Introduction to dry needling

(Part 3)

By Steve Barnett



ver the last two months, I wrote articles discussing trigger points — what they are, how they occur and what effect they have on the body. A method of treatment to address trigger points that has been discussed is the application of dry needling.

Nearly all individuals who have musculoskeletal aches and pains, whether acute (less than three months in duration) or chronic (greater than three months in

duration), may be candidates to have trigger points addressed with the dry needling technique. Of note, patients with significant needle phobia or significant anxiety would unlikely achieve therapeutic improvement using this technique. Precautions should be taken with patients in the first trimester of pregnancy, local lymphedema, metal allergies, cosmetic implants and local or systemic infections. A skilled practitioner is able to determine if one is

a candidate for dry needling or if another technique would be more advantageous.

Following is a letter from a patient who had received the dry needling technique as a part of her successful treatment:

After 40 years of athletic wear and tear (and more than eight surgeries), my body was more than tired. It was screaming "enough!" Perhaps it was my fault; with each injury I would find some way to press on and enjoy life as I saw fit. By the time I hit my mid-40s, I needed to be seen by my physical therapist and a massage therapist almost weekly. I had overused and punished many of the healthier muscles in my body trying to compensate for my earlier injuries. When I finally sought help for a knee that had been bone on bone for the better part of 25 years, I was giving the surgeons a much altered limb, one that was drastically different than the strong, athletically toned leg of my college years. Likewise, the therapists were dealing with a leg, calf and spine that had, through adaptation, not been through a full range of motion in five or six years. And yet, my spirit and my will to work and regain my life had not diminished.

My knee rehabilitation following a total knee replacement, as hard as I worked, found my progress stopped at a mere 90 degrees of bend. Years of limited motion and scarring led me to believe that my new knee, and the limited range, was all I was going to get — until a physical therapist used a dry



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needling technique to help address areas of tissue tightness and limited mobility that I had come to accept as my "new norm."

Immediately after the dry needling procedure, I gained 8 degrees of flexibility — 8 degrees of motion that I could now use to further rehab my leg! I felt as if I have been given the opportunity to "unlock" my body and once again pursue the life I was meant to live!

I have lived with so many injuries that

my chief sin over the years has been that of ignoring the signals given to me by my body. Without the trained eye of a skilled practitioner, the chain of imbalanced movements would remain a mystery for me. My awareness with respect to my body has increased enough so I now know when to ask for help. I also have become aware of my responsibilities with regards to my own health. That being said, it is not uncommon for me to just feel stuck. I was in this mode not long after my

knee replacement. No matter what I did, I felt that I was working against myself. That is until I experienced that immediate and palpable effect of dry needling. Locked and tight muscles were immediately set free! Scars were loosened, muscles relaxed and movement regained — all after short and well-directed needling sessions.

As I have noted in previous articles, it is the goal of a skilled practitioner to evaluate the whole body to determine areas of restriction and to assess for areas of asymmetry, range of motion loss and tissue texture abnormality. It is the role of the skilled practitioner to use the tools in his or her toolbox to abolish those identified restrictions and return the musculoskeletal system to optimal health.



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