Council of Colleges of Acupuncture and Oriental Medicine

Position Paper on Dry Needling

It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.

**Rationale**
A recent trend in the expansion in the scopes of practice of western trained health professionals to include “dry needling” has resulted in redefining acupuncture and re-framing acupuncture techniques in western biomedical language. Advancement and integration of medical technique across professions is a recognized progression. However, the aspirations of one profession should not be used to redefine another established profession.

In addition proponents of “dry needling” by non-acupuncture professionals are attempting to expand trigger point dry needling to any systemic treatment using acupuncture needles and whole body treatment that includes dry needling by using western anatomical nomenclature to describe these techniques. It is the position of the CCAOM that these treatment techniques are the *de facto* practice of acupuncture, not just the adoption of a technique of treatment.

**Terminology**
The invasive procedure of dry needling has been used synonymously with the following terms:

- **Trigger Point Dry Needling**
- **Manual Trigger Point Therapy**, when using dry needling
- **Intramuscular Dry Needling**
- **Intramuscular Manual Therapy**, when using dry needling
- **Intramuscular Stimulation**, when using dry needling

**History**

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The system of medicine derived from China has a centuries-long continuous distinct practice with an extensive literature over 2000 years old. After President Nixon’s visit to China in the early 1970s, public interest in and demand for acupuncture resulted in the establishment of first-professional degrees in acupuncture in the United States. Today over 50 accredited first-professional colleges teach a diversity of styles of health care utilizing acupuncture, Chinese herbology, manual techniques such as tuina (Chinese therapeutic massage), nutrition, and exercise/breathing therapy. Individuals who attain this degree undergo a rigorous training program at a minimum standard of three academic years that contains 450 hours in biomedical science (biology, anatomy, physiology, western pathology, and pharmacology), 90 hours in patient counseling and practice management, and 1365 hours in acupuncture. Of the 1365 hours in acupuncture, 660 hours must be clinical hours.

Acupuncture is a system of medicine that utilizes needles to achieve therapeutic effect. The language used to describe and understand this effect is not limited and is articulated in both traditional and modern scientific terms. The National Institutes of Health has recognized the efficacy of acupuncture in its consensus statement of 1997 and continued funding of research. It is clear that other professions such as physical therapy and others also recognize the efficacy of acupuncture and its various representations such as dry needling due to the fact that they are attempting to use acupuncture and rename it as a physical therapy technique.

**Dry needling is an acupuncture technique**

As a system of treatment for pain, acupuncture relies on a category of points derived from the Chinese language as “ashi” (阿是) points. “Ashi” point theory describes the same physiological phenomenon identified as “trigger points,” a phrase coined by Dr Janet Travell and dates to the Tang Dynasty (618-907). While Dr. Travell coined the phrase “trigger point”, the physiological phenomenon has been long known to acupuncturists. Dr. Travell herself had contact with acupuncturists and chiropractors interested in acupuncture in the Los Angeles area in the 1980s. Dr. Mark Seem, author of *A New American Acupuncture*, discussed the similarity of their techniques in the 1990s.

Modern contributors from the field of acupuncture in the specialization of dry needling techniques are:

Dr. Mark Seem, Ph. D., L. Ac., published the textbook *A New American Acupuncture* covering the topic of dry needling in 1993. His books have been published for over two decades.

Matt Callison, L. Ac., is the founder of the Sports Medicine Acupuncture® certification program and the author of *Motor Points Index*. The continuing education certification program is available to licensed acupuncturists through a private seminar company and through postgraduate studies at the New England School of Acupuncture.
Whitfield Reaves, L. Ac. is the author of *The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment*. He also offers a postgraduate continuing education program in Sports Acupuncture only for licensed acupuncturists.

From the above sources it is apparent that acupuncture has an established history of using treatment utilizing what are now labeled trigger points.

**Documented practice of “dry needling” by acupuncturists**

The National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), the certifying board for acupuncture, completed a job task analysis in 2003 and again in 2008. The analysis documented the prevalence of actual use of dry needling techniques, i.e. the treatment of trigger points or motor points with acupuncture needles, by practicing acupuncturists. In 2003, 82% of acupuncturists surveyed used needling of trigger points in patients that presented with pain. Of the patients that present for acupuncture treatment, it is estimated that 56% present with trigger point pain. The others present for non-pain conditions such as non-trigger point pain, digestives disorders, infertility and many other conditions. The other 18% of acupuncturists used acupuncture needling techniques in non-trigger point locations. These findings document that acupuncturists are well trained to use and have consistent historical usage of trigger and motor point “dry needling” treatment. Dry needling represents a substantial daily practice among American acupuncturists.

**History of “dry needling” in North America**

Dr. Chan Gunn, M.D., is the founder of dry needling in Canada. He wrote in 1976, “As a first step toward acceptance of acupuncture by the medical profession, it is suggested that a new system of acupuncture locus nomenclature be introduced, relating them to known neural structures.” One may reasonably infer from this statement that Dr. Gunn believed that in order for acupuncture to be accepted in Western medicine, the technique would need to be redefined. Using a different name for the same technique does not rise to the level of creating a new technique. Dr. Chan Gunn’s dry needling seminars are only four days in length.

Jan Dommerholt has published extensively on the technique and teaches dry needling to both western trained health professionals and licensed acupuncturists, but his teaching has been focused on the profession of Physical Therapy (PT). He argues that dry needling is a new emerging western technique described in western scientific terms. He is also attempting to redefine acupuncture based solely on eastern esoteric concepts.

A current author and provider of dry needling courses, Yun-tao Ma, Ph.D., extends dry needling beyond trigger points to include acupuncture points. He describes the points according to the neuroanatomical location and effects and calls them “Acu reflex” points. It is this adaptation and renaming of acupuncture to provide total body treatment that poses the greatest risk to the public, as it
circumvents established standards for identical practice, i.e., acupuncture, without the rigorous training of acupuncture and the licensing of such.

**It is the position of the CCAOM that any intervention utilizing dry needling beyond trigger point dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.**

**State Board of Medicine complaints against acupuncturists for dry needling**

In 2009, a physical therapist submitted a complaint to the Maryland Board of Acupuncture concerning the use of the term dry needling in chart notes by an acupuncturist. The Maryland Board of Acupuncture correctly dismissed the complaint because the procedure was done by a licensed acupuncturist trained in the use of dry needling, i.e., acupuncture.

In filing the complaint, the physical therapist was not asserting that the acupuncturist caused any harm or potential of harm to the patient. Rather, the physical therapist asserted that the acupuncturist used proprietary language that was unique to physical therapy, when in fact the acupuncturist was using language that was common across professions. The Little Hoover Commission, in its 2004 report to the California legislature concluded, “interactions with other health care providers, including collaboration and referrals, as well as with many members of the public, benefit from the use of common, Western-based diagnostic terminology.”

**Summary Position of the CCAOM on Dry Needling**

**It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.**

**It is the position of the CCAOM that any intervention utilizing dry needling beyond trigger point dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.**

*Adopted in full session by the Council of College of Acupuncture and Oriental Medicine November 5, 2010*

**Addendum**

The CCAOM Position Paper on Dry Needling, which was prepared in November of 2010, was sent to State Boards of Physical Therapy, State Boards of Acupuncture, American Association of Acupuncture and Oriental Medicine, and CCAOM member colleges, and was posted on the CCAOM website at [http://www.ccaom.org/downloads/CCAOM_Dry_Needling_Position_Paper.pdf](http://www.ccaom.org/downloads/CCAOM_Dry_Needling_Position_Paper.pdf).

By March of 2011, the CCAOM had received feedback that the language of the “Summary Position” was being reinterpreted and taken out of context. In
particular, the phrase “beyond trigger point dry needling” in the second summary position statement above was used as evidence that the CCAOM did not consider trigger point dry needling to be the practice of acupuncture, in spite of the first summary position statement. This addendum, which has been approved by the CCAOM Executive Committee, clarifies the position of the CCAOM.

The position paper identifies the historical precedence and continuous use of techniques currently known as Dry Needling as techniques within the scope of practice of acupuncture. As was definitively indicated in the first summary statement in the position paper, dry needling regardless of which term is used to describe it (i.e. Trigger Point Dry Needling, Intramuscular Dry Needling, manual therapy when employing dry needling techniques, etc.) is an acupuncture technique. As such, it is a technique within the scope of practice of acupuncture. To give some context, cupping is a technique within the practice of acupuncture, front mu and back shu needling is a technique within the practice of acupuncture, and extraordinary point needling is a technique within the practice of acupuncture. Additionally, motor point needling is a technique within the practice of acupuncture; scalp acupuncture, based on modern neuroanatomical concepts, is a technique within the practice of acupuncture; and Trigger Point Dry Needling is a technique within the scope of practice of acupuncture.

The second summary statement in the position paper referenced a specific trend to teach to non-acupuncturists any use of acupuncture needles that includes trigger points (or other painful points) and points distal from the site of pain for “homeostatic” and “acu-reflex” purposes, while renaming the methodology in neuroanatomical terms. Additionally, providers of continuing education for western medical practitioners are claiming that the use of acupuncture needling when using neuroanatomical language is not the practice of acupuncture. The practice of acupuncture, however, is not limited to its historical roots and centuries’ old theory but is also a dynamic, evolving modern medical practice, that incorporates the use of neuroanatomical terminology. Thus, the claim that language usage in and of itself defines a new scope of practice is not supported by the historical development of acupuncture practice, as evidenced in journals, textbooks, accreditation standards, and professional job task analyses. The Council’s position is that any use of an acupuncture needle that combines multiple sites of insertion for combined therapeutic effect, regardless of the language used to describe the procedure, is the practice of acupuncture because it combines multiple sites of acupuncture needling to create physiological change. In other words, the language that describes the effect of the procedure does not change the nature of the procedure, and therefore that procedure is the actual practice of acupuncture.

Other Western health care professions have expanded their scopes by claiming that a technique that uses an acupuncture needle is not a technique within the practice of acupuncture. The Council’s position paper documented the historical and modern continuous use within acupuncture practice of the same techniques
now being defined as Dry Needling. The Council believes that it is unprecedented and inappropriate for professions to claim that acupuncture techniques are not acupuncture when seeking to expand their scopes to include these techniques when there is historical and continuous modern development and use in practice of these techniques by acupuncturists. It is this trend that the position paper seeks to identify and repudiate.

The primary intent of the position paper was to address the redefining of acupuncture technique and practice by any profession other than the acupuncture profession. The Council hopes that the clarification provided in this addendum will be helpful to practitioners and regulatory boards working in this subject area. The position paper, together with this addendum, is posted on the Council’s website as a single document at http://www.ccaom.org/downloads/CCAOM_Dry_Needling_Position_Paper.pdf.

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Chair, CCAOM Legislative Committee
April 12, 2011

1 The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is recognized by the U.S. Department of Education to accredit colleges of acupuncture and Oriental medicine and authorizes such colleges to confer Master’s level first-professional degrees.


5 Private communication of October, 2007 with Whitfield Reaves, L. Ac., who attended study groups with Dr. Travell in the 1980s, and in a letter from Dr. Mark Seem to Jan Dommerholt November 11, 2007. Seem relates his invitation and demonstration of acupuncture “dry needling” techniques to Dr. Travell in New York City in the 1990s.
