

AAMA Policy on Dry-Needling

Marshall H. Sager, DO, FAAMA
Rey Ximenes, MD, FAAMA

The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to insuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle into a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury.

Acupuncture, like Western Medicine is a complex subject. It cannot be mastered in a weekend or in a month. All AAMA members in addition to four (4) years of medical school (MD or DO), must have 300 hours of didactic and clinical acupuncture education and training. A non-physician must have in excess of 2,000 hours of clinical and didactic education and training before they can become certified to treat patients in most states.

Dry needling is the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not a holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites.

Dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient).

There has been controversy in the United States as to who is qualified to practice dry needling. Since it is an invasive procedure using needles, many take the position that it should only be performed by licensed acupuncturists or licensed medical physicians (M.D. or D.O.). In Illinois, this sentiment was echoed by a decision to reverse legislation permitting physical therapists to perform dry needling. These and other practitioners were performing this procedure who are not trained nor do they otherwise routinely use needles in their practices.

The AAMA recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAMA maintains that this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists.

December 9, 2014
Adopted unanimously
Board of Directors of AAMA

Essential Medicines and Health Products Information Portal

A World Health Organization resource

<http://apps.who.int/medicinedocs/en/d/Jwhozip56e/>

Table of Contents

Abstract / Guide on Basic Training and Safety in Acupuncture

Introduction

Safety in acupuncture

Section I: Basic training in acupuncture

1. Purpose of the guidelines
2. Use of acupuncture in national health systems
 - 2.1 Administrative and academic considerations
 - 2.2 Examinations and licensing
 - 2.3 Supervision, monitoring and evaluation
3. Levels of training
4. Training programmes
5. Training of acupuncture practitioners
 - 5.3 Durations of training
 - 5.8 Examination
6. Full training in acupuncture for qualified physicians
7. Limited training in acupuncture for qualified physicians
 - 7.1 Basic training
8. Limited training in acupuncture for primary health care personnel.
9. Selected acupuncture points for basic training
10. Selected points for basic training in acupuncture

Section II: Safety in acupuncture

5. Injury to important organs
- 5.2 Precautions to be taken

Abstract

This document comprises guidelines on basic training and safety in acupuncture.

The guidelines on basic training cover basic requirements for training non-physician acupuncturists and physicians wishing to use acupuncture in their clinical work and include a core syllabus. These are intended to assist national health authorities in setting standards and establishing official examinations as well as medical schools and institutions wishing to arrange training programmes.

The guidelines on safety in acupuncture are intended for hospitals, clinics, and practitioners and provide standards for safety in the clinical practice of acupuncture.

Introduction

Acupuncture is an important element of traditional Chinese medicine. It began to be used more than 2500 years ago, and its theory was already well developed at a very early time, as is shown in many of the Chinese classics. It was introduced to neighbouring countries in Asia in the 6th Century, being readily accepted, and by the early 16th Century it had reached Europe. Over the past two decades acupuncture has spread worldwide, which has encouraged the further development of this therapy, particularly through studies from modern medical perspectives and research methodologies.

Many elements of traditional medicine are beneficial, and WHO encourages and supports countries to identify safe and effective remedies and practices for use in public and private health services. It has paid particular attention to supporting research in and the proper application of acupuncture and, in 1991, the Forty-fourth World Health Assembly urged Member States to introduce measures for its regulation and control (Resolution WHA44.34).

With the increasing use of acupuncture, the need for a common language to facilitate communication in teaching, research, clinical practice and exchange of information had become pressing and, in 1989, WHO convened a Scientific Group which approved a Standard International Acupuncture Nomenclature which is being widely disseminated and applied.

The Scientific Group also recommended that the Organization develop a series of statements and guidelines on acupuncture relating to basic training, safety in clinical practice, indications and contraindications, and clinical research. Guidelines for clinical research on acupuncture were issued by the WHO Regional Office for the Western Pacific in 1995.

The present document consists of guidelines on basic training and safety in acupuncture. More than 50 international experts shared their knowledge and experience in their preparation.

Safety in acupuncture

These guidelines are meant for hospitals, clinics and practitioners, and provide standards for safety in the clinical practice of acupuncture. Their purpose is to minimize the risk of infection and accidents, to alert acupuncturists to contraindications, and to advise on the management of complications occurring during treatment.

Section I: Basic training in acupuncture

The increasing popularity in recent years of acupuncture as a form of therapy and the interest of some countries in introducing it into primary health care mean that national health authorities must ensure safety and competence in its use.

In countries with a formal system of education in traditional medicine, and where acupuncture is firmly established as a normal component of health care, training may extend over several years at college level, and suitable mechanisms for supervision of its practitioners have been created.

However, for other countries, where "modern Western medicine" forms the only basis of the national health system, the position is different and there may be no educational, professional or legislative framework to govern the practice of acupuncture.

Making use of acupuncture in modern medical care means taking it out of its traditional context and applying it as a therapeutic technique for a limited number of conditions for which it has been shown to be effective, without having to reconcile the underlying theories of modern and traditional medicine.

In this type of situation, lengthy periods of instruction in traditional medicine as a background to acupuncture are neither feasible nor necessary, and shorter training must suffice.

Furthermore, in many countries, acupuncture is not yet officially recognized and regulations and registration requirements, where they exist, vary considerably. In some, only qualified physicians may practice acupuncture, while in others, practitioners trained in traditional medicine may also do so.

It seems useful, therefore, to provide guidelines for relatively short periods of theoretical and practical training in acupuncture which, with well designed curricula and skilled instructors, would be sufficient to ensure the safety and competence of those so trained.

In recent decades, the theoretical and practical aspects of acupuncture have been developed in various countries, particularly in those where modern Western medical perspectives and research

methodologies have been applied to studies of this traditional therapy. The achievements of these studies should be included in the training. However, since a new theoretical system has not yet been established, traditional Chinese medical theory is still taken as the basis of the Core Syllabus.

1. Purpose of the guidelines

These guidelines will, it is hoped, assist national health authorities in countries where modern Western medicine forms the basis of health care to establish regulations concerning:

- general requirements for basic training in and the practice of acupuncture;
- the knowledge and experience of modern Western medicine required of acupuncture practitioners employed as such in the national health care system; and the knowledge and experience of acupuncture required of physicians and other health staff wishing to include acupuncture in their professional work in modern Western medicine.

2. Use of acupuncture in national health systems

A decision by the Ministry of Health to incorporate acupuncture in primary health care (or at any other level of government health services) in a system based on modern Western medicine raises a number of important issues which would need to be taken into account.

2.2 Examinations and licensing

A system of examination and licensing would be needed to ensure the competence of those trained, and to prevent unauthorized practice of acupuncture.

This would bring under control the situation, current in certain industrialized and developing countries, where commercial exploitation of acupuncture training and practice is not uncommon, with all the harmful consequences that may ensue.

2.3 Supervision, monitoring and evaluation

The introduction of one or more new categories of personnel in the health system would probably make it necessary to provide for:

- a period of supervised practice after training;
- monitoring of performance of the trainees individually and as a group; and
- evaluation of the benefits (or otherwise) of including acupuncture in primary health care (and at other levels) where it was not previously available, and of its cost-effectiveness compared with other forms of treatment for common conditions.

3. Levels of training

The guidelines address four levels of training in acupuncture, namely:

- full training for those with little or no prior medical education or experience, who wish to qualify as recognized acupuncture practitioners licensed to practise independently, subject to the limitations imposed by the Ministry of Health;
- full training of qualified physicians (modern Western medicine) in acupuncture;
- training of qualified physicians (and certain other medical graduates) from schools of modern Western medicine, who wish to include acupuncture as a technique in their clinical work; and
 - limited training of other health personnel (modern Western medicine) working in the primary health care system of their country.

4. Training programmes

The basic training of the four groups is different. For traditional acupuncture practitioners, a complete course extending over two years is recommended. For physicians and medically trained non-physicians,

training would be adapted to their specific requirements and confined to the clinical applications of acupuncture. An indication of the period of training to be desired in each case is given in Table 1 below.

Table 1

Basic training in acupuncture					Modern Western Medicine Theory + Clinical
Category of Personnel	Level of Training	Acupuncture (ACU) Core Syllabus Theory Clinical Supervised Practice			
Acupuncture practitioners (non-medical)	Full course of training	1000 hours	500 hours	500 hours	500 hours
Qualified physicians	Full course of training	500 hours	500 hours	500 hours	
Qualified physicians	Limited training in ACU as a technique for their clinical work	Not less than 200 hours			
Other health personnel	Limited training in ACU for use in primary health care	Varies according to application envisaged			

1 State examination in acupuncture and modern Western medicine (at appropriate level)

5.1 Acupuncture practitioners

This training programme is designed for personnel of suitable educational level, but with little or no formal training or experience in modern Western health care.

5.3 Duration of training

Two years full time (2500 hours), or the part-time equivalent, with not less than 1000 hours of practical and clinical work.

5.8 Examination

On completion of the full period of training, the student's theoretical knowledge of and proficiency in acupuncture, and knowledge of modern Western medicine (at the appropriate level), should be evaluated by an official examination, recognized by national health authorities as evidence of the suitability of the trainee to be licensed to practise.

6. Full training in acupuncture for qualified physicians

This training programme is designed for qualified physicians (modern Western medicine) who wish to practise acupuncture independently, treating the various conditions for which patients are commonly treated by acupuncture practitioners.

Qualified physicians who already have adequate knowledge and skills in modern Western medicine, would only need to follow the Core Syllabus for acupuncture. The theoretical course could be shortened, as qualified physicians can learn traditional medicine more easily than those with no prior medical education. The course should comprise at least 1500 hours of formal training, including 1000 hours of practical and clinical work.

On completion of the course and after passing an official examination, participants should be entitled to practise acupuncture in various fields of medicine where it is indicated.

7.1 Basic training

Shorter training courses would be suitable for qualified physicians (and certain other graduates) who wish to become competent in acupuncture as a form of therapy in modern Western clinical practice (or as a subject for scientific research).

For them, a brief introduction to traditional acupuncture (derived from the Core Syllabus) would probably suffice, and the training would then be largely orientated to the use of acupuncture in modern Western medicine.

The course should comprise at least 200 hours of formal training, and should include the following components:

1. Introduction to traditional Chinese acupuncture

2. Acupuncture points

- Location of the 361 classical points on the 14 meridians and the 48 extraordinary points.
- Alphanumeric codes and names, classifications of points, direction and depth of insertion of needles, actions and indications of the Commonly Used Points selected for Basic Training.

3. Applications of acupuncture in modern Western medicine

- Principal clinical conditions in which acupuncture has been shown to be beneficial.
- Selection of patients and evaluation of progress/benefit.
- Planning of treatment, selection of points and methods of needle manipulation, and use of medication or other forms of therapy concurrently with acupuncture.

4. Guidelines on safety in acupuncture

5. Treatment techniques

- General principles.
- Specific clinical conditions.

On completion of the course and after passing an official examination, participants should be able to integrate acupuncture into their clinical work or speciality.

8. Limited training in acupuncture for primary health care personnel

The introduction of "acupuncture" into primary health care at community level would require the training of a considerable number of personnel over a short period, if it is to have a demonstrable effect. This would probably strain the teaching and supervision resources of the country concerned.

It would seem wiser, in such cases, to train such personnel in acupressure (*zhi-ya*) rather than in acupuncture itself. Training in acupressure would make no great demands, could be incorporated into the general training of primary health care personnel, and would carry no risk to the patient. The use of acupressure in primary health care would have to be evaluated after a suitable trial period. Some personnel who show particular aptitude might be chosen for basic training in acupuncture, a training programme being arranged according to the applications envisaged.

9. Selected acupuncture points for basic training

Participants at the WHO Consultation on Acupuncture at Cervia, Italy in 1996 drew up a list of Commonly Used Points suitable for inclusion in basic training courses. These were selected from the document *A Proposed Standard International Acupuncture Nomenclature: Report of a WHO Scientific Group* (WHO, Geneva, 1991).

As may be seen from the table below, the selection includes 187 of the 361 classical points, and 14 of the 48 extra points. Thus, the basic training courses for the categories of personnel described lay emphasis on the use of only 201 of a total of 409 points.

The guidelines on safety, which follow, mention certain points as being potentially dangerous and requiring special skill and experience in their use. Some of these are included in the selection of Commonly Used Points, and attention is drawn to this fact.

Section II: Safety in acupuncture

In competent hands, acupuncture is generally a safe procedure with few contraindications or complications. Its most commonly used form involves needle penetration of the skin and may be

compared to a subcutaneous or intramuscular injection. Nevertheless, there is always a potential risk, however slight, of transmitting infection from one patient to another (e.g. HIV or hepatitis) or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness, sterilization and aseptic technique.

There are, in addition, other risks which may not be foreseen or prevented but for which the acupuncturist must be prepared. These include: broken needles, untoward reactions, pain or discomfort, inadvertent injury to important organs and, of course, certain risks associated with the other forms of therapy⁵ classified under the heading of "acupuncture".

⁵ Acupuncture treatment is not limited to needling, but may also include: acupressure, electro-acupuncture, laser acupuncture, moxibustion, cupping, scraping and magnetotherapy.

Finally, there are the risks due to inadequate training of the acupuncturist. These include inappropriate selection of patients, errors of technique, and failure to recognize contraindications and complications, or to deal with emergencies when they arise.

5. Injury to important organs

If administered correctly, acupuncture should not injure any organ. However, if injury does occur, it may be serious.

There are a great many acupuncture points, some which carry little or no risk and others where the potential of serious injury always exists, particularly in unskilled or inexperienced hands.

As training programmes in acupuncture are intended for different levels of personnel, it follows that they should be adapted to the knowledge, abilities and experience of those concerned. At elementary levels, the selection of acupuncture points should be limited. At professional levels, the range can be expanded but, even so, the use of certain points and manipulations should still be restricted to those with great experience.

The following passages present examples of points which carry particular potential risk. As in all forms of treatment, it is important to measure risk against expected benefit.

5.2 Precautions to be taken

Special care should be taken in needling points in proximity to vital organs or sensitive areas. Because of the characteristics of the needles used, the particular sites for needling, the depth of needle insertion, the manipulation techniques used, and the stimulation given, accidents may occur during treatment. In most instances they can be avoided if adequate precautions are taken. If they do occur, the acupuncturist should know how to manage them effectively and avoid any additional harm. **Accidental injury to an important organ requires urgent medical or surgical help.**

Chest, back and abdomen

Points on the chest, back and abdomen should be needled cautiously, preferably obliquely or horizontally, so as to avoid injury to vital organs. Attention should be paid to the direction and depth of insertion of needles.

Lung and pleura

Injury to the lung and pleura caused by too deep insertion of a needle into points on the chest, back or supraclavicular fossa may cause traumatic pneumothorax. Cough, chest pain and dyspnoea are the usual symptoms and occur abruptly during the manipulation, especially if there is severe laceration of the lung by the needle. Alternatively, symptoms may develop gradually over several hours after the acupuncture treatment.

Liver, spleen and kidney

Puncture of the liver or spleen may cause a tear with bleeding, local pain and tenderness, and rigidity of the abdominal muscles. Puncturing the kidney may cause pain in the lumbar region and haematuria. If the damage is minor the bleeding will stop spontaneously but, if the bleeding is serious, shock may follow with a drop of blood pressure.

Central nervous system

Inappropriate manipulation at points between or beside the upper cervical vertebrae, such as GV 15 yamen and GV 16 fengfu may puncture the medulla oblongata, causing headache, nausea, vomiting, sudden slowing of respiration and disorientation, followed by convulsions, paralysis or coma. Between other vertebrae above the first lumbar, too deep needling may puncture the spinal cord, causing lightning pain felt in the extremities or on the trunk below the level of puncture.

Other points

Other points which are potentially dangerous and which therefore require special skill and experience in their use include:

- BL 1 jingming and ST 1 chengqi, located close to the eyeball;
- CV 22 tiantu, in front of the trachea;
- ST 9 renying, near the carotid artery;
- SP 11 jimen and SP 12 chongmen, near the femoral artery; and
- LU 9 taiyuan on the radial artery.

Circulatory system

Care should be taken in needling areas of poor circulation (e.g. varicose veins) where there is a risk of infection, and to avoid accidental puncture of arteries (sometimes aberrant) which may cause bleeding, haematoma, arterial spasm or more serious complications when pathological change is present (e.g. aneurysm, atherosclerosis). Generally, bleeding due to puncture of a superficial blood vessel may be stopped by direct pressure.

Documentation of Recent Adverse Events related to dry needling / ashi acupuncture and insufficient training standards

Article A: **Cotchett, Matthew P., Karl B. Landorf, and Shannon E. Munteanu. "Effectiveness of Trigger Point Dry Needling for Plantar Heel Pain: A Randomized Controlled Trial." *Journal of Foot and Ankle Research* 6,Suppl 1 (2013): O8. Abstract. (n.d.): n. pag. Print.**

“The frequency of minor transitory **adverse events** was **significantly greater in the real dry needling group** (70 real dry needling appointments [32%] compared with only 1 sham dry needling appointment [$<1\%$]). ... Conclusion: We found that dry needling provided statistically significant improvements in plantar heel pain, but **the magnitude of this effect should be considered against the frequency of minor transitory adverse events.**”

Article B: **Janz S and Adams J. Acupuncture by Another Name: Dry Needling in Australia. *AUST J Acupunct Chin Med* 2011;6(2):3-11.**

http://www.ajacm.com.au/Journal_AJACM/Articles_and_Abstacts/AJACM_2011_Volume_6_Issue_2/2011_Volume_6_Issue_2_Abstacts.aspx#JanzAdams

“This paper challenges the notion that dry needling is not a part of acupuncture practice and also **examines the risks associated with the practice of dry needling from a public health perspective.** ... A review into the incidence of risks of dry needling reveals very limited literature with only one case report and no review articles identified. Based on the similarities between acupuncture and dry needling, the extensive literature on the serious risks of acupuncture is extrapolated to evaluate the risks of dry needling. Dry needling is not a new or separate practice to acupuncture; rather it is a subsystem of musculoskeletal acupuncture which has been practised continuously for at least 1 400 years. Dry needling is a pseudonym for a brief course of study in myofascial acupuncture also known as *ashi* acupuncture and trigger point acupuncture. **Dry needling is likely to result in an increased incidence of serious risks, particularly pneumothorax, due to the short training courses and deep needling techniques which typify the practice.** In the interest of public health and safety, the practice of dry needling should be restricted to suitably qualified practitioners.”

“Given the foregoing discussion and that the practice of dry needling is identical to the practice of trigger point acupuncture and ashi acupuncture the serious risks associated with acupuncture can be extrapolated to understand the risks of dry needling. ... A search of English language articles in Scopus using keywords ‘acupuncture’ and ‘risks’ and limited from the year 2000 to 2011 resulted in 604 results. A further restriction to ‘serious risks’ limited results to 92; twenty-three of which pertained to acupuncture risks. ... A systematic review of deaths after acupuncture found that 86 fatalities were reported among 32 articles. The most common cause of death was pneumothorax followed by puncture of the heart, large blood vessels, central nervous system structures, the liver or infection. ... The authors note that pneumothorax is not only the most common cause of death but also the most frequent serious non-fatal complication arising from acupuncture. **The authors observe that all deaths would likely be avoided with adequate acupuncture training.** In another review the authors speculate on the reasons for different rates of reporting from different Asian and Western countries but conclude **that adverse events would be avoided if all acupuncturists were trained to a high level of competency.**”

“In an Australian study of adverse events in Chinese medicine (primarily acupuncture) it was found that **‘adverse event rates for practitioners with 0–12 months of CAM (complementary and alternative medicine) education were significantly higher than for those with 37–60 months education’**. In the same study it was found that the risk of pneumothorax among medical practitioners practising acupuncture was twice the rate of non-medically trained acupuncturists. The study found that only 25 of 458 medical practitioners surveyed had completed more than 12 months of traditional Chinese medicine (TCM) education with the remaining 72% either not answering the question on training or had completed less than two weeks of training.”

“While studies into deaths and serious risks associated with acupuncture support thorough training in acupuncture, there is an assumption that much of this study should be focused on anatomy. The **Australian study demonstrates that it is not enough to have thorough training in anatomy and biomedicine alone**. Comprehensive training in acupuncture seems to be associated with a lower risk profile than being a medical practitioner. TrP-DN and IMS favour deep needling methods which carry an inherently greater risk of organ puncture than superficial methods.

“The paper has demonstrated that dry needling is not a new or separate practice from acupuncture which has its roots in Chinese medicine and which continues to evolve and develop within the domains of scientific research, medical acupuncture and Chinese medicine. Dry needling is a pseudonym for very brief training in myofascial acupuncture also known as trigger point acupuncture and ashi acupuncture. **The deep needling techniques which are preferred and characteristic of the dry needling approach have an inherently higher risk of pneumothorax and other serious risks** than other needling methods. Acupuncture is safe in well-trained hands; however **the risk of serious adverse events**, though rare, has been found to be **much higher among practitioners who have minimal training** in acupuncture **even if they have detailed knowledge of anatomy and biomedicine.**”

Article C: **Lee, Jun-Hwan, Hyangsook Lee, and Dae-Jean Jo. "An Acute Cervical Epidural Hematoma as a Complication of Dry Needling." *Spine* 36.13 (2011): E891-893. Abstract. (n.d.): n. pag. Print.**

“We are presenting the first report of acute cervical epidural hematoma after dry needling.”

Article D: **Blackwell, Tom. “Canadian Olympian's 'nightmare' after acupuncture needle collapses her lung.” *National Post* (2013).**

Massage therapist with limited (**105 classroom hours**, 174 self-directed clinical hours) training causes pneumothorax on Olympic athlete while performing ashi acupuncture (ie. Dry needling)

“Research has also indicated that **pneumothorax** - a lung collapsed by air in the chest cavity - **is a rare complication**. A 2012 British Medical Journal study found reports of five acupuncture-linked pneumothorax cases over two years. While the Ontario government recently set up a new college to regulate acupuncture and other types of traditional Chinese medicine, **other health professions already allow their members to practice the art with some additional training**, Mr. Shekter noted. **The massage therapists' college**, for instance, requires that its professionals

complete certain accredited courses. Mr. Spurrell did the acupuncture program at McMaster University, provided over **five three-day weekends, plus 174 hours of "self-directed home study,"** according to its web site.”

Article E: Illinois Department of Financial and Professional Regulations Complaint / Claim Intake Form. Dec. 2011.

“On November 11, 2011 my physical therapist suggested trigger point dry needling. I trusted my physical therapist because she stated it was just like acupuncture. While she was entering the needle in my cervical spine she explained that the needle had to reach the bone in order to be effective. The experience was painful and uncomfortable because I was in pain and could not move for 10 minutes. ... After the procedure I learned that the needles were not new nor were they sealed in individual packages. In addition I learned that she had very little clinical training. The consent form is extremely misleading and the physical therapist did not check to see if I completed and answered the questions. ... This procedure could put me at risk and constitutes a public health hazard. This practice is misleading and creates a significant endangerment to public welfare.”

Article F: Maryland Dry Needling Incident Letter – October 2012

The following incident occurred in October 2012 just after the Department of Health and Mental Hygiene closed their comment period for the first draft of dry needling regulations submitted by the Board of Physical Therapy Examiners. The young woman injured submitted the attached report to DHMH, the Acupuncture and PT Boards, and the Attorney General. She later submitted testimony to the Arizona legislature as they considered allowing dry needling with limited education standards. By that time, she had been diagnosed as having received pudendal nerve damage due to the dry needling.

“I am a 24-year-old woman who other than vulvodynia was perfectly healthy and now I am in a worst state after a first & last "dry needling" experience meant to just help with inner thigh muscle tightness ... **My primary doctor believes that the location of the 2 inch "dry needling" bruise shows where the "dry needling" physical therapist hit a particular nerve--** between the knee and bend of the leg, inner left thigh where the seam of a pants leg would be-- which hit would explain the pain down my legs and up my spine ... **please note my bruise on my left leg, the “dry needle” caused immense “electrical” pain around my left knee cap—a pain I have never experienced in my whole life** and I wish to never experience again.”

“Since August, I have seen a wonderful acupuncturist and doctor, Dr. Tiru Liang. I understand how “needling” should be done, because of my exceptional experience with an acupuncturist and medical doctor. That has acted as a baseline for comparison—the traumatizing “dry needling” experience with physical therapist.”

Article G: Canadian Physiotherapy Association 2012

Publication states “over the past 12 months has identified a number of claims related to physiotherapists using dry needles in practice. These claims allege that physiotherapy patients have sustained injuries ranging from infection to pneumothorax as a result of their treatment.”

Article H: **Jatinder K. Juss "Acupuncture induced pneumothorax—a case report". *Acupuncture in Medicine*. FindArticles.com. 16 Jan, 2012.**

“As acupuncture is increasingly being used in pain management, physicians need to be aware of its potential adverse effects. ... The patient had received five, once weekly **Western acupuncture treatments from a physiotherapist** who was ... fully trained in Western acupuncture. ... **the therapist was using a trigger point needling technique. Training programmes** are accredited by the Acupuncture Association of Chartered Physiotherapists (a special interest group of The Chartered Society of Physiotherapists) and **involve 80 hours of basic training** with formal assessment including case reports, followed by additional CPD. In the hands of trained practitioners, the risk of serious adverse events with acupuncture is very low, estimated at 1:200 000, which is below that of many common medical treatments.

Article I: Baker, Paul. “Pneumothorax following acupuncture” *inmotion* (2006). P22.

Physical therapy liability claims for pneumothorax related to dry needling / ashi acupuncture increase in a one year period of time.

“A review of liability claims at Guild Insurance Limited, **over the past 12 months**, has shown that **a number of physiotherapy patients have allegedly sustained a pneumothorax following acupuncture.** ... While there is little doubt acupuncture has significant benefits, **the importance of adequate training, knowledge, and experience are critical** to the successful defence action.”

The following three physical therapist induced pneumothorax events occurred in Colorado over the last year since Colorado approved PTs to perform dry needling with 48 hours of training which can be completed over the course of two years. In comparison to these three events caused by physical therapists that have occurred since the approval of dry needling with limited training, the medical board reports that only three licensed acupuncturist induced pneumothoraxes have been reported since acupuncture became a regulated health occupation in 2002.

Article J: **FDA MAUDE Adverse Event Report. 2013**

“A pt of a physical therapist, (b)(6), pt, received a pneumothorax after a dry needling treatment and was hospitalized at (b)(6) hospital on (b)(6). Treatment for the pneumothorax was provided by (b)(6), md. Pt providers use acupuncture needles to perform an acupuncture technique called dry needling.”

Article K: **Axon, Rachel. “Torin Yater-Wallace bounces back from collapsed lung with top run.” *USA Today* (2013, Dec. 14).**

Colorado: "Torin Yater-Wallace got himself into the finals despite missing a week of practice. He guesses he collapsed the lung receiving dry needling therapy. He said he did not have any crashes that he could pinpoint in causing it."

No attachment: Colorado Department of Health

Verifies that a dry needling induced pneumothorax resulted in a hospitalization at Aspen Valley Hospital in June 2013. However, no further information is available at this time due to HIPPA regulations and confidentiality during investigation rules, ["Based on Colorado statues, including C.R.S. section 25-3.5-704 and corresponding rules, your request for data pertaining to two cases of pneumothorax at two specific hospitals cannot be provided because of confidentiality agreements. Please contact me directly if you have any questions or concerns regarding this matter. Respectfully, Scott Beckley"](#)



FOR IMMEDIATE RELEASE - February 12, 2014

Contact:

Beth Howlett, L.Ac.

971-322-3918

eahowlett@gmail.com

Oregon Acupuncturists Win Major Legal Victory for Patient Safety in Oregon

PORTLAND, Ore. – The Oregon Association of Acupuncture and Oriental Medicine (OAAOM) won a three-year court case against the Oregon Board of Chiropractic Examiners (OBCE) in a scope of practice lawsuit. The Oregon Court of Appeals ruled “dry needling” is not within the scope of practice of chiropractic medicine. “Dry needling” is the insertion of solid, stainless steel needles into specific points on the body for therapy of muscle pain.

The Oregon Court of Appeals overturned the Oregon Board of Chiropractic Examiners (OBCE) dry needling administrative rule allowing chiropractic physicians to perform “dry needling” after 24 hours of training. The Oregon Court of Appeals stated that “dry needling” is not within the scope of chiropractic medicine and that the rule exceeds the scope of the OBCE’s statutory authority.

In Oregon this decision allows only appropriately licensed and trained practitioners to provide acupuncture care to patients. ““Dry needling” is acupuncture and should be regulated and licensed according to Oregon’s existing practice act,” said Beth Howlett, OAAOM President. “Licensed acupuncturists are required to obtain over 700 hours of supervised training. This ruling ensures patient safety for all who receive acupuncture in the state of Oregon.”

The Oregon Association of Acupuncture and Oriental Medicine (OAAOM) is the state’s professional and advocacy organization for acupuncture and Oriental medicine. The organization represents the professional interest of over 1,200 licensed acupuncturists in the state. The OAAOM strives to advance the profession and honor the tradition of acupuncture and Oriental medicine in Oregon.

Visit oaaom.com for more information.

A link to the full text of the Oregon Court of Appeals ruling:

<http://www.publications.ojd.state.or.us/docs/A148924.pdf>

###

The following materials are part of the committee meeting materials as sent by the Montana Association of Acupuncture and Oriental Medicine. They are available upon request, but they are not being posted because of potential concerns about copyright, even though they are available for informational purposes only.

- Jatinder K. Juss, et al, "Acupuncture induced pneumothorax – a case report"
- Paul Baker, "Pneumothorax following acupuncture"
- Stephen Janz and Jon Adams, "Acupuncture by Another Name: Dry Needling in Australia"
- M. Cummings, et al., "Pneumothorax complication of deep dry needling demonstration", *Acupuncture in Medicine Journal*
- JH Lee, "An acute cervical epidural hematoma as a complication of dry needling," abstract from *Spine*, June 2011.