



DECLARATION OF MADRID ABOUT THE PRACTISE OF THE DENOMINATED DRY NEEDLING

The participants in the First Meeting of Experts of Regulation on TCM, from 14 european countries, reunited in Madrid the 24th september 2016, states that:

a) Dry needling is an invasive therapeutic practice, commonly used for rehabilitation and pain therapy, by traditional chinese acupuncture, in which “Ashi” points or painful points or trigger points are used as stimulation points.

b) The therapeutic practise of painful points by acupuncture is inherent in the practice of Chinese medicine. “Trigger points” were being described for the first time (trigger points, TRP), also often called trigger myofascial points (PGM), in Steinbrocker and Travell theories, that assume that the curative effect of the “bite” could be due to the physical action of the needle and the evocation of the “TwitchResponse local” (LTR). Travell was, as far as we understand, who used for the first time in 1968 the term “dry needle”.

c) This therapeutic practise has extended recently as an evolution of the “anaesthetic blockade of “trigger points”, practice proposed in 1949 by J. Travell. The practice consists on the insertion of acupuncture points in “painful points”, beyond the skin and sometimes reaching the muscle layer. Once inserted, it stimulates the needle. This therapeutic practice it’s being used by professionals with lack of preparation, who are not acupuncturists.

d) In acupuncture this practice, described thousands of years ago, is used as a “dispersion vertical handling practice”. Gunn et al, described in 1980 this practise, as the development of the old chinese practise. The dry needling can not be understood out of the therapeutic context of acupuncture.

e) There is considerable research published in many systematic reviews on this subject. One of the first, Ernst E. And A. White, published in 1997 in the Pain magazine, supports this position. An analysis in a series of publications is carried out (case reports, series of cases, clinical trials or bibliographical reviews), in a period of time between 1969 and 1996 further supports the necessity of sufficient training as acupuncturists for anyone practising dry needling therapy.

f) Physiotherapists, in accordance to their professional profile, within their faculties, can practice their patients attention, through “physical therapies, manual, massage therapy and of use”, but they are not independently trained as acupuncturists and should not use acupuncture as adjunctive treatment.

g) To conclude "dry needling" should be practiced only by properly trained acupuncturists and not by other health and non-health professionals without adequate theoretical and practical training.



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