

Myofascial Dry Needling

Preamble

The issues surrounding the application of myofascial dry needling (MDN) in the myotherapy and remedial massage treatment are numerous. They include legal, medical, therapist training and protection of the consumer. Massage & Myotherapy Australia (Association) is of the opinion that MDN is outside the general scope of remedial massage.

The Association has not prescribed curriculum for the practice of MDN. However, there is a unit of competency in the Advanced Diploma of Myotherapy which is designed to provide the skills and knowledge to enable the participant to administer MDN treatment.

MDN can be provided by trained practitioners with a minimum qualification of the Diploma of Remedial Massage under the adoption of appropriate safety precautions and legal frameworks which may be appropriate in the treatment of some musculoskeletal conditions.

To avoid ethical complaints in relation to MDN, the Association believes the client should have available to them adequate information about risk of practice and the opportunity to provide informed consent prior to the treatment.

Aim

This policy document is to serve therapists who perform MDN, a platform from where the National Ethics Committee can make an informed determination in relation to any complaints and for the National Education Committee to determine appropriate levels of training.

This position statement should be read in conjunction with the Association Code of Ethics and Standards of Practiceⁱ, the practitioners' level of education and the practitioners own scope of practice. It is intended to work alongside current formal training in remedial massage, advanced diplomas and degree levels of musculoskeletal and myotherapy education. It endeavours to provide an outline of the principles of myotherapy and remedial massage treatment to ensure greatest protection for both clients/patients and therapists.

The Association Board of Directors serves to protect both the membership and the public by adopting this policy which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practiceⁱⁱ.

Process

Every Myotherapist and remedial massage therapist has the right to make the decision as to the appropriateness of treatment in consultation with the client. However, decision making and treatment protocols should be consistent in context with the pathology and within the scope of practice of the practitioner.

Myotherapists and remedial massage therapists should never, under any circumstances, proceed with treatment on any area of the body without first obtaining written “informed consent”ⁱⁱⁱ and providing the client with information on how the treatment will be performed and associated risk.

In particular MDN should not be considered without assessment of soft tissue dysfunction and the initial standard use of digital ischemic pressure (DIP). This ensures that non-invasive strategies have been sought prior to the therapist/client decision to proceed with MDN and the inherent risks of skin penetration.

Myotherapists and remedial massage therapists are to consider the following carefully prior to providing MDN treatment;

- Proportionality: The benefit must outweigh the burden of treatment
- Nonmaleficence: The therapist must do no harm and must prevent harm from occurring
- Beneficence: The treatment must contribute to the client’s wellbeing

The Associations Policy advises that prior to training in the application of MDN, therapists must hold a Diploma of Remedial Massage or later equivalents and have an excellent knowledge of manual trigger point therapy and human anatomy and physiology.

Further, the Association endorses MDN courses for Endorsed Education Activity Programs (EEAP) who meet a minimum of 80 hours of delivery and include infection control, Work Health & Safety (WHS) issues, and Federal, State and Local Government laws.

It is the responsibility of the therapist to ensure they are competent and confident in MDN and if not seek further training,

Clinical Settings

Where a clinic, mobile or corporate MDN service is provided, this Policy should be read in conjunction with the Associations Clinical Settings Position Statement^{iv} for further safety and client/patient care requirements.

Communication and Consent

The client/patient will respond best to trustworthiness and common sense in the practitioner:

These qualities allow the client to form an opinion about the therapeutic relationship and context in which they are consenting to receive an invasive procedure.

The client/patient requires time to consider myofascial dry needling:

The client/patient needs to be able to engage in dialogue, in lay terms, with the therapist about treatment. Reluctance to discuss treatment may indicate that the client/patient is inadequately

informed. Information materials and options relating to treatment protocols, risks and possible side effects must be provided for the client/patient prior to treatment to make informed decisions^v.

It may be prudent to advise the client/patient that for this specific treatment that they seek an appropriately qualified practitioner. Referral options should be made available to the client. Association members should never, under any circumstances, proceed with treatment of any area of the body without first obtaining written “informed consent”^{vi}.

Therapy Guidelines

The therapist has the right to not provide treatment:

If the therapist is not comfortable with providing treatment at any time, they should refuse and provide the client with referral options. This must be communicated to the client in a manner that is non-discriminatory, is based on a just and reasonable cause and does not discredit other practitioners.

Technical Guidelines

Myofascial dry needling techniques should be designed to enhance and support standard trigger point therapy:

Trigger point therapy for Myofascial Pain Syndrome is a comprehensive component of the remedial techniques taught within the outcomes of the Advanced Diploma of Myotherapy, or as post graduate training. The use of needles to deactivate trigger points rather than the use of the standard digital ischemic pressure is another form of treatment for trigger points.

Myofascial dry needling treatment will be most effective when it is preceded by:

Any musculoskeletal technique that will produce a reduction of tonus and/or trigger point within the muscle or musculotendinous junction. Techniques include, but are not restricted to, myofascial release (MFR), joint mobilisation techniques, neural facilitation of affected muscle and/or tendon, muscle energy techniques (MET) and stretching to the region.

Draping procedures will conform to the Standards of Practice:

Every therapist has the right to make the decision as to the appropriateness of the draping and positioning of clients/patients^{vii}. However, decision-making and draping protocols should be consistent and in context with the treatment, the pathology, within the scope of practice of the practitioner, and in consultation with the client/patient^{viii}.

Local Council Requirements

Therapists are required to abide by their local council guidelines regarding Myofascial Dry Needling. It is the responsibility of the individual therapist to contact their local council directly to obtain the individual council guidelines including floor coverings, wall coverings, sink requirements. *Examples of requirements may include a separate sink with sensor tap, non-porous floors and walls, payment of an application fee and annual registration fees for Health permits.*

It is the responsibility of the mobile massage practitioner to ensure they are aware of and are abiding by the individual local council guidelines at individual mobile sites.

Education Guidelines

The therapist must have training adequate and appropriate to the demands of the practice.

The objective is to protect the public's health by preventing or containing outbreaks of infectious disease and injury. Training for the provision of MDN must include both formal technical skill training and therapeutic relationship skill building. Also, it must include advanced training in the handling and disposal of sharps, infection control and biohazards. Training that does not cover requirements for premise, staff hygiene and protection, clinical procedures and the handling of instruments and State Legislation and Guidelines, as well as Safe Work Australia Guidelines^{ix} and local Council Laws on these components, is inadequate.

A strong knowledge of trigger point therapy, human anatomy and physiology and neuroanatomy is essential to establishing a clear boundary and scope of practice for client safety in providing MDN as a treatment.

Therapists should not misrepresent their skill or mislead the public.

A formal post graduate workshop in MDN does not permit a Remedial Massage Therapist to promote themselves as a Myotherapist or Acupuncturist to clients, or to claim Myotherapy as a treatment from health funds.

When choosing an RTO or education Provider to complete training in Myofascial Dry Needling, therapists should ensure they are aware there may be additional costs when setting up practice to provide Myofascial Dry Needling.

Education Providers

The Association considers that MDN is an advanced technique. In order to meet the requirements of the Association, a provider, if not a Registered Training Organisation (RTO), must meet requirements of proposed curriculum, premise and assessment criteria that includes knowledge based and practicum based to address adequate training as discussed above. The trainer or organisation needs to commit to a sign off that students/attendees have been assessed in their knowledge of the contraindications, infection control, safe working environments and use and insertion of needles.

Myofascial Dry Needling Risk Factors

There are inherent risks when providing myofascial dry needling training as a technique for therapists. These include but are not restricted to:

1. Safe handling of needles and the level of practical competency by the therapist.
2. That sharps containers are used in every class or patient/client area to prevent needle stick injury.
3. Needles are single use only, not to be re-used on the same patient/client or any other patient/client and disposed of in sharps container immediately after use.
4. Needles are not to be re-sheathed after use to prevent needle stick injury.
5. There needs to be a formal assessment, which involves both written and practical demonstration to which the provider can attest.
6. That the classroom/venue meets all the requirements of the associated health regulations and local authorities' guidelines for skin penetration.
7. That the provider has adequate professional indemnity and any other insurance coverage that may be necessary.

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- i Association Code of Ethics and Standards of Practice
 - ii Code of Ethics & Standards of Practice
 - iii Massage & Myotherapy Australia Position Statement - Informed Consent
 - i

 - iv Massage & Myotherapy Clinical Settings
 - v Massage & Myotherapy Australia Position Statement - Informed Consent
 - vi Massage & Myotherapy Australia Position Statement - Informed Consent

 - vii Massage & Myotherapy Australia Draping Essentials brochure and videos
 - viii Massage & Myotherapy Australia Practice Guidelines - Draping and Positioning; Massage & Myotherapy Member Information - Draping and Positioning Procedures
 - ix <http://www.safeworkaustralia.gov.au/sites/SWA>