

Dry Needling

Dry needling is an effective treatment for chronic neuropathic pain with very few side effects.

Manage neuromusculoskeletal pain and movement impairments due to myofascial trigger points.

Dry needling can help with numerous diagnoses:

- Sports-related tightness & muscle banding
- Referred pain
- Radiculopathy
- Joint pain & dysfunction
- Cervical & lumbar pain
- Tendinitis
- Epicondylitis
- Craniomandibular dysfunction
- Migraines & tension-type headaches
- Carpal tunnel syndrome
- Plantar fasciitis
- Whiplash associated disorders
- Spinal dysfunction
- Shoulder pain
- Complex regional pain syndrome
- Nocturnal leg cramps



Advanced Physical Therapy Center

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Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments.

In conjunction with traditional physical therapy, dry needling (DN) is used to treat dysfunctions in skeletal muscle, fascia, and connective tissue. It is also used to diminish persistent peripheral nociceptive input and reduce or restore impairments of body structure and function.

The needles used are typically much smaller than hypodermic needles, and are solid rather than hollow, with a rounded tip rather than a beveled tip like that of a hypodermic needle.

Dry needling is different than acupuncture with regards to the evaluation tools used, the assessment, the application, and the overall intended goal.

For most patients, dry needling is not painful and, generally, the insertion of the needle is not felt. However, the local “twitch response” may provoke a brief feeling of pain that has been described as a tingling, aching or cramping sensation.

Studies and Support

The Federation of State Boards published a paper that suggests there exists a historical basis, educational foundation and scientific evidence to support the use of dry needling by physical therapists, even though it is not an entry-level skill and should require additional training (FOSB, 2010).

The American Physical Therapy Association has published several evidence-based papers asserting that physical therapists are appropriate practitioners of dry needling, (APTA, 2015).

What clinic results can we see?

- Increased range of motion, decreased pain, and restoration of function.

What are the physiological effects of dry needling?

- Increased blood flow
- Decrease banding: Tautness of tissue is reduced following the local twitch response. It is hypothesized that the decreased banding causes a restoration of normal sarcomere length and a normal length tension relationship of the muscle, allowing for more efficient contraction.
- Decreased spontaneous activity: This correlated with lower pain pressure thresholds, and may reflect a normalization of acetylcholine levels in the neuromuscular junction.
- Biochemical changes: Elevated levels of hydrogen ions, neurotransmitters (bradykinine, 5HT, NE, CGRP, substance P) have been noted locally in active trigger points , as well as remote areas (Shah, 2005, Shah, 200) in patients with neck pain. Following a local twitch response elicited by rapid advancements to a needle tip, these chemical concentrations changed locally and remotely.
- CNS changes: Improvements in pain pressure thresholds of muscles that are myotomally associated with a muscle that has been treated have been noted. (Scbely, 2010, Tsai, 2012, Hseih 2007). It is also hypothesized that sensory and proprioceptive stimulus from needling may also drive the gate control mechanisms for pain reduction (Chu, 2012)



Grand Blanc.....810-695-8700..... 10809 S. Saginaw Street
Clio 810-687-8700.....303 S. Mill Street
Flint 810-732-8400.....G-2241 S. Linden Rd, Suite A
Hartland 810-632-8700.....11182 Highland Road

Davison 810-412-5100.....2138 Fairway Drive
Goodrich 810-636-8700..... 7477 S. State Rd, Suite B
Clarkston 248-620-4260..... 6167 White Lake Road, Suite 1
www.AdvancedPhysicalTherapy.com

IMPORTANT

Bring this prescription and any HMO referral, Auto or Worker's Comp authorizations on your first day.



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PRESCRIPTION

MEDICARE CERTIFICATION/RECERTIFICATION

Grand Blanc (810) 695-8700
Fax (810) 695-7946

Clio (810) 687-8700
Fax (810) 687-8724

Flint (810) 732-8400
Fax (810) 732-4075

Hartland (810) 632-8700
Fax (810) 632-5850

Goodrich (810) 636-8700
Fax (810) 636-8702

Davison (810) 412-5100
Fax (810) 412-5106

Clarkston (248) 620-4260
Fax (248) 620-4239

Date _____ Patient Phone Number _____

Name _____

Diagnosis _____

Precautions _____

Physical / Occupational / Hand Therapy

- | | | |
|---|---|---|
| <input type="checkbox"/> Evaluate and Treat per Care Plan | <input type="checkbox"/> Sportsmetrics | <input type="checkbox"/> Paraffin Bath |
| <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Manual Techniques | <input type="checkbox"/> Fluidotherapy |
| <input type="checkbox"/> Self Care Education | <input type="checkbox"/> Graston Technique | <input type="checkbox"/> Pinch/Grip strengthening |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Scar massage |
| <input type="checkbox"/> Passive ROM | <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Desensitization |
| <input type="checkbox"/> Active-assisted ROM | <input type="checkbox"/> Soft Tissue Massage | <input type="checkbox"/> Orthotic Fabrication: _____ |
| <input type="checkbox"/> Active ROM | <input type="checkbox"/> Ultrasound/Phonophoresis | <input type="checkbox"/> Tendon Repair Protocol _____ |
| <input type="checkbox"/> Progressive Resistive Exercise | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Therapeutic Activities _____ |
| <input type="checkbox"/> Sports Rehab | <input type="checkbox"/> Light/Laser Therapy | <input type="checkbox"/> ADL Activities _____ |
| <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> TMJ Rehabilitation |
| <input type="checkbox"/> Vestibular Rehab | <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Lymphedema Treatment |
| <input type="checkbox"/> LSVT Big Therapy | <input type="checkbox"/> Pelvic Traction | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Gait and Balance Training | <input type="checkbox"/> TENS | <input type="checkbox"/> Work Reconditioning/Hardening |
| WB Status: _____ | <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Return to Work Assessment |
| <input type="checkbox"/> Advanced Stabilization | <input type="checkbox"/> Contrast Bath/Whirlpool | <input type="checkbox"/> Disability Testing |
| <input type="checkbox"/> Med X Testing/Rehab | <input type="checkbox"/> Bioness | <input type="checkbox"/> Ergonomic Assessment |
| <input type="checkbox"/> Pediatric Transformers Program | <input type="checkbox"/> Women's Health | |

Comments/Goals _____

3 x Weekly 2 x Weekly Daily **Number of visits** _____
for _____ **weeks** _____ **months**

I certify / recertify that I have examined the patient and physical and/or occupational therapy is necessary, and that services will be furnished while the patient is under my care, and that the plan is established and will be reviewed every ninety (90) days or more often if the patient's condition requires. I estimate that these services will be needed for 90 days.

R _____

Physician Signature

Date

PHYSICAL AND OCCUPATIONAL THERAPY APPOINTMENT INFORMATION: When you receive this prescription please call to set up your first appointment. Bring this prescription, all insurance information such as insurance cards, forms, HMO referrals, worker's compensation or auto insurance claim numbers. Check with your insurance company if you are unsure of your physical and occupational therapy benefits. Wear or bring comfortable clothing so that the area to receive treatment can be easily exposed. Hospital gowns will be provided when needed. If it is necessary to cancel and reschedule, please try to notify us 1 day in advance.

We look forward to serving your rehabilitation needs.

For further information, you may contact us by phone or to speed your registration process, fill out / print forms online at www.advancedphysicaltherapy.com under **NEW PATIENTS**.