

Dry Needling in Occupational Therapy

An Evidence-Based Intervention to Improve Function and Access to Care

Dry needling is a skilled rehabilitation technique in which a trained healthcare provider inserts a thin, solid filament needle into muscle or soft tissue to address pain, muscle tightness, movement limitations, and neuromuscular dysfunction. It is referred to as “dry” because no medication is injected. Dry needling is grounded in western medical principles, including anatomy, physiology, and neuromuscular science. It is distinct from acupuncture and is not based in traditional Chinese medicine. In clinical practice, dry needling is not used as a stand-alone intervention. It is applied as part of a comprehensive plan of care to reduce physical impairments that interfere with movement and functional performance.

Dry needling is a research-supported intervention shown to reduce pain, improve range of motion, decrease muscle tightness, and enhance neuromuscular function. These outcomes are directly tied to an individual’s ability to perform daily activities. Clinical practice guidelines support the use of dry needling for conditions such as lateral elbow pain, demonstrating improvements in both pain and functional use of the upper extremity. Additional studies report meaningful gains in hand function for individuals with arthritis, as well as reductions in spasticity and improvements in movement quality across neurological and musculoskeletal conditions. Importantly, these outcomes are not isolated clinical findings. They translate directly to improved ability to perform essential activities such as dressing, bathing, feeding, meal preparation, and work-related tasks.

According to the American Occupational Therapy Association, interventions that support occupational performance may include preparatory methods that address underlying body functions when they are used to enable participation in meaningful activities. The Occupational Therapy Practice Framework defines occupational therapy interventions as those that both prepare the body for activity and directly support engagement in life roles. Dry needling aligns with this definition as a preparatory intervention that improves the physical capacity required for participation. Occupational therapists do not treat pain as an end point. The clinical objective is functional performance. Improvements in pain, mobility, or muscle activation are immediately integrated into task-specific training and real-world activity. For example, reduction in thumb pain is not considered a successful outcome in isolation. The outcome of interest is restoration of the ability to button clothing, prepare meals, write, or return to work tasks. This functional integration is a defining component of occupational therapy practice.

Occupational therapists receive foundational education in anatomy, physiology, kinesiology, and neuromuscular function. These domains represent the majority of the theoretical knowledge required for safe and effective dry needling practice. As with other advanced interventions, competency in dry needling is achieved through post-professional education, hands-on training, and ongoing competency validation. The American Occupational Therapy Association Code of Ethics requires practitioners to obtain and maintain the knowledge and skills necessary for safe and effective service delivery. Nevada regulation further supports this framework. Under updated provisions of NAC Chapter 640A, occupational therapists may engage in advanced practice areas when they have obtained appropriate training and can document competency through education, experience, or certification.

Dry needling is not currently authorized within occupational therapy scope of practice in Nevada. As a result, occupational therapists must refer patients to other providers for an intervention that directly supports the goals already being addressed in therapy.

This creates avoidable barriers, including:

- Delays in care
- Fragmentation of treatment
- Increased healthcare utilization and cost
- Reduced continuity within a single plan of care

In certain practice settings, including upper extremity and hand therapy clinics staffed exclusively by occupational therapists, this limitation can prevent timely access to appropriate treatment altogether. Allowing trained occupational therapists to perform dry needling would improve efficiency by enabling evaluation, intervention, and functional integration to occur within a single episode of care.

Within occupational therapy, dry needling is not considered an optional or isolated modality. It is used to address neuromuscular impairments that directly limit functional performance. When incorporated into an occupational therapy plan of care, dry needling serves a clear clinical purpose: reducing physical barriers that prevent participation in daily activities. As such, it supports medically necessary treatment rather than elective or adjunctive care. This distinction is critical. The intervention is not delivered for symptom relief alone, but to enable measurable improvements in functional outcomes.

In summary: Dry needling is an evidence-based intervention that improves pain, movement, and functional performance. Its use is consistent with occupational therapy's scope of practice as defined by national professional guidance and Nevada regulatory standards for advanced practice competency. Occupational therapists are uniquely positioned to apply dry needling within a functional, occupation-based model of care.

Restricting access to this intervention creates unnecessary barriers for patients and limits the efficiency and effectiveness of rehabilitation services. Expanding scope to include dry needling for appropriately trained occupational therapists would improve access, reduce fragmentation of care, and support better functional outcomes for individuals across Nevada.

Myth vs. Fact

Myth: *Dry needling is the same as acupuncture.*

Fact: Dry needling is based on western medical principles, including anatomy, neurology, and movement science. It is distinct from acupuncture, which is rooted in traditional Chinese medicine.

Myth: *Dry needling is outside the scope of occupational therapy.*

Fact: The American Occupational Therapy Association recognizes dry needling as a preparatory intervention that supports occupational performance when delivered by appropriately trained practitioners.

Myth: *Occupational therapists do not have the training required to perform dry needling safely.*

Fact: Occupational therapists are educated in anatomy, physiology, kinesiology, and neuromuscular function. As with other advanced interventions, dry needling competency is achieved through post-professional training and demonstrated proficiency.

Myth: *Dry needling is experimental or not evidence-based.*

Fact: Dry needling is supported by clinical research demonstrating improvements in pain, range of motion, and functional performance across multiple conditions.

Myth: *Dry needling is primarily for pain relief.*

Fact: In occupational therapy, dry needling is used to address neuromuscular impairments that limit function, enabling participation in daily activities such as dressing, feeding, and work tasks.

Myth: *Patients can simply be referred to another provider for dry needling.*

Fact: Requiring referrals creates delays, fragments care, and increases costs. Allowing trained occupational therapists to provide dry needling supports efficient, coordinated treatment within a single plan of care.

Myth: *Only one profession is qualified to perform dry needling.*

Fact: Multiple healthcare professions perform dry needling safely. Qualification is based on education, training, and competency, not professional title.