

Plain language summary

Dry Needling Utilization Management policy #489

Plain Language Summaries are presented to supplement the associated clinical policy and/or guideline. These summaries are not a substitute for advice from your own healthcare provider.

What is dry needling and what is known about them so far?

Dry needling is a technique similar to acupuncture, where a needle is inserted through the skin into trigger (tender) points to alleviate pain associated with various musculoskeletal and neurological conditions.

Dry needling is one of several different ways to treat trigger points. Other commonly used manual therapies appear to be as effective as or more effective than dry needling. While dry needling is generally safe when performed by trained professionals, the potential for serious complications is greater than commonly used manual therapies.

How was dry needling evaluated?

A work group of clinicians was assigned to review the available research. The internet was searched for articles about conservative treatments for idiopathic scoliosis. The work group independently examined the selected research studies. A broadly accepted rating scale was used. Possible ratings were high or low quality.

Before it was approved, the policy was presented to a series of committees that included independent health care practitioners.

What did the workgroup find?

The evidence about the effectiveness of dry needling for the treatment of neurological and musculoskeletal disorders is limited mainly to small studies. The overall research quality was rated as low. Larger and better quality studies are needed.

It was not possible to make a determination that dry needling provided more benefit than no treatment or placebo treatment. Generally accepted and safe treatments including traditional manual therapy techniques appear to be at least as effect with less risk than dry needling.

What were the limitations of the information?

A number of studies involved small numbers of participants. So, it is unclear if the results apply to other people. In most cases, the effectiveness of dry needling was not assessed over longer periods of time. Only a few studies described clinically important reductions in pain and improvements in function. There were significant differences in how dry needling was performed in the different studies. So, it is not clear how to best apply dry needling in clinical practice.

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What are the conclusions?

Dry needling is viewed as unproven and not medically necessary. Further research is needed before its use can be considered an established treatment option for any musculoskeletal or neurological condition.