American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement on Trigger Point Dry Needling (TPDN) and Intramuscular Manual Therapy (IMT)

Summary
The American Association of Acupuncture and Oriental Medicine Blue Ribbon Panel on Interprofessional Standards has determined that dry needling and any of its alternate designations, including intramuscular manual therapy, trigger point needling, functional dry needling, intramuscular stimulation or any other method by which a needle is inserted to effect therapeutic change, is, by definition, the practice of acupuncture.

Rationale
1. Acupuncture, as a procedure, is the stimulation of anatomical locations on the body, alone and in combination, to treat disease, injury, pain, and dysfunction and to promote health and wellness.
2. Acupuncture, as a procedure, includes the invasive stimulation of said locations by the insertion of needles and the non-invasive stimulation of said locations by thermal, electrical, chemical, light, mechanical or other manual therapeutic methods.
3. Acupuncture, as a therapeutic intervention and medical practice, is the study of how the various acupuncture procedures are applied in health care.
4. Trigger point dry needling, dry needling, functional dry needling, and intramuscular manual therapy, or any other pseudonym describing acupuncture procedures, are, by definition, the practice of acupuncture.
5. In the interest of public safety, non-acupuncture boards should not regulate the practice of acupuncture.

Nationally Recognized Acupuncture Standards
The AAAOM endorses the educational standards set forth by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM). The ACAOM is the sole agency recognized by the United States Department of Education to set educational standards for the procedure and practice of acupuncture.

The AAAOM endorses the state licensure qualifying standards set forth by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM). The NCCAOM is the sole agency recognized by the Institute for Credentialing Excellence’s (ICE) National Commission on Certifying Agencies (NCCA) to qualify acupuncturists for licensure.
State regulatory boards for licensed health care professions other than acupuncture have begun to recognize the procedure and practice of acupuncture by other names, such as “dry needling” and “trigger point dry needling.” At present, this is being done primarily by physical therapy boards in an attempt to expand the scope of practice for the physical therapy profession. Scope of practice expansion attempts made in this manner preclude necessary and adequate educational and safety standards for the procedure and practice of acupuncture. Forty-four (six pending) states plus the District of Columbia have statutorily defined acupuncture and the educational and certification standards required for acupuncture licensure. Current medical literature is consistent with the definitions of both the procedure and practice of acupuncture as provided by state practice acts.¹⁻¹⁻²¹

**Historical Precedents**

Trigger point dry needling and intramuscular manual therapy are aliases used in the marketing of a subset of acupuncture techniques described in the field of acupuncture as “ashi point needling.”¹² A reasonable English translation of ashi points is “trigger points”, a term used by Dr. Janet Travell in her landmark 1983 book *Myofascial Pain Dysfunction: The Trigger Point Manual.*³ Dorsher et al.,⁴ determined that of the 255 trigger points listed by Travell and Simons, 234 (92%) had anatomic correspondence with classical, miscellaneous, or new acupuncture points listed in Deadman et al.,⁵ an internationally-recognized acupuncture reference book.

Modern authorities agree and describe dry needling as acupuncture.⁶,⁷,⁸ Mark Seem discussed dry needling in *A New American Acupuncture* in 1993.⁹ Matt Callison describes dry needling in his *Motor Points Index¹⁰* as does Whitfield Reaves in *The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment.*¹¹ Yun-tao Ma, author of *Biomedical Acupuncture for Sports and Trauma Rehabilitation Dry Needling Techniques,* describes dry needling as acupuncture and provides a rich historical explanation of why.¹²


These examples demonstrate a Western medical movement to rename the procedure and practice of acupuncture as dry needling by providers other than acupuncturists. The examples listed above affirm that there is a literary tradition acknowledging the term “dry-needling” to be synonymous with acupuncture.
Concerns
The AAAOM has the following additional specific concerns:

1) No standards of education have been validly determined to assure that physical therapists (PT) using TPDN are able to provide the public with a safe and effective procedure.\(^\text{13}\)
2) Redefining identical medical procedures and thereby circumventing or obscuring established laws regarding their safe practice is irresponsible
3) In many states, the addition of TPDN to physical therapy practice is being determined by physical therapy regulatory boards, deleteriously circumventing transparency and public health safety protections provided by standard legislative process

The U.S. Department of Education recognizes ACAOM as the sole accrediting agency for acupuncture training institutions as well as their Master’s and Doctoral Degree programs.\(^\text{16, 17}\)

Standards of training in acupuncture are well established, and designed to support safe and effective practice.\(^\text{18, 19}\)

Attempts to circumvent acupuncture training standards, licensing or regulatory laws by administratively retitling acupuncture as “dry needling” or any other name is confusing to the public, misleads the public as to therapeutic intervention expected, and, through lack of meaningful education and practice regulation, creates a significant endangerment to public welfare.

This actual risk of endangerment to public welfare has been investigated by at least one malpractice insurance company that has stated it will cancel polices for physical therapists “engaging in a medical procedure for which they have no adequate education or training.”\(^\text{20}\)

Recent actions by state medical regulatory authorities have identified and acted upon the aforementioned risk.\(^\text{21}\)

In conclusion, the AAAOM strongly urges legislators, regulators, advisory boards, advocates of public safety, and medical professional associations to carefully consider the impact of trends in scope of practice expansion issues.

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1 http://www.ncbi.nlm.nih.gov/pubmed/15108608
4 Dorsher PT. Trigger Points And Acupuncture Points: Anatomic And Clinical Correlations. Medical Acupuncture. 2006;17(3).


15 Commission on Accreditation in Physical Therapy Education (CAPTE) – Accreditation Handbook – November 2011

16 http://ope.ed.gov/accreditation/

17 http://www.acaom.org/about/


19 http://www.nccaom.org/applicants/eligibility-requirements

20 Letter from Allied Professional Services [on file at AAAOM]