

## **Functional Dry Needling (FDN):**

Trigger point dry needling (also known as intramuscular manual therapy/IMT) is an invasive procedure using a solid filament needle to penetrate the skin in order to reach a myofascial trigger point within a muscle (Trigger points: taut bands within a muscle that may cause local and referred pain as well as limit movement. Trigger points can be tender to the touch, and touching a trigger point may cause pain to other parts of the body.)

Dry needling IS NOT acupuncture. It utilizes the anatomical landmarks of the body to locate and treat trigger points relieving a person's pain and improve overall function.

Physical therapists who utilize dry needling as part of their physical therapy practice have received extensive training for the appropriate technique and use of dry needling in conjunction with other manual therapy techniques. They are not licensed acupuncturists, but rather can perform dry needling after appropriate training because it is within the scope of physical therapy practice.

Physical therapists use dry needling with the goal of releasing or inactivating trigger points to relieve pain or improve range of motion. Preliminary research supports that dry needling improves pain control, reduces muscle tension, and normalizes dysfunctions of the motor end plates, the sites at which nerve impulses are transmitted to muscles. This can help speed up the patient's return to active rehabilitation.

### **Benefits:**

- Decreased pain both locally and into referral sites
- Improved muscled function (able to contract and relax appropriately)
- Improved ability to move and function for daily activities
- Decreased muscular tension and improved myofascial flexibility

### **Risks:**

- Muscle soreness or bruising at/near needling site; typically 1.5 hours to 2 days
- Pneumothorax if needling around/near chest wall; extra precautions always taken in these areas
- Minor bleeding from superficial vessels