Dry Needling

PANELISTS: Susan M. Ott, DO, FACS, Erik Adams, MD, and Allyson Howe, MD, FAAFP, CAQ Sports Medicine

Dry needling is a therapeutic technique first introduced in Europe in the late 1970s. The procedure involves using small, solid, filiform needles inserted directly into the skin and muscle for the primary purpose of myofascial trigger point pain relief. The technique has slowly gained popularity in the United States, with mixed views regarding its efficacy. In addition, some states prohibit practitioners such as athletic trainers and physical therapists from performing dry needling because the procedure is invasive.

Dr. Konin: How long have you included dry needling as a technique in your clinical practice?
Dr. Ott: Since beginning my time as an attending surgeon in 1999.
Dr. Adams: I have been using this technique for approximately 7 years now.
Dr. Howe: For me, it has been approximately 3 years.

Dr. Konin: How did you first get introduced to dry needling?
Dr. Howe: When I was in the Air Force, one of the acupuncturists demonstrated the technique for me.
Dr. Adams: I learned the technique during my fellowship.
Dr. Ott: During my sports medicine fellowship as well.

Dr. Konin: What have you found to be the major benefits of dry needling?
Dr. Ott: It is a technique I use in recalcitrant cases of patellar tendinitis. I have had success with it for this problem. I am not sure that in lateral epicondylitis the trauma of the injection into the origin of the muscle versus what I am injecting is what results in the patient improving.
Dr. Adams: For me, the technique has been most useful for enthesopathies and very small tears at tendon origins or insertions.

Dr. Howe: I think it is most helpful for chronic tendinopathy and muscle spasm or trigger points.

Dr. Konin: Have you come across any drawbacks using the technique?
Dr. Ott: It is very painful for the patient, and I typically take them to the operating room.
Dr. Howe: It takes a long time to do, compared with other treatments. I have found that placing the needles, waiting 15 minutes to turn them, then removing them after another 15 minutes works best—it’s a long patient visit and disrupts the

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flow of patients. Also, it takes 3 to 4 visits to be effective in most cases.

**Dr. Adams:** I do not find the technique to be as effective as platelet-rich plasma, but I have not had any complications to speak of.

**Dr. Konin:** Where do you envision dry needling in 2015? Will more or fewer clinicians use it? Is more research needed?

**Dr. Adams:** I think it will probably become less used, if platelet-rich plasma is found to be increasingly effective. Insurance in my area is moving toward nonreimbursement for any percutaneous needle procedures, which means [costs are] out of pocket for the patient. They might as well pay a little extra for platelet-rich plasma in that situation.

**Dr. Howe:** I think more clinicians will use it because alternative therapies are becoming more desirable. Research strengthens any treatment technique, and I think there are a lot of questions that remain unanswered with this technique. More research would be useful to determine the course.

**Dr. Ott:** I think the jury is out on it, and more research is needed. What is the mechanism by which people improve for corticosteroid injections versus platelet-rich plasma versus dry needling or even prolotherapy? Is it all the same? Is it the trauma that evokes a healing response, or [is it] what we are injecting? Is it just good physical therapy that is getting people well, or [is it] that they rest some after the procedure? We just don’t know at this time.

**Dr. Konin:** Do you have any suggestions for other practitioners who want to learn the technique?

**Dr. Ott:** If you can inject, you can do this. It’s really not that complicated.

**Dr. Adams:** Ultrasound guidance is necessary for proper guidance, but good results can be obtained unguided when the area of the abnormality is obvious to palpation.

**Dr. Howe:** If you plan to make this a part of your practice, you will want to ensure that the insurers in your area will cover the cost of the procedure beforehand so you can counsel your patients.

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**SUGGESTED READING**


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