

# 10 Points About Dry Needling

We, as acupuncturists, need to support H2006 & S1231. Here are 10 points that you may or may not know. You can make a difference by contacting your legislators and ask for their support for these Bills.

1. Acupuncture is the use of a filiform needle for therapeutic purpose.
2. Dry Needling also defines itself as the use of a filiform needle for therapeutic purpose.
3. Acupuncture and Dry Needling as terms are frequently used interchangeably by medical doctors, acupuncturists, physical therapists, and others. Dry Needling is often called "Biomedical Acupuncture" and "Dry Needling Acupuncture".
4. Acupuncture and Dry Needling are indistinguishable from each other from a regulatory and legislative standpoint as well. Hence, attempting to confine scope to a specific set of techniques and indications is difficult to impossible once this practice is added to a profession's scope.
5. Our interest is in assuring that those who use these tools are properly trained in vetted academic programs with properly determined curricula, supervised by qualified instructors, and certified via psychometrically sound testing by a third party national organization to use this tool.
6. There are currently no independently vetted training programs for Dry Needling, no established and validated Dry Needling curricula, no means of assessing the competence of teachers in the field, and physical therapists are beginning to practice this invasive, incisive procedure with as little as 24 hours of classroom time. As a measure of perspective, the industry standard for medical doctors to practice acupuncture is 300 hours of training with examination, and Licensed Acupuncturists receive generally more than 2000 hours of training.
7. The public needs to have clarity and assurance that the practitioner from whom they are receiving care has had the appropriate training, clinical supervision, and passed third party national exams prior to laying hands on a patient. This should be equally true, regardless of practitioner type.
8. Existing standards for training, practice, and certification in acupuncture already exist, are well vetted, and provide the best benchmarks for other professions wishing to incorporate acupuncture into their scope. A standardized dry needling/acupuncture training curriculum for non-medical doctor, non-Acupuncturist, postdoctorate medical professionals must be developed and must be benchmarked to existing didactic and practicum sessions already in existence for acupuncture as a field.
9. Examination in acupuncture, by any name, should be mediated by a third party certifying organization approved by the National Commission for Certifying Agencies (NCCA).
10. Current opposition to the practice of Dry Needling/acupuncture by non-Medical Doctor, non-Acupuncturist practitioners should not be considered a 'turf-war', but rather a reflection of concern for objectively verified, minimal competency standards that protect the public from substandard and dangerous invasive medical procedures.