

# Dry Needling Safety Protocol

## USA Gymnastics

### General Policy<sup>1</sup>:

1. Clinicians must meet the following requirements, as set by the USOPC, prior to the use of needle treatment techniques:
  - a. Meet state professional practice act criteria for the performance of dry needling.
  - b. Obtain and maintain a certificate of completion in therapeutic dry needling from a program with a minimum of 46 contact hours.
  - c. Maintain documentation of 150 dry needling treatments performed with direct supervision prior to independent application with USA Gymnastics athletes, including at least 50 dry needling treatments in the last calendar year.
  - d. Only perform dry needling treatments in the extremities as well as periscapular and paraspinal musculature.
  - e. Clinicians must demonstrate competency as approved by senior practitioner of dry needling and team physician.
2. Prior to performing treatment, all dry needling must be approved by team physician. Any issues or concerns must be immediately brought to the attention of the Vice President of Athlete Health and Wellness.

### Pre-Procedure Guidelines for Dry Needling:

1. Athlete is required to have a yearly updated signed consent. If < 18 yo, they will need a parent/guardian signature.
2. Absolute contraindications<sup>2</sup>:

a. Needle phobia		d. Lymphedema
b. Unable to give consent		e. Area of open skin
c. Medical emergency		
3. Relative contraindications (including but not limited to)<sup>2</sup>:

a. Bleeding diathesis/abnormal bleeding disorders		d. Diabetes
b. Immunocompromised (i.e. chronic condition or infection)		e. Pregnancy
c. Vascular disease		f. Epilepsy
		g. Allergy to nickel or any other material used in needling
4. Prior to every treatment, verbal consent must be obtained after discussing risks (i.e. bruising and soreness) & benefits
5. If an athlete has never received dry needling, it is recommended to avoid attempting the first time, prior to or during a competition.

### **Procedure for Dry Needling<sup>3,4</sup>:**

1. Athlete should be positioned in a comfortable position, typically lying supine/prone, in order to maximize relaxation, decrease discomfort/pain and risk of pre-syncopal or syncopal episodes.
2. Practitioner must wash hands and use hand sanitizer before and after needling.
3. OSHA Blood Borne standard precautions should be practiced, wearing gloves bilaterally and using alcohol swab to disinfect the skin prior to needle insertion. Antiseptic wipes may be indicated along with alcohol swabs, depending on the cleanliness of the athlete.
4. Needles are one time use only, to minimize infection risk and discomfort from dulling of the needle point.
5. If the treating provider has difficulty identifying the landmarks and/or musculature, treatment should be discontinued.
6. If soft tissue treatment will be provided after needling, the practitioner should use gloves to minimize infection risk.
7. If bleeding is noted when the needle is removed, apply direct pressure with gauze or cotton swab for bleeding cessation and to decrease hematoma risk. Ice may be applied in the event of significant bleeding/bruising.
8. Alert the physician of any significant bleeding or complications

### **Post-Procedure Dry Needling<sup>3,4</sup>:**

1. Gloves, alcohol swabs &/or gauze are to be disposed of in the trash or biohazard container (if soaked).
  2. Equipment (i.e. alligator clamps) are to be cleaned with alcohol or appropriate disinfectant.
  3. Needles are to be disposed of in a sharps container, which should be ultimately disposed of through proper biohazard disposal avenues.
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## Area Specific Guidelines for Dry Needling<sup>2,3</sup>

### **Avoid:**

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| <ol style="list-style-type: none"><li>1. Nerves and areas of major blood vessels</li><li>2. Lymph nodes</li><li>3. Joints/ joint capsule/ bursae</li><li>4. Ligaments in proximity to joint capsule</li></ol> | <ol style="list-style-type: none"><li>5. Thorax (between sternoclavicular joint and umbilicus) and abdominals-<br/>-may use pincer grasp; exception is mid belly of infraspinatus.</li><li>6. Implanted devices or prostheses</li></ol> |
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*Remove the needle immediately if the patient feels a shooting, stinging and/or burning pain.*

### **Needle Sticks<sup>3</sup>:**

If there is an inadvertent needle stick to the medical provider or athlete, immediately, the wound must be cleansed with soap and water, then disinfected with alcohol 70%. Area should be monitored for signs of infection. Consider consultation with your physician.

1. USOPC Managing Director, Sports Medicine. *USOPC Dry Needling Policy*. Colorado Springs, CO. April 2014.
2. Dommerholt, J., & Fernández-de-las-Peñas, C. (2013). *Trigger point dry needling: an evidence and clinical-based approach*. Elsevier.
3. Dry Needling Verband Schweiz 2014, Swiss Guidelines for Safe Dry Needling, viewed 25 January, 2020, <[https://www.dryneedling.ch/fileadmin/documents/Swiss\\_Guidelines\\_for\\_safe\\_1.7\\_Dry\\_Needling\\_01.pdf](https://www.dryneedling.ch/fileadmin/documents/Swiss_Guidelines_for_safe_1.7_Dry_Needling_01.pdf)>.
4. Occupational Safety and Health Administration, Healthcare Wide Hazards, US Department of Labor, viewed 25 January 2020, <<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>>