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CHARACTERISTIC OF THE DRY NEEDLING METHOD

The dry needling method is a modern, minimally invasive physiotherapy technique used to treat myofascial pain and muscle dysfunction. It involves inserting very thin sterile acupuncture needles (without any medications or injections) directly into myofascial trigger points – local areas of increased sensitivity and tension within the muscle.

The main goal of the method is to quickly relieve muscle spasm, restore normal length and elasticity of muscle fibers, improve local blood circulation and lymph flow, reduce pain sensitivity and accelerate tissue regeneration.

The mechanism of action of dry needling is mechanical stimulation of the trigger point, which leads to local microdamage, which, in turn, leads to the activation of the body's anti-inflammatory and reparative response. As a result of the needle insertion, a short-term muscle contraction occurs - a key marker

of effective hit to the trigger point; the activity of pain receptors decreases and the concentration of pain mediators decreases; blood supply improves; ischemia in the muscle decreases; descending pain inhibition is activated, etc.

Unlike acupuncture, dry needling is based on anatomical knowledge of muscle-fascial pain, and not on energy meridians.

Indications for use:

- myofascial pain syndrome;
- chronic and acute back pain (lower back, thoracic, neck);
- tension headaches, cervicogenic headaches;
- shoulder girdle pain (impingement syndrome, adhesive capsulitis, rotator cuff tendinopathy);
- lateral/medial epicondylitis, tunnel syndrome;
- buttock pain (piriformis syndrome, chronic sacroiliac joint pain);
- sports injuries and overuse;
- fibromyalgia;
- limited mobility due to muscle tension.

There is also electromuscular dry needling (EMDN) - a modern rehabilitation method that combines the insertion of thin (dry) needles into muscle trigger points with the addition of low-frequency electric current. This technique is aimed at deep muscle relaxation, eliminating chronic pain, improving blood circulation and stimulating tissue repair without the use of medication.

Contraindications:

1. Absolute: acute infectious diseases with fever, skin infections or purulent processes in the injection area, oncological diseases (especially bone/muscle metastases), blood clotting disorders, metal allergy (nickel, chromium), patient refusal or panic fear of needles;

2. Relative: pregnancy (especially 1st trimester, lumbar and abdominal area), anticoagulant therapy, neurological disorders with impaired sensitivity, recent surgeries or fractures in the injection area, installed cardiac pacemaker (with dry needling).

The following side effects may occur during the procedure: increased pain within 24–48 hours; small bruises and/or microhemorrhages; fatigue, drowsiness; dizziness, etc.

Dry needling is a powerful tool in the hands of a qualified specialist, which is almost never used as a separate method. The maximum effect is achieved when combined with therapeutic exercises, manual therapy, post-isometric relaxation, kinesiotherapy, proper exercise and rest regimen, and work with workplace/training ergonomics.