Dry Needling Physiology

Trigger Point Model / Motor End Plate Model

Trigger points are painful points within taut bands of connective tissue in which there is a pathological shortening¹. These trigger points result from increased acetylcholine at the motor end plate or the neuromuscular junction². Dry Needling removes the pain signals from trigger points, improve the acetylcholine levels at the motor end plates, which improves overall tissue healing, pain, and function³. Many other mechanical, chemical/cellular, electrophysiologic, and neurophysiologic effects occur as well⁴.

Energy Crisis Model

Energy Crisis Model is an extension of the trigger point model based off the increased metabolic demand at trigger points⁵.

Injury to muscle causes Calcium release, sarcomere shortens, increased metabolic demand and compromise of local circulation, recovery is compromised, prolonged shortening of muscle fibers, ischemic by-products accumulate and then back to further injury to muscle and more Calcium released as the spiral continues on⁵.



Radiculopathy Model

- Focuses on musculoskeletal pain that result from neuropathies and radiculopathy⁶.
- Denervated tissues develop supersensitivity (Cannon and Rosenbleuth's "Law of Denervation")⁷
- Muscles then shorten, have pain, and develop into taut bands with trigger points⁶
- Particular interest with muscles in the back: leads to disk compression and pressure on nerve roots, which leads to peripheral neuropathy and the development of supersensitive nociceptors and pain⁶.
- Thus, there is restricted flow of nerve impulses in all innervated structures⁶
- Explains trigger points, tendinopathies and enthesopathies⁶.

Mechanical Effects

The needle mechanically disrupts trigger points and tissue, resulting in normal resting length⁸.

Micro-bleeding releases platelet derived growth factor into the tissue, promoting healing⁴.

Chemical Effects

Chemical/Cellular Stimulus- The needle depolarizes and neutralizes abnormal chemicals at motor end plates, resulting in improved symptoms⁴

Electrophysiological Effects

Spontaneous Electric Activity improve at the motor end plates/ neuromuscular junction with dry needling⁴.

Neurophysiological Effects

Inhibits painful neural pathways⁴

Activation of the descending inhibitory systems, which blocks noxious stimulus from pain neural pathways⁴.

Sympathetic Nervous System Effects

Dry needling activates opioid-based pain reduction, mediated by the sympathetic nervous $\mathsf{system}^\mathsf{4}$

Brain Stem Effects

Dry needling activates non-opioid pain relief via serotonin and norepinephrine from the brain stems⁴

Pain Effects

Dry needling reduces the painful input from trigger points⁴

Dry needling reverses sensitivity to pain and normalizes nociceptive (pain response) channels⁴

Inflammation Effects

Dry needling also triggers the systems that control inflammation and decrease pain⁴.

References:

1. Simons DG, Travell JG, Simons LS. *Travell and Simons' myofascial pain and dysfunction; the trigger point manual*. 2nd ed. Baltimore, MD: Williams & Wilkins; 1999.

2. Ma YT. Biomedical acupuncture for sports and trauma rehabilitation: dry needling techniques. St Louis, MO: Churchill Livingstone; 2011.

3. Dommerholt J. Dry needling — peripheral and central considerations. *The Journal of Manual & Manipulative Therapy*. 2011;19(4):223-227. doi:10.1179/106698111X13129729552065.

4. Butts R, Dunning J, Perreault T, Mourad F, Grubb M. Peripheral Spinal Mechanisms of Pain and Dry Needling Mediated Analgesia: A Clinical Resource Guide for Health Care Professionals. *Int. J. Phys Med Rehabil.* 2016, 4:2 <u>http://dx.doi.org/10.4172/2329-9096.10000327</u>

5. Simons DG. Clinical and etiological update of myofascial pain from trigger points. *Journal of Musculoskeletal Pain*. 1996;4:93-121. doi: 10.1300/J094v04n01_07.

6. Gunn CC. Radiculopathic pain: diagnosis and treatment of segmental irritation or sensitization. *J Musculoskeletal Pain*. 1997;5(4):119-34.

7. Cannon WB, Rosenbleuth A. *The Supersensitivity of Denervated Structures*. MacMillan, NY. 1949

8. Langevin HM, Bouffard NA, Badger GJ, Churchill DL, Howe AK. Subcutaneous tissue fibroblast cytoskeletal remodeling induced by acupuncture: evidence for mechanotransduction-based mechanism. *J Cell Physiol*. 2006;207(3):767-74. DOI:10.1002/jcp. 20623.