



IMS in action



Dry needling can take the sting out of muscle injury

BY BJ OUDMAN

Chances are if you are reading this magazine you have some sort of athletic inclination — you're a runner or cyclist, you compete or you're trying to work off food and drink.

Somewhere along the way you have probably suffered an injury.

Treatment choices today can be overwhelming — from physical therapy, chiropractic and massage, to specialties that may be less common, but just as effective. Intramuscular stimulation (IMS), also referred to as dry needling, is one such specialty.

In the 1970s, Chan Gunn, a physician working with persistent pain in Vancouver, used not just traditional acupuncture meridians, but a-shi or pain points in muscles. Looking for Western scientific reason to explain his clinical findings, he researched and developed the theory and technique behind IMS. Around the same time, physicians performing injections of anesthetic or steroids into injured muscles noticed therapeutic success based not on the drug, but needle entry alone.

IMS has similarities to acupuncture such as the needle itself — it is exactly the same, not longer, not thicker — contrary to popular belief. But there are differences. The target tissue is paraspinal and/or local muscle trigger points, the needles are generally not left in and the patient feels a definite sensation to dry needling — a reflexive muscle twitch. The ultimate goal is to release muscle shortening and spasm.

So who benefits from IMS? Any condition involving muscle shortening can be treated with IMS. Acute muscle pulls such as a hamstring or groin pull, overuse injuries such as tendinitis (think rotator cuff, tennis elbow, runner's knee), postural tight muscles such as “tech neck,” lower-back tightness and even whiplash are all candidates. Joint issues related to tight muscles such as spinal disc injuries or arthritic knees may also benefit because, as the muscle is loosened, pressure on the joint is relieved. It can even be used as prevention for recurring injuries.

Before treatment, your therapist will perform an assessment, including an interview and physical exam. Treatment is an interactive process — the therapist palpates, inserts needles, working to find the trigger point to elicit a twitch before moving onto the next point. The number of needles used in a treatment varies based on tolerance, number/size of muscles being treated and complexity of the issue. More is not always better! Based in science, IMS is also an art. Skillful palpation of the muscle reveals the sweet spot to needle, which will minimize trauma. If there is a twitch, there will be a result; this result varies from person to person. Treatment can last anywhere from five to 30 minutes. Often heat is applied after to reduce discomfort — and to end with a good memory!

IMS involves a needle entering the skin, so patients will feel the pain of a pin prick. The twitch is often described as a

“weird sensation” — a contraction beyond individual control. For some, the sensation is a relief; for others, the psychological aspect is intense, with needle phobias imposing limitations. Techniques such as verbal distraction, blocking the patient’s view and alternating needle and finger pressure help. Developing a rapport and trust with your therapist is also vital.

Treatment frequency varies from a single session for some acute injuries, six to eight for more longstanding injuries, to regular maintenance sessions. It is generally not done more than once a week to allow the body to recover and adapt. IMS does not work for everyone, even with the same condition — as with any other treatment, there are many factors that determine outcome.

IMS should never be a stand-alone treatment. It needs to be supplemented with homework including foam rollers, appropriate stretching and strengthening exercises and lifestyle changes.

If IMS sounds like something for you, seek out a trained practitioner, most often a physical therapist, but some chiropractors and physicians also perform IMS. Ask your circle for someone they know and trust — that’s the best first step.

BJ Oudman is a physical therapist in Calgary where she consults at Bridgeland Sport & Spine. She runs, cycles and lifts weights by day, and drinks wine at night!

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