Acupuncture? Dry Needling? What's the difference?

Acupuncture has been a popular therapy for years, with the World Health Organization and the National Institutes of Health singing its praises and celebrities, professional athletes, U.S. Military personnel, and thousands of every day patients experiencing its life-changing benefits.

A growing number of physical therapists (and other allied health professionals) are now offering a therapy that they call dry needling or intramuscular stimulation (IMS). You may have noticed that dry needling bears a striking resemblance to acupuncture and this may have left you wondering:

What is dry needling?
How is it different from acupuncture?
Which therapy is right for me?

Who are the real needle experts?

This comparison will help answer these questions.

Licensed Acupuncturists		Physical Therapists
	BASICS	
Acupuncture is effective for many types of pain (including musculoskeletal pain and dysfunction due to trigger points), as well as a very wide variety of other problems.		Dry needling/IMS is effective for musculoskeletal pain and dysfunction caused by trigger points.
Palpating and needling trigger points (in addition to standard acupuncture points) has been a common technique amongst acupuncturists for over a thousand years. The World Health Organization and numerous experts acknowledge that dry needling/IMS is a subtype of acupuncture.		"Dry needling" is a term coined by Janet Travell, MD in the mid twentieth century. Dr. Travell used empty hypodermic needles to diffuse trigger points (the term "dry" refers to the fact that the needle does not contain any medication). Physical therapists have elected to retain this terminology even though hypodermic needles have been abandoned in favor of acupuncture needles.
	HISTORY	
Part of the oldest, continuously practiced, literate, professional medical system in the world, with a documented history of use that goes back over 2,000 years. As a mature profession, there are tens of thousands of senior/expert acupuncturists involved in instruction of new practitioners and oversight of the profession. Millions of patients have received billions of acupuncture treatments.		Even advocates acknowledge that the use of dry needling/IMS by non-acupuncturists is in its infancy. There are only a small handful of non-acupuncturist senior/expert practitioners to provide instruction/oversight and a relatively small number of patients have been treated.
	TRAINING & EDUCATION	
Have had a minimum of 660-870 hours of hands-on, supervised training in the use of needles (in addition to 1245-1755 hours of training in diagnosis, biomedicine, ethics, and other topics).		Those who practice dry needling/IMS have had 27-72 hours of training in the use of needles (in addition to the hours required to become a licensed physical therapist). Only about half of these hours are hands-on. A portion of these hours may be online and/or home-study.
A minimum of 250-350 supervised patient treatments is required prior to graduation and licensure.		Many training programs have no requirement for supervised patient treatments.
Three to four-year accredited degree programs are overseen by the US Department of Education.		For-profit corporations without any independent oversight or accreditation administer training programs.
Practitioners must pass one or more national board examinations prior to licensure.		Some dry needling/IMS training programs for physical therapists do not require any competency testing.
Continuing education is required to maintain state licensure and national board certification.		Some dry needling/IMS training programs for physical therapists do not require continuing education.
	NEEDLING	
Have had hundreds of hours of training in needle technique and are therefore capable of performing effective needle manipulations with minimal pain.		Deep, aggressive insertion of needles is often used to neutralize trigger points. In the hands of a practitioner who has only a handful of hours of training in needle technique, this procedure can be painful and potentially dangerous.
Bruising and persistent soreness around the site of needling is rare.		Bruising and persistent soreness around the site of needling is not unusual.
	LICENSING, REGULATION & BILLING	
National board certification and state licensure provide clear minimum standards for training that are easy for consumers to assess. All licensed practitioners have met clearly defined standards.		Training programs vary widely in their quality and rigor and minimum standards have not been clearly defined. Physical therapists themselves acknowledge that some training programs are of poor quality. There is no standardized dry needling/IMS credential, making it difficult for the consumer to assess whether their practitioner is adequately trained.
Licensed in the vast majority of states. Scope of practice is clearly defined and best practices have been established over the course of hundreds of years. Consumers have the ability to make complaints to a state regulatory board if necessary. Clear disciplinary procedures are in place both at the state and national level.		State licensure boards vary in their ability to set educational requirements and, because this technique has only been recently adopted by non-acupuncturists, uniform professional standards of practice have not yet been established. In some states practitioners are operating in defiance of policy and/or legislation that prohibits dry needling.
The American Medical Association has established a procedure code for billing acupuncture.		The American Medical Association has not established a procedure code for billing dry needling/IMS.

To experience the difference that only a real acupuncturist can make, please visit The National Certification Commission on Acupuncture and Oriental Medicine or TryAcupuncture.org to search for a qualified professional in your area.

Infographic references are available here

Infographic design: Patricia Kowal