

(DRAFT)

CSOMA Dry Needling in California Position Statement

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- The California State Oriental Medicine Association (CSOMA) opposes the illegal and unsafe practice of acupuncture. “Dry needling” is a form of acupuncture and like acupuncture, it is an advanced and invasive medical procedure with inherent risks and contraindications.
- “Dry needling”, “trigger point dry needling”, and “intramuscular manual therapy” are contemporary terms that purport to be an entirely separate and modern technique distinct from acupuncture. Yet, both acupuncture and “dry needling” use acupuncture needles to achieve their intended therapeutic effects.
- “Dry needling” has been defined as a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments.¹
 - In reality, there is a long, well-documented history of licensed acupuncturists practicing “dry needling” to treat neuromusculoskeletal pain and impairment long before the term “dry needling” was invented.
 - Licensed acupuncturists receive training in both traditional acupuncture theory as well as modern biomedical theory, which includes a deep understanding of the underlying anatomical structures and the corresponding physiological function of specific acupuncture point locations.
 - Moreover, the insertion of dry, filiform needles into the body, under any pretense, and for any medically therapeutic purpose, is the basic definition of acupuncture.
- Some physical therapists and other allied healthcare providers have claimed that “dry needling” is new and nothing like acupuncture based on the argument that their point locations and needling styles are not rooted in traditional Chinese medicine acupuncture theory. This effort from outside of the acupuncture profession to redefine acupuncture and re-frame its techniques using western anatomical nomenclature in order to claim that it is no longer acupuncture demonstrates, at best, a profound misunderstanding of acupuncture, and at worst, a concerted effort to infringe upon the scope of acupuncturists and appropriate the practice of acupuncture.

¹ American Physical Therapy Association: Description of Dry Needling in Clinical Practice: An Educational Resource Paper. <http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/>. February 2013.

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- “Dry needling” has always been a part of acupuncture therapy. Any attempt to separate “dry needling” from acupuncture and claim that it is a newly discovered technique or treatment is nothing more than a deceptive marketing strategy and political maneuver to circumvent established public safety laws as well as the standards of training, certification and continuing education that exist for the safe and lawful practice of acupuncture.
- Lax regulation of “dry needling” and nonexistent standards involving the practice of dry needling show an alarming disregard for public safety and undermine the public’s trust in the efficacy of acupuncture. In fact, the American Medical Association (AMA) released their policy position on “dry needling” at their Annual Meeting on June 15, 2016, stating that “physical therapists and other non-physicians practicing dry needling should - at a minimum - have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.”²
- The recent debate over the very definition and application of acupuncture and “dry needling” is the result of a growing trend of physical therapists, chiropractors and other allied health practitioners who have started performing “dry needling” as an adjunct treatment with cursory authorization from their own regulatory boards’ non-binding guidelines or through administrative rulemaking at the state level.
- All health care providers without acupuncture formally included in their state practice act should be prohibited from practicing acupuncture and “dry needling” **unless their scope of practice is legally expanded to include the practice of acupuncture with the corresponding level of clinical and theoretical training and certification required of acupuncturists.**
- Presently, there are no minimum standards of training, education or testing for non-acupuncturists to practice “dry needling”. The only training in “dry needling” are continuing education weekend workshops. There are no minimum hours or curriculum standards for these workshops. CSOMA believes that acupuncture and “dry needling” can be considered safe only when administered by properly trained and accredited acupuncturists or physicians. There can be no shortcuts to adequate training and competency testing as these are essential to public safety and the future of acupuncture as a viable treatment modality.

² American Medical Association: AMA Adopts New Policies on Final Day of Annual Meeting. <https://www.ama-assn.org/ama-adopts-new-policies-final-day-annual-meeting>. June 15, 2016.

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Acupuncture Licensure Requirements in California

What academic and clinical practice training are required for licensed acupuncturists to practice dry needling acupuncture?

- Licensed acupuncturists receive a minimum of 3,000 hours of post-graduate academic theoretical and clinical training in many acupuncture techniques, including what is now termed “dry needling”. Students of acupuncture must receive a minimum of 950 hours of clinically supervised training in outpatient clinical settings.
- Before obtaining licensure, acupuncturists must demonstrate certification in Clean Needle Technique (CNT), an examination developed by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)³. CNT certification establishes professional competency to practice acupuncture safely and effectively for both practitioners and the public.
- The Clean Needle Technique manual meet current guidelines for the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), as well as state and local health departments. Changing epidemiological patterns, changes in what is considered best practices in clean and aseptic technique, and changes in technology have all contributed to improving clinical safety and instruction thru the CNT Manual.
- The state of California requires licensed acupuncturists to meet minimum standards of eligibility and pass a state board certification exam.
- In order to renew an active license, licensees must complete 50 board-approved continuing education units (CEUs) every two years.

³ CCAOM Position Papers on CNT and Related Techniques Protocol.
http://www.ccaom.org/pdf/CCAOM_Position_Papers_CNT_Protocol.pdf. September 6, 2017.

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Links of Position statements of other professional organizations regarding the practice of “dry needling”

American Academy of Medical Acupuncture Position Statement:

<http://www.nccaom.org/resource-center/press/press-releases/aama-policy-on-dry-needling/>

American Academy of Physical Medicine and Rehabilitation Position Statement:

<http://www.nccaom.org/resource-center/press/press-releases/aapmr-policy-on-dry-needling/>

American Alliance for Professional Acupuncture Safety White Paper:

<http://www.nccaom.org/wp-content/uploads/pdf/AAPAS%20White%20Paper%20on%20Dry%20Needling.pdf>

American Association of Acupuncture and Oriental Medicine Position Statement:

<http://www.aaaomonline.org/Dry-Needling-Position-Paper>

American Medical Association Position Statement:

<https://policysearch.ama-assn.org/policyfinder/detail/dry%20needling?uri=%2FAMADoc%2FHOD-410.949.xml>

American Society of Acupuncturists Position Statement:

<http://www.asacu.org/wp-content/uploads/2016/09/American-Society-of-Acupuncturists-Position-on-Dry-Needling- 9 14 16.pdf>

American Traditional Chinese Medical Association Paper on Dry Needling:

<http://www.nccaom.org/wp-content/uploads/pdf/ATCMA%20Position%20Letter%20on%20Dry%20Needling.pdf>

Council of Colleges of Acupuncture and Oriental Medicine Position Paper:

<http://www.ccaom.org/downloads/CCAOM Position Paper May 2011 Update.pdf>