

## Trigger Point Dry Needling Level 1 - IAMT

### Written Test

Name: \_\_\_\_\_ Date \_\_\_\_\_

1. Travell and Simons defined a trigger point as:
  - a. The presence of a painful area in a muscle frequently with discoloration.
  - b. The presence of fibrotic points in a muscle without discoloration.
  - c. The presence of wide spread pain in a non-dermatomal pattern with muscle palpation.
  - d. The presence of exquisite tenderness at a nodule in a palpable taut band of muscle
2. Which of the following buttock muscles can refer into the lateral lower leg?  
(Select 2)
  - a. Gluteus Minimus
  - b. Gluteus Medius
  - c. Gluteus Maximus
  - d. Piriformis
3. Which of the following is the best way for preventing adverse effects in the event of a syncopal episode?
  - a. Test the patient's vitals prior to needling
  - b. Educate the patient on the adverse effects of dry needling
  - c. Perform DN in a supported positions, preferably supine, prone or side lying
  - d. Dry needle patients in the morning
4. Discarding of used needles should be done:
  - a. Nearest hard plastic container
  - b. Approved sharps container

- c. Biological hazardous waste bin
  - d. All of the above are acceptable
- 5. All of the following muscles have trigger points that can refer to the medial knee EXCEPT?
  - a. Vastus Medialis
  - b. Vastus Intermedius
  - c. Adductor Magnus
  - d. Gracilis
- 6. All of the following are absolute contraindications for dry needling EXCEPT:
  - a. Local infection
  - b. Needling a patient with diabetes
  - c. Needle phobia
  - d. Unable to provide consent
- 7. Dry needling of which of the following muscles would likely have a direct effect on symptoms related to patellofemoral pain?
  - a. Gluteus medius
  - b. Vastus lateralis
  - c. L3-4 multifidus
  - d. Anterior tibialis
- 8. Dry needling can create which of the following effects?
  - a. Mechanical changes
  - b. Chemical changes
  - c. Neurologic stimulation/inhibition
  - d. All of the above
- 9. In the event of a patient bleeding after removal of a needle, which of the following is best practice?
  - a. Call 911
  - b. Apply pressure to the site until the bleeding stops
  - c. Apply a cold pack immediately
  - d. Apply a bandaid to the site immediately
- 10. Which of the following is true regarding the use of clean needle technique?

- a. Dry needling is performed in a sterile environment
  - b. Use standard precautions only if your patient has a blood borne pathogen
  - c. For re-use, re-sheath the needle point end first into the guide tube
  - d. Use well-fitting gloves on both hands prior to needling
11. Based on evidence from large observational studies of acupuncture and in class discussion, which of the following is false regarding the risk of pneumothorax during dry needling?
- a. Pneumothorax is fairly common during dry needling and is generally not dangerous
  - b. Pneumothorax is a rare but serious complication that can occur with dry needling. If suspected, patients should obtain emergency medical care.
  - c. The risk of causing a pneumothorax during dry needling by properly trained individuals is similar to that of sudden death with rigorous exercise
12. Which of the following best describes a threading technique?
- a. Moving the needle back and forward while staying deep to the subcutaneous area to produce LTR and ache in the patient.
  - b. Needling a muscle or group of muscles in a cross-sectional fashion to the muscle belly with an empty back drop, often coupled with pincer palpation
  - c. Needling a muscle perpendicular to the muscle belly with either a boney or empty backdrop, often coupled with a flat palpation
  - d. Spinning the needle while maintaining a consistent depth/direction - may be clockwise or counter clockwise - intention of getting myofascial "coupling" with the needle which will feel like resistance or inability to continue to rotate the needle in that direction.
13. What are signs and symptoms of a pneumothorax?
- a. SOB
  - b. Decreased breath sounds

- c. Pain in chest
- d. Rapid HR
- e. Feeling of bubble in chest
- f. Feeling of nausea
- g. All of the above

14. According to the APTA, dry needling is within the scope of practice for Physical Therapists.

- a. True
- b. False

15. What should the direction of your needle be when dry needling the lumbar multifidus?

- a. Posterior to anterior - Medial/Caudal
- b. Posterior to anterior - Medial/Cranial
- c. Posterior to anterior - Lateral/Caudal
- d. Posterior to anterior - Lateral/Cranial

16. Which of the following is not an absolute contraindication to dry needling?

- a. Patient unable to consent to treatment
- b. Uncontrolled diabetes
- c. Patient is unable to stay still
- d. Complicated medical history

17. Which is the most accurate statement regarding how dry needling works (physiologic mechanism)?

- a. The needle mechanically breaks up balls of scar tissue in skeletal muscle
- b. The needle likely stimulates areas of aberrant muscle tone and causes a neurophysiologic response that may include changes in pain sensation (hypoalgesia) and muscle activity.
- c. The mechanism of effect has been proven to occur via the Gunn Model

- d. Stimulation with a sharp object causes an immediate release of Chi throughout the body that helps to restore normal meridian balance between yin and yang.
18. The goal of Dry Needling is to treat active trigger points only.
- a. True
  - b. False
19. Which of the following statements is most accurate regarding the use of dry needling in PT practice?
- a. It doesn't matter what state you practice in because the APTA has published a white paper supporting the use of dry needling.
  - b. Your state's regulatory board determines your ability to practice the use of dry needling in that state
  - c. There are no regulations in place yet regarding the use of dry needling, so using the technique is at your own risk
  - d. You need a minimum of 100 hours of dry needling training before performing the technique
20. Which of the following does NOT accurately describe active trigger points?
- a. They feature spontaneous local and referred pain away from the trigger point.
  - b. Palpation of a trigger point that elicits the patient's familiar pain can be considered an active trigger point.
  - c. They feature local and referred pain on palpation but only if palpated
  - d. They have been shown to be associated with significantly lower pain thresholds to electrical stimulation in the muscle as well as the overlying cutaneous and subcutaneous tissues.
21. Which size needle should be used when Dry Needling the Upper Trapezius?
- a. .30 x 40 mm
  - b. .25 x 60 mm
  - c. .30 x 60 mm
  - d. .30 x 75 mm

22. Which pulse must be identified before dry needling the rectus femoris?
- a. Femoral
  - b. Popliteal
  - c. Dorsa Pedal
  - d. Posterior Tibial
23. What structures are precautions for needling the supinator?
- a. Median nerve
  - b. Brachial artery
  - c. Posterior interosseous nerve
  - d. Musculocutaneous nerve
24. Which of the following is NOT a precaution for needling infraspinatus?
- a. Lung field
  - b. Scapular integrity
  - c. Ectomorphic body type (Thin)
  - d. Axillary nerve
25. Which of the following patients fit the description of the best candidate for dry needling?
- a. 32 y/o female with intermittent low back pain. She is on her 3<sup>rd</sup> round of IVF and is in her 2<sup>nd</sup> trimester. This is her first pregnancy.
  - b. 14 y/o male track athlete with knee pain consistent with patellofemoral syndrome. He appears immature in stature and his symptoms are consistently inconsistent.
  - c. 63 y/o office worker that has a BMI of 28 with low back pain. He has pain laying down and with getting up from a chair. No significant medical history.
  - d. 40 y/o recreational athlete with new onset shoulder pain. Has recently had COVID and continues to have and uncontrolled cough. His main symptoms are recreated at his R infraspinatus with palpation. He has a BMI of 18 and exercises 2.5 hrs daily.