



Dry Needling

Performance Rehab is proud to offer dry needling for our patients and clients. Please contact us for more information or discuss this with your current healthcare provider if you feel you would benefit from this technique.

FAQ:

What is dry needling?

Dry needling is a skilled intervention performed by a licensed physical therapist that uses a thin filiform needle to penetrate the skin and release underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.

What conditions can be treated with dry needling?

A variety of musculoskeletal problems including, but not limited to: Acute/Chronic injuries, Headaches, neck/back pain, tendinitis, muscle spasms, “sciatica”, hip/knee pain, muscle strains, fibromyalgia, ‘tennis/golfer’s elbow”, overuse injuries, etc.

Where does dry needling fit in the entire rehabilitation program?

Dry needling is a modality to address musculoskeletal pain, it is needed in the beginning in order to break the pain cycle. Once that is achieved, other treatment options are introduced for stability and postural re-education to avoid pain from recurring.

Is dry needling similar to acupuncture?

The objectives and philosophy behind the use of dry needling by physical therapists is not based on ancient theories or tenets of traditional Chinese medicine. The performance of modern dry needling by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal and nervous systems. Both dry needling and acupuncture do, however, use the same tool; a solid needle filament. There are many similarities and differences between dry needling and acupuncture. Licensed physical therapists in a growing number of states can use dry needling under the scope of their practice. Dry needling also falls within the scope of acupuncture practice. Physical therapists at Performance Rehab are not licensed acupuncturists and do not practice acupuncture.

Is the procedure painful?

Most patients do not feel the insertion of the needle. The local twitch response elicits a very brief (less than a second) painful response. Some patients describe this as a little electrical shock; others feel it more like a cramping sensation. Again, the therapeutic response occurs with the elicitation of local twitch responses and that is a good and desirable reaction.

How long does it take for the procedure to work?

Typically, it takes several visits for a positive reaction to take place. Again, we are trying to cause mechanical and biochemical changes without any pharmacological means. Therefore, we are looking for a cumulative response to achieve a certain threshold after which the pain cycle is disturbed.

What side effects can I expect after the treatment?

Improvements such as increased range of motion, ease of movement and decreased signs/symptoms are expected. Many patients report being sore after the treatment in both the area treated and the area of referred symptoms. There is also occasional bruising and the soreness may last hours to a couple days.

Once I am feeling better, how often do I need to come back to maintain my progress?

Once the dysfunction or imbalance has been corrected the body will often maintain the appropriate balance. However, the musculoskeletal system is under constant stress from the demands of varying postures, gravity, psychological and emotional states etc. Therefore, working with your therapist to gain strength and stability to avoid future issues is encouraged.

How much does it cost?

Dry Needling as a unique service is not separately reimbursed by insurance, so our cost structure listed below is separate from when we are seeing you as a physical therapy patient or if we are seeing you for dry needling only:

Dry Needling Only Patients:

Initial Evaluation and Treatment: \$70.00 for 30 minute session

Follow-up treatments: Charged in intervals of 15 minutes with each interval costing \$35 (ie. 1-15 mins - \$35, 16-30 mins - \$70...)

Other Sources of Information

There are excellent books written about this topic, both for the public and for healthcare professionals. There are many articles published on Dry Needling. There are only a few accurate websites which have scientifically and evidenced based information.

BOOKS

1. Davies, C.: The Trigger Point Therapy Workbook: Your Self-Treatment Guide for Pain Relief. New Harbinger Publications, Inc., Oakland, CA.
2. Dommerholt J., Gerwin R, D., Neurophysiological effects of trigger point needling therapies, in Fernandez de las Penas C, Arendt-Nielsen L, Gerwin RD, Editors Diagnosis and management of tension type and cervicogenic headache, Jones & Barlett: Boston. P. 247-259, 2010.
3. Dommerholt, J. and Huijbregts, P: Myofascial Trigger Points: Pathophysiology and Evidence-Informed Diagnosis and Management. 2010. Hlbes abd /Bartlett Publishers.

4. Dommerholt J., Issa T., Differential Diagnosis: myofascial pain, in Chaitow L., Editor Fibromyalgia syndrome; a practitioner's guide to treatment, Churchill Livingstone: Edinburgh. P. 179-213. 2009.
5. Dommerholt J., Shah J., Myofascial pain syndrome, in Ballantyne JC, Rathmell JP., Fishman SM., Editors Bonica's management of pain, Lippincott, Williams & Williams: Baltimore. 2010.
6. Simon, D., MD, Travell, J., MD, Simons, L., PT; Travell & Simons' Myofascial Pain and Dysfunction: The Trigger Point Manual (Two Volumes). Lippincott Williams & Wilkins. 1999.

Websites

- <http://www.myopainseminars.com>
- <http://www.bethesdaphysiocare.com>
- <http://myopain.org>
- <http://www.apta.org/StateIssues/DryNeedling/>

Published Articles

1. Dommerholt, J., Mayoral del Moral, O., Grobli, C: Trigger Point Dry Needling. J Manual & Manipulative Ter. 14(4):E70-E87, 2006
2. Dommerholt, J. Bron, C., Franssen, Myofascial Trigger Points: An Evidence-Informed Review. J Manual & Manipulative Ter. 14(4):203-221,2006.
3. Issa, T., Huijbregts, P.: Physical Therapy diagnosis and Management of a Patient with Chronic Daily Headache: A Case Report. J Manual & Manipulative Ter. 14(4): E88-E123, 2006.
4. Fer?andez de las Pe?as C., Cuadrado M., Arendt-Nielsen L., Simons D., Pareja J., Myofascial trigger points and sensitization: an updated pain model for tension-type headache. Cephalalgia 27(5): p 383-93, 2007.
5. Furlan A., Tulder M.,Cherkin D., Tsukayama H, Lao L., Koes B., Berman B., Acupuncture and Dry-Needling for Low Back Pain: An updated Systematic Review Within the Framework of the Cochrane Collaboration, Spine 30(8):p. 944-963,2005.
6. Shah, J.P., Phillips, TM., Danoff, J.V., "Gerber, L.H.: Review of Microanalytical in vivo study of biochemical milieu of myofascial trigger points. Journal of Bodywork and Movement Therapies (2005). Volume 10, Issue 1, Pages 10-11.
7. Shah, Jay P., MD, Gilliams, E.A., BA: Uncovering the biochemical milieu of myofascial trigger points using in vivo microdialysis: An application of muscle pain concepts to myofascial pain syndrome. Journal of Body work and Movement Therapies (2008) 12, 371-384.
8. Saiz—Llamosas JR., Fernández-Pérez AM., Fajardo-Rodríguez MF, Pilat A., Valenza-Demet G, Fernandez de las Pe?as C.: Changes in neck mobility and pressure threshold levels following a cervical myofascial induction technique in pain-free healthy subjects. J of Manipulative Physiol. Ther. 32(5)::pp 352-7,2009.
9. Mansilla-Ferragut P., Fernández de las Penas C., Alburquerque-/Sendín F., Cleland JA, Boscá-Gandia JJ.: Immediate effects of atlanto-occipital joint manipulation on active mouth opening and pressure pain sensitivity in women with mechanical neck pain. J of Manipulative Physiol Ther. 32(2):pp 101-6, 2009.
10. Dunning J., Butts R., Mourad F., Young I., Flanagan S., Perreault T.: Dry needling:a literature review with implications for clinical practice guidelines. Phys Ther Rev. 19(4): pp 252-265, 2014.