

**Position Statement on Trigger Point Dry Needling (TPDN)
and Intramuscular Manual Therapy (IMT)**

'Dry needling' is a pseudonym for acupuncture that has been adopted by physical therapists, chiropractors, and other health providers who lack adequate training, education and legal ability to practice acupuncture within their scope of practice. Rebranding acupuncture as 'dry needling' allows these groups to skirt safety, testing, and certification standards put into place for the safe practice of acupuncture.

A small subset of Wisconsin physical therapists are performing the unregulated, unsafe medical treatment known as 'dry needling' which they define as the insertion of filiform needles into trigger points. Anatomically, "trigger points" and "acupuncture points" are synonymous, and acupuncture has targeted trigger points for over 2,000 years. 'Dry needling' is indistinguishable from acupuncture since it uses the same FDA-regulated medical device specifically defined as an "acupuncture needle," treats the same anatomical points, and is intended to achieve the same therapeutic purposes as acupuncture.

Acupuncture is an invasive procedure that carries well-known risks when performed without adequate clinical training and assessment. The US Food and Drug Administration (FDA) defines the acupuncture needle as a Class II medical device, and has explicitly stated that the sale of acupuncture needles 'must be clearly restricted to qualified practitioners of acupuncture as determined by the States.' As 'dry needling' is acupuncture, it presents the same inherent risks including, but not limited to, perforation of the lungs and other internal organs, nerve damage, and infection. Recent reports of serious and potentially life-threatening injuries associated with "dry needling" include pneumothoraces and spinal cord injury. These and other injuries support the statement that "dry needling" presents a substantial threat to public safety when performed without adequate training.

The unilateral addition of 'dry needling' by the Physical Therapy Examining Board was not subject to public hearings or to the approval of the state legislature, and the Physical Therapy Examining Board has assiduously avoided engaging in any rule making on the topic. WISCA contends that the Wisconsin State Legislature did not intend procedures such as 'dry needling' to be inherently within the scope of physical therapy in Wisconsin. Chapter 448.50, the physical therapy practice act, states that physical therapists may engage in 'therapeutic intervention'... 'using physical therapy procedures or techniques'. Chapter 448.50 does not address invasive procedures generally, or any use of needles in particular. Furthermore, invasive procedures are not included in the curriculum of physical therapy doctoral programs in Wisconsin, and the methods applied by physical therapists in Wisconsin have not historically pierced the skin.

WISCA does not maintain that the use of Acupuncture by other healthcare professions should be prohibited, merely that the rigorous education, training, and safety standards that have been established for Acupuncture should be upheld, regardless of the philosophical underpinnings that belie its interdisciplinary application. Acupuncturists certified by the DSPS under Chapter 451 of Wisconsin statutes have undergone a minimum of 1900 hours of classroom education, and 660 hours of supervised clinical training at an Acupuncture school that has been certified by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), an agency recognized by the US Department of Education. National standards for physicians to become certified by the American Board of Medical Acupuncture (ABMA) include a minimum of 300 hours of acupuncture specific education, 100 hours of which must be clinical training acceptable to the ABMA.

In contrast, there are no independent, agency-accredited training programs for 'dry needling,' no standardized curriculum, no means of assessing the competence of instructors in the field, and no independently administered competency examinations. There are no regulations to inform the practice of 'Dry Needling', either in Wisconsin or on a national level. 'Dry Needling' curriculum requirements are left in the hands of out of state continuing education course providers, and it appears that physical therapists and/or physical therapy assistants are receiving as little as 12-24 hours of classroom time and little to no hands-on training or supervision before engaging in the practice.

WISCA is best poised to understand the danger posed by the unregulated, unsafe practice of 'dry needling', so it has assumed the responsibility of alerting physicians, legislators, and the public about the situation.