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Hawaii State Legislature
415 S Beretania St
Honolulu, HI 96813

Re: Why Trigger Point Dry Needling is Not Acupuncture and Why It Should Be Within Physical Therapy Scope of Practice

Dear Hawaii State Legislators,

There have been and continue to be regulatory, legal and legislative efforts by various professional acupuncture organizations and entities to define and/or redefine the scope of pracice for physical therapists to exclude the practice of trigger point dry needling. They claim that trigger point dry needling and acupuncture are synonymous, and as such physical therapists are practicing acupuncture, which is outside their scope of practice. It is simply not true that trigger point dry needling is indistinguishable from acupuncture. Aside from all of the historical, intellectual and rational reasons that address that question below, in the most obvious way, from either the experience of a patient receiving dry needling, or anyone watching the technique, a person would know *immediately* upon feeling it or seeing it being done that "This is not acupuncture".

I am a board certified Physical Medicine and Rehabilitation physician and have sub-specialized in the treatment of chronic pain for over 25 years. Chronic pain is a national epidemic that not only creates immeasurable suffering, impairment, disability and addiction but also is a major contributor to health care expenditures. It is increasingly recognized in the medical community that the type of pain that dry needling treats, 'trigger point' or 'myofascial pain', is a highly prevalent source of under-diagnosed pain in patients seen not only by primary care providers but also by specialists like myself at chronic pain clinics. As such the epidemic of chronic pain that drains our health care systems can never be reversed until trigger point myofascial pain is recognized and treated early and properly.

The Intramuscular Stimulation (IMS) model of trigger point dry needling was developed by C. C. Gunn, M.D., Clinical Assistant Professor at the University of Washington Pain Center, from whom I learned it in 1993. Dr. Gunn has been recognized internationally by the medical community and has been awarded the Order of Canada for his contributions to the understanding and treatment of chronic pain. Upon Dr. Gunn's recommendation I was appointed to the faculty at the University of Washington Pain Center where I taught IMS dry needling to other physicians from 2001-2003. Working with a physical therapist, I co-authored a chapter on the IMS form of dry needling in the 2018 2nd edition textbook 'Trigger Point Dry Needling: An Evidence and Clinical-Based Approach'. The editors of this textbook are physical therapists and the 24 contributors to this textbook are either M.D.s or P.T.s. I have never studied acupuncture.

Numerous clinical trials have been published in the peer review medical literature over the past 30 years (see references below) demonstrating the safety and efficacy of dry needing for trigger point myofascial pain. These articles have been authored by M.D.s and/or P.T.s without any reference to acupuncture principles, points or treatment techniques. IMS trigger point dry needling is currently provided and taught by both medical doctors and physical therapists at both the University of Washington and the University of British Columbia, as well as at other medical institutions and clinics in Europe, Israel and South America. It is widely available from physical therapists throughout Canada and increasingly throughout the United States.

The suggestion that dry needling is acupuncture is wrong. Acupuncture has a long and reputable history, originating in the orient and based on a system of 'energy flow' along what are called meridians throughout the body. Dry needling is a much more recent approach, about 40 years old, and based on an understanding of neuroanatomy and neurophysiology. Proper practice of dry needling requires a neuro-musculoskeletal physical examination which forms the basis for treatment. Dr. Gunn's neuropathic-myofascial model of chronic pain is based on the work of the eminent physiologist Walter Cannon, M.D., Ph.D. (1871-1945), Chairman of the Department of Physiology at Harvard (1906 -1945). In addition to his research on denervation (loss of nerve supply), he was the first investigator to research the 'fight or flight' response of the autonomic nervous system, the foundation for current vascular collapse-shock management. IMS dry needling is very definitely grounded on western scientific neuroanatomic and neurophysiological principles and evidence. In addition, alternative models of 'trigger point' myofascial pain, e.g. the 'Integrated Hypothesis', that are advocated in the medical and physical therapy community are also based completely on neuroanatomical, neurphysiological and biochemical principles and evidence, without reference to acupuncture.

While dry needling uses a similar monofilament needle as acupuncture, "why" the patient is sick, "what" to look for on physical examination and as such "where" and "how" to treat the patient are entirely different from acupuncture. To say that dry needling and acupuncture are the same because they use the same tool would be like saying that drawing a patient's blood to measure blood chemistries is the same as blood letting. Similarly it would be like saying that Mozart and Bluegrass are the same because they are both played on a violin. Ultrasound is used by a wide variety of health care practitioners including physical therapists for heating soft tissue, by ultrasonographers to visualize neuromusculoskeletal structures and by cardiologists to measure blood flow. Thus it is not the tool that defines the model and treatment results but how it is understood to be effective and applied. It is in all of these respects that dry needling shares little in common with acupuncture while much with physical therapy treatment of neuro-musculoskeletal pain.

In addition to treating many different types of pain, the American Academy of Medical Acupuncture lists *all of the following conditions as potentially benefiting from acupuncture: insomnia, anorexia, allergic sinusitis, persistent hiccups, dermatological conditions, diarrhea, severe hyperthermia and urinary incontinence, to name just a few.*
Indeed, in lists of over 40 medical conditions that can be treated with acupuncture, 'trigger point' or 'myofascial pain' are not mentioned:
http://www.medicalacupuncture.org/FAQ.aspx
(http://www.medicalacupuncture.org/ForPatients/GeneralInformation/HealthConditions.aspx

While I do not dispute the utility of acupuncture for any of these conditions, trigger point dry needling practitioners make no similar claims. Because dry needling is based on specific principles of anatomy and neurophysiology whose effects can be demonstrated using electromyographic, ultrasonographic and biochemical techniques, the condition for which it is useful is limited to exactly one: myofascial trigger point pain. *It does not even claim to treat ALL types of pain,* i.e. the pain caused by an acute injury like an ankle sprain or the pain of inflammation from arthritis. It has *one and only one* specific pathology that it targets: myofascial trigger point pain.

Over the course of my career I have worked closely with all of the various providers available to treat persistent pain and I can state with confidence that the health profession that can provide this service safely, properly and effectively to the largest number of patients who would benefit from it is physical therapy. Physical therapists have the proper education in the biomedical sciences, are already treating neuro-musculoskeletal injuries and conditions associated with trigger point myofascial pain, and *significantly, can provide these patients with the proper exercise and functional rehabilitation programs they also require*. Indeed physical therapists are the ideal practitioners to provide dry needling to the truly enormous numbers of people who could benefit from it. Canadian physical therapists have been safely and effectively using this treatment for over 20 years and since then increasing numbers of U.S. physical therapists. I have taught physical therapists the IMS form of trigger point dry needling at the Institute for the Study and Treatment of Pain, as well as through LearnIMS Continuing Education, Inc. for the past 15 years.

Having worked in an orthopedic surgery practice for many years at the beginning of my career, I am familiar with the treatment algorithm-flow chart for patients with subacute and persistent musculoskeletal pain: most of the patients that fail to respond to physical therapy do not typically then go to an acupuncturist; many of them go on to have surgery. If their problem is myofascial trigger point pain, surgery will not help the patient, and so if physical therapists do not have the option of offering their patients dry needling, many of these patients will go on to lives of chronic pain, opioid dependence, vocational impairment and disability.

Unfortunately, to date acupuncture has not stemmed the tsunami of chronic pain, and preventing physical therapists from dry needling certainly will not change that. Alternatively, allowing physical therapists to offer dry needling when indicated will I believe have a very positive effect on the treatment of neuromusculoskeletal pain and actually NO effect on acupuncture practice. To state it again: patients who don't have the option of receiving trigger point dry needling from a physical therapist will NOT receive acupuncture, but often surgery. With a growing national epidemic of chronic pain, the expansion of physical therapy practice to include dry needling should be recognized as a major step towards improving the treatment of patients with chronic pain.

The acupuncture community's concerns are understandable but misguided: trigger point dry needling is both conceptually and technically distinct from acupuncture, AND, remembering that acupuncture offers treatment for a wide variety conditions which do not include trigger point pain, referrals to acupuncturists will be unaffected if physical therapists provide trigger point dry needling.

Patient access to dry needling has been severely limited due to the small number of physicians that offer it. Dry needling is a safe, effective, low cost and low tech treatment that can save large numbers of patients from chronic pain, unnecessary suffering, opioid dependence and disability. It is literally the treatment for persistent pain that 'we have been crying out for'. From reducing the need for prolonged physical therapy to avoiding unnecessary radiographic/MRI studies, lessening medication use and the need for surgery, over time the wider availability of trigger point dry needling will also provide substantial financial savings in the treatment of these conditions. With proper training physical therapists are increasingly offering trigger point dry needling as a therapeutic option to their patients, a development I whole-heartedly support.

Respectfully,

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