

Trigger Point Dry Needling Summary for Acupuncturists

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The muscles are a very underserved area in healthcare, and trigger points is one of their main afflictions. You would do your patients a great service to take classes in dry needling. Please understand that this summary does not even come close to teaching you dry needling.

First you need a manual...

In order to successfully eliminate myofascial pain with trigger point dry needling, you will need a manual to show you where each trigger point sends its pain referral pattern. The most complete manual available is [Myofascial Pain and Dysfunction: The Trigger Point Manual Vol I & II](#) by Travell and Simons. Since it totals over 1500 pages, it can be over whelming, so [The Trigger Point Therapy Workbook](#) by Clair Davis is a much more user friendly guide, but only has the muscle and their trigger points and does not have information about needling.

Next, find the pain generator...

In both books described above, there is a diagram that shows areas of pain and lists the muscles that refer to the area from most likely to least likely, along with the page where you will find that muscle. It is important to check all of the muscles listed, as there may be more than one muscle creating the pain.

Find the trigger point...

Trigger points happen in predictable patterns since they happen where the nerve comes into the muscle. Use the manuals to help you find the ball park, then feel the muscle for a thicker area, like an uncooked pea that is quite tender. This is where you will be needling.

Insert the needle...

Angle matters... try to match the angle that elicits the strongest sensation for the patient. It is imperative that the actual trigger point is needled (and not just the taut band around it). Ice can be stroked over the area (as described on the Ice and Stretch page at MusclePainSolutions.com).

Re-insert...

Without taking the needle out of the skin, reinsert multiple times into the center of the trigger point to fasciculate, or get a "twitch" in the muscle fiber. This is not usually visible, but can be felt through the needle and is perceived by the patient as a cramping sensation, or involuntary muscle spasm. The more loci that can be deactivated in each trigger point, the better.

Post treatment...

Bring the patient through the range of motion of the muscles that were treated. This is an important step in deactivating trigger points. Other measures can be used like warming the muscles to decrease post treatment soreness. Patients can expect to be fairly sore for 1-3 days. They need to perform gentle stretching of the muscles every 1-2 hours, and/or do self massage on the trigger points 3-6 times per day.

Perpetuating factors...

These factors can be the difference between treatment success and failure. They include factors such as ergonomics, posture, repetitive motions, lack of sleep, nutritional needs, and underlying illness. Refer to the above mentioned books for a full treatment of these factors.

Common Reasons for Treatment Failure...

This information is taken from Travell and Simons' Manual listed above.

- Need to find the primary trigger point which is based on palpation of nodularity in the muscle that reproduces the symptoms the patient is experiencing.
- Need to find other contributing trigger points that are creating the patient's pain.
- Helpful to pin the trigger point between two fingers before needling to prevent it from slipping away from the needle.
- Need to needle directly into the heart of the trigger point (not the surrounding tissue or the taut band of muscle around the trigger point) and elicit multiple twitch responses.
- A twitch response must be obtained from all active loci in the trigger point to achieve an effective treatment.
- Take care that you are needling an active trigger point (the one creating the pain), not a latent one, or the pain referral area.
- Need to have the patient perform the full active range of motion of the muscle after needling.
- Need to have patient perform passive stretches of the muscle at home.
- Need to check for perpetuating factors such as posture, nutritional factors, lack of sleep, etc. See manuals for more detailed info.

Conclusion...

Though work on myofascial pain can be complex, it is worth mastering this underserved area. There is a great need for dedicated practitioners that will commit to finding the root of the pain. I hope you will learn more about this exciting area in health care that is just starting to be recognized and served.