

NCBATE Dry Needling Statement

“Dry Needling”, also referred to as Intramuscular Manual Therapy, is defined as a technique to treat myofascial pain using a dry needle (without medication) that is inserted into a trigger point with the goal of releasing / inactivating the trigger points and relieving pain. Dry needling is also described as the use of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction. The insertion of needles into specific targets may increase local blood flow to tissue and relax trigger point related muscular tension resulting in decreased pain and improved function. Dry needling is a treatment technique that has been utilized by in the United States since 1984.

Dry needling is not Acupuncture, which is defined by N.C. Gen. Stat. § 90-451 (1) as “A form of health care developed from traditional and modern Chinese medical concepts that employ acupuncture diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease.” Dry needling is an insertion by dry needle into a trigger point without medication or injection.

Many sports medicine and athletic training staff are beginning to utilize dry needling as a treatment technique. There has been a significant increase in dry needling certification programs and continuing education courses. Athletic trainers are typically in a good position to administer dry needling as a treatment technique in the performance of their duties. The Board has received a number of questions from licensed athletic trainers about the use of dry needling in the performance of their duties. The North Carolina Athletic Trainers Licensing Act (“Act”) does not exclude dry needling from the athletic training plan of care. North Carolina law allows athletic trainers to carry out the prevention and rehabilitation of injuries through physical modalities, including heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment. North Carolina law does not allow an athletic trainer to undertake medical diagnosis. But again, based on currently available resource information, nothing in the Act prohibits or excludes dry needling from the athletic training plan of care.

The athletic trainer must satisfy certain educational and training requirements prior to providing dry needling for the treatment of musculoskeletal pain and soft tissue. Dry needling is an advanced skill that requires additional training beyond entry-level education and should only be performed by athletic trainers who have demonstrated knowledge, skill, ability, and competence as follows: Completion of a dry needling course of study at a program approved by the Board with a minimum of 54 hours of classroom education, which must also include instruction in the clinical application of dry needling.

The Board will accept any dry-needling courses *which are approved by the Board of Certification (BOC)* that would provide the athletic trainer the necessary education and training. A BOC approved program can be found [HERE](#).

Athletic trainers will have to produce evidence of successful completion of approved education and training curriculum in dry needling before the Board would approve a protocol that contains dry needling.

The athletic trainer should ensure their written protocol includes the ability to perform dry needling and/or intramuscular manual therapy, and the circumstances where dry needling can be utilized. If properly trained, the administration of dry needling would be within the knowledge, skill, and competencies of an athletic trainer, and therefore, its administration falls within the scope of practice of an athletic trainer providing athletic training services, provided it is properly delegated by a physician to the athletic trainer through a written agreement/protocol. Therefore, the athletic trainer should include the administration of dry needling and/or intramuscular manual therapy in the written protocol, where such administration is within the education, training, experience and continued competency of the athletic trainer.

If the athletic trainer would like to carry solid filiform needles in the athletic trainer's own equipment, the athletic trainer should consult with and have written permission from the location or entity where they are assigned (if any), and should have a written protocol that is approved by his/her physician supervisor allowing this practice.

In conclusion, athletic trainers are typically in a good position to administer treatment in the performance of their duties. Dry needling is an effective technique to treat of musculoskeletal pain and soft tissue dysfunction. The insertion of needles into specific targets may increase local blood flow to tissue and relax trigger point related muscular tension resulting in decreased pain and improved function. Athletic trainers should follow all requirements of their employing or contracting agency, ensure they comply with any and all training requirements in statutes and as required by their employing entity, and follow their protocol from their sponsoring physician in the performance or use of dry needling as a part of their athletic training plan of care.

Effective Date of Statement: October 2019
Revised: February 2020