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Physiotherapy Procedure for Dry Needling & Western Medical Acupuncture

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Acronyms:

MOH	Ministry of Health
WHO	World Health Organization
DN	Dry Needling
WMA	Western Medical Acupuncture
MMA	Modern Medical Acupuncture
LTR	Local Twitch Response
DGSMC	Directorate General of Specialized Medical Care



Physiotherapy Procedure for Dry Needling & Western Medical Acupuncture

1. Introduction

Dry needling (DN) is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Western Medical Acupuncture (WMA) is a combination of both dry needling and modern medical acupuncture (MMA). Physiotherapists are well trained to utilize dry needling or western medical acupuncture in conjunction with manual physiotherapy interventions.

Dry needling and western medical acupuncture is within advance scope of physiotherapy practice. Physiotherapists may use various dry needling or western medical acupuncture approaches as appropriate. The rules of professional conduct of the department of medical rehabilitation service in MOH and local work place policies and procedures should guide dry needling and western medical acupuncture practice. The physiotherapist's utilization of these skills remains within the scope of physiotherapy and as part of the overall management of the patient.

The authors and reviewers have made every effort to provide accurate information in this document. However, they are not responsible for individual application of dry needling therapy. Individual physiotherapists are ultimately responsible for the application of dry needling therapy. Physiotherapists will use professional judgment, act within their level of competency and stay within the scope of physiotherapy practice when using acupuncture and dry needle therapy.

2. Scope

This procedure applies to all trained and certified physiotherapists who practice dry needling or WMA within the Sultanate of Oman in governmental and private health establishment (Home visits not considered in this procedure as DN & WMA are not allowed to be used during home visits). The procedure refers to DN & WMA and does not address pharmacological injection therapy or traditional Chinese acupuncture.



3. Purpose

- 3.1 To provide a systematic and standardized guidance for the application of dry needle therapy and western medical acupuncture within physiotherapy practice in Sultanate of Oman.
- 3.2 To establish the tools to safe practice of dry needling and western medical acupuncture for physiotherapists in the Sultanate of Oman (Governmental and Private health Institutions).

4. Definitions

- 4.1 **Needle** is sterile, single use and blister packed filiform surgical steel needles with a metal, plastic or rubber handle.
- 4.2 **Dry Needling** is the stimulation of certain points on the body by the insertion of needles to prevent or modify the perception of pain, and/or alter physiological functions. It involves inserting acupuncture needles at certain body points based on anatomical location and/or neuro physiological principles.
- 4.3 **Myofascial Trigger Point** is a hyper-irritable spot in skeletal muscle, associated with a hypersensitive palpable nodule in a taut band”. The spot is tender when pressed and can give rise to characteristic referred pain, motor dysfunction and autonomic phenomena.
- 4.4 **Local Twitch Response (LTR)** is a brisk transient contraction of the palpable taut band of muscle fibres. It is commonly elicited by either snapping palpation or by the insertion of a needle.
- 4.5 **Modern Medical Acupuncture** is seen by the World Health Organization (WHO) as an integrated treatment modality, within a profession. Physiotherapists using needles, based on scientific neurological mechanisms and using Western diagnostics of pathology.
- 4.6 **Western Medical Acupuncture** is a combination of both Dry Needling and Modern Medical Acupuncture.
- 4.7 **E-stims**: use of electrical stimulation in which the needles become the electrodes.



5. Procedure

5.1 In clinical practice, DN and/or WMA is performed once the patient has proper referral to physiotherapy, then physiotherapy examinations and evaluations are completed and clear therapeutic goals and objectives are established.

Assessment includes Subjective & Objective components that are used by Physiotherapists for general evaluation for any case in addition to the special tests for specific cases (please refer to Al Shifa 3+ system for the evaluation components and tools).

DN & WMA to be avoided if there is any contra-indications (Appendix 3 Documents for Contraindications). Furthermore, practitioner must have the knowledge of Dangers & Precautions for DN & WMA. (Appendix 4)

5.2 The patient should be educated on DN rationale and theory if DN to be used and WMA rationale and theory if WMA to be used, what to expect during and after the treatment, the type of needle used, precautions, possible side effects, and expected outcomes. Possible fear of needling and pain associated with DN & WMA must be addressed. (Appendix 10). After that Consent should be signed either by patient or his relatives (Appendix 6,7,8 and 9).

5.3 As part of the procedural guidelines for DN and WMA, physiotherapists must practice consistent with infection control standard and patient safety (Appendix 5). An explanation of the procedure to the patient should be performed prior to the application of DN or WMA

5.4 When using DN techniques for the treatment the Physiotherapist Must identify the spot through proper palpation in order to find out the exact point and avoid any mistake. In WMA the Physiotherapist identify the acupuncture point. DN & WMA can be combined with electrical stimulation in which the needles become the electrodes.

5.5 After DN & WMA, functional reassessment should be performed to determine if the established outcome has been achieved. DN & WMA is rarely a stand-alone procedure and should be part of a broader physiotherapy approach.

5.6 Frequency of needling: to use DN as treatment option for 1 muscle in 1 session, that muscle should be needled **“if needed”** after 7 day **“at least”** to avoid formation of scar



tissue within the muscle. MMA can be used daily for a patient as it is superficial and it has different concept and different way of application.

- 5.7 After each session , physiotherapist maintains documents/records that are accurate, legible and complete, written in a timely manner, and in compliance with applicable legislation and regulatory requirements

6. Responsibilities

6.1 The Head of Rehabilitation Department is responsible for:

- 6.1.1 Ensure that, the performance of DN & WMA is within the physiotherapist scope of practice provided that the therapist has the additional education and training to perform DN & WMA and is competent to do so.
- 6.1.2 Ensure the performance of DN & WMA by physiotherapists is based on western neuroanatomy and modern scientific study.
- 6.1.3 Indent the proper amount and size for the usage of needles.

6.2 Physiotherapists is responsible for:

- 6.2.1 Be able to demonstrate they have received suitable DN or WMA training.
- 6.2.2 Confine themselves in DN & WMA practice to areas in which they have been trained and are confident and comfortable with and shall at all times have regard to the MOH rules of professional conduct.
- 6.2.3 Remain aware of the indications, absolute contraindications, relative contraindications, anatomical considerations and procedural issues in needling practice.
- 6.2.4 Complete a physiotherapy assessment prior to DN or WMA and ascertain if DN or WMA is suitable for the individual patient and the condition to be treated.
- 6.2.5 Practice DN & WMA in a sensible and reasonable manner and apply professional judgment.
- 6.2.6 Consider the utilization of DN & WMA in the light of evidenced informed practice, scientific research, clinical reasoning and patient goals, beliefs and desires.
- 6.2.7 Educate Patients appropriately and informed consent received before dry needling.



- 6.2.8 Ensure excellent hygiene standards and use standard precautions, including hand hygiene, clean needling technique and suitable needle disposal. Gloves should be worn at least on the palpating hand.
- 6.2.9 Apply DN & WMA in a safe manner by appropriately applying: anatomical knowledge and positioning.
- 6.2.10 Ensure personal health is optimal to maintain patient and personal safety. Required vaccinations and immunizations should be in place as required.



7. Document History and Version Control

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8. Related Documents

There is no related document for this procedure.



9. References

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Description of Dry Needling in Clinical Practice	American Physical Therapy Association (APTA)	2013	
Guidelines for Safe Acupuncture and Dry Needling Practice	Australian Society of Acupuncture Physiotherapy (ASAP)	2007	
Dry Needling Physiotherapy Group – Safety Protocol	South African Society of Physiotherapy (SASP)	2012	
Optimal Dry Needling Solutions".	Waumsley, C., Barker, B., Sale, G., and Stavrou, S.,	2014	



Appendix 1

Accredited institutions for Physiotherapy Dry Needling Technique:

- 1- Optimal Dry Needling Solutions (ODNS): it is the only accredited institution to teach DN in Sultanate of Oman.
- 2- Myopain.
- 3- Kintecore.
- 4- Spinal Manipulation Institute.
- 5- Club Physio South Africa.
- 6- The British acupuncture association of Chartered Physiotherapists (AACP).

Certificates from any other institutions (not in the above list), **MUST** be evaluated by Rehabilitation Services, DGSMC MOH to check for it's accreditations



Appendix 2

Required Qualifications to Practice Dry Needling

Dry Needling & Western Medical Acupuncture is under physiotherapy scope of practice. Therefore, in order to be qualified DN & WMA practitioner, person should have recognition and equivalence of his/her Physiotherapy certificate from Ministry of Higher Education.

Physiotherapists should complete suitable training of a minimum of 3 day (21 hours) for level 1 course and limit dry needling practice to areas of competence and experience and commit to suitable continuing professional development. After level 1 the Participants will be allowed to start practicing the following:

- 1- Superficial dry needling (SDN)
- 2- Gluteals & Piriformis muscles
- 3- Lumbar Spine Muscles: Multifidus, longinssimus, iliocostalis
- 4- Cervical spine Muscles: splenii, semi-spinalis, cervical and upper traps, occipital attachments, and small needles dorsal spine.
- 5- Rhomboids & Levator Scapulae Muscles

After level 2 the participants will be allowed to approach all the muscles which are considered to be safe for DN in Human Body.

For Western Medical Acupuncture, Physiotherapists should complete suitable training of level 1 & 2 course (42 hours) of dry needling in addition to a minimum of 6 days Modern Medical Acupuncture course (designed for physiotherapists) (42 hours).



Appendix 3

Contraindications of Dry Needling Technique

There are relatively few absolute contra-indications associated with dry needling.

Those that do exist are summarized as below.

1. Absolute contra-indications:

- Existing infection at the site
- Patient phobia of needles
- Patient unable to remain still or follow instructions
- Therapist is not qualified in the correct technique for a given area
- Allergy to surgical steel
- Medical emergency e.g. Acute cardiac arrhythmia
- Into a lymphoedematous

2. Relative contra-indications:

All of the following patients may be needled if the listed precautions are adhered to:

- **Abnormal bleeding** – Patients on medication to thin the blood (**warfarin/ heparin**) or those with **haemophilia** should be needled only with caution, and additional haemostatic pressure time should be used– Consult the patient’s specialist prior to needling. Take care to not needle vigorously especially in deep muscles where accurate haemostasis by pressure cannot be performed; the actual risk has been shown to be minimal
- **Pregnancy** – Needling is NOT contra-indicated but please take care especially in the first trimester. Needle with fewer needles and avoid the lower back and stomach areas. This is a reasonable precaution rather than a contra-indication. Avoid aggressive/strong needling. Do not use estims
- **E-stims.** These are *only* contra-indicated in the face, on the periosteum, and across the chest (if the patient has a pacemaker). Avoid e-stims in pregnancy.
- **Acute muscle injury:** do not needle acutely injured muscles. You may however needle superficially in the area to decrease pain and swelling.



Appendix 4

Dangers and Precautions for Dry Needling Technique

1. Aids and Hepatitis

Immunocompromised patients are more susceptible to infection, so take additional care with your clean field precautions. Be aware of the additional risk to the practitioner as well.

2. Pneumothorax

Always work obliquely and superficially in this area, never penetrating more than 1 cm over the inter-costal areas. Danger exists especially with Emphysematous patients. Proper needling of trapezius to avoid apex of lung and also upper fibres of Quadratus lumborum **must** be observed. When needling the thoracic spine area, needle always caudally and medially. There may be a congenital hole in mid scapula area, so take care needling infraspinatus.

3. Pericardium

Never apply current (e-stims) across pericardium area or in patients with pace maker.

4. Injuries

Should not occur if anatomical knowledge is sufficient. Be sure to complete the anatomy module, where you will have the opportunity to needle a specimen and see exactly how deep you are going. Any injuries should be reported to the HOD or supervisor as soon as possible. Then it will be the duty of the HOD to report the incident to Directorate General of Specialized Medical Care

5. Broken Needles

Should not occur if needle quality and integrity checked before treatment -and correct gauge selected. Never re-use a needle, even on the same patient! If a break should occur, forceps may be used to extract needle and if this fails, surgical removal.

6. Stuck Needle

This may happen during turning, or lifting of needle and needle cannot be withdrawn. It may happen in nervous patient, or due to spasm in muscles, if twist or turn of needle too wide in extent, resulting in entangling of tissue fibres. Ensure patient cooperation before the technique is attempted. To remove a stuck needle, first wait and see if the needle becomes less stuck on its own. Never ignore the therapeutic use of time. After a time, ask the patient to relax muscles



and breathe deeply -withdraw needle on the out breath giving pressure to skin adjacent to needle. If no result massage around the area (using your finger). You may also insert another small needle (0.25x25mm) close to the stuck one and twiddle vigorously while maintaining a constant withdrawal pressure. Try low frequency laser in the area for 30 seconds, and then withdraw NEVER needle to depth of needle hilt as the needle can be drawn into body by spasm, patient coughing or moving. The area adjacent to the handle is also the part of the shaft most likely to be touched by the therapist, and is thus a safety risk. Leave at least 5mm-10mm free needle shaft.

7. Pregnancy

There are no studies that show than DN is contra-indicated in pregnancy. However, it is wise to note that extreme caution should be shown with pregnant women, especially in the first trimester. Do not needle lumbar points as these may have referral effect to uterus. Do not needle over pregnant abdomen/ uterus, as you don't want in any way to be accused of causing a miscarriage.

8. Fainting

This may occur in tense, nervous or tired patients. Treat patients lying down if possible. Use fewer rather than many needles at first session or until you have established the reactor type. In the event of a patient becoming pale, nauseous, or excessively sweaty/ faint, remove all needles and lay patient with legs elevated - higher than head. Ensure adequate ventilation. Fainting is rare. A rest of 10 -15 minutes should suffice with a hot drink if necessary. Hydration after any myofascial therapy is necessary. Do not attempt needling again the same day.

9. Local Infections

This is rare as the subcutaneous tissues have a high resistance against thin needle puncture. Infection may be caused by inadequate sterilisation of needle, or traumatising the tissue by inexperienced needling. Patients with bacterial endocarditis may need to be on antibiotics for needling.

10. Bleeding

Avoid needling major blood vessels. Venepuncture is not the aim of dry needling. Patients on anti-coagulants should not be needled vigorously or deeply. Hemophiliacs may be needled with permission of their physician and may need a proactive dose of clotting factor.



11. Bent Needle

See also stuck needles above. The patient moving his position during needling may cause bent needles. Be sure the patient is in a comfortable position before you start. Note that a sudden increase in needle sensation may lead to severe muscle contraction (i.e. a local twitch response). If the needle strikes against bone, the patient may also move involuntarily, but this is uncommon. Avoid sudden increase in stimulation. The patient must be comfortable and told not to move body during treatment. A strong Local Twitch Response may often bend needles, and the patient must be reassured that this LTR is actually a good thing! Inspect angle of bend and withdraw in direction of obliquity - if double bend, withdraw gently step by step to prevent breaking of needle. Be gentle. Never withdraw forcefully. Small shaking movements of needle may release it. Use time therapeutically.

12. Muscle Memory

Sometimes needling stress muscles where there has been a somatisation of an unpleasant event - may lead to an emotional release esp. in stress muscles like Upper trapezius, Temporalis, Levator scapula.



Appendix 5

The Clean field technique

Dry Needling and Western Medical Acupuncture are invasive techniques. Care must be taken to insure safety of both patient and therapist in the use of the technique.

1. The basic working environment

- a) The premises where the technique is performed should comply with regulations approved by MOH.
- b) The premises must conform to the professional guidelines for the practice of Physiotherapy as these pertain to either hospital or rooms treatments. Such premises must include a hygienic hand washing facility.
- c) Home visits: Dry Needling & WMA are not allowed to be used out of approved hospital or clinics' treatment room.

2. Ethical considerations:

- a) No therapist may practice any technique for which he/she has not been adequately trained. It is the responsibility of each Practitioner to ensure they have this training.
- b) The therapist is required to obtain written informed consent or at consent from the patient before treatment. Such consent must include informing the patient of the exact technique to be employed, the potential risks of the technique and likelihood of a measure of discomfort. Of particular concern is the risk of causing a pneumothorax. This must be clearly explained in a written document. (Consent to be added to related documents if we end up with agreement)

3. The treatment area should comply with the “Clean working environment” principle:

“The treatment room should be free from dirt and dust, and should have a special working area such as a table covered with a sterile towel, on which sterile equipment should be placed. This equipment (incl. containers of needles, cotton wool balls, and 70% alcohol or similar disinfectant) should be sealed or covered with a sterile towel until needed for use. Adequate light and ventilation should be provided throughout the treatment rooms”
In all circumstances, there must be sufficient space for a “clean field” of equipment, with adequate lighting



4. The Practitioner should have clean hands:

Practitioners should always wash their hands before treating a patient. Washing the hands again immediately before the needling procedure is particularly important in preventing infection, and should include thorough lathering with soap, scrubbing the hands and fingernails, rinsing under running water for 15 seconds, and careful drying on a clean paper towel. Thereafter, a dermoprotective gel should be applied to the therapist's hands and be allowed to air dry (The use of gloves and alcohol swabs for protection of both therapist and patient is recommended if a dermoprotective gel is not used).

5. Preparation of needling site:

- a) The needling sites need to be clean, free from cuts, wounds or infections. The area to be treated should be covered with a dermoprotective gel and be allowed to air dry. If such a gel is not used, then the area to be needled should be swabbed with 70% ethyl or isopropyl alcohol from the centre to the surrounding area using a rotator scrubbing motion, and the alcohol allowed to dry.
- b) The patient should be treated in a well-supported position. This is most commonly prone, supine or side lying. Where seated position is used, the patient must be supported such that the risk of falling as a result of fainting is avoided.

6. Sterile needles and equipment:

- a) Only single use, pre-sterilised, disposable solid needles, with or without a guide tube may be used. Where a guide tube is used, this must be pre-packed with the needle. Re-usable needles are not acceptable. The needles should be opened in front of the patients.
- b) The needle should be made of stainless steel and may have a copper, plastic or rubber handle. The use of other metals shows no additional clinical benefit.
- c) Clean cotton wool, either sterile or unsterile must be used upon withdrawal of the needle. The wad is to be pressed against the skin and the shaft of the needle as it is withdrawn to limit any fluid leakages. Pressure should be maintained for 5 seconds per needle. Additional pressure for up to 3 minutes should be applied if the wound leaks or if a haematoma arises. *Haemophiliacs should not be treated using needles without written consent from the patient's doctor.*
- d) A disinfectant must be used on both the therapist's hands and the treatment area immediately prior to treatment. Therapists must use either 70% isopropyl alcohol swabs or a residual disinfectant to achieve this. Single use sterile gloves should be used if no residual disinfectant is used.
- e) All needles should be disposed of in a clearly marked yellow "sharps" bin. The bin must clearly state "Danger-Contaminated needles". This bin should be disposed of when three quarters full by a medical waste company in an appropriate fashion.



- f) This is to avoid the risk of needles accidentally “bouncing” out when attempting to force the needle into an overly full container.
- g) All swabs should be disposed of in red biohazard bin. This must then be disposed of by a medical waste company in an appropriate fashion.
- h) Guide tubes and the plastic inserts that accompany them are to be disposed of as domestic/non-clinical waste.

7. Aseptic technique

- a) A “No touch technique” should be followed with respect to the shaft of the needle. Where touching is necessary, use a sterile cotton wool swab as means of contact.
- b) On withdrawing the needle, a sterile cotton wool ball should be used to press the skin at the insertion site. The swab must then be disposed of in a hazardous waste container.

8. Safe management and disposal of needles and swabs

- a) All needles should be disposed of in a yellow “sharps bin” immediately after treatment. Once full, this container must be disposed of by incineration by a medical waste disposal company
- b) **In case of a needle stick injury**, the therapist should do as follows:
 - 1. Encourage free bleeding from the area,
 - 2. Wash thoroughly with disinfectant.
 - 3. Follow the approved local needle stick protocol, or where this does not exist, consult their GP or Casualty department as soon as possible

Note that the therapist is encouraged to know his/her own status independent of any exposure to risk



Appendix 6

معلومات عن العلاج بالإبر الجافة وعلاج بالإبر الطبية الحديثة

العلاج بالإبر الجافة وعلاج بالإبر الطبية الحديثة هو علاج فعال يتم فيه استخدام إبر رقيقة جداً ولا تحتوي على اية ادوية (إبر جافة) لعلاج الألام أو المضاعفات الناتجة عن إصابة العضلات أو التهاب الجيوب الأنفية أو الصداع أو إصابة الاعصاب. العلاج بالإبر الجافة وعلاج بالإبر الطبية الحديثة هي مشابهة نوعاً ما للعلاج بالإبر الصينية التقليدية ولكنها تقوم على علوم وابتحاث جديدة كما يقوم بممارستها اختصاصيي العلاج الطبيعي وليس أخصائيو الطب الصيني التقليدي.

إن أخصائيو العلاج الطبيعي متدرب ومؤهل لعلاجك بالإبر الجافة وعلاج بالإبر الطبية الحديثة، حيث سيحدد طول وسمك الإبر المناسبة لحالتك ومكان الوخز ومن ثم يقوم بوخز الإبر بالطريقة المناسبة.

تقوم الإبر الجافة بتقليل الاحساس بالألم عن طريق التقليل من تشنج الاعصاب، كما تساعد على الشفاء عن طريق تحفيز التنبيهات العصبية وكيمياء الجسم. الوخز هو جزء من المعالجة الطبيعية والتأهيل وهي ليست معجزة علاجية. من الطبيعي أن تشعر في البداية بوخز بسيط في موضع الوخز حسب طريقة الوخز، و للحصول على افضل نتيجة علاجية يجب اتباع نصائح وارشادات اخصائيو العلاج الطبيعي والمواظبة على التمارين.

قد يصاحب الوخز بالإبر بعض المضاعفات البسيطة كظهور كدمة مكان الوخز. من النادر ان يصاحب العلاج تغير في الحالة المزاجية كالشعور بالفرح أو الحزن أو بالبرودة أو التعرق أو الاغماء ولكن سرعان ما تختفي هذه الأعراض.

في حال تلقي العلاج في الكتف أو الرقبة أو الصدر فقد يصاحب ذلك مضاعفات في الرئة. في حالة اختراق الإبر للرئة فمن الممكن تعرضك للأسسترواح الصدري (دخول هواء الى محيط الرئتين). هذه المضاعفات هي نادرة جداً ولكنها خطيرة وفي حالة حدوثها ننصح بالمحافظة على الهدوء والتوجه للطوارئ لتلقي العلاج. أعراض هذه الحالة هي صعوبة في التنفس وألم حاد أثناء الشهيق وتحول الشفتين للون الأزرق. علاج هذه الحالة متوفر ولكن مع احتمال وجود مضاعفات.

في حال موافقتك على العلاج بالوخز يرجى التوقيع على استمارة الموافقة المرفقة.



Appendix 7

Patient Dry Needling information

Your physiotherapist has offered to treat you using a technique called “Dry Needling” or “Western Medical Acupuncture”. This information leaflet explains more about these techniques.

Dry Needling or Western Medical Acupuncture is a very successful medical treatment, which uses very thin needles without any medication (a dry needle) to achieve its aim. Dry Needling and Western Medical Acupuncture used to treat pain and dysfunction caused by muscle problems, sinus pain, and headaches. It is not at all the same as traditional Chinese acupuncture. As Traditional, Chinese Acupuncture is part of Traditional Chinese Medicine, whereas dry needling and Western Medical Acupuncture is a western medicine technique, which needs to have a medical diagnosis. There is a clear scientific understanding of Dry Needling & Western Medical Acupuncture.

Dry Needling and Western Medical Acupuncture works by changing the way your body senses pain (neurological effects), and by helping the body heal stubborn muscle spasm associated with trigger points (myofascial effects). There are additional electrical and chemical changes associated with needling therapy, which assist, in the healing process. It is important to see the needles as just one part of your overall rehabilitative treatment. Dry needling and Western Medical Acupuncture is not a miracle cure – it is a normal part of physiotherapy. It is vital that you do the exercises and follow the advice your therapist gives you in conjunction with the needling for optimal recovery.

Your therapist trained specifically in the various needling techniques. The therapist will choose a length and thickness of needle appropriate for your condition and your body size, and then insert it through the skin at the appropriate place. You will feel a small pinprick. Depending on the type of needle technique chosen by your therapist, you may also feel a muscle ache and a muscle twitch and pin prick pain in the selected areas. These are all normal and good sensations, and mean that you will experience good relief from your symptoms.

In general, there is very little risk associated with this technique if performed properly by a trained physiotherapist. You may have a little bruising around the needle site, much the same as you would with any injection. These symptoms all fade quickly. Fainting may occur in a very small minority of people. Moreover, soreness during or after the treatment. There are no lasting ill effects of these side effects.

If you treated in the shoulder, neck or chest area, there is an additional risk that involves your lung. If the lung itself is punctured, you may develop a condition called a Pneumothorax (air in the space around the lung). This is a rare but serious problem, and you should go directly to a



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hospital casualty department without panicking if it occurs. The symptoms of this event include shortness of breath, which gets worse, sudden sharp pain each time you breathe in, a bluish tinge to your lips, and an inability to “catch your breath”. It is treatable condition but it has some complication.

If you are happy to continue with the therapy as suggested by your therapist, and have asked any questions that you may want to, then please sign the consent form attached to this page, and hand it to your physiotherapist.



Appendix 8

استمارة موافقة المريض على تلقي العلاج بالإبر الجافة وعلاج بالإبر الطبية الحديثة

العلاج بالإبر الجافة وعلاج بالإبر الطبية الحديثة هو علاج فعال يتم فيه استخدام إبر رقيقة جداً ولا تحتوي على اية ادوية (إبر جافة) لعلاج الألام أو المضاعفات الناتجة عن إصابة العضلات أو التهاب الجيوب الأنفية أو الصداع أو إصابة الاعصاب. العلاج بالإبر الجافة وعلاج بالإبر الطبية الحديثة هي مشابهة نوعاً ما للعلاج بالإبر الصينية التقليدية ولكنها تقوم على علوم وابتحاث جديدة كما يقوم بممارستها اختصاصيي العلاج الطبيعي وليس أخصائيو الطب الصيني التقليدي.

إن أخصائيو العلاج الطبيعي متدرب ومؤهل لعلاجك بالإبر الجافة وعلاج بالإبر الطبية الحديثة، حيث سيحدد طول وسمك الإبر المناسبة لحالتك ومكان الوخز ومن ثم يقوم بوخز الإبر بالطريقة المناسبة.

تقوم الإبر الجافة بتقليل الاحساس بالألم عن طريق التقليل من تشنج الاعصاب، كما تساعد على الشفاء عن طريق تحفيز التنبيهات العصبية وكيمياء الجسم. الوخز هو جزء من المعالجة الطبيعية والتأهيل وهي ليست معجزة علاجية. من الطبيعي أن تشعر في البداية بوخز بسيط في موضع الوخز حسب طريقة الوخز، و للحصول على افضل نتيجة علاجية يجب اتباع نصائح وارشادات اخصائيو العلاج الطبيعي والمواظبة على التمارين.

قد يصاحب الوخز بالإبر بعض المضاعفات البسيطة كظهور كدمة مكان الوخز. من النادر ان يصاحب العلاج تغير في الحالة المزاجية كالشعور بالفرح أو الحزن أو بالبرودة أو التعرق أو الاغماء ولكن سرعان ما تختفي هذه الأعراض.

في حال تلقي العلاج في الكتف أو الرقبة أو الصدر فقد يصاحب ذلك مضاعفات في الرئة. في حالة اختراق الإبر للرئة فمن الممكن تعرضك للأستر وراح الصدري (دخول هواء الى محيط الرئتين). هذه المضاعفات هي نادرة جداً ولكنها خطيرة وفي حالة حدوثها ننصح بالمحافظة على الهدوء والتوجه للطوارئ لتلقي العلاج. أعراض هذه الحالة هي صعوبة في التنفس وألم حاد اثناء الشهيق وتحول الشفتين للون الازرق. علاج هذه الحالة متوفر ولكن مع احتمال وجود مضاعفات.

في حال موافقتك على العلاج بالوخز يرجى التوقيع على الاستمارة.

اسم المريض :
اسم المعالج :
التاريخ :
الوقت :
التوقيع :
التوقيع :



Appendix 9

Consent of Dry Needling / Western Medical Acupuncture Treatment

I (Full name),

In my capacity as:

- The patient (if aged 12 or above),
Or
- The parent or legal guardian of
the patient: (Patient full name)

1. Do hereby give my consent for the performance of needling therapy by the physiotherapist named
2. I understand that the therapist is qualified and trained to perform that treatment.
3. The areas of the body that consent to have dry needled are:
.....
4. I am satisfied that the technique has been fully explained to me and I am in a satisfactory position to weigh up the risks and limitation of the technique as regards known side effects.
5. I understand that I must follow instructions as given by the therapist.

Date: Time:
 Patient sign: Therapist sign:



Appendix 10

“Dry Needling” or “Western Medical Acupuncture” Patient information

Your physiotherapist has offered to treat you using a technique called “Dry Needling” or “Western Medical Acupuncture”. This information leaflet explains more about these techniques.

Dry Needling or Western Medical Acupuncture is a very successful medical treatment, which uses very thin needles without any medication (a dry needle) to achieve its aim. Dry Needling and Western Medical Acupuncture used to treat pain and dysfunction caused by muscle problems, sinus pain, and headaches. It is not at all the same as traditional Chinese acupuncture. As Traditional, Chinese Acupuncture is part of Traditional Chinese Medicine, whereas dry needling and Western Medical Acupuncture is a western medicine technique, which needs to have a medical diagnosis. There is a clear scientific understanding of Dry Needling & Western Medical Acupuncture.

Dry Needling and Western Medical Acupuncture works by changing the way your body senses pain (neurological effects), and by helping the body heal stubborn muscle spasm associated with trigger points (myofascial effects). There are additional electrical and chemical changes associated with needling therapy, which assist, in the healing process. It is important to see the needles as just one part of your overall rehabilitative treatment. Dry needling and Western Medical Acupuncture is not a miracle cure – it is a normal part of physiotherapy. It is vital that you do the exercises and follow the advice your therapist gives you in conjunction with the needling for optimal recovery.

Your therapist trained specifically in the various needling techniques. The therapist will choose a length and thickness of needle appropriate for your condition and your body size, and then insert it through the skin at the appropriate place. You will feel a small pinprick. Depending on the type of needle technique chosen by your therapist, you may also feel a muscle ache and a muscle twitch and pin prick pain in the selected areas. These are all normal and good sensations, and mean that you will experience good relief from your symptoms.

In general, there is very little risk associated with this technique if performed properly by a trained physiotherapist. You may have a little bruising around the needle site, much the same as you would with any injection. These symptoms all fade quickly. Fainting may occur in a very small minority of people. Moreover, soreness during or after the treatment. There are no lasting ill effects of these side effects.

If you treated in the shoulder, neck or chest area, there is an additional risk that involves your lung. If the lung itself is punctured, you may develop a condition called a Pneumothorax (air in the space around the lung). This is a rare but serious problem, and you should go directly to a hospital casualty department without panicking if it occurs. The symptoms of this event include shortness of breath, which gets worse, sudden sharp pain each time you breathe in, a bluish tinge



**Physiotherapy Procedure for Dry Needling &
Western Medical Acupuncture**

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to your lips, and an inability to “catch your breath”. It is treatable condition but it has some complication.

If you are happy to continue with the therapy as suggested by your therapist, and have asked any questions that you may want to, then please sign the consent form attached to this page, and hand it to your physiotherapist.



Appendix 11

Requirement list:

1- Needles:

Must be in appropriate size for DN, as following:

- 0.22 X 13 mm
- 0.22 X 15 mm
- 0.30 X 25 mm
- 0.30 X 30 mm
- 0.35 X 40 mm
- 0.35 X 50 mm
- 0.35 X 60 mm
- 0.35 X 75 mm
- 0.35 X 100 mm

- 2- Disinfectants: either alcohol swaps or hand sanitizer.
- 3- Sharps container
- 4- Cotton wool
- 5- Gloves
- 6- Trash cans or dustbins
- 7- Appropriate bed with sheets & pillows
- 8- Trolley or table to organize needles & other requirements on it.
- 9- E-stem, ACu-TENS or Muscle Stimulator.