



# Dry Needling—Relief in a New Technique

by Dan Harvey

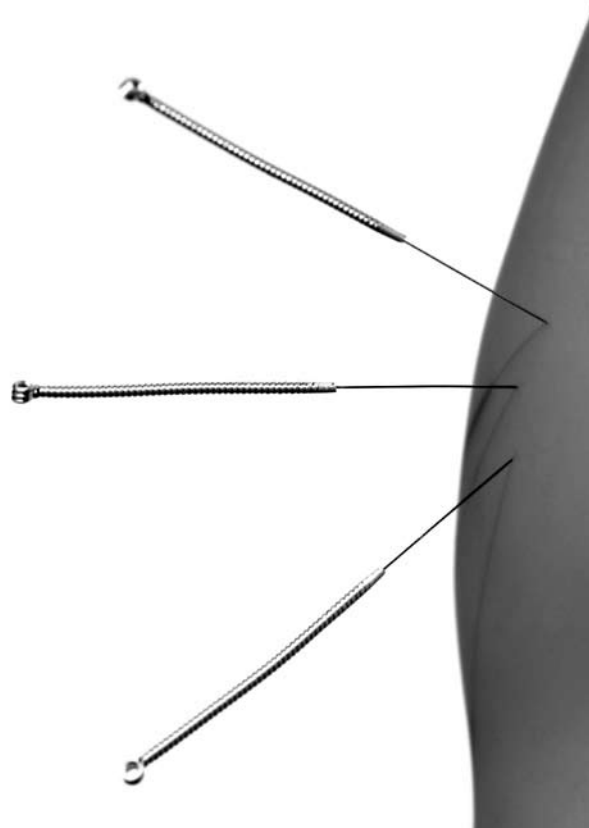
More and more, healthcare professionals and patients are turning to a new technique called dry needling for the treatment of myofascial pain associated with conditions such as temporomandibular dysfunction or TMD.

This inexpensive and highly effective treatment targets so-called “trigger points.” These are irritable areas of contracted muscles and pinched nerves—in this case, located in the jaw, head and neck—that elicit pain when pressure is applied.

The technique is akin to acupuncture and utilizes similar long, thin needles. Dry needling, as its name implies, involves no injection of substances. Only a local anesthetic is used. Treatment results in immediate pain relief and improved function in the affected areas.

Dry needling is strongly indicated for the myofascial muscles in the TMJ area because they are so small. Preparation involves the patient lightly biting down on a rolled wad of gauze. This serves several purposes: it places the jaw in the proper position for injection; it absorbs saliva; and ... it consequently muffles patient’s moaning (editor’s joke). During the procedure, very thin needles are inserted through the skin and tissues and into the myofascial trigger points. The needles need to be thin, because of the small size of the muscles in the jaw and face. No injection is used because there isn’t any room for the tissues to hold the solution.

first inserts the needle under the skin and into the trigger point, and then moves it in very short strokes before withdrawing the needle.



The procedure was first developed in 1973 by Dr. Chan Gunn. Doctors Chang Z. Hong and Jennifer Chu subsequently advanced the technique. Their research indicated that the technique works by maximizing a local

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Also called intramuscular stimulation, dry needling produces pain relief by deactivating the trigger points via stimulation provided by the thin needle. The physician

twitch response (LTR) when the needle hits the trigger points. Essentially, this twitch response reproduces the patient’s pain, which ultimately brings pain relief. The

theory is that the LTR results in neurological and chemical changes that provide mechanical and physiological resolution of trigger points; that is, it not only relieves pain but relaxes muscles.

Chu found that using an electromyography needle, which is thinner than an acupuncture needle, is more effective in eliciting twitch responses in the trigger points. Muscles in the trigger points are very tight and tender. During a procedure, the tightened muscles grab the needle point, which induces a cramping effect. This stimulates the stretch receptor in the tightened muscle which, in turn, creates a reflexive relaxation and lengthening of the muscle, providing the pain relief. The patient feels a sensation of release and experiences an increased range of

motion in the muscle.

The one drawback is discomfort. Patients report that the procedure can be very uncomfortable, even painful. Typically, the soreness following the procedure is only temporary, and, more significantly, the pain is eliminated and muscle flexibility improved.

When combined with therapeutic exercise, postural and movement-pattern retraining, the positive effects of the dry needling procedure can be well sustained.

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