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Getting Started with Myofascial Trigger Point Dry Needling

By David B. Fishkin, DC, MPH

Myofascial Trigger Point Dry Needling is the most powerful clinical tool for the treatment of soft tissue subluxation. The soft tissue subluxation (STS) is to be differentiated from the synovial joint-based subluxation treated by the chiropractic adjustment. Just as loss of motion and fixation is integral to the concept of synovial joint subluxation, so too is dry needling integral to treatment of the soft tissue system, albeit a different path. Just as we use the adjustment to clear the fixation and impedance in the osseous system so is the dry needling technique equivalent in its power to clear the soft tissue fixation, its pathomechanics and biochemical imbalance.

In the soft tissue scenario you have macro trauma, micro trauma, acute and chronic catalysts just as in the synovial/osseous system that lead to a sequela of biochemical/biomechanical events. These events can foment spasming, locking and shortening of soft tissue elements that can no longer respond to internal cues and many external attempts to restore function to a normal physiologic state. The theories proposed by Simons and Travel serve as the underpinning of understanding that what has been coined a trigger point is only the extreme pathologic manifestation of the soft tissue subluxation which occupies a broader area under the continuum of soft tissue dysfunction.

We can now explain clearly that the soft tissue becomes subluxated, locked and fixated just as the synovial system does.

Reducing nervous system dysfunction via the soft tissue system is as critical as relieving it via the joint system. The work of Simons and Travel has contributed greatly to the understanding of this mechanism of muscle and soft tissue fixation. And other authors such and C. C. Gunn M.D. and Andrew Fischer, M.D. not only validate the chiropractic model but lend further support for nervous system dysfunction in the peripheral system throughout the soft tissues. And yet other authors such as Helene Langvine have written extensively about the broad communication of the fascial system and its effects on the body. Dry needling is a critical tool in treating these problems.
Direct and Effective

The approach of using fine solid needles to unlock and release the soft tissue structures is more direct and effective than other techniques available today. The difference I and those that I have trained have seen very positive clinical outcomes. Patients who walk in antalgic walk out greatly improved and chronic patients that previously were unresponsive now respond completely or stabilize. This is occurring at the front lines of practice and we have a number of case studies from the referred literature that I have posted on my website.

Sadly, only the doctors in sixteen states Maryland, Delaware, Virginia, North Carolina, South Carolina, Alabama, Connecticut, Florida, Utah, Illinois, Colorado, New Mexico, Rhode Island, New Hampshire, Oregon and Texas are currently permitted to take advantage of this fantastic approach.

Political and Legal Issues

In some cases because the state law does not permit penetration of the skin for any reason and in other states where it should otherwise be permitted, intra and inter professional politics are restraining the spread of this great clinical tool. That story will be told in a future article in DC.

MFTrPDN can be performed only by those doctors who are legally authorized to provide this service under their state law. This cutting edge technique will work with all approaches, whether you like to treat patients on a symptomatic basis or corrective basis. This technique supports YOUR approach to patient care and is suited to those doctors who seek excellent clinical outcomes and management of challenging acute and chronic patients.

For the well-care doctor who desires to pre-emptively strike against the development of global dysfunction, this approach will support that goal. It will also improve your community profile as a primary care holistic doctor. Offering this service will broaden your appeal to patients who may not currently be seeking you out and as well as improving your service to current patients.

For the sports-oriented doctor there is no greater tool to keep the soft tissue system of your athletes at peak performance. You will learn that early detection and treatment of soft tissue dysfunction will lead to fewer injuries and better performance for your athletes. This technique can be brought to the field as easily as you bring your hands.
For the restorative and corrective oriented practice there is no better method to help achieve and maintain your goal than having this technique in your clinical toolbox. It will be much easier to retrain structural plasticity with the help of a cooperative soft tissue system. Rather than wrestle the structure against resistant soft tissue, you can ease the structure to its desired goal. Adjustments will occur with greater comfort and will hold longer.

For the pain doctor you have no better friend than MFTrPDN technique. I have seen many miraculous events with adjusting, but I have seen many more occur with this technique.

- Acute cases have resolved in record time, moving onto stabilization that much faster.
- Chronic cases that in the past would have walked out the door of my practice to go to pain management physicians have stayed.
- The need to refer for trigger injections and epidurals has gone way down.

While it is true that we have many approaches to treating the soft tissue system, none is easier on both the patient and doctor than this one. Why, you might ask, is this the case?

**Benefits**

All soft tissue techniques whether purely manual or instrument-assisted work from the outside in with a good deal of labor and stress on the practitioner and a good deal of groaning from the patient. I understand that to some the idea of penetrating the tissue with a hair thin needle seems more traumatic than the other soft tissue techniques you use, but in reality it is more humane, more comfortable, and actually easier for the patient to tolerate and better yet, easier for you to administer. It takes no more time than any other passive set up and can be co-administered with many other passive modalities such as electrical modalities, diathermy, infra-red etc.

The clinical benefits for the patient are immense but the personal ones for you are even better. Less fatigue at the end of the day and more energy for yourself and loved ones. After 23 years I can tell you it makes a difference. Although older doctors are the ones really loving this technique (they are adding years to their practice life) I suspect that younger practitioners will benefit from this progressive clinical tool as well. One last perk of owning this technique is that when you get in trouble and cannot get to a colleague you can self treat any area that you can reach and I can tell you it has come in handy on many occasions.
This approach will help increase your practice bottom line both directly and indirectly. For the cash practice or global fee type practice this technique is ideal because it is so efficient. Your interest in managing resources for a single fee will benefit from this approach. While there is no dedicated CPT code at this time this is a service that has value added appeal.

This technique has broad application throughout the body, has fewer contraindications than many of the current technologies and can be used with fracture patients, cancer patients, osteoporotic patients and patients with implanted electrical devices. If you are a new practitioner and limited in capital or are older and do not want to invest now in expensive technologies here is another good reason to adopt this technique. I think the only people who should not consider this technique are ones that never have a patient take off an article of clothing for treatment and those that do not tolerate change very well because this technique will change your life forever.

If you want to know more about whether you can do this in your state or whether your state should allow but is not, or want to discuss it further send an e-mail to dryneedlinginstitute -at- gmail.com or visit the website at www.dryneedlinginstitute.com.

(Editor’s Note: For further discussion on the use of needling and training options, including acupuncture, see the DCPI September 2011 edition.)

Dr. David B. Fishkin, the founder and director of the Dry Needling Institute, has been in practice since 1988, an NYCC graduate and has been developing and applying this technique since 1998. Dr. Fishkin also has been active nationally educating various state chiropractic associations as well as state regulatory agencies about this technique and how it fits into the scope of practice in those states of which 16 currently accept it.

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