



# GETTING TO THE POINT

Co-editor Odette Wood recently interviewed Wellington Physiotherapist, Acupuncturist and Massage Therapist, Joannes Boele van Hensbroek, to get the low down on dry-needling.

## What is dry needling and how does it differ from acupuncture?

Dry needling is a relatively new western form of acupuncture which differs from both Western acupuncture and Traditional Chinese acupuncture. Western acupuncture utilises meridian points but applies western reasoning with particular consideration to relevant neurophysiology and anatomy. It does not utilise any traditional Chinese medicine assessment methods or paradigms. Points are stimulated to create local, spinal segmental, or supraspinal, pain modulating effects.

In contrast, Traditional Chinese Acupuncture examines changes in the tissues through the prism of the meridians as well as the status of the qi (energy), blood and fluids (fundamental substances). Acupuncture is then applied to the meridians either utilising specific acupuncture points or non-specific areas where tissue changes are evident. Elimination of painful spots in muscles may be done by needling distal acupuncture points which stimulate the qi flow to eliminate the qi blockage which is attributed to the pain. TCM acupuncture is also used to needle tender points in muscles called Ashi point needling.

Dry needling on the other hand specifically targets painful myofascial triggerpoints (MTrPs) in muscles by inserting of a fine acupuncture needle into the skin and muscle in order to improve or restore function of the tissues. When the needle penetrates the trigger-point, it elicits a 'local twitch response' in the muscle and may bring about a reduction in pain at the site of the trigger-point and/or referral area of the trigger-point.

There are a number of types of dry needling but the most common types used are superficial and deep dry needling.



Superficial dry needling was developed in the 1980s. It involves insertion of needle 5-10mm into the tissue above the MTrP for a brief period of time (30-60 seconds) to reduce the tenderness of the point. This may be repeated until all tenderness is gone. Deep dry needling involves insertion of the needle into the MTrP and then moving the needle around until a local twitch response is elicited. The needle is then withdrawn from the muscle but not from the skin. Instead it is angled slightly and reinserted into the area of the MTrP until another twitch response results. The procedure is repeated until no more twitch responses are evident.

## What conditions is dry needling useful for?

When a muscle is put under stress for a period of time, it will start to exhibit changes. It may be tense, hypertonic, inflamed and/or develop either active or latent trigger points. The defining symptom is referred pain. It is often felt as an oppressive, deep ache or felt as an intense sharp intolerable pain. Dry needling is useful for pain management and is based on the understandings in pain science. It is useful for headaches, referred pain, pain around the trapezius, sciatic-like pain, overuse, stressed and irritated muscles.

## How does dry needling fit in with massage therapy?

Dry needling is not a stand-alone treatment,

but is used as part of a comprehensive treatment plan. As such, it can be a complementary adjunct to massage therapy, combined with soft tissue techniques, stretching, strengthening, stabilisation and postural training. It can allow the therapist to treat a number of areas at once by being able to dry needle one area or muscle, then massage another area before returning to the area being dry needled.

## What safety concerns are there be around dry needling?

It is essential that practitioners only use dry needling after attending a course. Because acupuncture needles penetrate the skin, every precaution must be taken to prevent the transmission of blood-borne diseases by following standard protocols related to infection control and the correct handling and disposal of needles. There are also a number of areas that need to be avoided, including open wounds, vulnerable pathological sites such as varicose veins, acutely inflamed or infected areas. Care also needs to be taken around vulnerable areas such the neck, groin, apex of the lung, thorax, orbit of the eye, veins, arteries and nerves. There are a number of contraindications associated with dry needling which include bleeding disorders, fatigued and frail patients, cancer, heart problems, acute mental instability such as psychosis and acute immune disorders. It



is important to take a thorough evaluation before deciding on dry needling as the appropriate treatment approach.

## BIO

Over the last twenty years, Joannes Boele van Hensbroek has focused on combining a traditional Chinese Medicine approach with Western medicine for pain management. Qualifying as a Physiotherapist and Masseur in the Netherlands in 1984 Joannes settled in New Zealand in 1988 and in 1996 he completed four years of Acupuncture study at the International College of Oriental Medicine in England. He has taught at the New Zealand School of Acupuncture and the New Zealand College of Massage. He runs his own private clinic in Wellington, successfully combining his knowledge of traditional Chinese medicine with gentle mobilisation techniques to treat a wide variety of problems.



## Co-Editors note:

The evidence for myofascial triggerpoints is a topic that continues to go through a great deal of discussion and debate by researchers in the field of pain science. We encourage massage therapists to stay current with the latest evidence in pain science including the role of the nervous system in the mechanisms of pain, and to continually apply a critical thinking approach to all techniques and treatment approaches, thereby ensuring that one remains an informed practitioner. In addition, because dry needling is an invasive procedure involving the insertion of needles into tissues, there is risk of injury and infection associated with this. It is important that any massage therapist undertaking training in this modality has an appropriate level of knowledge of human anatomy, physiology, pathophysiology and clinical assessment, which ensures that the massage therapist remains within their scope of practice.

# CUPPING THERAPY— AN ANCIENT TECHNIQUE FOR THE MODERN WORLD

By Samuel Wong

Practiced in various cultures for more than 3,000 years, cupping therapy is a traditional form of alternative medicine on par with acupuncture and Chinese massage (tui na). The technique uses cups and suction to create negative air pressure next to the skin to stimulate the flow of body fluid and energy. While research has yet to conclusively support the practice, therapists who use it say this age-old modality decreases muscle pain, improves lymph flow, and can even reduce cellulite.

## CUPPING PRINCIPLES

Cupping therapy, as practiced in traditional Chinese medicine (TCM), is based on the concept of balance between yin (feminine) and yang (masculine) energy in the body. The energy, known as qi, flows in a closed network of channels and locks commonly referred to as meridians and pressure points. In TCM, chronic pain is regarded as an indication that qi is not flowing freely in the body: “tong ze bu tong; tong jiu bu tong (pain means no free flowing; free flowing means no pain).”

Stagnated blood is considered the primary block that impedes the free flow of qi. Through negative air pressure, cupping breaks the capillaries to let out stagnated blood and sets off a chain reaction of repair and restoration, resulting in the formation of distinctive, circular skin markings on the treatment area. The body’s metabolic process rebuilds the “managed bruising” of the local tissues, absorbs the bruises into the bloodstream for waste disposal, and restores the free flow of body fluid and energy. Skin marking from cupping usually disappears in 5–7 days.

There are several ways cupping is administered. I utilize suction for my cupping therapies, using a pump to create the negative air pressure. A more traditional technique is to use fire (applying rubbing alcohol to the inside of the cup and lighting it on fire before placing it on the client’s skin), although the obvious risks with this technique must be considered carefully, as they are not covered under many professional liability insurance policies. Another variation on cupping that is well outside the scope of massage practitioners is wet cupping, where controlled medicinal bleeding becomes part of the treatment.

Although acupuncture is often used in conjunction with cupping, it is not essential to the therapy’s viability. Massage can also be a component of cupping: when oil is applied to the client’s skin beforehand, suction cups can then be moved easily around the body to address areas of pain.

The objectives of cupping therapy include keeping meridians open, promoting circulation of qi and blood, dissolving stagnated blood, relieving chronic pain, moderating yin qi and yang qi, clearing “internal heat,” and dispelling internal cold and dampness. Cupping therapy is another way of using external approaches to treat internal problems—a treatment strategy in TCM.