or move energy or qi along meridians.</td>
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<table>
<thead>
<tr>
<th>Therapeutic Effect of Needling</th>
<th>TCM ACUPUNCTURE</th>
<th>DRY NEEDLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>By stimulating specific points on the body practitioners seek to remove blockages in the flow of qi to promote health.</td>
<td>Neuromuscular Response: Increase Oxygen in area, normalization of pH, goal of desensitization and removal of noxious stimuli (pain), normalization of muscle firing, and resting length.</td>
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<th>Methods of Diagnosis</th>
<th>TCM ACUPUNCTURE</th>
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<td>TCM practitioners traditionally used four methods to evaluate a patient’s condition: observing (especially the tongue), hearing/smelling, asking/interviewing, and touching/palpating (especially the pulse).</td>
<td>Medical Interview Vitals, Postural Exam Cardiovascular Screen Musculoskeletal Exam Neurological Exam</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are they safe?</th>
<th>TCM ACUPUNCTURE</th>
<th>DRY NEEDLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research literature suggests, overall needling, whether called dry needling or acupuncture, performed by either a TCM practitioner, physician, or a physical therapist is a relatively safe procedure, carrying with it less risk than that associated with taking over the counter anti-inflammatory medications.</td>
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</tbody>
</table>
UNDERSTANDING THE DIFFERENCES Continued:

<table>
<thead>
<tr>
<th>Scope of Practice in regards to needling</th>
<th>TCM Acupuncture</th>
<th>Dry Needling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat all 11 body systems and the entire spectrum of disease</td>
<td>Use dry needling specifically to treat neuro-musculo-skeletal conditions</td>
<td></td>
</tr>
</tbody>
</table>

| Role of Western Medicine | TCM Practitioners have had to implement western medicine into its paradigm of treatment in order to survive and be accepted in the Western culture. Western medicine and the biological sciences are NOT their foundations to their care. | Physical therapists that utilize dry needling have a foundational education grounded in the biomedical sciences and those principles guide their clinical decision making skills. |

| Number of States plus DC that Regulate via Statutes | 45 States have an acupuncture regulatory act | 50 states as well as DC have regulatory practice acts and state boards in addition to a Federal State Board of PT |

| How many states regulate Dry Needling by physical therapists: (as of Jan. 2014) | • 34 states have a determination by their PT board that DN is within the scope of practice of PT • Only 1 state has addressed this legislatively, GA • In 33 states, it has been State PT Boards that have made the determination of scope • Only 5 states have set minimum hour requirements • Only 2 states require 54 hours of education, which is the strictest requirements. |

(All references found in this paper can be found at www.MPTAlliance.com)
References

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Steinbrocket, O. Therapeutic injections in painful musculoskeletal disorders. JAMA, 1944, 125: p. 397 - 401.

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