



MAAOM Position Statement on Dry Needling

It is the position of the Maine Association of Acupuncture and Oriental Medicine (MAAOM) that any professional performing acupuncture, which is the insertion of a filiform needle into connective tissues or musculature in order to elicit a therapeutic benefit, must be sufficiently trained in order for this procedure to be practiced safely. It is also the position of the MAAOM that “dry needling” — a term coined by physical therapists (PT), which is indistinguishable from a specific style of acupuncture known as trigger point acupuncture, falls within the scope of acupuncture — and does not currently have certification standards, rendering this an unsafe practice.

What is Dry Needling?

Dry needling is a technique that uses a “dry” (no medication) thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular tissues, and connective tissues. In 2016, the Maine Board of Physical Therapists deemed “dry needling” to fall within the PT scope of practice without any requirements for education, clinical supervision, or continuing education and this continues to be the case.¹

What are the Similarities and Differences between Acupuncture and Dry Needling?

The following Table illustrates the similarities and differences between acupuncture and dry needling, demonstrates why both western and eastern medical organizations view dry needling as a threat to public health and safety, and why dry needling is currently prohibited in these 10 states: California, Florida, Hawaii, Idaho, New Jersey, New York, Oregon, South Dakota, Utah and Washington.

	Acupuncture	Dry Needling
A dry thin filiform needle is inserted into connective tissue or musculature in order to elicit a therapeutic effect.	Yes	Yes
The procedure or treatment is covered by some insurance plans.	Yes	Yes
The underlying pathology of the musculoskeletal issue or disorder is addressed, as well as the health of the patient as a whole.	Yes	No
Minimum hours of training before working with patients unsupervised.	1900 hours	None
Training is provided by an accredited program, and accreditation is given by a U.S. Department of Education recognized agency.	Yes	No
The State of Maine confirms sufficient training and issues a license to practice in Maine.	Yes	No
Continuing education requirements are in place.	Yes	No
National Board exams must be passed before practicing in Maine.	Yes	No

A separate course in Clean Needle Technique is required before practicing in Maine.	Yes	No
A Code of Ethics and Grounds for Professional Discipline agreement is required before practicing in Maine.	Yes	No
Number of research studies/articles on the practice as of October 2017. ²	26,689	340

As “dry needling” is a form of acupuncture, it presents the same inherent risks, including, but not limited to, infection, spinal cord injury and/or nerve damage, potentially life-threatening perforation of the lung (pneumothorax) and other internal organs. Adverse events such as these are documented by the National Center for Acupuncture Safety and Integrity (NCASI). Maryland’s Acupuncture Society also documents adverse events that point to the need for adequate training.³

A 2017 review of safety articles, summarized by Evidence Based Acupuncture, reported that the frequency of serious adverse events for acupuncture was 11 in 4,441,103 treatments or .00024%. “Dry needling” has not been as extensively researched and practiced as acupuncture, and since most studies on “dry needling” refer to safety studies of acupuncture and not “dry needling” as performed by physical therapists, there is no comparable research available on “dry needling” at this time. The research that is available clearly indicates that, “[r]are serious complications such as infection or pneumothorax are directly related to insufficient training.”⁴

What are the Positions of Other Healthcare Organizations?

The position of the MAAOM is not unique to acupuncturists but shared by other healthcare organizations and professions across the country.

The **American Society of Acupuncturists (ASA)** opposes the unsafe practice of acupuncture. When other healthcare practitioners categorize “dry needling” as separate from acupuncture, it allows “groups to skirt safety, testing, and certification standards put into place for the practice.”⁵

From the **American Medical Association (AMA)**: “Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.”

AMA Board Member Russell W. H. Kridel, M.D. stated, “Lax regulation and nonexistent standards surround this invasive practice. For patients’ safety, practitioners should meet standards required for licensed acupuncturists and physicians.”⁶

The **American Academy of Medical Acupuncture (AAMA)** position paper states in part: “To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Therefore, the (AAMA) strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.”⁷



Maine Association of Acupuncture and Oriental Medicine

The MAAOM unequivocally supports physical therapists in providing physical therapy. However, until or unless adequate educational standards for “dry needling” are established, we must prioritize public health and safety and take a position against “dry needling.”

References

1. http://www.maine.gov/pfr/professionallicensing/professions/physical_therapists/pub/2016/pt_ar2016_01_dry_needling.pdf
2. PubMed, the research database for the National Center for Biotechnology Information
3. National Center for Acupuncture Safety and Integrity, 2017. <https://evidencebasedacupuncture.org/safety/>
4. Tick H, Nielsen A, Pelletier K, Bonakdar R, Simmons S, Glick R, Ratner E, Lemmon, RL, Wayne PM, Zador, V. The Pain Task Force of the Academic Consortium for Integrative Medicine and Health. Evidence-Based Nonpharmacologic Strategies for Comprehensive Pain Care. A Consortium Pain Task Force White Paper www.pharmacare.org December 15, 2017
5. [American Society of Acupuncturists](#)
6. [American Medical Association](#)
7. [American Academy of Medical Acupuncture](#)