

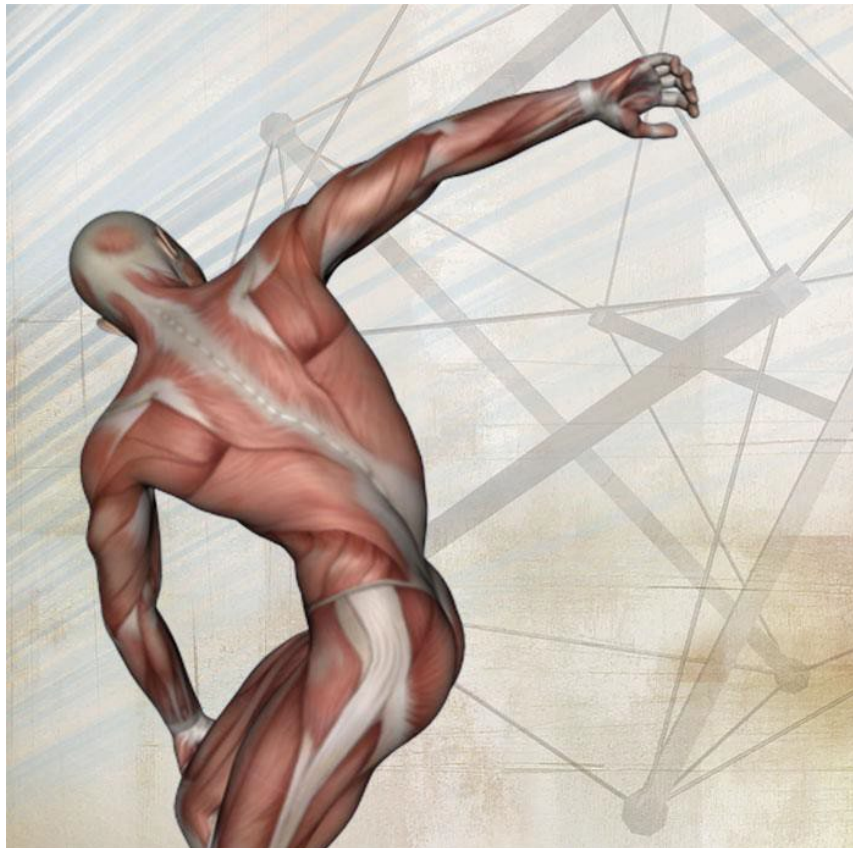


ON-POINT

DRY NEEDLING

GETTING TO THE POINT ON DRY NEEDLING

Education - Training - Certification



Instructor: John H. Merrick, B.S., M.A., P.T., D.C.

Co-Sponsored by (State Organization or NUHS)

OPDN Level I Overview

Seating limited to 20 for Level I due to the novelty of the needle (for some) and the need for close observation during practical application.

Dry Needling (DN) is a technique chiropractors, physical therapists, PTA's, and ATC's use (where allowed by state law) for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injectable, (acupuncture like) inserted through the skin into TrP areas of the muscle.

The Dry Needling Procedure (DNP) is becoming a common method of treating various adverse presentations of patients with neuromusculoskeletal pain syndromes as well as functional tissue adaptations (with or without pain). What this OPDN program addresses is the proverbial myofascial trigger point as described by Travell, Simons and others and their references of pain patterns although the reliability of these previous "X" marks the spot and the patterns manifested have been all but debunked. A clear grasp of this concept is vital for the practitioner to obtain optimal outcomes with the DNP particularly from the pain model perspective. We understand that with the "pain" model approach there is most likely going to be concomitant structural adaptations yet these adaptations or changes in posture/structure can be present with or without pain. Further, we as primary care practitioners must realize the differential diagnosis of the myofascial TrP v. a more serious visceral condition is critical in practice. This Level I will also present the Radiculopathic Model (Gunn, et al, I) dealing with the segmental level of innervation pertaining to the pain pattern presentation by the patient. Sufficed to say that the DNP is classified as a soft tissue mobilization procedure, and yet another tool in the bag of the experts of manual/manipulation (adjustment) practitioner.

The main **GOAL** of the ON-Point Dry Needling (OPDN) Level I, 20 Hr. is to successfully develop a systematical, confident, competent, efficient, and effective skillful dry needling practitioner who understands the practical application of the "PLAN" as described throughout the program and at the same time develop a skillful "Needler" to achieve success with this needling procedure.

The **OBJECTIVES** to achieve these goals include:

1. Have an understanding and an appreciation of the evolution of dry needling as well as similarities and differences between the various approaches to the dry needling procedure (DNP).
2. Be able to describe the differences between acupuncture and dry needling.
3. Understand the NeuroMetrix Model of Pain (Melzak and beyond) as and the central v. peripheral sensitization of pain.
4. Be able to describe the difference subjectively and objectively of the Latent v. Active TrP
5. Differentiate between Fibromyalgia Pain and Myofascial Pain Syndrome
6. Have a clear understanding of what the treatment site set up might look like as well as the proper biomechanics for the practitioner as well as the patient.
7. Have a clear understanding of how the Dry Needling procedure might inhibit pain.
8. Have a clear understanding of how the DNP can correct static and dynamic postural adaptations.
9. Be able to competently perform the DNP (beginning to end, "The Plan")
10. Be able to recognize and discuss all adverse effects of the dry needling procedure (DNP).
11. List all contraindications to the dry needling procedure (DNP).
12. Summate the "Traffic Lights" of the dry needling procedure (DNP).
13. Be able to recognize and discuss management of the pneumothorax in dry needling.
14. Continue to Practice, practice, practice all techniques on all muscles covered this weekend.
15. Unlike other programs you will be using your newfound skill, the DNP, **upper & lower body** on Monday.
16. It is the hope of OPDN that the participants will line up a "live patient" for class observation and participation in determining protocol and application thereof**.

The OPDN Level I 15 Hr. live portion will include the many muscles commonly addressed in clinical practice which will be presented in a methodical (muscle synergistic patterns) fashion, looking at the more frequently seen and ease of accessibility to the more challenging and *less seen in practice. *Level II (progressing into OPDN Level II). The **LAB PLAN** is to review the anatomy, function, and dry needling techniques for each muscle gp. This will be followed by the Evaluation which is **Observation, Palpation and Provocation (OPP)*** of each muscle group. Once the needling is completed, the **LAB PLAN** and the functional outcome(s) are recorded.

PREREQUISITES: Licensed to practice. ***All participants must sign a consent form.*** (attached) and take the 1 hr. Blood Borne Pathogen certification (www.probloodborne.com).

SUGGESTED TEXT(s): **Trigger Point Dry Needling: An Evidence and Clinical-Based Approach, 2nd Edition;** Jan Dommerholt and Fernández-de-las-Peñas. Ref literature is listed below and on the website.

RATES: \$995.00, included Needles, sharp bins, gloves and a starter kit for Monday morning provided by **L'hassa OMS and OPDN.** (latex sensitive or hyperallergic docs should bring their own gloves).

ATIRE: Dress loose clothing applicable for total (almost total) exposure of parts to be needed. Pregnant females are not allowed to participate in the course unless they bring their own lab partner as all attendees are expected to needle lab partners.

SETTING: Clinical setting (preferred), or Hotel. *Live patients at the end of each day

CEU's when applicable are provided by the NUHS, or by the local Professional Board and/or Local Professional state organization.

RATES: \$995.00, included Needles, sharp bins, gloves and a starter kit for Monday morning provided by L'hassa OMS and OPDN. (latex sensitive or hyperallergic docs should bring their own gloves).

CLASS MATERIALS: Power point notes will be digital with minimal paper involved. An app "Dry Needling Guide" will be our guide during the class easy to follow and needle by. Remember Proof of BBP and consent form must be on hand.

LEVEL II Keen observation would suggest there is a Level II which is a 12 Hr. (4 Hrs on line didactic, current literature review and 8 Hrs. live, that deals with the more challenging muscles throughout the body as well as EB supportive procedures such as Electrical point and needle stimulation, Cupping, Auriculo Therapy, Laser, Ultra Sound, Kinetic Taping, specific anatomical exercise (suggestions)

ON LINE			
Time	Hrs	Topic	Instructor
Introduction	0	The instructor profile will be followed by a brief description of the online program in anticipation of the 15 hour two day program. This is going to include the goals and objectives of the dry needling procedure followed by the history, science and the politics of dry needling.	Merrick
THE FASCIA	1.	IT'S ALL ABOUT THE FASCIA: here we are going to discuss the anatomical and functional properties of fascia and its response to various types of stimuli [mechanical, thermal, and emotional] and how that stimulation has its effect on human well-being. The tensegrity concept and in particular the bio tensegrity model and its application to the understanding of the structural function of FASCIA. Connective tissue tensile strength/density are also reviewed and how FASCIA fits in.	Merrick
PAIN	1.0	Functional Pain Pathway review Peripheral v Central Sensitization Myofascial Pain Syndrome (MFPxS) The Trigger point (TrP)	Merrick
The Needle	1.0	Needle discussion cont, Assessment /Treatments : Assessment (Local & Global), pain v. function model; pre and post treatment considerations, goals, outcome questionnaires', functional observations, lab attire Anatomical review, neuromusculo-skeletal considerations Muscle table;	Merrick
SAFETY	1.0	SAFETY If you take nothing else away from this weekend... Indications v Contraindications; Red, yellow Green ZONES Blood Borne Pathogen Certification www.probloodborne.com Managing the needle, gloves, dispensers	Merrick
Total Hrs	4.0		

DAY 1 LIVE		COME PREPARED TO be NEEDLER AND BE NEEDLEE	
08:00-08:30	Hr	Wake up, sign & settle in	
08:30 – 10:30	1 2	<ul style="list-style-type: none"> • Online exam and review • Sizing up the needles, handling techniques PRACTICE, work (needle) that tangerine. • Treatment positioning, draping, etc Biomechanical advantage and efficiency for the practitioner and the patient • LAB PLAN is to follow the manual of muscle (gps) through EVALUATION by Observation, Palpation and Provocation (OPP) and discussion of outcome assessment tools. The needling procedure will then be followed by re- evaluation following the same EVALUATION procedure. The muscle check-off sheet is explained. • SAFETY, RED Flags, Know your Zones. (Traffic Lights of the DNP • Needling procedures are demonstrated on video (APPs) • Needling practice on break fruit • Commence UE needling 	Merrick
10:30- 11:30	3	<ul style="list-style-type: none"> • Posterior forearm, Borachio radialis, Ext Carp Rad (L&B),, Ext Carpi Radialis, Ulnaris • Ant forearm, Flex Carp Ulnaris & Radialis Flex dig S&P, pronator teres & quadratus 	Merrick
11:30-12:30	4	<ul style="list-style-type: none"> • The hand ABD Pol, Opponens Pol, Lumbricals, Interossei • Superficial Back, Upper, middle Trap, Levator Scapular, • Rhomboids 	Merrick
12:30-1:30		LUNCH	Merrick
1:30-3:30	5 6	<ul style="list-style-type: none"> • Superficial Back, Upper, middle, lower Trap, • Cervical Spine; Sub occipitals, Splenius Cap. Cerv., SCM. Platysma • Shoulder girdle review 	Merrick
3:30 - 5:30:	7 8	<ul style="list-style-type: none"> • Shoulder girdle; Deltoid, Supraspinatus, Infraspinatus, Teres Major & Minor, Subscapularis, Pectoralis Major & Minor • Out patient(s) if available.* • Q&A 	Merrick
Total Hrs Day 1	8	LIVE HRS on Needling 8	

Day 2 Live (7 Hr)		LIVE NEEDLING	Merrick
8:30 – 10:30. (2)	9 10	<ul style="list-style-type: none"> • Follow LAB PLAN: • Brief Review three objectives of DNP (Pain, Function, Radiculopathic) SAFETY, • Thoraco-Lumbar ; lumbosacral • Superficial, intermediate & deep intrinsic; Multifidi, intertransversarii, rotators & fascia proper. • Hip: Glutes (3), Piriformis • Sciatic Pathway, Hamstrings 	Merrick
10:30-12:30 (2)	11 12	<ul style="list-style-type: none"> • Follow LAB PLAN: • Ant/Post Hip, (Fem Triangle, Adductor Canal • Quads, sartorius, Adductors • Knee into Lower Leg: Ant: Ant Tib, EDL; 	
12:30-1:30		Snacks Provided by OPDN & Sponsor (Bars, fruit, yogurt)	Merrick
1:30 – 2:30 (1)	13	<ul style="list-style-type: none"> • Pre sched, Live Patient Case presentations, Group participation; differential diagnoses, Pre & Post LAB PLAN • NEEDLING Lower leg & foot: con't • Gastroc-soleus Gp., Deep Flexors Hal, dig • Case Study review (Patient) 	
2:30 - 4:30 (2)	15	<ul style="list-style-type: none"> • LAB PLAN Review, Muscle check off sheet • Live patient* • Into to Level II 12 hr. <p>Exam, Certificates</p>	Merrick
Total Hours day 2	7.0		
Total 2 days	15Hr		

Recommended Texts

“Trigger Point Dry Needling: An Evidence and Clinical-Based Approach”, 2nd Edition

By Jan Dommerholt and Fernández-de-las-Peñas. This is an E-Book

“The Concise Book on Dry Needling”, By John Sharkey

“Dry Needling for Manual Therapists”, Gryer, Michael, Tolson, E book 2016

Apps on Dry Needling:

- ODNS/IAOM-US Dry Needling
- DN Guide
- CPD Health Courses
- Auriculo (Level II)

References

- DiLorenzo L, Trallesi M, Morelli D, Pompa A, Brunelli S, Buzzi MG, Formisano R. (2004). Hemiparetic shoulder pain syndrome treated with deep dry needling during early rehabilitation; a prospective, open-label, randomized investigation. Retrieved 12/06, 2012, from <http://www.hookedonevidence.com/searchresults.cfm?process=1&ReviewID=15598>
- Dommerholt, J. (2011). Dry needling - peripheral and central considerations. *The Journal of Manual & Manipulative Therapy*, 19(4), 223-227. doi: 10.1179/106698111X13129729552065
- Edwards J, K. N. (6/17/2008). Superficial dry needling and active stretching in the treatment of myofascial pain--a randomised controlled trial. Retrieved 12/06, 2012, from <http://www.hookedonevidence.com/searchresults.cfm?process=1&ReviewID=10962>
- Huang, Y., Lin, S., Neoh, C., Wang, K., Jean, Y., & Shi, H. (2011). Dry needling for myofascial pain: Prognostic factors. *Journal of Alternative & Complementary Medicine*, 17(8), 755-762. doi: 10.1089/acm.2010.0374
- Lewitt, K; PAIN, N. Holland BioMed Press; “The Needle Effect in the Relief Myofascial Pain; June 1978; 83-90
- Kalichman, L., & Vulfsons, S. ; Dry needling in the management of musculoskeletal pain. *The Journal of the American Board of Family Medicine*, 23(5), 640-646. doi: 10.3122/jabfm.2010.05.090296 (September-October 2010).
- Jonsson, C. (2012). The role of myofascial trigger points in shoulder pain: A literature review. *Journal of the Australian Traditional-Medicine Society*, 18(3), 139-143. <http://ezproxy.twu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011694707&site=ehost-live&scope=site>

- Levent Tekin, Selim Akarsu, Oguz Durmus, Engin Cakar, Umit Dincer, Mehmet Zeki, et al; “The effect of dry needling in the treatment of myofascial pain syndrome: A randomized double-blinded placebo-controlled trial” ; Clinical Rheumatology, 2012
- Reis E., “Dry Needling: Getting to the Point” Dry needling by physical therapists is a hot topic. What's fact? What's fiction? Take a look beneath the surface.; PT in Motion (APTA).| May 2015
- Langevin H, etal; Dept of Neurology, University of Vermont, Burlington VT., “Mechanical Signaling through Connective Tissue, a Mechanism for the Therapeutic Effect of Acupuncture”; The FASEB Journal, Vol 15, October 2001 p 353 – 360
- Ingber R “ Shoulder impingement in Tennis/Racquetball Players Treated with Subscapularis Myofascial Treatments”; Arch Phys Med Rehab (Clinical Notes); p. 679-682, Vol 81, May 2001
- “Effectiveness of Dry Needling for Upper-Quarter Myofascial Pain” A Systematic Review and Meta-analysis” ; Journal of Orthopaedic & Sports Physical Therapy; Pub online Aug 31, 2013; Vol 43, Issue 9, Pp. 620-634
- Effectiveness of Dry Needling for Myofascial Trigger Points Associated With Neck and Shoulder Pain: A Systematic Review and Meta-Analysis”APMR, 05/15, Vol 96, #5; P. 944-55
- Research Article
Kindyle B, Elifritz K, Comire M Jupiter D; “Rate and maintenance of improvement of myofascial pain with dry needling alone vs. dry needling with intramuscular electrical stimulation: a randomized controlled trial”;JMMT, Pub online 9/29/2020
<https://www.tandfonline.com/doi/full/10.1080/10669817.2020.1824469?src=recsys>
- Wang-Price S, et al; “Short-term effects of two deep dry needling techniques on pressure pain thresholds and electromyographic amplitude of the lumbosacral multifidus in patients with low back pain - a randomized clinical trial” JMMT, Pub online 01/17/2020
<https://www.tandfonline.com/doi/full/10.1080/10669817.2020.1714165?src=recsys>
- Mansfield CJ, Harr M, Briggs M, Onate J, Boucher LC: “Safety of Dry Needling to the Upper Lumbar Spine, a Cadaver Study”; JMMT. Pp 111-18; Pub online 12/25/2019
- D. Griswold, F. Gargano, & K.E. Learman: “A randomized clinical trial comparing non-thrust manipulation with segmental and distal dry needling on pain, disability, and rate of recovery for patients with non-specific low back pain”; JMMT, Vol 27 2019, pp 141-51, online 02/09/2015
<https://www.tandfonline.com/doi/full/10.1080/10669817.2019.1574389?src=recsys>

CONSENT FORM

Dry needling involves inserting a tiny monofilament needle in a muscle(s) in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension and will promote healing. This is not traditional Chinese acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. Dry needling is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: The most serious risk with dry needling is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest xray and no further treatment. The symptoms are shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern.

Patient’s Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed, this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Please answer by circling your response to the following questions:

1. Have you ever fainted or experienced a seizure? Yes No
2. Do you have a pacemaker or any other electrical implants? Yes No
3. Are you currently taking anticoagulants (ex: Aspirin, blood thinners)? Yes No
4. Are you currently taking antibiotics for an infection? Yes No
5. Do you have a damaged heart valve, metal, or other risk of infection? Yes No
6. Are you pregnant? Yes No
7. Do you suffer from metal allergies? Yes No
8. Are you a diabetic or do you suffer from impaired wound healing? Yes No
9. Do you have Hepatitis B, C, HIV, or any other infectious disease? Yes NO

Further I _____, am a student attending this Dry Needling Seminar instructed by Dr. John H. Merrick and accredited by the National University of Health Sciences (NUHS). I have read and understand this consent and answered the above questions honestly. as I partake in this program, I hold Dr. Merrick and NUHS totally harmless and not responsible should any of the aforementioned adverse events happen to me or any participant I may be working with during this seminar and or to any patient that I may perform Dry Needling on.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

Student Printed Name _____

Student signature: _____ **Date** ____/____/____

Dr. John H. Merrick: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

signature _____/____/_____

John H. Merrick, MA, PT, DC

DATE

Vitae Summary

Dr. Merrick is a grad of Dean Col., SUNY at Buffalo and NYU with an associate in physical education, a BS in Physical Therapy and a master's in physical therapy & advanced Kinesiology respectively. Prior to entering the chiropractic field, he was the director of Physical Therapy and Rehabilitation at what is now the Hudson Medical Center in Secaucus, NJ. And before that, a staff PT at the Rusk Institute in Manhattan, part of the NYU Medical Center. He also worked at the Olympic Sports Medical Training Center in Englewood, NJ as a sport's physical therapist, under the direction of Dr. Irving Dordik, Medical Director of the USO in that era. As a physical therapist he also studied manipulation under the presentations of Stanley Paris and John Mennell.

He attended the National College of Chiropractic (now the National University of Health Sciences) where, on fellowship, he developed and taught the first Therapeutic Exercise & Rehabilitation course in a chiropractic institution. During that fellowship he also directed the student clinic usage of physiological therapeutics at the Patient and Research Center at NCC. At National he earned a Bachelor in Human Biology and his doctorate in Chiropractic medicine.

He recently retired from 43 years in PT & Chiropractic practice and 22 years ownership and operator of The Merrick Spine Center & United Physical Therapy, a multidisciplinary practice of chiropractic, physical therapy, acupuncture, functional nutrition and wellness in Manchester, New Hampshire. He also served as a board member (secretary/treasurer) for the NH State Board of Chiropractic Examiners.

Dr. Merrick is teaching postgraduate courses in Physiological Therapeutics, spinal & extremity manipulation, gait analysis (Gait Matters) therapeutic exercise & rehabilitation for the postgraduate divisions of The National University of Health Sciences, and NYCC as well as various state organizations. He was formally on the faculty advisory committee for the Exercise Science program at the NH Vocational Technical College in Manchester NH. Merrick Spine & United PT provided internships for both Exercise Science and Physical Therapy Assistant students.

Merrick has developed and patented a computerized neck muscle testing and rehab system called the NEXERCISER™ which is currently used by healthcare practitioners' athletic trainers, professional and Olympic athletes involved in neck injuries, rehab & injury prevention.

He is the founder and lead instructor of **ON-Point Dry Needling** presenting a two-Level Certification program in dry needling for PT's, PTA's, DC's and ATC's.