



DEC 27 2010

December 20, 2010

Dr. Joyce McClure, President
Oregon Board of Chiropractic Examiners
3218 Pringle Rd, SE
Salem, OR 97302

Dr. Don Ferante, President
Oregon Chiropractic Association
10570 SE Washington Street #202
Portland, OR 97216

Dr. Joe Brimhall, President
Western States University
2900 NE 132nd
Portland, OR 97230

RE: Statement concerning the use of "Dry Needling" by Chiropractors in Oregon.

Dear Colleagues:

In solidarity with the American Association of Acupuncture and Oriental Medicine (AAAOM), Oregon Medical Board (OMB), Oregon College of Oriental Medicine (OCOM), Oregon Association of Acupuncture and Oriental Medicine (OAAOM), Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), we concur with the points made in the November 16, 2009 "OAAOM Dry Needling Response Letter" from Hilary Laferriere, President of the OAAOM. We understand that you are familiar with this letter, and so will not reiterate those points here.

As a member of CCAOM, we also fully support the "Position Paper on Dry Needling" produced by the Council in the fall of 2010. The position of the CCAOM is summarized in the 3 following points:

- 1) It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that **dry needling is an acupuncture technique.**
- 2) It is the position of the CCAOM that "the invasive procedure of dry needling has been used synonymously with the following terms:
 - trigger point dry needling
 - manual trigger point therapy, when using dry needling
 - intramuscular dry needling
 - intramuscular manual therapy, when using dry needling
 - intramuscular stimulation, when using dry needling".

3) It is the position of the CCAOM that any intervention utilizing dry needling beyond trigger point dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.

As well, it is important to note that, according to Peter T. Dorsher, MD of the Mayo Clinic and corroborated by J. Fleckenstein in, "Trigger Points and Classical Points: Part 3: Relationships of Myofascial Referred Pain Patterns to Acupuncture Meridians", [cite source] 238 (93.3%) of the 255 common trigger points correspond to classical acupuncture points.

The second point above was emphasized by CCAOM consistent with the finding that in states where physical therapists have been practicing the dry needling of trigger points, there has been **an effort to rename dry needling in an attempt to elude its correlation to acupuncture.**

The third point emphasizes the unethical, and in some states, also the **illegal deviation from what is accepted standard dry needling at local foci of pain, into other distal, meridian based points on the body.** This deviation clearly constitutes the practice of acupuncture medicine.

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is the specialized accrediting agency recognized by the US Department of Education, and charged with ensuring that all accredited acupuncture and Oriental medicine schools in the US are in compliance with the established educational standards. The ACAOM minimum standards specify that acupuncture programs must be at least three academic years in length, and include 105 semester credits, and 1,905 hours. The total hours must include 705 hours of Oriental medicine theory, diagnosis and treatment in acupuncture and related studies, 660 hours of clinical training in acupuncture and Oriental medicine, 450 hours of biomedical clinical sciences, and 90 hours of counseling, communication, ethics, and practice management. If we assume that chiropractors would come to the study of acupuncture with the requisite 540 hours of training in the last 2 categories, this leaves 1,365 additional hours that ACAOM would require for them to meet the minimum standards to practice acupuncture in a safe and effective manner.

As all dry needling is acupuncture, we at NCNM believe that the appropriate educational requirement for chiropractors (or any similarly qualified health care professionals) **to safely practice acupuncture is the ACAOM specified 1,365 semester hours.** It follows the model established in the state of Minnesota.

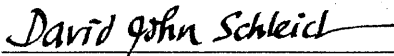
We would be more than willing to explain in more detail to representatives of the University of Western States or other educational bodies or institutions the reasons why the practice of acupuncture ("dry needling") *without* adequate training in acupuncture and Oriental medicine could lead to unintended negative outcomes.

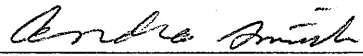
Our position derives from concerns about safety and standards of practice. We are in full support of increasing the accessibility of acupuncture to all interested practitioners and patients, but only in a context of safety and efficacy. To meet this goal, **we have created a more streamlined and part-time acupuncture program for health care professionals wishing to add this expertise to their practice.** In today's patient-centered healthcare world, it is of obvious benefit to have cross-trained practitioners who can successfully integrate different systems of medicine. However, without the proper safeguarding of the standards of each system, we are in danger of both promoting unsafe practices, and diluting the benefits that a profound understanding of each system can provide.

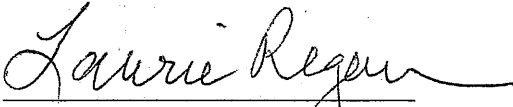
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We reiterate our support for the AAAOM, and OAAOM Dry Needling Response Letters, which state that it is "imperative that any use of acupuncture needles in the state of Oregon be regulated as the practice of acupuncture, and, allowed by licensing authorities, only upon completion of a minimum number of classroom and clinic hours as is determined by the Oregon Medical Board (the regulatory agency for the practice of acupuncture in the state of Oregon) and the two Oregon schools that currently offer Acupuncture and Oriental Medicine programs (OCOM and NCNM)".

Respectfully yours,


David Schleich, PhD, President


Andrea Smith, EdD, Interim Provost


Laurie Regan, PhD, ND, Dean
School of Classical Chinese Medicine

cc: Dr. Michael Gaeta, President, Oregon College of Oriental Medicine
Ms. Kathleen Haley, Executive Director, Oregon Medical Board ←