

Myofascial Dry Needling

Preamble

As stated in the Massage & Myotherapy Australia's (Association) Myofascial Dry Needling Position Statementⁱ, the Code of Ethics and Standards of Practiceⁱⁱ governing Association members applies to the application of myofascial dry needling (MDN). This is particularly true with respect to assessment, risk and therapeutic relationship requirements about communication, consent and good professional boundaries.

Aim

The guidelines are to serve as a context to therapists for appropriate manual therapy practice and a platform from where the National Education Committee (NEdC) and National Ethics Committee (NEC) can make an informed determination in relation to any complaints that arise.

The guidelines should be read in conjunction with the Code of Ethics and Standards of Practiceⁱⁱⁱ. It is intended to work alongside current formal training in massage, remedial massage, advanced diplomas and degree levels of musculoskeletal and myotherapy education. It endeavours to provide an outline of the principles of massage and myotherapy treatment to ensure greatest protection for both clients and therapists.

The Association Board of Directors serves to protect both the membership and the public by adopting this Guideline which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practice^{iv}.

Guidelines

The following guidelines have been developed to assist the therapist specifically in the application and training of MDN. Where a clinic, mobile or corporate MDN service is provided, this Guideline should be read in conjunction with the Associations Clinical Settings Position Statement^v for further safety and client care requirements.

Communication and Consent

The client 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 requires time to consider myofascial dry needling:

The client 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 is inadequately informed. Information materials and options relating to treatment protocols, risks and possible side effects must be provided for the client prior to treatment to make informed decisions^{vi}.

Therapists uncomfortable or unsure of the application of myofascial dry needling should consider referral to a myotherapist or other qualified musculoskeletal practitioner for specific treatment:

It may be prudent to advise the client 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”^{vii}.

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 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 manoeuvre 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 both male and female clients^{viii}. 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^{ix}.

Floor surfaces shall meet the recommendations of the National Health and Medical Research Council (NHMRC):

Floor coverings have not been generally related to healthcare associated infection. Though hard surfaces are easier to clean, carpeting offers advantages unrelated to infection prevention and control, including noise reduction in the clinic.

The *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*^x suggest that textile floor finishes (such as carpet) ‘*should not be considered unless there is a comprehensive maintenance and replacement program in place complying with AS/NZS 3733*’.^{xi} In carpeted areas, regular thorough cleaning, maintenance and replacement is essential.

Where carpet is permitted, the recommendation is that short-pile carpet squares are preferred. Carpet squares allow for easy cleaning, replacement and maintenance of soiled or damaged floor

coverings consistent with the guidance provided on textile floor coverings by the NHMRC Guidelines.^{xii}

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. *Examples of requirements may include a separate sink or payment of a registration fee.*

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.

Insurance Requirements

Practitioner are advised to check with their insurers to ensure their policy covers Myofascial Dry Needling.

Education Guidelines

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

The objective is to protect the public 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 bio hazards. 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^{xiii} and local Council Laws on these components, is inadequate.

The Advanced Diploma of Myotherapy training package was released with a unit of competency titled "Provide Myofascial Dry Needling Treatment" (unit VU21879). This unit is designed to provide the skills and knowledge to enable the participant to administer myofascial dry needling treatment. The nominal delivery hours of this unit is 60 hours and the student must demonstrate competency on a minimum of 10 clients. Further, the student must demonstrate needling on various body parts and also for specific health conditions in 6 regions of the body.

The Association considers this unit a benchmark for the education of remedial therapists in the use of MDN. Further, an additional 20 hours of professional training (skills enhancement) in the use of MDN should be completed every 3 years to update and maintain competency.

Therapists should not provide treatment outside of their scope of practice.

Therapists must hold either an Advanced Diploma of Myotherapy or later equivalents, a Bachelor qualification in musculoskeletal therapy or clinical myotherapy. Therapists conferred with a Diploma of Remedial Massage Therapy, or equivalent, must undertake post graduate training of 60 hours in myofascial dry needling as a minimum.

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 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 organization 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.

The definitive learning outcomes in the training of MDN must align with the unit of competency VU21879 'Provide myofascial dry needling treatment' and be documented.

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 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

ⁱ Massage & Myotherapy Australia Myofascial Dry Needling Position Statement

ⁱⁱ Code of Ethics & Standards of Practice

ⁱⁱⁱ Ibid

^{iv} Ibid

^v Massage & Myotherapy Clinical Settings

^{vi} Massage & Myotherapy Australia Position Statement - Informed Consent

^{vii} Ibid

^{viii} Massage & Myotherapy Australia Draping Essentials brochure and videos

^{ix} Massage & Myotherapy Australia Practice Guidelines - Draping and Positioning; Massage & Myotherapy Member Information - Draping and Positioning Procedures

^x <https://www.nhmrc.gov.au/guidelines-publications/cd33>, Part C: Organisational Support p 235

^{xi} <https://infostore.saiglobal.com/store/details.aspx?ProductID=374345>

^{xii} <http://www.chinesemedicineboard.gov.au/Codes-Guidelines/FAQ/Infection-prevention.aspx>



^{xiii} <http://www.safeworkaustralia.gov.au/sites/SWA>