



The Center for
CHINESE MEDICINE

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To the Montana Board of Chiropractors:

I would like to add my comments to the public record and for your consideration regarding New Rule I.

I believe that your Rule effectively allows chiropractors to practice acupuncture, which in Montana requires an acupuncture license and its 3-4 years of training. Therefore, I believe your Rule is detrimental to the safety of Montanans and creates an addition to the scope of practice for chiropractors that needs to go through legislation.

Much has been made out of the semantics of dry needling versus acupuncture, saying that the practices are not the same because they are based on different theories. Yet I would argue that dry needling, perhaps more akin to orthopedic or sports acupuncture, is a subset that only encompasses a portion of the body of Chinese Medicine and acupuncture, while still being acupuncture. Western practitioners say that acupuncture is based on Eastern theories of balancing energy movement along meridians, and that dry needling is based on a Western understanding of physiology. Translating an ancient medicine from one language and culture to another will certainly create some misunderstanding by those who do not fully study or understand it. "Qi" is sometimes translated as energy (a simple way to describe a nerve impulse), or air or even oxygen as it is carried by the blood to the tissues of the body. And the "jing luo" can be meridians or channels or vessels (that closely track with major blood vessels and nerves), not to mention the very high correlation of trigger points with acupuncture point locations. In fact, most research papers on the effectiveness of dry needling cite published studies from the acupuncture literature. In essence, acupuncture interacts with the nervous and circulatory systems to affect change in the body, not at all unlike chiropractics.

I have come to the opinion that dry needling should be acknowledged as a subset of acupuncture as I have watched "Dry Needling" morph over the past decade. Even at its earliest inception and in its simplest form, when Janet Travell, mother of the trigger point theory, spoke of applying needles to a sprained ankle, it was noted that the practice had been around for more than 2000 years and it was called acupuncture (from a

1947 newspaper article). More recently as it has come into fashion, dry needling was specifically applied to trigger points in muscles. Now, however, as evidenced by your Rule, dry needling has dropped the “trigger point” modifier to allow application of the needle to any tissue of the body. Additionally, needles are no longer removed after a twitch response is attained but might be left in the body for some treatment duration. Now practitioners also see benefit in applying electricity to the needles, so electroacupuncture is open to them as well. I just read a paper about the use of an acupuncture point on the lower leg being added to the “dry needling” protocol for frozen shoulder because it is clinically useful. So distal needling is fair game too. And a CEU course description touts how you will learn how dry needling affects the hormonal system. Do you see my point? Every day, dry needling claims more of the body of acupuncture, and as long as you call it dry needling you can practice acupuncture without a license. Your Rule intends to allow non-acupuncturists to practice this with an *undefined* amount of training (as little as 12 hours from what I've found) in courses that do not even cover the body tissues that you are allowing to be needled (as with the 18 hour course “Myofascial Trigger Point Dry Needling for the Manual Medicine Practice” held last July in Bozeman). Puncturing the joint socket and bone pecking are advanced “dry needling” techniques that most certainly are outside the scope of a 12 or 18 hour course. Most introductory courses are really only meant to address trigger points which your Rule fails to address.

With this Rule, you reason that the inclusion of dry needling in the instruction at chiropractic colleges and the now widespread availability of continuing education is the basis for inclusion in your scope of practice. I was unable to find any curriculum information on the websites of 19 colleges that are accredited in the US. I also asked your Board to share that information with the Montana Association of Acupuncture and Oriental Medicine in an email on July 29, 2019, but we never received a reply. Since this is the basis of your decision, it would be useful to know what that limited number of schools are teaching and how many hours of instruction they are devoting to the therapy to determine if this is truly part of the curriculum or if it is merely a novelty. And if in fact there are courses or significant parts of courses dedicated to this modality, then perhaps they might inform some guidelines on appropriate levels of CEU training, for assuredly few if any DCs in Montana were taught this in school.

It is expected that you will proceed with this Rule, which is gratefully more than you intended last spring when the motion passed to include the therapy in your scope. You presumed then and now that all chiropractors will get properly trained prior to applying the needle to a trusting public. It is the responsibility of this Board to protect the public, so when the Rule moves forward, I urge you to make some changes that might mitigate dangers to the public. First, make clear declarations as to what dry needling is meant to treat

and what it is not meant to treat... migraines from tight cervical muscles and misaligned vertebrae vs hormonal migraines. Then put some minimum numbers on the CEU hours. You will get nowhere near commensurate with acupuncture training, but perhaps 50 hours minimum. This would at least get you in the realm of safe technique for all the tissue groups you are allowing your DCs to needle. Also, each year a random sampling of licensees practicing dry needling should be conducted to ensure compliance with training requirements. I assume the Board conducts such assessments as does the BOME for acupuncture CEUs. This would be only a slight addition to the procedure and should not be burdensome. Additionally, the invasive nature of dry needling sets it apart from other modalities that are part of chiropractic medicine and warrants this extra level of monitoring. No one ever punctured a lung with kinesio tape!

Sincerely,

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