Welcome to the first newsletter of The Dry Needling Institute.

March 2012

What have we been up to in 2012?

It’s the end of March and I am now relaxing outdoors in a light south easterly wind called ‘The Cape Doctor’ in my home town of Yzerfontein just outside of Cape Town, after an early morning swim. The temperature today is climbing to around 25 degrees C. and its a good time to review the events of the past 3 weeks and to look forward to the rest of 2012.

Mid February: icy winds and Irish charm greeted us in Dublin where we ran modules 1-3 for a class of 30 participants at the Mater hospital, hosted by Rachel and Breon, who had organized everything to perfection, even delicious eats for tea. Jenny Wickford from Sweden, who had travelled from France, assisted on the course. Jenny and I have been corresponding re Dry Needling courses for a few years now beginning when she was working in Afghanistan and I was running DN courses in Dubai. At last she has completed all 5 modules and is hot on track to whizz through her assisting hours to instructor status and soon to be teaching with the DNI.

Arnaud and Sander, our Dutch visitors introduced us to some great trigger point apps which they were working off as they did their practical sessions. I
am inspired to run courses where all students work off their ipads or Galaxies in the future! Watch this space.....

All too soon we had to leave behind the music of fiddle and flute, the river Liffey and board Ryanair for London....urghh; not London but Ryanair!

The West Herts sports complex in Watford was our next venue and here we hosted a group of 18 participants: physios, manual therapists and a good sprinkling of Osteopaths.

I always enjoy the interchange of ideas between professionals from different camps, as it gives a workshop greater depth and opens up possibilities and sure enough at tea and lunch times there were secondary workshops going on! We were followed by the Irish to Watford, and I can only think it must be the Gaelic football that is creating such a need for practitioners of Dry Needling in Ireland? We even had Stacie fly in from Ohio, USA for the course.

Craig retired to bed with Irish flu and his assistant Jackie came over to help with cups of tea and kind encouraging words for students with shaking hands and their victims with treatment soreness. Thank you Jackie!

Our UK teaching finished with module 4 & 5 at the Crystal Palace Sports Physio Clinic, hosted by a New Zealand physio Vanessa Ford.

Our dedicated band of dry needlers here included 8 different nationalities: English, Polish, Australian, New Zealand, South African, Swedish, Turkish and yes you guessed it Irish!

They had thwarted all attempts by the British transport to keep them away, and we managed to continue despite internal technical A/V challenges. I was delighted for the opportunity to get in a mile swim at the Crystal Palace National Sports Centre and later catch up with students from the first course and hear their needling success stories.

After a brief recovery in Dubai and a swim in the Arabian Sea it was off to Mumbai, India, a city which instantly demands the attention of all your senses! Streets of hooting automated rickshaws, interwoven with pedestrians, dogs, bicycles, holy cows, kaleidoscopic colours of the women’s dresses and huge ancient shady trees leaning in over all the activity. Absolutely loves my first trip and hope to be back in July!
We ran two courses in Mumbai, the first international Dry Needling courses to be run in India. Our large group necessitated teaching support by video camera. Rishi the local physio products sponsor assisted us at the venue and also introduced us to the delights of Mumbai dining and Claire to night shopping. Local physio Prakash, who had completed his Dry Needling training in Australia, assisted on the Mumbai courses and Heath, a South African Physio looking after the Indian Olympic Wrestling team found himself also assisting a little more than participating. It was one of those courses where we all did a little bit of everything and it seemed to just fall into place.

It is interesting to see how as we bring DN courses into new areas that the therapists breaking ground and getting to the first courses are often those involved in sport and keen to stay ahead of the pack …national hockey physios, national cricket physios, national rugby sports medicine doctors, national boxing physios, etc. Evidence that DN is a quick, accurate, effective and very much a rapidly growing technique ……

So What’s up next?

Bruce Barker, a fellow lecturer from Optimal Dry Needling Solutions will be teaching in both Cork, Ireland and London, UK in April 2012.

Bruce is chairman of the Dry Needling Physiotherapy Special Interest Group in South Africa and is passionate about using evidence informed, clinically relevant therapies to help people in pain.

Bruce recently presented a dry needing paper at the South Africa physiotherapy congress in Bloemfontein, March 2012. Click here to read Bruce’s paper.

I think one of the strengths of the DNI will be its pool of instructors that will be drawn on. Each one comes in with a different history of patients behind them and a different mix of teaching skills and practical treatment techniques and experience.

Bruce has pioneered Dry Needling into Israel over the past few years where it is gaining an incredibly strong following…
I encourage all of you who are enjoying your new skill to complete modules 4&5 as well as the anatomy update module and then pass the practitioner exam and become certified as a dry needling practitioner.

We all tend to focus on the central spinal areas or the large muscle groups that get more attention, often forgetting the peripheral areas crying out for attention: Modules 4&5 cover the muscles of the hand and foot, headaches, sternocleidomastoid and the muscles of mastication, so often untreated after whiplash injuries and in TMJ or headaches cases.

All these and more are covered in modules four and five. Remember! You shouldn’t be needling the areas that you have not be trained / taught to needle. Your insurers will probably not cover you (without having completed Mod 4&5!) if for example, you hit the facial nerve when needling the TMJ area and cause facial motor paralysis or alter your patient’s taste!

**Literature Focus:**

**The Importance of the Local Twitch Response**


**Inhibitory effect of dry needling on the spontaneous electrical activity recorded from myofascial trigger spots of rabbit skeletal muscle.**

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**Abstract**

**OBJECTIVE:**

Dry needling of myofascial trigger points can relieve myofascial pain if local twitch responses are elicited during needling. Spontaneous electrical activity (SEA) recorded from an active locus in a myofascial trigger point region has been used to assess the myofascial trigger point sensitivity. This study was to investigate the effect of dry needling on SEA.

**DESIGN:**

Nine adult New Zealand rabbits were studied. Dry needling with rapid insertion into multiple sites within the myofascial trigger spot region was performed to the biceps femoris muscle to elicit sufficient local twitch responses. Very slow needle insertion with minimal local twitch response elicitation was conducted to the other biceps femoris muscle for the control study. SEA was recorded from 15 different active loci of the myofascial trigger spot before and
immediately after treatment for both sides. The raw data of 1-sec SEA were rectified and integrated to calculate the average integrated value of SEA.

RESULTS:
Seven of nine rabbits demonstrated significantly lower normalized average integrated value of SEA in the treatment side compared with the control side (P < 0.05). The results of two-way analysis of variance show that the mean of the normalized average integrated value of SEA in the treatment group (0.565 +/- 0.113) is significantly (P < 0.05) lower than that of the control (0.983 +/- 0.121).

CONCLUSIONS:
Dry needling of the myofascial trigger spot is effective in diminishing SEA if local twitch responses are elicited. The local twitch response elicitation, other than trauma effects of needling, seems to be the primary inhibitory factor on SEA during dry needling. Zhonghwa Yi Xue Za Zhi (Taipei), 2002 Nov;65(11):501-12.

New trends in myofascial pain syndrome.
Hong CZ.

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Abstract
This review article summarizes recent studies on myofascial trigger point (MTrP) to further clarify the mechanism of MTrP. MTrP is the major cause of muscle pain (myofascial pain) in clinical practice. There are multiple MTrP loci in an MTrP region. An MTrP locus contains a sensory component (sensitive locus) and a motor component (active locus). A sensitive locus is the site from which pain, referred pain (ReP), and local twitch response (LTR) can be elicited by needle stimulation. Sensitive loci are probably sensitized nociceptors based on a histological study. They are widely distributed in the whole muscle, but are concentrated in the endplate zone. An active locus is the site from which spontaneous electrical activity (SEA) can be recorded. Active loci are dysfunctional endplates since SEA is essentially the same as endplate noise (EPN) recorded from an abnormal endplate as reported by neurophysiologists. Both ReP and LTRs are mediated through spinal cord mechanisms, demonstrated in both human and animal studies. The pathogenesis of MTrPs appears to be related to the integration in the spinal cord (formation of MTrP circuits) in response to the disturbance of the nerve endings and abnormal contractile mechanism at multiple dysfunctional endplates. Methods usually applied to treat MTrPs include stretch, massage, thermotherapy, electrotherapy, laser therapy, MTrP injection, dry needling, and acupuncture. The mechanism of acupuncture is similar to dry needling or MTrP injection. The new technique of MTrP injection can also be used to treat neurogenic spasticity.

Personal comment:
I have over the years treated a number of long term para and quadriplegics with spasticity with good success; the clients getting good relief from adductor and hamstring tension enabling better quality of rehabilitation and daily living.
I have a niece with Cerebral Palsy who often requests needles for her shoulder or hip when I visit on family occasions.

Apart from spasticity, patients with CNS dysfunctions will frequently develop secondary myofascial pain which is of course can be easily improved with Dry Needling treatment.

So don’t neglect this patient group.

**We look forward to your comments, questions and case histories.**

Thank you for training with us (or being interested in training with us) and reading this far; chat to you again in a few month’s time.......and don’t forget to Sharpen Up your dry needling safety and skills.

Claire Waumsley

Principal instructor,
The Dry Needling Institute.