



Oregon

Theodore R. Kulongoski, Governor

COPY

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December 11, 2009

Joana Freedman, PT; Chair
Members of the Board
James Heider, Executive Director
Oregon Physical Therapist Licensing Board
800 NE Oregon St., Ste 407
Portland, OR 97232

Dear Chair Freedman, Members of the Board, and Mr. Heider:

Thank you for forwarding the Board Statement Relevant to Physical Therapist using the Intervention of Dry Needling.

The Acupuncture Committee of the Oregon Medical Board respectfully requests that you publicize this information to Physical Therapists.

We would like to reiterate the position of the Acupuncture Committee and Oregon Medical Board regarding dry needling. According to Oregon Administrative Rule (OAR) 847-070-0005(1), "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. OAR 847-070-0007(1) further defines the practice of acupuncture and states that no person shall practice acupuncture without first obtaining a license from the Oregon Medical Board. Acupuncture is clearly defined by its technique (inserting needles) and its purpose (treatment of disease and pain – neurological, organic or functional).

According to the World Health Organization, the term "acupuncture" literally means to puncture with a needle. "Dry needling" is a term that was developed to define the technique of placing an acupuncture needle into a muscle trigger point rather than injecting the trigger point with lidocaine or cortisone. Dry needling focuses on releasing muscle tension by treating specific trigger points, alleviating nerve tissue irritation by reducing the nerve impulse, or stimulating local blood supply where it maybe naturally poor, for instance at the junction between tendons or ligaments and bone. It became known as "dry" needle since nothing was injected. "Dry needling" is a derivative of acupuncture and is defined by the World Health Organization as "acupuncture."

According to its proponents, “dry needling” uses acupuncture needles to treat pain (often myofascial pain, although Yun Tao Ma has expanded this greatly). This is the same as acupuncture.

There has been an attempt on the part of proponents of “dry needling” to differentiate “dry needling” from acupuncture by redefining acupuncture as Traditional Chinese Medicine (TCM). This is actually one style among many. The “dry needling” advocates further define TCM as its theoretical basis, as opposed to its actual technique. As mentioned earlier, the technique of acupuncture, regardless of theoretical basis, is the insertion of acupuncture needles to treat disease and pain. No where else in medicine do we make a claim that a technique is defined on the basis of what the therapist is thinking while they carry it out.

“Dry needling” uses the same points as acupuncture. Current “dry needling” courses teach either the use of “trigger points” or acupuncture points renamed according to their neurological location. (Yun Tao Ma courses).

A recent survey by Peter T. Dorsher, MD, Department of Physical Medicine and Rehabilitation at the Mayo Clinic, found that an anatomic comparison of the locations of trigger points to those of classical acupuncture points showed that at least 238 (93.3 %) of the 255 “common” trigger points described by the Trigger Point Manual have proximate, anatomically corresponding locations to classical acupuncture points. Complete or near-complete agreement in the distributions of the myofascial referred-pain patterns and acupuncture meridians were found for 76% of corresponding points; at least some agreement was found for another 14%. Not only are 93.3% of the points the same, but the myofascial referred pain patterns correspond to acupuncture meridians in 76-90% of the points. (“Trigger Points and Classical Acupuncture Points: Part 3: Relationships of Myofascial Referred Pain Patterns to Acupuncture Meridians” by P.T. Dorsher and J. Fleckenstein)

Yun Tao Ma teaches well-known acupuncture points that are described in neurological terms. In his book, “Biomedical Acupuncture for Pain Management, page 255”, he cross references his “acupoints” with their “corresponding acupuncture meridian nomenclature”. His courses also teach the use of “homeostatic points” to “regulate” the body. These are acupuncture points, not myofascial trigger points.

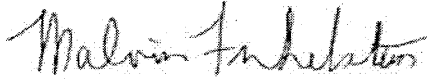
In summary, acupuncture and “dry needling” use the same tool (acupuncture needles), the same points, the same purpose (treating pain), and the same needling techniques. This is why the Oregon Medical Board and its Acupuncture Committee voted that “dry needling” is the practice of acupuncture.

The following states have outlawed physical therapists from the practice of dry needling:

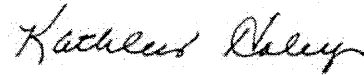
California	Hawaii
Illinois	Florida
New York	Nevada
Tennessee	Utah

The mission of the Acupuncture Committee and Oregon Medical Board is to promote patient safety. We respectfully request that you consider that mission as you make your final decisions regarding adding dry needling to the scope of practice for physical therapists.

Sincerely,



Malvin Finklestein, LAc
Acupuncture Advisory Committee Chair



Kathleen Haley, JD
Executive Director