

Delegate Shane E. Pendergrass, Chair  
Room 241  
House Office Building  
Annapolis, Maryland 21401

March 4, 2022

**Re: HB 1016 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration**

Dear Chairwoman Pendergrass and Members of the Committee:

I am contacting you as a Maryland constituent regarding Maryland HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. For too long, healthcare providers in other fields have attempted, sometimes successfully, to rebrand acupuncture as dry needling. They have done so by arguing that because they have rebranded the name of the therapy and insinuated that dry needling is scientifically based and acupuncture is not, that they should be allowed within their scope of practice to do so. This is an argument born out of ignorance and unwillingness to fundamentally understand what the placement of needles can do. Anyone arguing this clearly has not studied Oriental Medicine, which is a dangerous and alarming proposition in and of itself. I would like the opportunity to explain some of this today.

5-Element acupuncturists are the most qualified acupuncturists to explain why this argument is ignorant. And fortunately for all of us, our beautiful state is full of them. Per the Maryland Board of Acupuncture, roughly 70% of all acupuncture practitioners licensed in the state are 5-Element trained. This means that they understand that when a filiform needle is placed, ESPECIALLY in Neural Tissue, it isn't just affecting the physical makeup of the body. ALL ACUPUNCTURE POINTS (including Ashi points, which Athletic Trainers and Physical Therapists have relabeled "dry needle trigger points") have the potential to see cognitive and emotional abnormalities arise, even when it is not the intention of the practitioner to do so. An Athletic Trainer's scope of practice, nor legislative intent would include the treatment of psycho-emotional disorders within the definition of Athletic Training. Given this information, I ask the Committee, how would an Athletic trainer know if they were violating their scope of practice when they have not studied the indications of point actions (including Ashi - again referred to as dry needling)? Put simply, no healthcare professional should be using acupuncture, regardless of the name they wish to call it, unless they have acupuncture training from an accredited school and they are trained to treat physical and psycho-emotional issues under their scope of practice. It is a clear violation of standard protocol and is a massive safety issue for the patient. I have not seen this point argued, and for me, it is of fundamental importance that the Committee understand this issue.

I would also like to address some arguments that arose in the last hearing. These include:

- Dry needling is not Acupuncture.
- Athletic Trainers needle deeper than Acupuncturists.
- Acupuncturists insert a small needle in the skin which sits there and nothing else happens.
- Physical Therapists perform dry needling and Athletic Trainers are no different.
- Acupuncturists want to have the franchise on dry needling so that is why we oppose the Bill.
- Athletic Trainers needle the muscles which is supported by science and affect movement while Acupuncturists needle to affect energy.

Below, I have included a paper written by Andrew McIntyre, L.Ac., EAMP, President of the Washington East Asian Medical Association which addresses all of the issues above and gives clear and precise documented evidence against health professionals other than Acupuncturists attempting to use dry needling.

## **Washington East Asian Medicine Association**

### **Dry Needling is Acupuncture, but Acupuncture is not Dry Needling**

Andrew McIntyre, L.Ac., EAMP

President, Washington East Asian Medical Association

The topic of Dry Needling has emerged as a controversial issue between several branches of the healthcare community, most notably acupuncturists and physical therapists. Reasons include misunderstandings and political considerations. Why the matter would be important at all comes down to patient care, well-being, and safety and, relatedly, who is best suited to deliver that care. This paper will demonstrate that Dry Needling is a form of acupuncture using different nomenclature.

Some healthcare providers claim they are not performing acupuncture when performing Dry Needling.<sup>1</sup> This claim is inaccurate. Acupuncture refers to a large number of needling techniques and styles, including Dry Needling. Acupuncture is the category in which Dry Needling exists. Simply put, Dry Needling is acupuncture; but acupuncture is not Dry Needling.

Definitions & Background

The term “dry needling” came to prominence in the West by Janet Travell, MD, to distinguish it from “wet needling,” meaning hypodermic injections.<sup>2</sup> Dry Needling (DN) referred originally to a hypodermic needle on an empty syringe, inserted into the body without injection. The meaning of DN has expanded to include a monofilament, also known as a filiform, needle as used in acupuncture. Currently, medical doctors, chiropractors, osteopaths, and physical therapists are among the biomedical healthcare providers who perform DN, named as such. The distinction between acupuncture and DN exists largely in name only. Ancient techniques themselves overlap with DN, as has been recognized by members of the biomedical community (See pp. 3-5), to say nothing of the incorporation of modern information into all current acupuncture curricula.

<sup>1</sup> Dommerholt J, del Moral O, Grobli C. trigger point Dry Needling. *The Journal of Manual and Manipulative Therapy*. 2006;14(4):E70-E79.

<sup>2</sup> Travell, JG, Simons, LS. *Myofascial Pain and Dysfunction: the Trigger Point Manual*. Williams & Wilkins; 1999.

## Evolving Definitions of Dry Needling to Expand Physical Therapy Scope of Practice

According to a 2015 physical therapy task force, whose aim was to establish competencies for physical therapists wishing to perform dry needling, its current definition is:

*Dry needling is a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect [sic] change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.*<sup>3</sup>

Beyond a current operational definition for physical therapists, two interesting features emerge from this definition. First, the definition, taken from the 2013 Arizona Physical Therapy Association’s position statement,<sup>4</sup> has evolved substantially from Travell’s original definition, which involved only myofascial trigger points. Indeed, Travell’s definition is why DN is more formally known as “Myofascial Trigger Point Dry Needling.”<sup>2</sup>

Being the first position statement to include neural, connective, as well as muscle tissue, the Arizona definition is the most expansive to date. The expansion poses troubling questions. By including neural tissue, for example, within a dry needling definition, what would prevent emotional or cognitive abnormalities from being addressed? Neither scope of practice nor legislative intent and would include the treatment of psychoemotional disorders within a definition of physical therapy. How would a PT know whether or not they were, and thus violating their scope, which would

not include treating psychoemotional conditions? Claiming that PT's already do this when performing DN does not suffice as a legitimate rationale to expand the definition of DN and thereby expand the scope of practice, particularly when it extends well beyond the "physical" in physical therapy.

The second noteworthy feature of this position statement is that by simply substituting "Acupuncture" for "dry needling" and "acupuncturist" for "physical therapist," a precise definition of modern acupuncture in the treatment of musculoskeletal disorders would be had. Acupuncturists use filiform needles to treat each of these conditions—neuromusculoskeletal conditions, pain, movement impairments, and disability—on a daily basis.

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3 Caramagno, J, Adrian, L, Mueller, L, Purl, J. Analysis of Competencies for Dry Needling by Physical Therapists. *Human Resources Research Organization*. 2015;2015(033).

4 Dry Needling Position Statement. Manual Physical Therapy Alliance website. <http://www.mptalliance.com/wp-content/uploads/2013/12/MPTA-AZ-DN-Position-Statement1.pdf>. Accessed September 10, 2015.

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## Examining The Claim That Dry Needling Is Not A Form Of Acupuncture

Several claims are made to support the contention that dry needling is not a form of acupuncture:

- I. The intended areas of the body to be needled, myofascial trigger points, are not acupuncture points.
- II. Dry needling is new and therefore not acupuncture.
- III. Since dry needling does not needle acupuncture points, nor try to move energies, but instead treats myofascial tissue, because the intent of the invasive procedure is different, the procedure itself is different.

Each of these claims is inaccurate.

**I. Claim: areas of the body to be needled with dry needling, myofascial trigger points, are not acupuncture points.**

Ronald Melzack, Ph.D., the world-renowned pioneer in the field of pain research, noted the correlation between trigger points and ashi points in 1977, when he reported that, “trigger points and acupuncture points for pain [i.e. *ashi* points], though discovered independently, and labeled differently, represent the same phenomenon and can be explained in terms of the same neural mechanisms.”<sup>5</sup>

Jan Dommerholt, PT, prominent, well-published DN expert and instructor, reports that, “In our course program we emphasize that Travell rediscovered trigger points.”<sup>6</sup> Travell’s work began in the 1970’s, followed by the first edition of her and David Simons’ *Myofascial Pain and Dysfunction: the Trigger Point Manual* in 1983.

Dommerholt further observes that “it is counterproductive and inaccurate to state that dry needling would not be in the scope of acupuncture, and that within the context of acupuncture, dry needling is a technique of acupuncture.”<sup>7</sup>

In 2008, two medical doctors, Dorsher and Fleckenstein, demonstrated that of the 255 “common trigger points” in Travell’s *Trigger Point Manual*, 238 corresponded anatomically to established classical, channel-based acupuncture points, a degree of concordance of 93.3%.<sup>8</sup>

<sup>5</sup> Melzack, R, Stillwell, DM, Fox, EJ. Trigger Points and Acupuncture Points for Pain: Correlations and Implications. *Pain*. 1977;3(1):3–23.

<sup>6</sup> Dommerholt, J. The Dry Needling Issue. *Qi-Unity Report*. AAAOM Monthly Publication, 2008;7: 1-9. <sup>7</sup> Dommerholt, J., & Fernández-de-las-Peñas, C. (2013). *Trigger Point Dry Needling: An evidence and clinical-based approach*. Oxford: Churchill Livingstone, p. 61.

<sup>8</sup> Dorsher PT, Fleckenstein J. Trigger Points and Classical Acupuncture Points, Part 1: Qualitative and Quantitative Anatomic Correspondences. *German Journal of Acupuncture and Related Techniques* 2008;51(3): 15-24.

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Citing further pain and somatovisceral evidence, they conclude that trigger points and acupuncture points are likely the same physiologic phenomenon.<sup>8</sup>

In describing trigger points, L. Kalichman, a physical therapist, and S. Vulfsons, a medical doctor, state that a "very similar method was developed in 7th century by Chinese physician Sun Su-Mo [Sun Simiao], who inserted needles at points of pain, which he called Ah-Shi points. From the description of these points, it is clear that they are what are currently referred to as MTrPs [Myofascial Trigger points]."<sup>9</sup> Note, too, the parallel drawn between the method and modern trigger point needling.

Dorsher observes that the equivalence depends on how one defines an acupoint. "The extent of correspondence is influenced by definitions of acupoints. Myofascial trigger points are significantly correlated to Traditional Chinese Medicine acupoints, including primary channel acupoints, extra acupoints, and Ah-shi points."<sup>10</sup>

In 1976, Chan Gunn, MD, perhaps the most prominent founder of dry needling, tacitly established the equivalence of acupuncture and dry needling when he stated that, "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." In other words, MD's would more readily accept acupuncture if acupuncture point locations were renamed in language more acceptable to them.<sup>11</sup>

### Myofascial Pathways Overlap with Acupuncture Channels

Individual points are not the only features of Chinese medicine to have had this overlap with the trigger points of dry needling. The pathways of traditional acupuncture channels have received similar scientific validation. Evidence suggests that fascia, fascial planes, and myofascial pathways represent the channels of acupuncture. Fascia is connective tissue existing in sheets or bands that connects muscles to each other and to other body structures. Myofascia is muscle connective tissue.

In 2002, Helen Langevin, MD, and her colleague, Jason Yandow, found an 80% correspondence between acupuncture channel trajectories and myofascial tissue planes. They hypothesized that these myofascial planes represent acupuncture

<sup>9</sup> Kalichman L, Vulfsons S. Musculoskeletal Pain, *Journal of the American Board of Family Medicine* 2010; 23(5): 640-646.

<sup>10</sup> Dorsher, P. T. (2008). Can Classical Acupuncture Points and Trigger Points Be Compared in the Treatment of Pain Disorders? Birch's Analysis Revisited. *The Journal of Alternative and Complementary Medicine*, 14(4), 353-359. doi:10.1089/acm.2007.0810

<sup>11</sup> Gunn, CC, Ditchburn, F, King, MH, Renwick, GJ. Acupuncture Loci: A Proposal for Their Classification According to Their Relationship to Known Neural Structures. *The American Journal of Chinese Medicine* 1976;4(2):183-195.

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channels and that this relationship was connected to the therapeutic effects of acupuncture.<sup>12</sup>

Using Travell's *Trigger Point Manual* to determine referred myofascial pain pathways, Dorsher demonstrated in 2009 that, "myofascial referred-pain data from the *Trigger Point Manual* provides independent physiologic evidence of acupuncture meridians."<sup>13</sup>

"All 12 [acupuncture] meridian distributions were compared qualitatively with the summed referred-pain distributions of their anatomically corresponding trigger point regions. For all 12 subsets of trigger point regions, their summed referred- pain patterns accurately predicted the distributions of their corresponding acupuncture meridians, particularly in the extremities."<sup>13</sup>

In other words, the referred pain conditions that ostensibly "disprove" the existence of acupuncture channels by providing modern language and physiological explanations, in fact provide strong evidence for the existence of those same acupuncture channels; and they do so for all 12 acupuncture channels.

- Jan Dommerholt, a prominent dry needling expert and proponent seems to agree.<sup>6</sup> (See below, p. 8)

## **II. Claim: Dry needling is new and therefore not acupuncture.**

### Traditional Methods and Responses Closely Resemble Modern "Dry Needling"

Several traditional techniques and methods of acupuncture, some dating as far back as 2000 years, closely resemble dry needling approaches used today, though are described in the conceptual language of the time. These traditional methods are still used, being taught in modern acupuncture curricula and continuing education courses.<sup>14,15</sup>

According to MD's who have been completed a full course of acupuncture training, completed the full course of Medical Acupuncture, and/or have also been trained in trigger point dry needling, the fundamental needling technique used in dry needling to

elicit the trigger point muscle twitch is identical to the most common acupuncture techniques used. The acupuncture needle manipulation techniques are known as the lifting and thrusting technique and the twirling

12 Langevin, HM, Yandow, JA. Relationship of Acupuncture Points and Meridians to Connective Tissue Planes. *The Anatomical Record*. 2002:257–265.

13 Dorsher PT. Myofascial Referred-pain Data Provide Physiologic Evidence of Acupuncture Meridians. *Journal of Pain*. July 2009;10(7): 723-31.

14 Callison, M. *AcuSport*. [Seminar]. San Diego, CA: AcuSport Seminar Series Inc LLC; 2007.

15 Liu, Y. *Acupuncture Techniques in Neijing*. [Powerpoint]. Austin, TX: Academy of Oriental Medicine at Austin Acupuncture and Oriental Medicine Program. Available at: <http://catstcmnotes.com/learning-resources/acupuncture-techniques/advanced-acupuncture-techniques/>. Accessed September 2015.

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technique. These techniques are first mentioned in Chinese classics some 2000 years ago. They are still the same basic techniques taught in most forms of acupuncture, including dry needling.<sup>16</sup>

Beyond even the core manipulation of a monofilament needle, more involved needle manipulations are also the same. The “fan” or “cone” technique is a known trigger point method, in which the needle is manipulated to surround an area being treated in a cone-like fashion. Yet an acupuncture technique virtually identical to the “fan” (aka “cone”) technique used in dry needling is described in the earliest authoritative source of information about acupuncture, The Yellow Emperor’s Inner Classic of Medicine (*Huang Di Nei Jing*), written 2000 years ago. The technique, known as the “Joining Valleys” technique (*hegu ci*), was used to treat painful muscles and muscle spasms (“*Bi*” syndrome), just as it still is today.<sup>14,17</sup>

- One of the early evolutionary off-shoots of acupuncture, dating back to the 7<sup>th</sup> century, involves performing acupuncture on tender spots not found on nor related to established acupuncture channels. The method is known as “ashi” and the tender spots found by this method, “ashi points.” Ashi (“Ah, yes!” or “That’s it!”) points react to local pressure and create either local or radiating pain and may or may not correspond to a



channel-based acupuncture point.<sup>18</sup> It was recognized at the latest by the 7<sup>th</sup> century CE that needling a local tender point of a muscular type could yield benefit.

Dommerholt appears to agree: “Physical therapists who write on their websites that ‘dry needling is not acupuncture’ most likely have no knowledge of acupuncture and in many cases have not considered the issue.”<sup>7</sup>

Beyond the parallels with actual needle manipulations and techniques, the response to trigger point dry needling—the muscle fasciculation or “twitch”—is described. The response to needling in Chinese literature is known as the “fish-

<sup>16</sup> Majd, I., MD. (2016, July 19). The Equivalence of Needle Manipulation Between "Dry Needling" and Acupuncture [Telephone interview].

<sup>17</sup> Hong, CZ. Treatment of Myofascial Pain Syndrome. *Current Pain and Headache Reports*. (2006);10(5): 345–349.

<sup>18</sup> The term "*ashi*" was first used to describe this method of acupuncture by Sun Simiao (581-682 CE) in his Tang dynasty classic, *Qian Jing Yao Fang* (Prescriptions Worth a Thousand Gold Ducats). The passage in question reads as follows: "*In terms of the method of ashi, in speaking of a person who has a condition of pain, when squeezing, if there is a spot inside [we] do not ask if it is a [recognized] acupuncture point, because [we] located a painful spot and they said, "Ah, yes!" Needling and moxaing [the points] have proven effective in the past, so they are called ashi points.*" In other words, in the past, when they adopted the approach of needling points where the patient said, "Ah yes!", these points were effective, regardless of whether they were or were not on a channel. Thus, they have called these points *ashi* ("Ah yes!") points.

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bite” response in the “arrival of *qi*.”<sup>19,20</sup> This describes, in the colorful language of the time, the same twitch response elicited from trigger and motor point needling, as occurs in DN, and has been a recognized and accepted part of the canon for centuries. It is associated with a favorable, appropriate response to acupuncture. The idea is from the perspective of the practitioner, who likens the feeling of the muscle twitch on the needle to that of a fish nibbling on a fishing line.

Neither the target nor techniques of dry needling are new. Dry needling is a form of acupuncture.

**III. CLAIM: Since dry needling does not needle into acupuncture points, nor is a try to move energies, but instead treats myofascial tissue, because the *intent* of the invasive procedure is different, the *procedure itself is different*.**

One of the ways in which some have tried to advance the argument that dry needling is not acupuncture is by creating false dichotomies where none exist. PT's, for example, suggest that because they are not needling acupuncture meridians, nor treating acupuncture points, they are not performing acupuncture. The following is excerpted from Senate Bill 6374 , submitted in February, 2016, in their unsuccessful attempt to add DN to their scope of practice, among many possible examples:

"'Dry needling' means a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling does not include the stimulation or treatment of acupuncture points and meridians. 'Dry needling' is also known as intramuscular manual therapy or trigger point manual therapy."<sup>21</sup>

In making this claim, PT's cast acupuncture as mired in an ancient past, performing therapies with dubious rationale and no scientific basis. This caricature has not gone unnoticed by others.

Michael Schroeder, Vice President and General Counsel to the National Chiropractic Council, a "federal risk purchasing group which purchases physical therapy malpractice

<sup>19</sup> Bing, W, Wu, NL. *Yellow Emperor's canon of internal medicine*. China Science and Technology Press; 1997.

<sup>20</sup> Yang, C, Bertschinger, R. *The Golden Needle: and Other Odes of Traditional Acupuncture*. Edinburgh: Churchill Livingstone; 1991.

<sup>21</sup> SENATE BILL 6374, State of Washington, 64th Legislature, 2016 Regular Session, Section 6. !<sup>7</sup>

insurance for its members,"<sup>22</sup> expressed concern about including dry needling into the Oregon PT scope of practice in 2009 in a letter written to Kathleen Haley, Executive Director of Oregon's Board of Medicine. He understood that dry needling was in fact acupuncture and that proponents who claimed that dry needling was distinct from acupuncture were re-defining acupuncture to serve their interests. He stated that:

Proponents of the addition of dry needling to the scope of physical therapy maintain that trigger point dry needling does not have any similarities to acupuncture other than using the same tool. These same proponents of the technique re-define traditional Chinese medicine as being based on a traditional system of energetic pathways and the goal of

acupuncture to balance energy in the body. They emphasize the channel relationship of acupuncture points, de-emphasize or completely exclude the use of ASHI points, and emphasize that acupuncture is based on the energetic concepts of Oriental medicine diagnosis. They therefore define dry needling as different and distinct from acupuncture because it is based on Western anatomy.

However, these proponents fail to recognize that acupuncture schools teach both 'western' neurophysiological concepts along with 'traditional' meridian concepts. As such, acupuncturists are highly trained within both fields of medicine. In fact, the profession of Chinese medicine utilizes neurophysiological principles. As such, there is no such distinction between 'eastern' and 'western' [i.e. "dry needling"] acupuncture.<sup>22</sup>

He went on to warn from not only a malpractice perspective, but from the public health and safety perspective, that:

Licensed acupuncturists typically receive at least 3000 hours of education. The dry needling courses currently being offered, including the Travell Series [116 total hours] and the courses offered by the Global Education of Manual Therapists [55 hours total] not only allow physical therapists to use needles on patients without sufficient training, but constitutes a public health hazard.<sup>22</sup>

Mr. Schroeder is a lawyer and an executive with a fiduciary and actuarial responsibility to determine whether dry needling is a form of acupuncture. He concluded that it was.

<sup>22</sup> Schroeder, M. (Vice President and General Counsel, National Chiropractic Council). Letter to: Kathleen Haley (Executive Director, State of Oregon Medical Board). November 18, 2009. <http://www.liveoakacupuncture.com/wp-content/uploads/2015/05/National-Chiropractic-Council.pdf>. Accessed September 25, 2015.

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Physical therapists claim that because the acupuncture they wish to utilize does not involve "meridians," it is not acupuncture. But acupuncture involves an array of styles and techniques, all united by the common definition of acupuncture as the insertion of monofilament needles for therapeutic purpose.

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Physical Therapists Agree that "Dry Needling" is a Form of Acupuncture

It is noteworthy that the claim that dry needling is not a form of acupuncture is not shared by all members of the PT community.

From the *Journal of Orthopedic and Sports Physical Therapy*: “Acupuncture represents a range of interventions, such as traditional Chinese needle acupuncture, other forms of needle acupuncture (eg. Dry needling).”<sup>23</sup>

- After claiming that dry needling was *not* a form of acupuncture as late as 2006<sup>1</sup>, Jan Dommerholt, a renowned DN instructor and co-owner of Myopain Seminars, which teaches DN to PT's, apparently reversed course: he acknowledged in 2008 that there was considerable overlap of trigger points and acupuncture points; and that myofascial referred pain traveled along acupuncture channels.<sup>6</sup> He regretted his prior position. The following are his direct quotes:

- o “There is no question that some of the trigger points have been described previously as acupuncture points, a shi points...etc.”<sup>6</sup>

- o “Similarly, there are close similarities in between the pathways of some acupuncture meridians and referred pain patterns of myofascial trigger points.”<sup>6</sup>

- o “...In some past articles I may have expressed a rather biased and simplistic opinion of acupuncture. ... I believe that some of my comments were partially in response to assertive efforts of particular acupuncture practitioners to prohibit any needling procedures by physical therapists, and partially due to ignorance. In retrospect, **I regret that sometimes I resorted to ‘turf behavior’ and that I did not study the various schools of acupuncture in more detail to gain a better understanding of the varied perspectives of acupuncturists. I had restricted my perspective to the energetic concepts of traditional Chinese medicine.**”<sup>6</sup> [Emphasis added.]

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23 Cox, J., Varatharajan, S., Côté, P., & Collaboration, O. (2016). Effectiveness of Acupuncture Therapies to Manage Musculoskeletal Disorders of the Extremities: A Systematic Review. *J Orthop Sports Phys Ther Journal of Orthopaedic & Sports Physical Therapy*, 46(6), 409-429. doi:10.2519/jospt.2016.6270

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From the Physical Therapy First website: “**Dry Needling** is a western form of “Acupuncture” and this treatment has been described using many names. **Dry Needling** is the most current term. Acupuncture is based on traditional Chinese

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medicine and Acupuncture needling treatment occurs along the meridian system.... Dry Needling is performed by Western Medical Practitioners using Acupuncture-type needles to treat the musculoskeletal and nervous systems based on modern

neuroanatomy science. Acupuncture falls within the scope of traditional Chinese medicine. It would be incorrect to refer to a practitioner of Dry Needling as an "Acupuncturist" since Dry Needling practitioners do not use traditional meridians (meridians are based on a 2000 year old dogma).<sup>24</sup>

[These PT's are clear in establishing the connection, but then misrepresent acupuncture as being exclusively limited to needling "along the meridian system," and thus mired in an ancient paradigm, likely due to the same unfortunate misinformation previously experienced by Mr. Dommerholt. As has been demonstrated by historical record and PT experts like Mr. Dommerholt, acupuncture is not only quite varied, it has evolved and continues to evolve.]

"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."<sup>25</sup>

[Again, this implies, either through sincere misunderstanding or disingenuity, that acupuncturists graduating with a Masters of Science degree are not trained in anatomy, physiology, and scientific research behind modern acupuncture. This suggestion does not reflect acupuncture curricula. Modern acupuncturists are trained at length in these areas. Evidence suggests that the ancient theories and modern neuroanatomy are not mutually exclusive. They describe the same phenomena at different points in history. Regardless, modern acupuncturists learn both, as Mr. Schroeder pointed out earlier.<sup>22</sup> It is not as though ancients who thought the sun was a god versus a sphere of gaseous fusion were describing different suns, after all, as the language of some would have us believe about acupuncture's origins versus dry needling's.]

### Physical Therapists Use Acupuncture Studies to Support Dry Needling

Literature reviews of dry needling resort to using acupuncture studies to support their claims. This would not only be questionable, but highly problematic if PT's did not already understand that the same therapeutic phenomena were occurring in the body and

<sup>24</sup> Dry Needling. Physical Therapy First website. <http://www.physicaltherapyfirst.com/services/dryneedling/>. Accessed September 26, 2015.

<sup>25</sup> What is the Difference Between Dry Needling and Acupuncture? Neurosport Physical Therapy website. <http://www.neurosportphysicaltherapy.com/services/dry-needling> What is the difference between Dry Needling and Acupuncture?. Accessed September 26, 2015.

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that DN was indeed a form of acupuncture. No modern PT would otherwise use a system they claim relies only on ancient, “mystical” paradigms to support their biomedical claims.

“Recent systematic reviews and meta-analyses provide strong and overwhelming evidence for the effectiveness of acupuncture in the treatment of knee osteoarthritis.”<sup>26</sup>

“According to the Cochrane Database systematic review on acupuncture for peripheral joint osteoarthritis, Manheimer *et al* found acupuncture to be associated with a statistically significant and clinically meaningful short term improvement in OA pain when compared to wait list control.”<sup>26</sup>

“Additionally, this systematic review, which included 12 RCT’s [randomized control trials] of patients with knee OA and four trials of patients with either knee or hip OA, reported statistically significant reductions in pain following acupuncture in patients with knee OA at 6 months when compared with sham acupuncture.”<sup>26</sup>

“...A very recent meta-analysis of 11 high-quality RCT’s concluded that real acupuncture provides a significant reduction in pain immediately following treatment compared to other physical treatment methods, including sham acupuncture.<sup>26</sup>

In addition to the welcome news to an acupuncturist’s ears, the larger point is that the authors of this literature review are all PT’s, writing an article published in a PT journal--and are using acupuncture study outcomes to justify their arguments for dry needling. Unless they already knew that dry needling and acupuncture were fundamentally the same entities and knew that their audience felt similarly, they would not do this. All of the above quotes are taken from: Dry needling: a literature review with implications for clinical guidelines. *Physical Therapy Reviews*, 2014. 19;4:252-265.

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CONCLUSION

Acupuncture is a multifaceted, dynamic, therapeutic procedure, consisting of many types and styles, including several developed in the 20<sup>th</sup> century.<sup>27</sup> Claims that acupuncture is

26 Dunning, J, Butts, R, Mourad, F, Young, I, Flannagan, S, Perreault, T. Dry Needling: a Literature Review with Implications for Clinical Practice Guidelines. *Physical Therapy Reviews*. 2014;19(4):252–265.

27 Oleson, T. *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture*. 3rd ed. Edinburgh: Churchill Livingstone; 2003.

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limited to a 2000 year-old paradigm and an antiquated understanding of acupuncture channels are thus inaccurate. Claims that the targets of DN, trigger and motor points, are not acupuncture points are mistaken. Claims that DN is a new, distinct therapy separate from acupuncture are erroneous. Even the needle manipulations and responses understood in DN were documented 2000 years ago.

Not only have acupuncture points been shown to be the same as the modern understanding of trigger and motor points, but acupuncture channels (“meridians”) themselves correlate with the same myofascial pain pathways that trigger points ostensibly treat. And physical therapists know this. They not only acknowledge it but use acupuncture studies to support their claims for DN.

It is understandable that a paradigm with ancient origins that chose to retain its language, despite modern understandings of the concepts involved, would invite skepticism in a modern context. It is also understandable that some misguided, though well-intentioned physical therapists, like Jan Dommerholt, would misconstrue the situation and make claims they later regretted. Similarly, others might try to intentionally misrepresent acupuncture and use the differences in conceptual language to further their own ends.

Many of these ancient concepts, such as ashi points being trigger points, are easily understood when viewed through a modern scientific lens. Acupuncture comprises, according to physical therapists, a “range of interventions,” including dry needling. Acupuncture is the procedural category in which DN exists. Thus, the contention that Dry Needling is acupuncture, but acupuncture is not Dry Needling is demonstrated.

Mr. McIntyre’s paper outlines succinctly why dry needling should not be allowed by healthcare providers other than trained Acupuncturists. I am a State of Maryland Licensed Acupuncturist and a Doctoral Candidate in Oriental Medicine at Pacific College of Health and Science. I have made it my life’s work to help people, and by sitting back and allowing Athletic Trainers to practice dry needling I would only be hurting them.

For all these reasons, I am asking you to oppose HB1016.

Most Sincerely,

Kathleen Smith, M.Ac, L.Ac, LMT (Doctoral Candidate PCOM)  
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