

Dry needling is a research-supported treatment used to reduce pain, improve movement, and restore function. It is often used to treat various impairments including, but not limited to scarring, myofascial pain, motor recruitment, and muscle firing problems. It involves inserting a thin, solid needle into tight or irritated muscles to promote healing and improve how the body moves. Evidence from clinical guidelines and research studies demonstrates that dry needling is effective for a range of orthopedic as well as neurologic conditions that directly impact a person's ability to perform daily activities.

For example, clinical practice guidelines for lateral elbow pain recommends dry needling with moderate level of evidence, showing that it improves pain and functional use of the arm. In fact, it has been shown to be more effective than cortisone injections with better long-term outcomes than steroid injections and bracing alone. Additional studies show meaningful improvements in both pain and hand function in individuals with thumb arthritis following dry needling. A systematic review also found strong evidence that dry needling reduces muscle tightness, spasticity and improves movement, all of which are essential for completing everyday tasks. These indicate that Dry needling is not an experimental clinical skill but is established as an evidence-based intervention.

According to the American Occupational Therapy Association (AOTA), occupational therapy practitioners are uniquely trained to connect physical improvements to meaningful daily activities, including self-care, work, and community participation. The Occupational Therapy Practice Framework (OTPF) defines occupational therapy interventions as those that both prepare the body for activity and directly improve participation in life roles. Dry needling clearly fits within this definition as a preparatory method that improves the underlying body functions required for engagement in occupations.

Unlike other professions that may focus primarily on reducing pain or restoring isolated physical impairments, occupational therapy practitioners are specifically trained to translate those improvements into functional and task-oriented outcomes. To illustrate this, reducing thumb pain is not the end goal for the client. An occupational therapy practitioner directly integrates that improvement into restoring the ability to button clothing, prepare meals, write, or return to work tasks. This functional integration is a distinct and essential component of occupational therapy practice.

Restricting occupational therapists from performing dry needling creates unnecessary barriers to care and fragments treatment. Without access to this intervention, occupational therapy practitioners must rely on referrals to other providers for a technique that directly supports the goals they are already addressing. This barrier can result in delays in care, increased healthcare costs, inconsistent treatment progression, and limited gains in daily function. By recognizing occupational therapists to perform dry needling, which is fully within the scope of their practice, we are better able to ensure that evaluation, intervention, and functional application occur within a single, coordinated plan of care. This improves efficiency and leads to better patient outcomes.

Additionally, occupational therapy practitioners already possess the foundational knowledge required to safely and effectively perform dry needling. Education includes extensive training in anatomy, neuromuscular function, clinical reasoning, and activity analysis. With appropriate post-professional training and competency validation, occupational therapy practitioners are qualified to apply dry needling in a way that maximally supports client's functional outcomes.

In conclusion, dry needling is an evidence-based intervention that improves pain, movement, and functional performance. Its use aligns directly with occupational therapy's scope of practice as defined by AOTA, particularly in preparing clients for and enabling participation in meaningful daily activities. Occupational therapy practitioners are uniquely qualified to perform dry needling safely, but also integrate its effects into functional, occupation-based outcomes. Expanding access to this skill is necessary to reduce barriers to care, improve efficiency, and ensure that patients receive the most comprehensive and effective treatment possible.

References:

Bynum, R., Garcia, O., Herbst, E., Kossa, M., Liou, K., Cowan, A., & Hilton, C. (2021). Effects of dry needling on spasticity and range of motion: A systematic review. *American Journal of Occupational Therapy*, 75(1), 7501205030. <https://doi.org/10.5014/ajot.2021.041798>

Lucado, A. M., Day, J. M., Vincent, J. I., MacDermid, J. C., Fedorczyk, J., Grewal, R., & Martin, R. L. (2022). Lateral elbow pain and muscle function impairments: Clinical practice guidelines linked to the International Classification of Functioning, Disability and Health from the Academy of Hand and Upper Extremity Physical Therapy and the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association. *Journal of Orthopaedic & Sports Physical Therapy*, 52(12), CPG1–CPG111. <https://doi.org/10.2519/jospt.2022.0302>

Staehli Wiser, A., Dunning, J., Charlebois, C., Bliton, P., & Mourad, F. (2023). Periosteal dry needling for carpometacarpal osteoarthritis: A prospective case series. *Journal of Clinical Medicine*, 12(17), 5678. <https://doi.org/10.3390/jcm12175678>