

Top 3 Facts You REALLY Need to Know about Dry Needling

1. Dry needling is acupuncture.

Acupuncture, which originated in China, is a sophisticated type of surgery that treats or prevents a disease or condition by affecting the structure or function of the body with an acupuncture needle (a long, thin, flexible needle) inserted through the skin and into an acupuncture point or area (a specific tissue point or area) [1-6]. Acupuncture is based on anatomy, physiology, and pathology [1,4-14].

Dry needling is acupuncture that treats or prevents a disease or condition, in particular a musculoskeletal disease or condition, by affecting the structure or function of the body with an acupuncture needle inserted through the skin and into an acupuncture point or area that has become exquisitely painful on pressure, commonly known in the West as a trigger point or area [1].

Dry needling is not new. It was described in the first century BCE in the *Yellow Emperor's Inner Classic* (traditional Chinese: 黃帝內經; pinyin: *Huáng Dì nèi jīng*), the foundational text of Chinese medicine [1].

2. Dry needling is unsafe when performed by unqualified practitioners of acupuncture, such as physical therapists.

As exposed by the case reports below, dry needling is unsafe when performed by unqualified practitioners of acupuncture, such as physical therapists.

Case Reports

Alabama

Case 1. In 2017, a 16-year-old boy suffered a deep infection in the posterolateral distal aspect of the right thigh caused by dry needling performed by a physical



In this November 30, 2013 photo, 17-year-old Torin Yater-Wallace gives the thumbs-down sign from his hospital bed at St. Anthony Summit Medical Center in Frisco, Colorado, while recovering from surgery for a traumatic pneumothorax that he suffered after a physical therapist punctured his right lung with an acupuncture needle. (Photo: @TorinWallace)

therapist [15]. He was treated for the deep infection in the posterolateral distal aspect of the right thigh at the Department of Orthopaedic Surgery, University of South Alabama, in Mobile, Alabama [15]. The deep infection in the posterolateral distal aspect of the right thigh required surgical drainage and intravenous antibiotics [15]. He was hospitalized for five days [15]. After discharge, he

was continued on intravenous antibiotics for three weeks [15].

California

Case 1. In January 2014, 31-year-old Jamie Del Fierro suffered a penetrating left lung injury caused by dry needling performed by a chiropractor [16]. The penetrating left lung injury resulted in a traumatic pneumothorax (an accumulation of air in the pleural cavity resulting from blunt or penetrating chest injury and causing lung collapse) [16]. She was treated for the traumatic pneumothorax at the emergency department of the Kaiser Permanente Zion Medical Center in San Diego, California [16]. The traumatic pneumothorax required medical and surgical intervention [16].

Colorado

Case 1. In November 2013, 17-year-old Torin Yater-Wallace suffered a penetrating right lung injury caused by dry needling performed by a physical therapist [17-20]. The penetrating right lung injury resulted in a traumatic pneumothorax [17-20]. He was treated for the traumatic pneumothorax at the emergency department of the St. Anthony Summit Medical Center in Frisco, Colorado, and was admitted to that hospital on the same day [17-20]. The traumatic pneumothorax required medical and surgical intervention [17,20]. He was hospitalized for five days [17,20].

Case 2. In April 2015, 36-year-old Amanda Hilton suffered a penetrating left lung injury caused by dry needling performed by a physical therapist [21]. The penetrating left lung injury resulted in a traumatic pneumothorax [21]. She was treated for the traumatic pneumothorax at the emergency department of the Good Samaritan Medical Center in Lafayette, Colorado, and was admitted to that hospital on the same day [21]. The traumatic pneumothorax required medical and surgical intervention [21]. She was hospitalized for three days [21].

Case 3. In June 2015, 41-year-old Lisa Kerscher suffered a penetrating right lung injury caused by dry needling performed by a physical therapist [22]. The penetrating right lung injury resulted in a traumatic pneumothorax [22]. She was treated for the traumatic pneumothorax at the emergency department of the Rose Medical Center in Denver, Colorado, and was admitted to that hospital on the same day [22]. The traumatic pneumothorax

required medical and surgical intervention [22]. She was hospitalized for three days [22].

District of Columbia

Case 1. In 2017, a 62-year-old woman suffered a penetrating cervical spinal cord injury caused by dry needling performed by a physical therapist [23]. The penetrating cervical spinal cord injury resulted in a traumatic spinal epidural hematoma (an accumulation of blood in the spinal epidural space resulting from blunt or penetrating spinal injury), which resulted in "a searing and burning pain down her entire spinal column" [23]. She was treated for the searing and burning pain down her entire spinal column at the emergency department of the MedStar Georgetown University Hospital in Washington, DC, and was admitted to that hospital's intensive care unit on the same day [23]. The searing and burning pain down her entire spinal column required tramadol (an opioid [narcotic] analgesic) and other medications [23]. "No neurologic deficit developed during her course in the intensive care unit and throughout her hospital stay" [23].

Georgia

Case 1. In August 2015, 70-year-old Eva Campbell suffered a penetrating left lung injury caused by dry needling performed by a physical therapist [24]. The penetrating left lung injury resulted in a traumatic pneumothorax [24]. She was treated for the traumatic pneumothorax at the emergency department of the Northeast Georgia Medical Center Gainesville in Gainesville, Georgia, and was admitted to that hospital on the same day [24]. The traumatic pneumothorax required medical and surgical intervention [24]. She was hospitalized for four days [24].

Maryland

Case 1. In October 2012, 24-year-old Emily Kuykendall suffered a penetrating nerve injury in the medial distal aspect of the left thigh caused by dry needling performed by a physical therapist [25]. The penetrating nerve injury in the medial distal aspect of the left thigh resulted in severe pain, numbness, and paresthesias (abnormal sensations, typically tingling or pricking ["pins-and-needles"]) [25]. The severe pain, numbness, and paresthesias required medications [25].

"[The severe pain, numbness, and paresthesias are] really

taking a physical and emotional toll on me," Ms. Kuykendall wrote approximately three weeks after she was injured. "There is almost not a minute in the day that goes by that I wish that I had not gone to see [the physical therapist]" [25].

North Carolina

Case 1. In December 2014, a woman suffered a penetrating lung injury caused by dry needling performed by a physical therapist [26]. The penetrating lung injury resulted in a traumatic pneumothorax [26]. The traumatic pneumothorax required medical and surgical intervention [26].

Case 2. In February 2016, a woman suffered a penetrating cervical spinal cord injury caused by dry needling performed by a physical therapist [26]. The penetrating cervical spinal cord injury resulted in a traumatic spinal epidural hematoma, which resulted in severe pain, numbness, and paraparesis (partial paralysis of the lower limbs) [26]. She was treated for the severe pain, numbness, and paraparesis at the emergency department of the WakeMed Cary Hospital in Cary, North Carolina, and was admitted to that hospital on the same day [26]. The severe pain, numbness, and paraparesis required medical intervention [26]. She was hospitalized for three days [26].

Ohio

Case 1. In January 2016, 51-year-old Brenda Bierman suffered a penetrating right lung injury caused by dry needling performed by a physical therapist [27]. The penetrating right lung injury resulted in a traumatic pneumothorax [27]. She was treated for the traumatic pneumothorax at the emergency department of the ProMedica Toledo Hospital in Toledo, Ohio, and was admitted to that hospital on the same day [27]. The traumatic pneumothorax required medical intervention [27].

Case 2. In February 2016, 47-year-old Anong Pipatjarasgit suffered a penetrating thoracic spinal cord injury caused by dry needling performed by a physical therapist [28]. The penetrating thoracic spinal cord injury resulted in a traumatic spinal epidural hematoma [28]. She was treated for the traumatic spinal epidural hematoma at the emergency department of the ProMedica Toledo Hospital in Toledo, Ohio, and was admitted to that hospital's intensive care unit on the

same day [28]. The traumatic spinal epidural hematoma required immediate surgical drainage [28]. She was hospitalized for 51 days [28]. She now has permanent, severe neurologic deficits, including paraparesis, sensory deficits, and bowel and bladder dysfunction, and persistent, severe back pain [28].

South Carolina

Case 1. In September 2014, a patient suffered a penetrating lung injury caused by dry needling performed by a physical therapist [29]. The penetrating lung injury resulted in a traumatic pneumothorax [29]. The traumatic pneumothorax required medical intervention [29].

Virginia

Case 1. In December 2013, a 50-year-old woman suffered a penetrating right lung injury caused by dry needling performed by a physical therapist [30]. The penetrating right lung injury resulted in a traumatic pneumothorax [30]. She was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital on the same day [30]. The traumatic pneumothorax required medical intervention [30]. She was hospitalized for two days [30].

Case 2. In May 2015, a 30-year-old woman suffered a penetrating right lung injury caused by dry needling performed by a chiropractor [31]. The penetrating right lung injury resulted in a traumatic pneumothorax [31]. She was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital's intensive care unit on the same day [31]. The traumatic pneumothorax required medical intervention [31].

Case 3. In 2016, 23-year-old Wes Jenkins suffered a penetrating lung injury caused by dry needling performed by a physical therapist [32]. The penetrating lung injury resulted in a traumatic pneumothorax [32]. He was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital on the same day [32]. The traumatic pneumothorax required medical and surgical intervention [32]. He was hospitalized for four days [32].

To report a serious adverse event caused by dry needling performed by an unqualified practitioner of acupuncture,

such as a physical therapist, use the Dry Needling Adverse Event Reporting System (DNAERS) form at <https://www.acupuncturesafety.org/dry-needling-adverse-event-reporting-system-dnaers-form>. The National Center for Acupuncture Safety and Integrity (NCASI) will use the information as part of our legislative and administrative advocacy work.

3. It is a violation of Federal law when an acupuncture needle is purchased, possessed, or used by unqualified practitioners of acupuncture, such as physical therapists.

An acupuncture needle is a restricted medical device under section 520(e) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. § 360j(e)) [33].

The U.S. Food and Drug Administration (FDA) restricted the sale, distribution, and use of an acupuncture needle “to prescription use” [34]. In addition, FDA further restricted the sale, distribution, and use of an acupuncture needle “to *qualified practitioners of acupuncture* as determined by the States” [35]. (FDA determined that this restriction is required for the safe and effective use of an acupuncture needle [34].) Therefore, it is a violation of Federal law when an acupuncture needle is purchased, possessed, or used by unqualified practitioners of acupuncture, such as physical therapists [36].

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33. See 21 U.S.C. § 360j(e); 21 CFR § 807.3(i); 21 CFR § 880.5580(b)(1); 21 CFR § 801.109; *see also* 61 Fed.Reg. 64616 (Dec. 6, 1996).
34. See 61 Fed.Reg. 64616 (Dec. 6, 1996); *see also* 21 U.S.C. § 360j(e); 21 CFR § 807.3(i); 21 CFR § 880.5580(b)(1); 21 CFR § 801.109.
35. See 61 Fed.Reg. 64616 (Dec. 6, 1996) (emphasis added); *see also* 21 U.S.C. § 360j(e); 21 CFR § 807.3(i); 21 CFR § 880.5580(b)(1); 21 CFR § 801.109.
36. See 21 U.S.C. §§ 331(a)-(c), (g), and (k); 21 U.S.C. §§ 352(q) and (r).

The National Center for Acupuncture Safety and Integrity (NCASI) is an all-volunteer 501(c)(3) tax-exempt organization that works to protect patients from

unqualified practitioners of acupuncture, such as physical therapists. We accomplish our mission through legislative and administrative advocacy.

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