

Dry Needling for Musculoskeletal Pain

A 2014 systematic review and meta-analysis of dry needling for musculoskeletal trigger points (MTrPs) found no significant difference between dry needling and lidocaine injection either immediately after treatment or at 3-6 months.¹

A 2014 narrative review found that there is little high-quality evidence for dry needling into myofascial trigger points for pain management. High quality evidence indicates “that manual examination for the identification and localization of a trigger point is neither valid nor reliable between-examiners.”²

A 2014 review found insufficient evidence to strongly recommend dry needling for headache, but stated that it may be helpful as an addition to physical therapy treatment of cervicogenic and tension-type headaches.³

A 2011 Cochrane review found that dry-needling may be a useful adjunct to other therapies for chronic low-back pain.⁴

A 2010 review states, “its effectiveness has been confirmed in numerous studies and 2 comprehensive systematic reviews.”⁵

References

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