

## Trigger Point Dry Needling Level 2 - IAMT

### Written Test

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

1. Which of the following is considered to be a rare OR very rare side effect of dry needling?
  - a. Systemic Infection
  - b. Bleeding/hematoma
  - c. Vertigo
  - d. Nausea
2. Which of the following muscles could be involved with headache symptoms?
  - a. Upper Trapezius
  - b. Sternocleidomastoid
  - c. Suboccipital group
  - d. Levator scapulae
  - e. All of the above
3. Advice or education to the patient regarding dry needling should include:
  - a. Never use heat or ice after dry needling treatment
  - b. Analogies for anticipated effects of dry needling related to side effects
  - c. Avoid details such as side effects and adverse events as these negatively effect the patient's outcomes
  - d. Educate the patient to rest and avoid activity following dry needling intervention to maximize the relaxation of active trigger points
4. All of the following are effective ways of reducing the risk of pneumothorax EXCEPT:
  - a. Complete review of past medical history

- b. Utilizing the “hammer lock” or hand behind the back position to draw the scapula off the ribcage
  - c. Using the scapula as a backdrop when needling the levator scapulae
  - d. Staying two finger widths away from the spinous process when needling the upper thoracic multifidus
5. Is a local twitch response required in order for your patient to have a positive outcome from dry needling?
- a. Yes
  - b. No
6. Patients presenting with headaches referred from the suboccipital muscles will most commonly present with what type of referral pattern?
- a. Occipital or temporal
  - b. Temporal or temporomandibular
  - c. Occipital or frontal
  - d. Vertex or frontal
7. Which of the following should NOT occur as an adverse effect due to dry needling?
- a. Forgotten needles
  - b. Bruising
  - c. Sympathetic response
  - d. Pain
8. The common referral pattern for the pectoralis major is:
- a. Antero-lateral shoulder, ipsilateral chest and sternum, medial elbow
  - b. 4th and 5th digit, lateral elbow and anterior shoulder
  - c. Antero-lateral shoulder only
  - d. Posterior scapula, medial elbow
9. After completing your musculoskeletal examination, you conclude that your patient has pain that is referred from myofascial trigger points as opposed to cervical radiculopathy. The group of findings that would support this hypothesis would be?

- a. Bilateral cervical rotation to 50 degrees, positive upper limb tension test A, positive spurlings, positive cervical distraction test, latent Teres Major and Infraspinatus myofascial trigger points
  - b. Bilateral cervical rotation to 70 degrees, negative upper limb tension test A, negative spurlings, negative cervical distraction test, active Teres Major and Infraspinatus myofascial trigger points
  - c. Bilateral cervical rotation to 70 degrees, negative upper limb tension test A, negative spurlings, negative cervical distraction test, active Upper Trapezius Myofascial trigger points
  - d. Bilateral cervical rotation to 50 degrees, positive upper limb tension test A, positive spurlings, positive cervical distraction, latent Upper Trapezius myofascial trigger points.
10. Which of the following would be an INAPPROPRIATE intervention following dry needling?
- a. Stretching
  - b. Myofascial trigger point release
  - c. Active range of motion/self-mobilization
  - d. All of the above are appropriate
11. Which nerve splits the two heads of the pronator teres?
- a. Radial
  - b. Median
  - c. Musculocutaneous
  - d. Ulnar
12. Which of the following muscles are not a part of the suboccipital triangle?
- a. Rectus capitis major
  - b. Rectus capitis minor
  - c. Obliquus capitis superior
  - d. Obliquus capitis inferior
13. The Hepatitis B virus can remain viable on table surfaces for up to 48 hours?
- a. True
  - b. False

14. Which of the following is NOT a goal of utilizing E-Stim in conjunction with dry needling?
- a. Neuromodulation
  - b. Stimulate Direct Tissue
  - c. Reduce Dry Needling Soreness
  - d. Reduce pain
  - e. All of the above are goals related to utilizing E-Stim with dry needling.
15. Which of the following is not a contraindication of E-Stim with dry needling?
- a. Inadequate knowledge/ consent
  - b. Over trunk, abdomen, or pelvis during pregnancy
  - c. Pacemaker
  - d. History of diabetes
  - e. Over active malignancy
  - f. Immunosuppression Disorders
16. At what lumbar level do you need to have precaution around the lung field?
- a. Above L4
  - b. Above L3
  - c. Above L2
  - d. Above L1
17. Which pulse must be identified before dry needling the adductor longus?
- a. Femoral
  - b. Popliteal
  - c. Dorsa Pedal
  - d. Posterior Tibial
18. Which size needle should be used when dry needling the rectus capitis posterior major and minor?
- a. .30 x 40 mm
  - b. .25 x 60 mm
  - c. .30 x 60 mm
  - d. .30 x 75 mm

19. A patient presents to your clinic with plantar fasciitis. They have pain with walking that is worse walking without shoes. You decide to dry needle the gastroc and soleus on the symptomatic side. Which of the following provides that best evidence that your treatment was effective?
- Patient has redness in the area of dry needling post treatment
  - Patient has decreased tenderness to palpation in gastroc in the area of needling
  - Patient has improved dorsiflexion post treatment
  - Patient had 50% reduction of pain with walking retest
20. Needling a muscle perpendicular to the muscle belly with either a boney or empty backdrop, often coupled with a flat palpation. This definition best represents which type of dry needling technique?
- Pistoning
  - Direct needling technique
  - Threading
  - Redirecting
21. Which of the following needle handling guidelines is important to prevent stuck, bent, or broken needles?
- Do not insert to handle
  - Do not force needle into tissue
  - Assess needle length upon removal
  - All of the above are important handling guidelines to prevent stuck, bent, or broken needles.
22. Which of the following could be considered a progression of dry needling intervention across a plan of care for someone who was responding well:
- Needling around a proximal joint
  - Needling around a distal joint
  - Needling the antagonist muscles
  - Leaving the needles in situ for a longer period
  - All of the above

23. When explaining dry needling to a patient for the first time, important components to cover include all of the following except:

- a. What you plan to do with the needle (ie: pistoning, insitu, electrical stimulation)
- b. Why you are recommending dry needling (ie: to relax a muscle, to excite a muscle, to ease pain, to calm nerve signals)
- c. Potential risks (Mild adverse events such as a drop of blood or temporary soreness or serious AE's including pneumothorax if you are needling in the vicinity of the lung)
- d. What you expect the outcome to be (improved mobility, decreased pain, improved activation of muscle)
- e. Pathoanatomical explanation of specific areas of dysfunction

24. Acupuncture is different from dry needling in the following ways except:

- a. The type of needles used
- b. The assessment process prior to intervention
- c. Philosophy/The foundation of research for the intervention
- d. The processes of the intervention itself

25. A physical therapist's duty of care for safe performance of dry needling includes:

- a. Education of patient as to potential adverse events
- b. The application of sterile technique
- c. The safe insertion but not removal of needles
- d. Educating support staff on needling safe practice so they may assist as needed