It's very exciting to be able to present to you today at the 11th annual pain care skills training on dry needling, trigger point injections and techniques. This is a four hour training. We will be going over the techniques and the different modalities and their effectiveness and why it will be good to be trained in these, and how to get certified at your local facility. That is the layout of the course. We wish we could be gathering today together and doing more hands-on practice with this and have a portion of this training and that is something we will be describing and designing a talking about as well. How can the defense health agency start sending out teams to help credential these skills. My name is Dr. Kitara Byerly. I'm a doctor of acupuncture and integrated medicine. I teach Tai Chi and yoga and I'm a full-time employee over at the VA in Temple, Texas. So a V.A. employee at this time as an acupuncturist. This is to certify that Dr. Marcela Andreotti and myself Dr. Kitara Byerly have not nor has any spouse or partner and any immediate family member have had in the past 12 months or expect to have in the upcoming months any financial relationship or gift of any kind with industry related to the subject matter of this presentation. Very importantly would like to say that this certifies the views expressed in this presentation are those of the authors, and do not reflect any official policy of the Department of Army, Navy, or Air Force and Department of Defense, Veterans Health Administration or the U.S. government. These are our views alone.

We like to say in acupuncture that needling is a lot like real estate. It's all about location, location, location. I like little drugs.

If you would like to, you can go first and introduce yourself. You want me to start? It's up to you.

Go ahead. I will go after.

Okay. Everyone, if you want to feel free to type in questions at any time. I think Mr. Trey Spencer is typing up instructions for the CME. Please feel free to ask questions at any time. My name is Dr. Kitara Byerly a doctor of acupuncture integrated medicine. I work at the V.A. in Temple, Texas in the whole health system. I just received my MBA in healthcare management from UT Tyler in October of this year. I graduated with my doctoral degree of acupuncture from the Academy of integrated medicine at Boston, Texas. That was in 2018. I had a Master's degree there in 2010. My doctoral work was focused at Fort Hood, Texas where I was an employee for the 2 1/2 years post-doctorate and it was a great place to practice acupuncture at the I PMC. The thesis was on increasing access to acupuncture in military healthcare systems. Not only increasing the amount of appointments available but also training physicians, nurses, doctors even med tax but training them in techniques of needling that can help extend all the providers in these non-pharmacological therapies. I graduated with my BA from Hunter College in 1999 in New York City and I'm a diplomat. I'm also in the United States Navy. On a personal Specialist first class but there's no such thing as a Dr. of acupuncture today is September 1 which is military and Department of Defense and suicide prevention and awareness month. I'm also a military widow. My husband committed suicide. He was an Army reservist. He committed suicide last November. This is definitely a cause that is near

and dear to my heart. How to get better pain management and better connection to our military and veterans. He was also a U.S. Marine Corps veteran. I'm happy to be here and thrilled to apply any potential benefit to you as our guest today. I hope you get a lot out of this training. Dr. Andreotti are you ready?

Good morning, everyone. I am Dr. Andreotti. I'm a practitioner practicing pain medicine for the past six years at Fort Hood. I'm a modality coordinator. For the past six years I have been practicing [Indiscernible] in addition to of course injections and other procedures. I'm a believer that modalities can help with the prices and I'm very passionate about taking care of patients with other types of treatments. I'm also a visiting professor for a program for Champlain University. I been doing that for the past five years.

Wonderful. We would like to know about our guests in the room today. I'd really love it if we could - - I will call out the names one by one. If you could introduce yourself with your name and medical professional background. What challenges have you had to a practice of non-pharmacological therapies such as dry needling or any kind of on but integrated therapies like that. What challenges have you experience. What do you hope to gain from this course today. And for us this is important. This is how we take roll call. I'm sure everyone is aware sometimes we get into these trainings and it's easy to hit mute. What we are trying to get it is interaction with our participants today. This will be a main one and another one comes up in two hours where we will be asking for classroom participation. Once we are back in full session with each other it's easy to credential people and take roll. This is part of the roll call. I'm just grabbing one little thing.

As I am taking role, please just try to introduce your name, your medical background and any challenges you had in performing these non-pharmacological areas. What you want to gain from this course. Very first we will go alphabetical. It looks like it listed it by first name.

If you cannot unmute type - -

Any participant can hit star pound.

That is on the computer as well is the phone, is that correct?

That is for phone audio only.

Okay.

So if you would like to I can see the doctor is here. Where are you joining us from today?

We can - - there's a lengthy list of people. Go ahead and my goodness. That's exciting. A wonderful and welcome. Thank you very much for joining so early in the morning and it's an honor to have you in the room. This is great.

As a neuropathic physician and acupuncturist. I'm excited to have them with integrated medicine and I just saw Ms. Julie Olson in line. I'm glad to have you on the line. One of the great things is bringing this in the field is I believe this is part of our responsibility as integrative providers. Acupuncturist and the Neuropathic physicians can bring this into our tradition. And thank you very much. That's wonderful. As I am going down the list I will call out your name. I will ask you to go ahead and give a little introduction into the tax. This is just a roll call. I apologize if I did not say any of your names correct.

Thank you very much. And then please feel free to continue to text in anything you would like to gain directly from this course. And [Indiscernible]. I will keep calling the names. Primary care addiction medicine. Great.

>> This is great. It's nice to see you from all over. We probably won't let this stretch out too long. I see hello from Georgia and please go ahead. At this time if I have not called your name text in your name. You can put in your practice if you are V.A. or DHA or if you are joining today as a civilian guest and then also what you hope to gain from this practice in terms of trigger point injection or dry needling or technique therapies. What we as providers can structure in terms of course is for you.

Physical medicine and rehabilitation physician. Thank you for joining us. Wonderful. That is incredible. Dry needling and different types of techniques can really help out with these acute neuropathic condition. We will be discussing this later today.

Excellent. Internist and medical acupuncturist. That's so good. And how will we apply these techniques.

Thank you all for typing in. I am just making notes about who is here in the room and who is interacting with us. Again, the last announcement if you have not already at this time I'm not going to call out anyone's name. Please put your information into the chat bar. We are looking to introduce our members but I'm taking role in making sure members are interact being great with the group. We will have a couple of different interaction portions to this training. We will make this a very fun course hands-on course. What we are hoping to do is to give you tools to go into your own facility and find those credentialing challenges and credentialing bodies and we will help you get through those. I will list our contact information. Welcome to the associated director for mental health. And a physician that's great. The primary challenges is time. That is true. What we hope to communicate in terms of how will I as a care provider, primary care provider or pain care provider offer these interventions in the amount of time I have with each patient how can I do this so this process is as streamlined as possible. And I am gaining every RV unit and this is a critical intervention and this is as coded as part of the visit. The value is no date - - noted. You can also see the value. Thank you very much for that.

I see a Dr. Perkins and Dr. Helen Lee. Wonderful. This is great. Thank you for joining. I know you've had a wide range of courses. We are really excited that you are here. We will go ahead and get started. And someone was mentoring the screening time for patient criteria and also making sure you get everything set up. If you haven't already please go ahead and pop into the chat bar. We are taking role trying to make sure this was an interactive training. We will be taking regular breaks. Starting at 9:30 we will take - - its 7:50 for me but at 9:30 we will be taking our first 15 minute break. If you haven't already please take a good deep breath. We will get started.

Our learning objectives today is about trigger point injection and percutaneous electronic nerve stimulation and dry needling for pain relief. The participants will understand the various techniques at various military treatment facilities. I will give a brief description but this does not - - my opinions are not the V.A. opinions. What we have seen as best interventions in a quick amount of time and how physicians can accomplish these. And just some great stories of patients who are providers who have come to me with their personal stories of having great relief from either techniques or dry needling techniques and that is spot on. These non-pharmacological therapies are really helpful for our patients integrative care is of course wonderful. We love that. I love it when patients can get a full hour but I want to see more patients receive non-pharmacological therapy. We will learn the evidence and review evidence as great treatments for patients and we will learn contraindications and needling for therapy and pain clinics and proper techniques and apply those techniques for continuing education and how we can get - - where can we get the supplies and how can we get credentialed? And what are the local bottling regulations that we need to be following. We will be getting a regular break so it's about 15 minute breaks on the hour every hour like at 9:30, 10:30, and 11:30 and we will be wrapped up by 1230 Eastern standard Time.

So Dr. Marcela Andreotti has her email and I've got the email and feel free to reach out to us.

Dr. Andreotti I've taken over that and would you like to say anything before we began?

>> Keep going. Keep going.

What non-pharmacological therapies can I perform as a provider at my hospitals? That's really what we want to help you answer. And get better equipped and feel more confident. So TPI, pens, and dry needling are available for most primary care providers and physical therapists and occupational therapists are using a lot more of these techniques. At military treatment facilities of course we can have everyone from medics on up credentialed in terms of the green sues. They can be providing the battlefield and non-pharmacological therapy for pain but trigger point injections and electronic nerve stimulation and dry needling are little bit more invasive and should be reserved for your own facility, V.A. local hospital and state laws will govern what you are allowed to provide. Now within military treatment facilities and potentially the V.A., we are somewhat covered as an entity a little bit outside of the

state laws that are really determining the scopes of different practice. I will say there's some things that as a field but I noticed there's dry needling training where it's a long training either a three day and they are offering it to massage therapist. I don't agree with that. Physical therapist and that receive a lot of training and anatomy. I think they typically receive that and should not be going invasive procedures. There are lines of who can provide these techniques. We are using pharmaceuticals. That will have an injectable that someone is offering. It could be anything from a steroid to pain reliever to Botox. In those cases you would need access to those medications. Dr. Andreotti will speak a lot more about that.

Can we send out the certification? Mr. Troy Spencer if you are on the line can you attach the presentation into the file drive? Please do so. We will - - I will write down your contact information and send me out an email. If you're having trouble downloading the file please feel free to send me an email and I would be happy to email you the presentation.

What is non-pharmacological therapies such as trigger point injection, dry needling and P.E.N.S. techniques. We are looking for the roots of how we are treating the body with different small neuromuscular interventions of needling and we are looking at acupuncture. Acupuncture is at least 4000 years old. We have a great oral tradition going back 5000 years. We call it traditional East Asian medicine. Really the medicine grew up in many different regions. We know that there's an amazing amount of historical documents and archaeological data from most of China. There were some different regions where we know it was springing up. We had one of the basic books of acupuncture and some physical copies from that, I believe 500 BC but the oral tradition goes back. And they are in that book and there's a lot of the documented points that we see. 91 points are documented in the book. And the different channel systems we utilize are in that book. I like to say as a one minute introduction to what is acupuncture in its historical roots, you can think about it as a system of garden hoses from the fingertips up to the top of the head and down to the toes. This system held all the different points on the body. It's the communication system for our body from our brain down to the extremities and back up to the internal organ systems. It was a communication system like little rivers pick you could think about it like the garden hose. Your pain is stuck in that garden hose. As we turn on a point we turn on a water spigot. We will run the water and flush all the rocks out of that garden hose. We will improve function overall and that channel system and also that acupuncture along that. It will improve local pain and flushing the others but it may also help to improve overall function of this system. It was a holistic viewpoint of the body. We talk about these whole health viewpoints now in medicine and how are we bringing together different aspects of pain management for a patient. Really I love the changes that I have seen and what we have done with traditional style medicine and how those are combining today. Now the thought and the philosophy behind acupuncture came around thousands of years ago. We do sometimes have these symbols of the ancient practice in our notes. And how we describe the different phenomena. Just like agent grease, the logical world group that was up was about ancient gods and goddesses. You will see on medics the staff. So we still hold the symbol of ancient healing on military uniforms. In terms of acupuncture we talk a lot about

these concepts of the balance and then traditional five elements that are related to those internal pathways. Really modern practices of acupuncture are working on different models of distal points and peripheral local points of pain and how it relates to the body. We have all the research behind the mechanisms of how acupuncture and needling are helping the body. So people will oftentimes say well dry needling is based in musculoskeletal modeling and acupuncture is based on a system of channels and it makes it sound as a Dr. of acupuncture I had to take a lot of anatomy and physiology and pathology in order to get to stab people with needles. I like to say it's not necessarily those two camps. In terms of acupuncture it's practiced in hospitals all over the world and we are communicating through different clinical trials how acupuncture is working. There is a release of androgynous opioids. It's impacting the hypothalamus. There's a wonderful release of stem cells, 2 to 3 hours after you receive needling. I will say needling. Not necessarily just acupuncture. Because we cannot determine with over 391 regular points on the body and 2000 and - - up to 2000 extra points on the body that this point is for acupuncture and this point is for dry-needling. It is needling the body for therapy. That's what I like to start off with. These techniques and treatments need to get out to more physicians and more providers. That is critical. As an acupuncturist and subject matter expert, I'm thrilled and honored to be able to help train people but there's just not enough of us in the system to be able to treat the mass of consumers in medicine in military and veteran populations. There is a high demand for non-pharmacological therapy especially during the time of COVID. I really want to talk about some of the known mechanisms behind acupuncture. Does anyone have any questions? I will write down your emails. Feel free to send me an email. We will help answer that and if you had not had an answer for your question email me and let's see if we can get that code. So we've got one quick comment from Dr. Peck. I find challenges incorporating acupuncture and trigger point injections into practice due to a lack of dedicated space in the clinic as to take away from the productivity. I am passionate about including this in practice to integrate deeper into the V.A. whole health system. I don't have enough to brainstorm with. I can honestly say that in the V.A. there are great groups that meet on a regular basis. Dr. Julie Olsen is in the room. There is an opportunity to do more outreach. I can honestly say I am of the V.A. system and I would be thrilled to help host and we do informational meetings on that platform. If there is a need and opportunity to do subject matter expert talk where the practitioners are doctors and podiatrists and the V.A. doctors of osteopathic medicine. They can all come together with the acupuncturist. That would be wonderful to be able to host these. I think it's something we can look into. We are in the time of COVID. It's almost impossible to get to travel anywhere or meet with people. It's dangerous. We are already, as healthcare providers, on the front lines every day offering interventions. We will talk through how to offer them safely with what we know of COVID as well.

So, Troy Spencer said town threes the participant code. So they did a study called electric acupuncture eases pain through stem cell release. What I want to talk about is, is that just electro acupuncture correct is that just that or would it also be percutaneous electronic nerve stimulation could ease pain through stem cell release? Potentially the

right about of injections, could those have pain through stem cell release as well is the local sensation. Were Botox benefit. And then the same thing with the Dry-Needling. I know some Dry-Needling includes a little bit of electronic nerve stimulation. Is that able to ease pain through stem cell release? Acupuncturists have a wonderful subject matter expert on which points are most effective and how we can best impact pain. I don't necessarily think acupuncturist as a field will - - are the ones that are magically creating stem cell than everyone else is not. Does that make sense quest if you are doing a needling intervention, I believe there's a benefit in stem cell release. Medicine Kyle stem cell release. The study was great and it went through animal models studying veterans at the V.A. with bone on bone knee pain. They could see it through images and they noted there was a great degeneration of pain and cartilage in the knee joint. There was a lot of pain. After a series of sessions, and it was about six weeks a session, the veterans were experiencing great relief and their pain and we could see that 2 to 3 hours after acupuncture there was a rise of 300 times the amount of 300 stem cells. The treatments were within like 9 to 22 minutes in length. Really it was a rapid activation of the hypothalamus in this stem cell system within 9 to 22 minutes. And then so like a treatment of 9 to 22 minutes. And then within two hours the Mesenchymal stem cell search in the blood in the cartilage began to lay down pick the veterans were regenerating the cartilage in their knee. This is a great study. It's on V.A. research.gov. It's called electric acupuncture eases pain through stem cell release. We substitute dry needling electro acupuncture or percutaneous stimulation could we think about that. That may be the next great study. What other item do we have in our arsenal that can increase the amount of Mesenchymal stem cells, 300 times the normal amount in the blood within a couple of hours? Do we have a pill that does that yet? We should all look into studying this. I'm preaching to the choir. Most everyone in the room is a doctor in acupuncture or chiropractor already using these techniques. That was a wonderful study. It also talked about the other mechanisms of pain relief and needling and histamine reaction and a release of endorphins and also a natural opioid. So your own androgynous opioid production when we do that in musculoskeletal tissue. So, Dr. Andreotti did you want to talk about the opioid crisis and your experience with that?

Yes. I'm very passionate about this topic. When I look at the availability of modalities for our patients, I was reading this comment when the provider said they had challenges for practicing those - - the acupuncture I believe. I've been practicing for six years at this Dr. Andreotti one at - - IPMC one of the largest. And I can count on my hands how many opioid prescriptions our patients I have on opioids and I firmly believe it has to do with the combination of treatment that involves pharmacological interventions and modality treatment. We create a package that helps the patient I think in addition to providing the pain relief it gives them hope that we are doing something for them. Especially with this population of military veterans I think there's a lot of psychosocial aspects to the pain and factors. I think we were offering traditional treatment and it helps with the outcomes in general. But when it comes to adding this to the facilities if you don't have the appropriate space I do my trigger point injections in my battlefield acupuncture's in my own exam room. One issue was being allow the time.

Those are solutions we can discuss later on. I do feel there's a great role of modalities when we talk about controlling and helping to control the opioid crisis in general. Absolutely. During COVID, there was a surge in opioid overdoses. It's definitely the priority. I did see one article that talked about how it was getting close to the number one cause of death in the United States. Just below heart disease. I've seen different facts and figures but the last numbers that I saw a few days ago were around 645 - - 645,000 deaths. So it's definitely impacted how we practice as providers so virtual providers for opioids medication for pain relief. And you are ready to find those with those contacts. Opioid addiction there are measures in place to help stop too many prescriptions in different states have different laws so the area may be interesting. But access to opioids in general and Sentinel has increased. So opioid addiction is a disease of isolation. What's more isolating than covert? Long-term pain relief pharmaceuticals and addiction medicines are sometimes like long lifelong prescriptions. If someone's on a prescription for an opioid addiction, it's not something they can receive multiple sessions of renewals.

So there's - - so we just had an opioid crisis so if someone knows for sure they will continue injecting heroin you would recommend [Indiscernible] but you'd get off. The withdrawals are way worse than heroin. This was a patient reporting in for use. Was three months after getting off that they felt depressed and they felt they were better off with heroin? They said the detox effects were months and months long and it was a lot of suffering for them. But it's sometimes the cure is worse than the prediction. I'm not saying like heroin is a great thing to be addicted to I'm saying we always have to watch what the next big cures. I remember being at a conference for opioid addiction back in 2013 or 2014. It was a Southwest pain relief symposium. They had just met with a fentanyl inhaler they said how much better was and it was not addictive. I remember thinking I don't know if that sounds right. We know in the whole health system at the V.A., we know we need to get patients moving and proactively working on all different aspects of their life. Behavioral, physical strength and getting moving. As well as wonderful aspects of healing which would be the environment and using music and art therapy. From the chaplain program and spiritual health program and family counseling POC. We want to offer a whole picture of. Health. Pain is a symptom and it must be treated. Non-pharmacological therapy can be the treatment. There is a limit of choices right now for short-term and long-term relief. Even if facilities that have acupuncture us and non-pharmacological therapists like chiropractors and yoga and Tai Chi practitioners, we are a limited therapy. There is 180,000+ consumers of care at my region. In my little hospital. And if those 180,000 members had a little bit of pain and knew they could come in for treatment, how many could drop in during the day and receive a treatment? How many could I provide in a day? We are working on stretching those capabilities and making sure that we can offer great therapies and interventions for patients. How much better to train the ER department in different non-pharmacological therapy interventions in the physical therapy department or occupational therapy department. Now we have all these physicians that extend this non-pharmacological therapy to those 180,000 consumers. In my region. But it can be an immediate and same-day pain relief therapy that you offer. So just released recently, the American Medical Association came out with on August 4 a report that detailed fentanyl deaths had

highly increased. The nation's drug-related overdosing epidemic continues to worsen peer we know that - - due to - - there's a COVID sense of depression and isolation and pain is not going away. People can't see their providers. We know there was an influx of fentanyl as a drug into borders coming in from Canada on airlines and coming across the border. We know that people are overdosing at higher amounts. It's getting cut into different street drugs. It's pretty bad. It's pretty bad. There is a need for pain relief.

Dr. Andreotti, do you want to talk about this chart and patient complexity for military healthcare?

>> I'm trying to put this into full screen.

Dr. Byerly, what part up here?

You mean for the break?

I think we are going to start right at 8:30. So we have 10 more minutes.

This chart discusses the complexity of treatment that we can offer in terms of risks. Risks to our patients. In terms of avoidance of opioid use. So the first line of defense really is any of the treatments of the primary care manager. The primary level where the patient will go to. That's why they will start treatment and what we offer with the basic treatments as for guidelines and we don't get a response we usually refer them to the pain clinic. But the key and this is deviating a little bit is how much of this that we are discussing today can be done in primary care to keep the patient from having to be referred out. I practice in primary care for a few years before doing this. And there was always an attitude of the patient needs opioids. I will send them to the pain clinic. I think if we can incorporate some of those therapies for pain relief into the primary care setting, it would keep the patient from having to be - - or even to start on opioids in the first place. As we step up to treatment so low risk would be the P.E.N.S. or Dry-Needling which we are discussing today and so as we can initiate those and can reduce the risk of pharmacological treatment and hopefully a positive outcome for the patients.

I didn't mean to interrupt. Did you want to continue? If you're good I have a question in the chat bar.

So I hope I wasn't interrupting.

There is a question in the chat bar about what type of therapies can we offer that would help decrease alcohol use which would be like self-treating pain and sleep issues. And stress issues. We've seen an increase this year in patients in V.A. and DoD with alcohol abuse due to self-reported stress. Isolation it's a way of self-medicating for sleep for pain. Patients have been overusing. When are these modalities offered? This was a surprise for soldiers and veterans. Someone recommended not at therapy which is the detox Association therapy. We are not going to go into that too much in this presentation. There is a

concurrent presentation for battlefield acupuncture. It was a train the trainers call. I will talk just a little bit about that. With our remaining few minutes before break. Battlefield geared acupuncture is a microsystem of acupuncture that you depositors - - utilizes the ears pick is conducive to different regions of the brain. In terms of Battlefield Acupuncture it was started by a colonel back in 1997. It's been practice for at least the last 150 years in hospitals around the world. And definitely a different regions of the east. It was practiced exclusively as pain management. So they use this in different hospitals but in certain hospitals going into France thinking about like 1920 they started using ear acupuncture to help reduce pain relief. So what they would do is superheat a needle and touch a region that relates to a portion of the body. If you look at the air it looks like a fetus head down in the room. This is the head and this is the back of the neck. They are going up to the shoulder blade in the mid back in the lower back and here's the legs crossed and then the arms tucked inside. Once you see a fetus head down in the womb with the face facing your chin, you will never un-see it. Like once you see it that's how you see the body. We use it as a diagnostic tool. We can see if there is an area that's a little malformed we would make a patient ask about if there's any congenital issues with their kidneys or heart. It can be a diagnostic tool. Sometimes it's a [Indiscernible] or there's been an injury to the ear and it has nothing to do with their internal organs but it can be used to treat all the different internal organs. We focus on five internal organs. The heart, the lungs, what we call the spleen, stomach, it's a digestive organ system. The kidneys, and the liver. When you treat these five areas in those internal organ systems you are treating the whole body. Not a therapy and I am not a - - at one time I had taken classes but I'm not a current certified provider but it is a wonderful therapy that our behavior specialists can be trained in and offered. Different states regulate it. In the state of Texas it's a training and in person training and I believe its four days. And then it also is followed up by a certain number of hours practicing under another any DA provider. There's a training portion and then there's like 35 hours in person training and practical areas. If anyone has how this goes. If you could type in the chat bar the current regulations. I know they shortened the training for military and V.A. facilities. So the Colonel in the U.S. Air Force developed in 1997 a four hour training protocol for battlefield acupuncture. I like to say it's a lot like different needling techniques. Which ones best? NADA are battlefield acupuncture? Patients receive benefit from getting either one. They can report this wonderful sense of euphoria. In a NADA therapy are not necessarily using injectable needles but the semi-permanent needles. In battlefield acupuncture and those - - thank you very much I will talk through your items. We use those for three days. These are little semi-permanent goals. They looked like half and they don't go all the way through. They are tiny needles with little tiny cold discs on top and we placed five of those in each ear in a troop protocol in a NADA therapy you may be relaxing in a room with five ear needles and. These are little needles with handles that can be retrieved after that hour of treatment. People sometimes do a mix. I've seen providers that leave Band-Aids in and I've seen acupuncture coded as needles left in and the traditional training is battlefield acupuncture is 10 and five in each year that are retained for three days. I will tell you for anyone doing battlefield acupuncture I tell my patients to leave

it for two weeks. The body starts to eat away at the gold after a certain number of days. Certain people's skin can even in case that. Maybe keloids could form. Definitely the body eats away at the Golden we are left with the magnetic substance underneath. I have seen people have tattoos in their ears from leaving battlefield ear acupuncture needles in their ears for longer than five days. I've seen it in five days. We like to say at the V.A., leave it in for three days and instruct your patients to remove them and they cover them with mandates. Just to protect them from dirt. BFA is indicated for pain.

That's going back to the question about decreasing alcohol consumption. This is not a recommended treatment. We are not actually covering that but I would recommend - - I'm not familiar with it looking into treatment. I have ceased - - the patients tell me that they felt like they were getting a buzz from the treatment they would go to the units when they felt like they need to drink they would get - - I don't know. I don't really drink so I don't know what they were describing but I have seen that. So that is something you may want to explore and do some research and. I know it's only recommended for pain but it has been reported to me by my patients who have used the unit.

So the joint trauma unit has spoken about utilizing battlefield acupuncture for addiction therapy. They are doing studies and it at the acupuncture Air Force Base research Center. Even though at this time it's mostly coded for pain. I know in behavioral health they word utilize that or NADA therapy interchangeably for any type of pain. The cognitive behavioral therapy for pain management, pain is very tied to stress. It's very much a mental interaction in the brain. Our pain is in the brain and also our addictions are experienced. The behavioral therapist just is utilizing it for different types of detox and therapy for pain management. So some patients react to certain metals. If there is skin discoloration you can find a different type of needle type. Their stainless steel and titanium and gold. I have seen in 15 years of utilizing needles I have seen patients have an allergic reaction to gold needles. If they have a gold allergy can be brought on by different diseases they were exposed to while in the service or different types of burn pits they were exposed to. It's an odd reaction. They've never been reactive to gold before but it makes them puff out in hives. We are past the break time. Let's go ahead and break until 9:17. I do encourage you to stretch up. We will be on and off for the next 15 minutes here to answer questions.

Dr. Olson says there's no internal V.A. training at the moment for NADA. It is getting worked on. Until it's ready you can train. She put the link there below. You can find a local training in your area. I know Dr. Boyle in Austin, Texas is going to be doing training therapy. I think it is three days. It's coming up on October 18, 19th, 20. That's something I don't believe it's in person. That's the first portion of the clinical and the classroom hours that will be receiving for NADA therapy.

She is our trainer at the V.A. in Austin, Texas. That's a wonderful therapy. That association. The protocol is great. Those five year acupuncture points are very common. It works out well. In my personal practice - - please take a break and this is just us talking. In my personal practice, I do my acupuncture treatment and since I am already

doing a needling therapy I tend to utilize one or two points based on the patient's sensitivity. Other than that the needles retained for the next three days a lot of my patients come back and say they had no more headache or migraine's and the pain was gone. The needle fell out and the pain returned. It's very effective.

We will continue in a little bit.

Next step. We will talk about the different references in the DHA.

Dr. Andreotti, any thoughts?

We were able to use little tiny gold magnets on Band-Aids. The problem is I believe they were late tax. We received a delivery of non-latex adhesive with your magnets. They are super tiny. A poppy seed covered in a magnet -sized poppy seed. So it's the size of a poppy seed and on a little Band-Aid. We used it as a pressure point for patients. They were sensitive or hesitant about using battlefield acupuncture. I've since run out of those. The reordering is tricky. We've been using needles and I go with the smallest gauge I can. The needle is just very fine. It's about the size of a [Indiscernible]. When you go to pick up a cactus and you can't see it. It's very tiny and it goes into the ear and is there with a bit of a piece of plastic and adhesive on it. Can you hear me now?

>> Short answer yes. [Indiscernible] needles are great. As an acupuncturist I code it as I perform ear acupuncture. Traditionally in the battlefield acupuncture training we would talk a lot about utilizing needles for patients that are more sensitive to the larger piercings and having a therapy to have on hand. The small needles that can be retrained. We would talk about that at the end of the training. The true battlefield acupuncture is with the Sammy Purnell - - semi-permanent needles.

Thank you all for joining in today. This is great. It's exciting that we are able to meet in this manner and still hold our classes. I'm going to start popping into the chat bar the videos. Depending on your connectivity may or may not have trouble playing the videos within the PowerPoint.

I tried to get the smallest size possible. Any therapy like this but the [Indiscernible] needles for ear acupuncture I encourage you during your training for battlefield acupuncture you would receive this as a treatment but you would also get the needling to get the sensation of what it's like. Hopefully you will have a better understanding of how to provide it in a seamless and painless way. Trigger point injections you won't have that benefit. We were hoping to offer this as an in person training so we could demonstrate and have providers in the room experience a little bit of Dry-Needling. Just to see what it feels like.

Their ego. They must be removed before bathing peer we have to follow the manufacturer's instructions. So Dr. Julie Olson wrote in that

the manufacturer's instructions say they must be removed before bathing and in CMEs we have to follow the manufacturer's instructions. That makes sense.

This will be one of our first videos. I'm putting the link in the chat bar. If you can, I would like people

Skip forward on the ads to make sure you've got it all ready and loaded up on your site.

Hit pause once you have the video loaded.

The reason we do this is sometimes the buffering is not as great on playing the video. Copy the link below into your web browser and open up a new window and get it loaded up and started so we will be in sync.

We will get started in a couple of minutes.

>> I will try this but I think the last time we tried it on this platform it wasn't necessarily - -

I will try playing it and I'm going to - -

>> Let's talk through these regulations. And the defense health agency regulations on Dry-Needling and improve medication. This applies you need to have handy and your dose, duration, the safety, and effectiveness of the therapies. We will start with our trigger point injections. But as a - - let's start with the regulations. So there was a regulation and procedural instruction through the defense health agency 6025.33 for myofascial trigger point needling without injection. Also known as Dry-Needling trigger point therapy intramuscular therapy and it's a treatment technique commonly employed for the management of pain by physical therapists as well as medical therapists and licensed acupuncturist. This was out of the DHAPI 6025 .33. It's regulated. I've heard of trainings people are going to for Dry-Needling for allergies. I'm like your [Indiscernible]. What's the difference between Dry-Needling for allergies and acupuncture? I don't know that there is. For pain management you are well within that. We know there are certain pressure points great with allergies. People come back and save my allergies disappeared when I get the Omega point. So we know that it's good for that. Pain management is very well covered and very well researched. The procedural instruction you cannot do needling on a pregnant patient unless you specialize in that as an acupuncturist. Even then within facilities they are very dicey about if you are allowed to treat pregnancy during pregnancy and treat pain management during pregnancy. I worked in a midwifery center as part of my private practice for eight years from 2010 until 2018 when I was hired at Fort Hood. I did them a lot of pregnant patients for pain management especially sciatic pain later in their pregnancy. They would clamp up on the sciatic nerve. If you go in with a long needle as she's in a side position. She's very relaxed and we would release that muscle with a very large - - we would call it [Indiscernible] needle but it's a very -- about a centimeter and a half. The width of the thumb. But we would go in and release that muscle and the sciatic nerve would have immediate relief and the patient would feel much better. That is

something I felt confident offering after lots of training in prenatal acupuncture at my college and that was like 5.5 years of schooling for a Master’s degree in another year and a half for almost 2 years for the doctoral degree. I felt confident in that needling. However, practicing under physicians at the defense health agency treatment facility they did not feel confident taking on that level at that risk. They can be sued up to the child is 18 years old and if they say they think the learning disability came from the acupuncture. It's a risk that you could incur potentially.

They will be performing acupuncture within the DHA but it talks about that in the DHAPI 6025.33. If you're not an acupuncturist and I wouldn't recommend it. I leave the language is pretty removing. So I would definitely speak with the OB/GYN and at the V.A. currently I practice with the whole health system. We speak directly with the OB/GYN about this and so far we haven't had an OB/GYN confident about the needling patient. Especially since we see patients around their mid trimester. Between 20 and that 32 weeks is when some of this pain issue starts to creep up. That's a dangerous time. In terms of acupuncture that's a very dangerous time to treat on the lower back. Anything beyond 34 to 38 weeks I feel confident but the low back points and especially electronic nerve stimulation on the belly or the back should be absolutely contraindicated for any non-acupuncturist during those first few months all the way up to the eighth or ninth month. It's a way that we induce labor. A quick story. They did a study in Norway several years ago about acupuncture for low back pain for pregnancy. The patients were between 22 and 26 weeks pregnant. They received intense electrical nerve stimulation on acupuncture points fanning out across the issue. Definitely low back points all the way along the back of the hips and what we call like the points that go into the points. The patients received intense electronic stimulation through acupuncture needles and that's how we would induce labor. Six of the participants went into early preterm labor. They were able to get transported to a hospital and have medication to stop the preterm labor. But they must miscarried. It was like - - it's definitely a risk. Doing electronic nerve stimulation on the low back should be contraindicated. You would in military treatment facilities not necessarily practice these techniques on children. It would be mostly on adult patient population and on the geriatric pain population want to make sure we have a great and concrete understanding of the procedure that they are about to be going through.

The DHAPI 6025.04 talks about pain management and opioid safety in military treatment facilities. Locally at Fort Hood we were working within the regulations which talked about our non-pharmacological therapies and how acupuncture was a part of that and how we could get more training out to the different members of the hospital. So I put at the bottom of the slide we were noncompliant with the joint task force - - I'm sorry not the joint task force the joint commission finding in March 2019 on having pain management therapies offered for multiple different populations. This is where finding this training and being able to implement it and find your local providers that you can practice your five treatments for trigger point injection and getting the certifications with your local credentialing department can be very, very helpful. This is the first portion and the training didactic. You will

have the certification CMEs and finding a local provider credentialed at your facility and your P.E.N.S. techniques and then launching five and performing five underneath them will be part of it. So the COVID guidance and measures. NADA would you like to speak about how your practice has changed over at Fort Hood?

Right now basically initially there were more changes and now we are doing more screening. Some of the providers are doing other procedures. The procedures. A lot of the FTR and RM video but basically the main changes are to make sure we do a screening. We are pretty much back to 100% at this point. So I think besides the heavy screening there's not many changes right now as compared to what it was last year.

Yes.

So the screening and mask wearing there's not many changes at this point.

I think it's important to speak about what the risk of performing an inpatient procedure - - not inpatient but outpatient for pain management can be. If you are in a one-on-one room with a patient and even if you are in a mask, we know what the Delta variant there is still a risk. The patient is fully masked. We don't allow any patients to do the drop down with the noses hanging out or say hey I'm feeling uncomfortable facedown can I take off my mask? Elect no. You may not take it off. You have to wear the face shield as well during the therapy. That is not 100% that it will protect you from this. I was immunized in January. I was on a military exercise in July for the Navy and I caught COVID. So even with the immunization to doses with Pfizer in December and January and wearing a mask at a larger gathering of people who were all masked, and we were all doing some really good COVID mitigations trying to keep six feet work distances and only being in common areas and not having any unwrapped food or drinks. We definitely still experienced COVID infections. There were many people who were infected at least six of us were immunized were infected and experienced symptoms as well. Perhaps it was the Delta variant. We don't know. We just know it is very catchy. If I have a group therapy where I'm doing a physical therapy group and I am needling a lot of patients I want to make sure that - - not me necessarily but if I was a physical therapist doing some Dry-Needling on multiple patients I would want to make sure the patients were all very well masked and that all surfaces were clean.

That's correct. We tell the patients to keep their masks on at all times. One thing I changed is when I do trigger point injections that I need to support my arm on the patient for stability. I've been wearing a surgical gown so that my clothing is not touching their clothing.

Don't know absolute methods. I think more will be seen about that.

Another change we had at Fort Hood is all staff are required to wear surgical masks. Can no longer wear cloth masks pick that is one of the requirements. Of course, screening, we rely a lot on screening.

And at the VA we also require the patient where a surgical mask as well. We had each patient if they come in in a cloth mask had to make blue or yellow surgical mask and ask either change into that or apply on top of there of the face covering. Patient have been compliant in that. It is not too bad. I have a group therapy room still at this. It is approximately 20 feet by 20 feet square. Infection control has come by and monitored the room with me throughout this time to make sure I have patients appropriately positioned in zero gravity chairs at the four different corners of the room. I do one hour session where I bring Ted for different patient in. We temperature and screen for COVID questions then seat them in a paper covered chairs. I use a flexible paper covering kind of like a surgical drape, I guess you could call it like a surgical drape. It's a paper covering with plastic backing on it. I use that on each of the chairs for every new patient but also have a paper pillowcase as well. We bleached down all hard services after we are through and throw away all of those items work we are doing our best to encourage patient to stay home if they are experiencing any symptoms. Central Texas VA comp digestive, Gastro issues are the first symptom people. If they said they had diarrhea in the last couple of days, please go take a COVID test, sir, and we will reschedule your appointment. We do not want you in the room today. It's hard to say that the patient and to say it in a non-confrontational way that assures them your trying to get them the best of care by referring them over to the emergency room for testing before they can get cleared for their next newly scheduled appointment. We will not take them the same day if they are experiencing any nausea, vomiting, diarrhea in the last few days that usually turns into congestion which is the Delta variant. That is what the local nurses is have been experiencing here. Anyway people may have cost does anyone have a personal experience with that they would like to share in terms of how the practice has changed and they want to be very careful with these procedures they are doing with their procedures? If you do or have questions feel free. Then Trigger Point Injections. Dr. Andreotti, go ahead.

What are Trigger points? Trigger points are point that cause pain at the physical location and can also referred pain to other areas and specific patterns. The Trigger Point Injection itself consists of an injection of local aesthetic, with or without steroid medication into a painful portion of the muscle containing the trigger point. You will see a lot of patients that have Trigger Point Injections that some of them will have no degenerative disease or no kind of spondylosis or any sort of spinal arthroplasty but will still have the trigger point. That is common in the military population I have found, and in many instances they will actually have degenerative disc disease that will be causing those Trigger points. Those injections tend to be very effective. The history of the past globally cultures have been does performed of pus-filled boils. Dr. Byerly, do you want to go over the history here?

Sure. Are we on to the next one you mean? The next slide?

Yes, the history.

Okay.

This was just that in terms of Trigger Point Injections, acupuncture was much more like cutting with the scalpel. The needles we're very, very large. Sometimes they would pack that area with even a powdered substance of herbs for pain relief. It does have a history in terms of acupuncture Integrative Medicine, and I have even had different types of therapists terms of acupuncture tell me about kneeling with a hollow needle that they then pack with a herbal substance for pain relief pick we do not do that in America. We do practice with different injectables in different states. In different states like Colorado they had different herbal isolated concentrated formulas that are pharmaceutical grade, herbal concentrated formulas. It's the same thing as like any kind of medication you would have it. It is a one-time use only. They would use that in their injectables today but in terms of Trigger Point Injections were mostly using different pharmaceutical medications. I know that Dr. Andreotti will talk about that.

For those that are not able to copy the link, here is what to search on YouTube and this is the name of the video we are going to be watching.

Go ahead.

Trigger Point Injections are extremely effective in helping to soothe muscle pain, especially in the arms, legs, lower back and neck. It can also be used to treat fibromyalgia, tension headaches a myofascial pain. That is in addition to other treatments. I see a lot of positive results with especially when we talk about the [Indiscernible] and the mid back and thoracic spine. Trigger points itself are painful knots in the muscles. They form one a muscle can't relax Rick sometimes the patient can feel the knots when they rub the muscles. Usually the patient will describe to you a painful tender area that they can feel localized pain but even on exam you will be able to see some muscle spasms on that patient that you can identify and be able to inject those areas to be able to help relax the muscles. The key here is injecting a small amount of aesthetic and/or steroid into their Trigger points that can help alleviate the pain. There are multiple studies that discuss the effectiveness of Trigger point injections for headache disorders and four other conditions also. It does seem to be very effective for headaches, in addition with the tension, helping to relax the muscles would like to show you this video.

I think we are ready for it.

Again, I apologize for any ads that are playing. Does anybody see a video playing on my screen at this time?

Does anybody see a video playing on my screen at this time?

I can't see it.

Okay, got it. I think we may have trouble with that playing.

Dr. Byerly, if you click on it that will open it. Everybody has to click individually on the link on the screen.

Yes, and if you are unable to click on the link on the PowerPoint try clicking on the link in the chat bar. If you are unable to click on the link in the chat box please, YouTube this video, [Indiscernible]. It is seven minute video. We're going to start it together. I will wait until everyone gets there. We will started in a few seconds then come back in seven minutes and 37 seconds. This is a really great video. It does a good job of describing a patient that is experiencing an acute pain and how they are performing the trigger point. I really like how the provider is squeezing the muscle tissue and lifting that up. Please watch that in the video.

We'll come back in seven minutes. We're watching it together. I look in the chat bar. Please let me know if anyone is having trouble watching this video.

Again, In-person training. This is the goal next year. That is where it's at. Really doesn't have any pain in the neck. Maybe a little pain appear. Is that right sir, the pain going up there? The most of the pain he is having does not seem it's a [Indiscernible - low audio] Type A. There is no history that sounds he's got a cervical nerve. One of the best ways I have found basically to inject the area that is obviously compromised and see if you get pain relief. We're going to mix up three mL syringe and inject some lidocaine and do about 40, 50 milligrams of [Indiscernible - low audio].

I like to use an osteopathic technique. Some people call it acupressure or [Indiscernible - low audio] pressure. His area of swelling is really [Indiscernible] you can almost visually see it. What I want to start out with and this is going to hurt a little bit because I'm going to actually use my times and find the area that hurts the most. I'm going to put pressure down. You are allowed to cause. Is this where it hurts the most Rx.

Yes.

Okay, so I am in the right place. I do this for a minute or two until I feel the muscle underneath it, underneath my thumbs start to give way. I just keep the pressure on there. If I'm not hurting you then I am not in the right place.

[Indiscernible - low audio]

Good.

[Indiscernible - audio static]

[Indiscernible - low audio] but it is getting some.

Now you have no allergies?

[Indiscernible - low audio]

Okay. We are not using any coding on this.

Okay being on YouTube video?

Sure.

[Indiscernible - low audio]

I am trying to get more parallel. Usually [Indiscernible - low audio]. Does that hurt?

I feel the muscle spasm. Aspirate again.

Inject.

I am going to fan it. I can fill that muscle not [Indiscernible - low audio] and spasms a little bit.

[Silence]

Now, it's starting to feel a little better.

[Indiscernible - low audio]

We are going to do a little bit more injection here.

What I want to do is I am going to go higher hear a little bit. [Indiscernible - low audio] that area.

I am going into a muscle like right there.

[Silence]

Okay, I think that is it. Is everybody done?

We will give it a few more minutes to come back in the room. Dr. Andreotti, they had a great question. I apologize for that feedback. I just will not play the video from my side anymore. And thank you for that, Dr. Willington. Dr. Passamonti had a question about having a patient that had a reaction to steroids, and do you steroids in the injectables for Trigger Point Injection? I will first say, I do not do Trigger Point Injections because as an acupuncturist, in the Military Treatment Facility it was not necessarily in my scope for my State at my location. So, we don't necessarily have to worry about State regulations. Although, I am credentialed under my State, I have a license for practicing acupuncture in the State of Texas current that I have had for the last 13 years. Sorry, 12 years. But in terms of Trigger Point Injections, the State of Texas does not allow acupuncturist to perform Trigger Point. I would say that's out of my personal scope. We have someone who says they have done Trigger Point Injections with lidocaine. Dr. Andreotti, would you like to talk about the mixture that you u se?

Can you hear me?

Yes, now I can hear you.

I cannot see how to mute my microphone. It is all gone from my screen.

I wasn't sure if you can hear me but, when it comes to steroids, so, generally, I only use lidocaine and [Indiscernible]. We do have some providers who use steroids in addition to the lidocaine, but I'm not in a great difference in outcome. I choose not to use it for the following reasons: First of all, there is always the risk of muscle atrophy when you see the steroids. I have an echo. I don't know if someone is not on mute.

I do not have an echo on here but if I mute, maybe that will help.

I just had a problem muting in the past.

I think it might be myself, maybe.

Also without a steroid I can repeat those injections more frequently. I have patient to get significant results and they like to have it done a little more frequent. We recommend like every four weeks and I have had some people that even come back every two weeks to have it done.

But when you add the steroid you can't do that. You're limited on how frequent it can be done. But also when we talk about people that are, and we will go over this letter that have good results, you can always try TBI with Botox, which is supposedly longer-lasting. TPI with Botox. Longer-lasting than just the regular TPI with anesthetics. When we go over here this slide, to the next one.

A couple of the comments that were in there, we had from Dr. Ruble, she talked about going in and really peppering the muscle in the technique she refers to learn, she first learned when doing acupuncture. That is kind of the Fanning technique. It's injecting, injecting or Ted 22. We are going on different areas of that muscle body. It's very important. I like how the provider here is squeezing up on that trapezius. I don't know if anyone noticed that but he is lifting it off of the rib cage that is definitely a technique that we use in acupuncture when needling the top of the trapezius muscles there. That close to the rib cage, the ancient wording about it in the ancient books was that the upper back in the chest are as thin as paper but the lower back is as deep as a well. You just have to be very cautious.

Yes, it's very important to make sure that when you are over the thoracic region you are over a rib when injecting.

Over a rib.

[Indiscernible - muffled] if not careful.

Instead of a perpendicular angle, and you can see by the way that he is needling he is using an oblique angle to get into that muscle group, so it is a sliding in under the cutaneous tissue, subcutaneous tissue, getting into the trapezius. In certain areas you may even be contacting a

rhomboid muscle or just getting into maybe the [Indiscernible] muscles as you go up and down the back. But it's a quick, low insertion and we are trying to get into the belly of the mouse with this.

I saw a question here by Dr. Passamonti. I was going back up Rick I was not seen the questions. He was talking about that he liked using only lidocaine for Trigger Point because he had a patient that had skin changes with an injection with steroid, I believe. I have seen that happen before. I have seen a patient come back, it was an African American patient and the injected area was literally like top and had no color. It looks like vitiligo skin and had completely lost color but eventually it returned but there is a risk that I do not like to take unless I do not have any other alternatives.

And what areas would you utilize Botox injections for those?

It can be used in any area, literally, like in the [Indiscernible] use in the lower back. [Indiscernible] likes Botox we use the [Indiscernible] in our clinic. Generally, the way we approach the Botox, we have patients that are benefiting from TPI but does it last as long. And then we choose to try the Botox.

That to refuse the dose to reduce the frequency of them coming back.

Some of the comments, they have done Trigger Point Injections with just lidocaine in the past and it helps. That is Dr. Norton. And Dr. Julie Olson mentioned that in terms of the regulations, acupuncture injection therapy instruction includes sailing, glucose, vitamins, steroids and lidocaine injections, and it's only eight states permit this currently, there's lots of extra trainings that are required for those acupuncturists. I know one of the trainers for those injectable therapies. I think it's great. I would love to go learn how to do it but in applying it at my local facility because I live in a State that does not regulate that currently and does not approve backup would have a very difficult time justifying that within my medical practice. For me, personally, I want to empower more physicians and providers, nurse practitioners, physician assistants to be able to offer those techniques. It's kind of like top stay within your will house. I will be the Subject Matter Expert on the needling of the like. Please, this is a great therapy. As you can see by the video it is a procedure but doesn't necessarily take a lot of your time. Dr. Andreotti, what is procedural time that you a lot for Trigger Point Injections?

All of our procedures last 30 minutes. But it can be done faster. I see here Dr. Title, I apologize if I say the name wrong but it's talking about using ultrasound over the thoracic regions, that's an excellent point, that we do use that in our clinic, as well as we have ultrasounds of the procedure rooms we need those. We have one of the interventionists do it who are in there we use the portable unit, but would use that as well.

Something to think about with the COVID interactions do is, traditionally speaking, in acupuncture if a patient has suffered from pneumonia or asthma for extended period of time we are extremely cautious about the

upper trapezius shoulder area, upper back area for needling because the pleural cavity is going to be very inflamed into that area. You want to do a lot of lifting, just lifting the tissue all of the back. That squeezing, pulling, at [Indiscernible] angles in order to make sure you are not perforating the whole area.

As, I do that. [Indiscernible - low audio] patient I will be pinching to 15. I see very good positive results even with lifting. You just have to make sure that you [Indiscernible] first because as a [Indiscernible] it becomes slippery with lots.

Dr. Olson also brought up this is a video example for cervical pain. She was wondering if maybe it was kind of a more invasive procedure for something that could have been self-limiting or like a cervical pain or a spasm. You know, think that is a good genuine point to bring up. We mostly treat chronic pain as patients are presenting to the integrated Pain Management Clinic's. Or in the VA as they are presenting with the acupuncture clinic. They usually have had to be in a lot of pain for a long time. We know it's not necessarily self-limiting at that point. This is a provider working out of an emergency room. That is an exciting area for these integrative therapies and interventions, instead of taking in a patient with cervical pain saying top okay, lease double down to the pharmacy what this prescription, try this prescription for the next eight top ten days. We will see you back up this doesn't work that offer recommendations to physical therapy, which that should be part of it. Getting a referral over to physical therapy for any type of joint muscular pain should be part of a therapy that a patient is receiving. In terms of why was this intervention chosen? I believe this patient was just in a lot of pain. But if someone is in pain it is nice to see them have immediate relief, and in the video the patient did have good relief. That's good.

Also that can be used like let's say you have a patient that is having [Indiscernible] injections or frequency ablations but they are still having, [Indiscernible] Pain reliever but they still have spasms and some muscular pain. This may be another procedure that you can use between those injections because they cannot be repeated so often. To help the patient manage their pain.

In terms of the other therapies we're going to be talking about today, percutaneous electronic nerve stimulation or Dry-Needling, maybe a lesser intervention than a Trigger Point to offer a patient in this much pain. However, to point out again, I like how they used the numbing spray, the cold spray to numb. Dr. Andreotti, do you utilize spray on the skin?

I do but we do not have any [Indiscernible] but generally, yes. And I use it after words also as a stretch the muscle. Generally, what I do is I finish the injection and I well [Indiscernible - muffled] those muscles for a little while.

To help disperse those medications. That's great.

Actually PENS had very similar results. It's just I fund it's not as longer-lasting for some people but it's actually a very effective treatment also for Trigger Point.

And I would say if the physician is in an emergency room situation and a patient has been in enough pain to present to the emergency room, a Trigger Point Injection would be more of a radical pain treatment that they could try. It's still noninvasive and, hopefully, offers some pretty good reaction. I will say, please make sure that your patient has perhaps had something to eat or drink. If a patient has been fasting, and especially in this upper chest area it could cause some type of vasovagal reaction and the patient will not feel well. You'll get a ghostly white patient and they are going to start having a bit of a vasovagal reaction and may need a bit of water to revive. Usually a little bit of water and a little bit of food will help the system revive. We know in acupuncture when you get acupuncture you are lowering blood sugar. That's part of it. We are also lowering your blood pressure but too much of a vasovagal reaction to be a bad thing. Or Andreotti, have you ever had experience of that?

Vasovagal with Trigger Point?

I personally haven't but I have seen it happen with other providers in the clinic.

We had a patient recently with a different provider that at a Trigger Point. When she finished she had slurred speech and you cannot even walk. She was like that for a few minutes.

The patient had to reposition herself.

Interesting top yes, and how did they revive the patient in that case?

She just rested for a little while and then it went away.

I think it's important to make sure that we have the patient rest with someone in the room. So they are resting but they are being observed during that time.

Maybe their blood pressure taken in order to make sure the patient has revived completely before we are sending them out the door. When a patient experiences a vasovagal reaction after needling will sometimes also induce a headache you want to make sure that patient is hydrating will, eating a little something that sometimes helps you to experientially reduce any kind of headaches or side effects from that. Okay, so what are some saving, time-saving tips you can offer for that makes then we will break. We could take a break and come back for those in just a minute.

Let's do that.

Let's do that and during the break I am going to talk through some of these. We see that Dr. Ruble had a pain management doctor that [Indiscernible].

I am going to exit and return because I am having problems. I cannot see the mute button on my screen.

No problem. I will stay in the room. Text me if you have any issues getting back in the room and we will see what we can do.

Dr. Olson and Dr. Lee are saying that it's more appropriate for chronic pain condition that has now responded to other interventions in terms of Trigger Point Injections. I would say that's great but I would personally rather see a Trigger Point Injection then a ten day course of medication, personally. Systemically, the medication may be harder on your system. It might not have as immediate effect is a Trigger Point Injection, and the patient will definitely feel that an intervention has been made, they have been listened to and heard and there receiving integrative therapy. Kind of another set of skills from their provider. I feel like it's a great intervention, especially to hand to emergency room physicians. And Family Medicine for a procedure that can be done in a relatively short amount of time encoded at a pretty high rate. We're going to go over the codes in just a second. We got those ready for you. Again, like anything, it does depend on staff and staff training in terms of how fast these are being accomplished. Has anyone else got an approved or the blanket consent for BFA or TBI? That is a great question. When I was top BFA Teacher stated they received a consent form or treatment that they used for six months and ten minute appointment for the appointment and have BFA every two weeks. Walter Reed we put a global [Indiscernible]. Not certain about BFA procedures.

Dr. Olson is typing on this. I know verbal consent is going to be part of this answer. We do verbal consent for all acupuncture and VHA. Yes, would do. At IBM see we had a general consent form for procedures and interventions that a patient would sign off on as part of their general paperwork as they first arrived at the integrated Pain Management Clinic. Going to much more in-depth consent forms for different procedures like epidural steroid injection. Dr. Andreotti, when she's back in the room back at 15 minutes past the hour, we are at a break. We come back at 15 minutes past the hour we will talk about the procedural instructions a consent forms.

That's great consent needs to be updated with any changing conditions or treatment plans. That's great.

Dr. Olson, thank you for being on the call today, on the training today. I do appreciate your time and expertise. We will be finishing up with our Trigger Point Injection and then flowing into the next portion. I think that's going to be PENS coming up. We will be covering are PINs techniques -- PENS techniques then go into Dry-Needling last.

All right.

We do everything consent and a time-out. Wonderful, that's good.

Good questions on all of these. Everybody, thank you.

We will talk about the credentialing at different facilities for providers.

Can you hear me, Dr. Byerly quick.

Yes, we can hear you.

Welcome back.

It is fixed.

Now that you are back I am going to run away for a second I have been hydrating. Everyone stretch out if you have not stretched we love stretching to the side Rick I am taking a hand coupling it up and over. We like to say in acupuncture integrated medicine we very rarely stretch and open the rib cage to the side. As you stretch up and inhale, XL, just drop one arm, stretch the other in a half moon standing posture. I am standing today to make sure that I've got good blood flow going through the body. If you haven't and have been sitting got stand up and Bob around a little bit. Swing your arms. Swing your hand and try to open up a little bit Rick I will be right back.

Okay. We are back.

Almost that time. We've got a few more minutes for the Bank. While it is still break time does anyone have any questions?

Hydrating a lot today. It's good. If your patients are coming in and they have a scheduled appointment, I always like to tell my patients to eat or drink something a couple of hours before their appointment. Hopefully an hour before their appointment. And to definitely have a good amount of hydration in their system the day before so they are almost like super hydrated the day before. I like to recommend almost 100 ounces of water the day before any kind of needling therapy, along with a good amount of food, so no passing. It's a medical procedure and you definitely want to make sure that there is a little bit of blood sugar that will lower the risk of any kind of vasovagal reaction. Sometimes in emergency room you wouldn't have that.

We're talking through consent forms pick we are going to come back to consent forms to have a discussion. Dr. Andreotti, did you have anything in particular in break to talk about consent forms?

We just do regular consent for TPIs. Basically we have to do time-out, written consent. There is nothing that is more specific for the TPIs than with other procedures.

I have my water jug here so I am sorry if it is making noises for people.

I am drinking some liens been in tumor, gender, car Daminga kind of like a chai mixture today. It's pretty good.

All right

What time did they say people were coming back?

We have a few more minutes until the break ends but we can talk a little bit about the consent and wrap it up when people bring it back. Consent and pain diary. A do you work that in your own practice with TPI?

We don't generally do a pain diary for TPIs. We will ask the patient to pay attention to their pain levels after words are coming, we do pain diary more so when we do branch blocks so we can decide if the patient can have an RFA after words. Of course, it would be appropriate to keep one as well in this situation.

But definitely do the constant where we [Indiscernible] Rick I draw my all medications Rick I have this weird thing that I have to draw my own so I don't worry about who do it but we do document the type of medication that was injected. If anybody is on top because you wonder what we use, what I use for anesthetics I use five lidocaine CC and five Martin Caine CC.

Would you typically use the entire amount on a particular area or is that band into one spot?

It depends on how many areas I have been generally only in one area. Use one to two ml's and area.

I am going to load up the next video.

[Indiscernible - low audio] is 1%.

And [Indiscernible] finished his liens [Indiscernible] copy. We talk about the whole help coach at VA will talk patients the different foods and diet while on break still to help support their immune system. I feel better when I have had a mixture of some type of chai herbs. Is like tumor Rick, car Daminga cinnamon and ginger. Fortifying herbal blend with some mushroom extracts like [Indiscernible] and Lyons main, a little organic blend Rick I feel better when I have those pick we always do what we can every day for our own health and wellness. Sometimes it's food strictly. That's great. Sometimes it will be herbal teas and that is fine as well. When I was on quarantine and with the Navy we were quarantined into Birx. There was nothing that was available at the Birx except just three meals a day. Had a friend run out to grab me some fruit because there was a lot of fruit. I had a citrus blend of great food, lemons and limes I was able to use every day but food can be very healing. Supplements can be nice in healing.

I'm going to load up the next video if you want to cut you can copy it from the tab bar. This will be for the next session, the PENS technique with we will come to in a minute. If you load it up there is a little bar and get it going to make sure there is no ads playing for that so that you have it all loaded up. It's going to be a shorter video.

We are back. Just to finish off that last conversation, people were asking about, can you see me now? Can you hear me now?

Is anybody having trouble seeing the slides?

Okay, someone is having trouble seeing the slides. I'm going to try to e-mail these out to you. I have to do this one at a time so, thank you, I do apologize.

[Silence]

Dr. Byerly, did we lose you?

You are muted.

You are muted.

[Silence]

While we wait for Dr. Byerly to return, can everyone hear me or are we all disconnected?

Basically I am going to go over this part real fast while she comes back. We're talking about the concept. We already understand the consent. It's not very different than any other procedures where you are going to do a time. You discuss the area and make sure the patient knows what is happening at what possible side effects can be. And you get an agreement from the patient. Just a standard consent for this procedure. From there you do the procedure and those are the CPT Codes that you can use to document those injections on those patience.

That differentiates itself by the areas. The number of the muscles that you are injecting. That is pretty much self-explanatory, but if you want to take notes if you're not already doing those, that is very important so that when you bill for the procedures that you are helping what you are doing. You mentioned the video. Does the video come before this?

The next discussion was talking about when I was talking about Botox or not, the top of anesthetics we use are the lidocaine and the Marcaine. I wrote down here that we usually, I mix them but one of the doctors here uses logic on those lidocaine only and has been very effective. I use lidocaine and two, by CeCe Belbiana one and .15 of Marcaine, I believe. Botox use [Indiscernible] in our clinic. That is usually reconstitute like if you do 100 unit with a ml's of preservative free sodium chloride. That is where the Constitution then add another four ml's for a total of eight. Corticosteroid is an option because I said, not everyone uses it. I, myself don't. One of our providers here have shared an experience where there was some skin changes in the area with the corticosteroid injection added. And so, I have not seen much of a difference in results with or without, thus we have some providers in our clinic who do use corticosteroids.

And then the size of the needles, which is important also. Usually I believe our nurses give us an 18 gauge to draw and 27, I believe, to inject your car you back, Dr. Byerly? You are muted steel though.

You are still muted.

Thank you, Dr. Passamonti for sharing that would lidocaine you can get results with the last days or solve the problem completely. Thank you for sharing. That is important for all of us as we continue with our practices that we can see because that minimizes, that's very good to know so that we can going forward try that. I think the technique has a lot more to do with it then what you are injecting and many ways.

Have any of you had any experience with Trigger points with Botox that you can share?

We still cannot hear you, Dr. Byerly.

Someone is typing something here.

Microphone connected, how about that?

You are bad -- you are back.

I try clicking on people's e-mails. I am so sorry. I think outlook payment but messed up my computer for a second but we are back on now.

Thank you.

As you were speaking I was sitting here like, oh, gosh, what am I going to do?

You are doing great. That was awesome.

I think that was a really good point about the SIs, the amount and how to deliver it. Do you have anything set up pre-staged in the rooms for your draws? Does that help with your coding and processing of each patient?

Yes, the nurse sets everything up prior to the patient getting there. I did see a comment here from Dr. Tuttle and that's exactly my criteria for Botox also. Patient did get very good local relief but very short-term. That's exactly what I do, Dr. Tuttle.

I was kind of interested to read about the different studies involving Botox and the glabellar Region 4 major depressive disorder. Which is a cognitive behavioral therapist knows in terms of pain relief the pain and depression go hand in hand quite often. That region of the four head, they are studying it in terms of PTSD, major depressive disorder and how doing injectables into this area for headache relief, which a lot of our soldiers, military veterans will receive frontal glabellar Botox for migraine pain. They will also receive, like the different occipital injections were Botox for migraine pain. But it can work very well for that. It can also help to reduce a little bit of the behavioral stress involved in pain management, so Cognitive Behavioral Therapy.

So Dr. Tuttle mentioned also, and I agree with that very much. The [Indiscernible] of the needle is more important for injection of the benefit. You can see that when you move forward to Dry-Needling because it's a similar type of injection but without the medication. And did offer some very good excellent relief so, yes, I would agree with that.

Yes, that's interesting.

The [Indiscernible] area, very relaxing. It is relieving of stress. We know from different functional MRIs and how they are working with glabellar Botox, how the effect is working in the brain. We are pulling studies and data from overseas sometimes when it comes to functional MRI activity and different headache points in terms of acupuncture. It seems like injectables are more studied here in America. We're kind of working with that and it's an area that if anyone has an idea or studies they would like to discuss potential studies, we are all up and in on that. The more that we all know, the more that we are all working together, the better evidence-based medicine we are presenting as a medical field, in the more patients we can impact with the non-pharmacological therapy. That's great.

Any other Final Questions are Trigger Point Injection?

By the way, positioning the patient. Dr. Andreotti, how do you normally position your patient? These let me know if I am pausing or freezing again for some reason. Sum it depends pick it depends, generally I will ask the patient because it can either be done wrong, supine or sitting. It depends on where you are injecting. If you are doing the neck or the [Indiscernible], I like the patient to be sitting up. But if the patient has a problem for they have a needle phobia or tend to be dizzy or whatnot afterwards I will have them lay down I think you would have discuss with the patient to see the level of comfort with that procedure as well.

Sitting you may have more laxity in the muscular tissue to pull up.

That is correct.

The upper neck and shoulder area. When patients are more prone done on the table they are going to have their elbows extended, had resting on their arms. It may make very tight and more attention.

I have done that many times.

[Indiscernible - overlapping speakers]

If you have a table that has a space where they had to rest through, we normally cover that table in exam paper and slice a hole in the paper for the patients Phase two rest through. If you have something that is like an actual procedural table, like an acupuncturist massage table, that can be nice work again, with COVID restrictions make sure that area is very covered Rick sitting would be very best because it's just exam paper on the table.

We have one more video.

One more video for this Rick I do apologize. I'm going to put the PENS technique video and the next one in the search bar. I'm going to go back up to that and grab that video for everyone. I will copy and paste it in. Again, we're looking forward to this training when we can be in person showing the techniques in person. In the space bar lock on the YouTube video now. We will all load it up and start it together. It's just one minute on this one after the ads.

Great, and the video is starting. It's a quick four, five minute video. I like this one because it does more into pulling the medication, the Medication Draw on that one.

Again he's using the solid Medrol in here. Do not going to use it, just imagine the procedures without, for example just using lidocaine and Marcaine instead of the Medrol.

[Silence]

It does not aspirate but I do recommend aspirating.

[Silence]

You mentioned being careful not to go to the [Indiscernible] of the lung. That is another technique is to live that muscle if you are feeling uncomfortable.

[Silence]

Great question. We are almost done with the video.

Okay, is everyone finished with the video at this time?

I think it's all the way through. I want to say that we finished it up. If not, these continue to watch and when you are done with the video come back to the room. Dr. Passamonti asks if anyone has seen Trigger points treated with foam rolling? Yes, absolutely. We do a lot of discussion in the whole health system at the VA about our passive therapies. Our provider interventions, are Dry-Needling Trigger Point Injections, are acupuncture, chiropractic treatment is provider-based passive therapy treatment. Patient shows up and receives which is there cure. Singh are active therapies which are much more patient-driven, and the patient has to actively engage in pick we do have different classes even at the VA in Central Texas on foam rolling for trigger point therapy. Also our yoga therapist talked a little bit about it Rick I do the training of our traditional East Asian medicine and we going to some acupressure point Trigger points for pain management and relief. I think that's a very good thing. There are different websites that specifically are from the VA that talk about different acupressure points that patients can be using for Trigger points in-home therapy, home foam rolling.

Go ahead.

Movement therapists do address that when she goes over the foam rolling classes, in addition to us discussing to the patient self-treatment with [Indiscernible], which unfortunately I don't think we are able to prescribe at this point but it's very effective for Trigger points if we can educate the patient and died from where to get them on Amazon [Indiscernible] at some point.

That's very good. That is a therapy that is not as intensely effective as an injectable but it is very, very good.

Dr. Wilson, are you at the VA?

She is the -- Dr. Olson, are you at the VA?

Can you go over your title?

Thank you, very much.

I need to look into this if we are actually able to pick maybe we are and I have not been doing it this whole time.

I wonder if we might be able to put a sub care consult for [Indiscernible].

Dr. Olson is nationally for acupuncture. I thought it was naturally for acupuncture integrative healing center. She is at the VA but she also lead the acupuncturists at the VA in terms of how hosting these wonderful lunch and discussions where we meet with different providers and leaders in our field to talk about the different predicament that acupuncturists are getting into. It's the pediment to the care and how to advance the medicine and be the subject matter experts at different facilities. Excellent, thank in. That's wonderful. Thank you, Dr. Olson, for being on the call. We do appreciate this as a Subject Matter Expert for all of these items, especially at VA but works closely with leaders at DHA as well. Most affected Trigger Point Injection sites, what is your number one site, Dr. Andreotti that you go to every time for pain?

To present a cervical area in general, lower back and thoracic, actually. Those are the ones that people usually see the best results.

You may have mentioned this but in your coding is your total time with the patient between zero minutes to 15 minutes, 15 minutes in 30 minutes?

No, unfortunately it's just the areas that you inject.

Got you.

The amount of areas. And your time in a treatment room, would that be from walking in to walking out?

It depends on the patient but maybe like top it depends on how much I talk with the patient. It usually is not very long because I do get 30 minutes. I do spend my time with them making sure there are day but I think you can walk in and out within 15 minutes.

Excellent, got it.

Any questions on Trigger Point Injections before we go on to PENS technique, percutaneous electronic nerve stimulation?

I see a question. A lot of our doctors are writing in that Trigger Point Injections should be offered in a stepped base care model. Self-treatment being the first line of therapy, and then going into our different pain models. Present to Primary Care. Are they then seen secondary tertiary care? Physical Therapy and then into very much tertiary car for pain providers?

Yes.

Trigger Point Injections are useful for getting buy-in from the patient before recommending a foam roller. You can do that. A lot of our patients will definitely need guidance to that. In the VA whole health system we definitely have it set up where we have health coaches describing these different modalities and offerings and what is beneficial to a patient, in the whole health coach help ordinate classes with the patient so that as the provider, you make the recommendation over to a whole health system where they can get involved with something like that. Great. We have a BA Stepped Care Model from Dr. Olson in the link. Please check -- please click on that. The Stepped Care Model is lowest level intervention is always best work of the patient can resolve their own pain at home through active therapies walking, stretching, foam rolling, that's going to be the best-case scenario, especially during their initial stages of pain when pain can be very transient top come and go. And also during COVID we want them reporting to radical facilities the least amount of time as possible. Patient have different levels of safety in that reporting. If we have patients who are severely immune compromised we want to be careful many times they are reporting for some kind of passive intervention. We want them mostly treating themselves at home with active interventions like yoga, tai chi, foam rolling a possible.

Dr. Olson is typing in, DoD video on Stepped Care Model. Thank you very much for that top benefits [Indiscernible]. Does Tricare pay for [Indiscernible]?

You may know more about that what impediments for prescribing their arcades at your facility?

That's one question I was discussing a few moments ago. I have not been able to prescribe it but I was wondering if there was any way we could write a sub care prescription like we do for back braces or some other kind of orthotic devices. We might try and see if that works. I have not been able to do it successfully so far. Dr. Olson said she has been able to prescribe at the VA.

That is correct.

There is a lot of great advances in-home healthcare. If patients are being prescribed different things like blood pressure costs that are interactive. They can take their temperature and blood sugar at home those items will be entered into a medical data record for them every day. There is definitely a lot of advances we have been making in COVID with utilizing virtual telehealth systems in order to bring patients their care in yoga and tai chi movement therapy acupressure classes that are home-based so they can just have a virtual meeting. They do not have to get in a car, be on the road. They do not have to be at a facility. That I think is extremely beneficial. It still keeps them in those groups. Foam rolling is not a pinpoint or deepen up to get prolonged results. One of my favorite type of from rolling is a video on YouTube called, the melt method. It was, it is a methodology of foam rolling which utilizes a small hard core foam ball. It is a trigger point but also has a little bit more pressure alleviating qualities to the ball so as you relax on it you can get to that hard-core Center to help rollout some areas, the hands, the feet, or the back. It has self-softer outer area they can be found at Wal-Mart, Amazon. They are relatively inexpensive. VA process that excites seem more flexible than others for the Thera cane.

It's interesting.

Dr. Byerly, foam rolling is often a pinpoint.

Yes, okay.

Sports medicine will use [Indiscernible] phototherapy. Run on therapy. What's the difference between phototherapy and Trigger Point Injections? You are still utilizing a needle to perforate a tissue and cause lower tissue damage in there. We're trying too wrap-up the muscle a little bit. We're peppering the muscle with medication in terms of Trigger Point Injection. With the neural promote therapy sometimes they're using a centrifuge type of blood product from your own body. Sometimes they're using saline. I've seen it with glucose material as well. Again it's going into creating bruises in the neuromuscular tissue that Polly modal system and roughing it up so that it activates those Polly modal receptors pick you want to go into a neuro, a [Indiscernible] point Junction. The junction between the muscle and nerves.

It will be more so for joint then myofascial trigger points.

Interesting. That's good Rick I see [Indiscernible] for spasm muscles as well. That's great.

Great question. Also it's a great segue. That will be a great training providers offered as well, either through a digital training in this manner, and then having those five treatment facilities. Love the melt method.

You are an instructor, that's great. I took that class through The Defense Health Agency pain skills in the ninth iteration in 2019. It may have been your class, sir, but it was great Rick I loved it and have recommended it to almost every patient in every training. I love it. It's a gentle way of foam rolling and using acupuncture in a very gentle way. Very behind it is trigger point therapy of foam rolling is great but in the-melt method she says if we go using foam rolling its' like were sweeping a room and never brimming it all in one area and never taking it out of the way. Sweeping it and it settles back and makes the room dirty the next day. If we can take all of that information and all of that asset, different types of lactic acid in the muscles, different by-products of metabolites, we put into one location of push it into the training system it is like you were clearing out the room. You are sweeping it all up and brimming dose brimming it out Rick it's great that they are really good. It's an act of therapy a lot like yoga and foam rolling. It's very relaxing. Her videos on YouTube Rick it's a great methodology. Let's get going in to PENS technique. Is that all right, Dr. Andreotti?

Yes, please do Rick I think we have a little bit over an hour left.

It is 11:20 right now on Eastern Standard Time. We're going to cover this Percutaneous Electrical Nerve Stimulation. This is performed with Acupuncture Needles. Acupuncture Needles are very fine needles. In terms of acupuncture leaders does needles size are opposite of hypodermic needles pick if you want the very smallest needle you are going to go for a lower number. K-415 is one of the smallest number needles that we offer. Usually the size of the needles are determined by the length of the needle lullaby the width of the needle. It will be very short. I think I got that wrong. It's going to be the width of the needle followed by the length of the needle in terms of our acupuncture supplies. PENS is going to be stimulating the muscles a little bit of electronic stimulation on the needles pick we use electronic little trigger devices of a TENS unit and small wires are attached through battery-operated TENS unit. There are many different models of TENS units with the military and V A. Doesn't really matter about what type. I have seen multiple different classes about how you are connecting the different lines and is a positive to negative, negative to positive. I can tell you I fund the most effective PENS technique is when connecting positive and negative in the same region and the same muscle group and not crossing midline that is my own personal experience, and a low tolerable amount of electronic nerve stimulation on that needle. When I say low tolerable, like to raise it up so that the patient is aware of it Rick I drop it down a little bit beyond that in terms of frequency and duration of time of treating, we will go into that in a little bit. There we go. PENS video. PENS video is a little higher up there. I'm going to try to copy and paste it again into the tab bar. The PENS video is pretty short, one minute so that you can see what it looks like. Again, similar to the Trigger Point Injection. You are placing these PENS needles you want to be very careful about the direction of the needles. Never perpendicular on the upper back because as that needle wiggles with muscular contraction it can go deeper and deeper. You want to be aware of that. Here is the video link.

Sorry about that. Just making sure that I've got it.

Let me know if it is appearing in the chat bar.

Can everybody see it and hear me okay? Let's take on that and we'll get it started. There should not be too many ads on this one. This is just one minute. What we're watching here are the muscles, the [Indiscernible] of the muscles as they got these electrodes connected. Here there using points very high on the trapezius and another one on the rhomboid, lower trapezius area. It can be very effective for pain management. For me, personally, I would place the electrodes a little closer and use needles a little closer, and even in the same tissue plane. Let me know if everyone's got the video, they watched it. We are going to go onto the next slide. I will keep talking through these pick you can use Acupuncture Needles or physical therapy needles. What I pictured here are the Myotech Dry Needle he needles but these are usually pretty easy for patients, I'm sorry, providers to get a hold of. I like to use DBC needles would come in packs of ten. Then I will place about the needles in a particular muscular region and that the needles, especially if it's on the upper back place at very oblique angle about 1-inch apart. I am using acupuncture points but you can also find those trigger areas to go to the heart of the Trigger Point and go just a little lateral, and little proximal, a little distal to it, again by that point that is tender. Right around that point I like to go along the lines as if I'm traveling along the [Indiscernible] muscles. You can use that or go a little out toward the shoulder area if it's more tender in that area think hook up electrodes. Start a little nerve stimulation. In the video that was a lot of nurse stimulation. We're going to go through and, Dr. Andreotti, I'll let you talk about how much Neurostimulation you like or how much muscular stimulation you like to give with that technique.

As you are talking about the areas, usually identify the area of pain because I had a question recently from my provider. What specific points do you target? The answer is, whatever point, wherever there is pain. Because it's a local treatment. Basically if the patient tell me they have, if it's lower back, lumbar spine, I'm going to do the lumbar spinal and I may go to the sides whatever areas that they have pain. They may or may not have Trigger points. If they do as you say, I tried to focus on that area but when they don't and I target general area of pain, we go to the general area, I will usually have more of, how much do you use, what [Indiscernible] do you use? Do you remember the machines?

I've got one here. Let me just pull it out.

This is from my own private practice, not from [Indiscernible], I should say. This is a little machine that this is what I would have used in my own private practice. This is now for my own home use. It's the model east mission M2. I got these alligator clips. It makes it different than a TENS, transcutaneous but they would have the pads in this area. These are alligator clips and that good directly onto, you can see how they open up slightly. They attach to the head of an Acupuncture Needle. I'm going to pull one open. This is a SERIN needle. This is an example of what you would not want to use this as a little plastic tube coloring to it. It's a little purple SERIN needle. I would not use anything with

plastic necessarily when I am running electricity on it. I would use something with a completely metal tip. What they open that up it is no longer able to be used. I like the DBC. They come in packs of ten with a little blue guide tip.

That is what we use.

DPCs. These are great. Our acupuncture instructors talk about a slight risk of when the needles with the plastic tips get overheated with electronic stimulation. Is it possible to have the plastic get a little dicey? Could it melt? Could it do something? I say to use these instead. I don't think that is an issue but I say for patients that are going to get percutaneous electronic nerve stimulation top we are using all metal needles. Spring Acupuncture Needles from [Indiscernible] pick that is one of our distributors we receive our needles from for the VA, definitely, and in the DHA. In these once you open the pack, the whole pack has to be used within 30 minutes. Typically because of COVID, I only use one pack per patient. Or like one pack, if I open it, that's only for that patient. Technically, you could leave the package open and take out the blue guide and continue to use the same needles that are in the package as long as they have not contacted anything else. But we like to say to go ahead and throw them away once you are done with the therapy. I would connect the needles work in terms of the stimulator unit it's going to have a channel. On the channel system it indicates if it's got a little bit of stimulation or all the way up to a large amount of stimulation with that little circle DOT. A little bit here then it will go all the way up. Over here we got the frequency. On the frequency you can see a variable frequency hit. There are entire books written on frequency and the hurts you're going to be using, microcurrent or microcurrent or mili-units of current.

>> When I utilizing the technique, what I am going to use, I will start with as low a frequency as possible. I will start with a channel completely off. I hooked up the electrodes to those muscular junction points and they are just an inch apart. I will tell the patient that I'm going to add some electricity. I like to go for a relaxing therapy at about 55 to 60 beeps per minute. You can slow it down until it is the pace of a heartbeat. If it is intense pain, I will speed it up. You can see that it speeds up until you can't even see it blanketing more. The light is just flickering incredibly fast at this time. I may start if the patient is in a lot of pain, I may add some more stimulation throughout the therapy. Some providers like to put it on and then turn it down a little bit from therefore the duration. I know when we were doing our acupuncture appointments the therapies would be about 35 minutes, maybe 45 minutes in length. The maximum effective time of treatment based on different meta-analysis around the globe is between nine and 22 minutes of therapy. That is the peak of acupuncture therapy. After that, it starts to go down a little bit. So they are 15 minutes total time.

I do 20 minutes once I start the machine. And also, I keep it the same strength. The patients get used to it after a few minutes.

And then you just add a little bit of intense today. A little bit goes a long, long way. It is a feather light touch both times. We would never use this technique on a pregnant patient. It is very contraindicated. So you would receive verbal and or written consent for the procedure. You discuss any possible side effects. The pain may not go away. It may worsen the pain. Here is a quick fix. If you're doing a treatment and the pain gets worse especially if there is a nerve sensation in there, to a little manual therapy in that area, peppering is what they call it. It is going in and perforating that tissue. We are just activating that receptor there. We are activating it and the brain will not have as many signals of pain then in that area as it was before. I always like to say in terms of our therapy, why is this working? The brain is sensing the pain and it is like an intersection that has been struck by lightning. All of the lights are flashing red right now. After a traumatic event, every light in this intersection, four ways stop is flashing red. The acupuncture or the pin technique or Clear point injection, is like a technician on the side of the road opening up the box and shutting everything down and rebooting the system so that the nights, lights can/green and yellow and red. I in a little bit of pain and having some muscular issues. And then no, I am in a lot of pain and I need help. I like to say that is how the technique is working. Shutting everything down and rebooting the system.

Okay. There is a follow-up schedule for injectables. A lot of times our percutaneous nerve treatments are going to be an adjutant therapy while a patient is waiting for it epidural steroid injection they have been prescribed physical therapy or yoga or tai chi. They are receiving this on top of other modalities of care. Eventually, the pain will come back if they do nothing. A patient can see a provider for Panzer acupuncture every single day after not stretching are doing physical therapy at home. If they're not doing any active therapy, after the treatment they will feel better and then it will hit them again and they will feel bad. They need their body creating that myofascial tissue mediated stem cells from that stretching and opening and the joints moving. We know that they all need that every day in order for the therapy to be effective.

Are there any questions on that? I want to make sure I'm not missing anything here. We are running into our next break. Let's just take five minutes and we will finish up with therapies in our training protocols that we have at the VA for these. Okay. All right. I am going to continue talking a little bit through break. Please take some time and stretch it out a little bit.

How are you doing Dr. Andreotti?

I am doing good. I am going, during the P.E.N.S. and Dry-Needling, let me know if I'm taking too much on this. I will try and make sure I am scheduling ahead on days. Feel free to say, and this is how I am doing this. Thank you. I think in the future this will be great as a multiple portion part of the seminar where people can take it let's say another pain skills training and the didactic training of four hours and then do a hands-on practical. I think that would be incredibly helpful for people to see and practice on medical models pulling the injections, see how they are doing it and looking at how they would be holding these in the

system and having the Burger, Burbage. I know at the VA we are at a point where we are not going to be able to copy and paste into our medical file notes, our treatment protocols. The treatment protocols have to be scheduled and built into the system as QuickLink buttons if we want that radio dial button. So we could say, this is our P.E.N.S. treatment and we pop that in the file and it will pop up with a whole page of dialogue on consent treatment protocol and location and points used and the amount of time. And then we can build out our CPT codes from there. Those kind of links are available at the VA that we are building out with our administrators and our technical experts and our computer system. What we call CPRS. It should be true of Ft. Hood, the VHA in general that there should be a standardized form that providers can be able to pull up. Where do you find it is contraindicated for pregnant women? The standard points for pregnant women, we do not have it as contraindicated for all pregnant women. Great question, Dr. Lee. The defense 6025.33 says that electronic nerve stimulation and Dry-Needling are contraindicated for pregnant patients other than by a licensed acupuncturist chiropractic. A subject matter expert. And then, on top of that, you are practicing within the scope of that hospital. You have to have overarching information from some type of medical director within your location and/or from that OB/GYN before you practice. Patients can be at different levels of risk for spontaneous miscarriage or a history of spontaneous miscarriage. We want to be coordinating the care with their OB/GYN so that our pain patient does not show up to pain management 20 weeks pregnant with a history of miscarriages. Some of my patients have not self-identified, in fact I would say most of them do not self-identify as being currently pregnant. And with women patients, especially young women patients, I will asked them where they are at in their cycle. Sometimes if you do too much lower back percutaneous nerve stimulation it can increase their menstruation and be jarring for them if they don't know that's coming. It can help with endometrial tissues including some retained tissue and even like small little, if it is there a good time when maybe that tissue might be slept off anyway. It house by increasing the amount of contractions of the uterine wall during that time. That can be a little bit challenging for a patient. I usually have that discussion with my women of childbearing age, where are you out in your cycle, and it will come out that I am 10 weeks pregnant. And then I will say, we cannot do our treatment today. I want to make sure that there OB/GYN is 100% on board with that treatment as well as my director. It worked for eight years. I treated every stage of pregnancy including fertility treatments all the way through postpartum. I treated patients with miscarriage as well. The acupuncture that I did over eight years in that environment did not induce any miscarriages. We have to be very careful, especially with electronic nerve stimulation in the low back and the shoulders. The ankles, shoulders and low back are very contraindicated for pregnant women in terms of traditional electronic stimulation and acupuncture. It is not contraindicated but you got to be careful if you are an acupuncturist. If you are licensed and a subject matter expert, you have full go ahead on that. Everybody else should be a little bit cautious on that. Okay. We are going to go ahead and finish up here. We are at our last hour. We want to make sure we have some time for questions. We are going to cut the break a little bit. I apologize if anyone is coming back to this and we are continuing on.

With the P.E.N.S. technique, we need to perform the treatment. The total time is 15 minute increments up to one hour treatment as long as the patient is comfortable. If the patient is in a prone position, I put a pillow underneath the belly in order to keep that back flexed a little bit. We've got to make sure that there is a comfort level with the patient. One hour facedown can be very challenging for some patients. If you have a medical support assistant that can obtain written consent, at different facilities the legal team will have different concepts and ideas. It is nice to have on file if you are in the DHA and at the VA it is an oral consent at this time. We work with our pain providers for overall consent for different procedures. The medical assistant positions, in my case I don't have any medical support. We are building out our facility. I do all of the different techniques and getting my patient positioned. And then the supplies will be there in the room that are acupuncture needles of some type like the dry needles and different types. And all metal needle and a small enough diameter that it is comfortable and tolerable for the patient. I typically find that the 20 to 25 in diameter, 0.2, 0.25, 0.18, those are the smaller sites needles and very comfortable. 0.30 and above is pretty intense and I like to call those railroad ties. They are like big spikes. You can schedule a clinical follow-up three days to one week in a virtual appointment as a follow-up where you could talk through different acupressure treatments and what they can do on their own for stretching. We have a little video. This is a shorter video. In terms of our percutaneous nerve stimulation, this is for the lower back. We are talking about great areas. Upper back, lower back, and I know a lot of physical therapists are utilizing pin techniques in their dry needling. Go ahead and load up the video. Let's see. This one, I am going to leave as a reference. This is a 21 minute dry needling video. In the last training, we just went through how that provider was setting up the patient. The provider in the video is going through a range of motions and then the provider will station the patient in a particular manner and start with the needling. Once you clean distant, and I do where gloves. Clean needle technique say we can just wash your hands. The patient would have a mask on and I would have a mask on. And then a face shield as well. I will have gloves. I am using gloves once I have the patient, I glove up and clean the skin in a perpendicular motion with alcohol swabs. I use only alcohol swabs. We no longer use bottles of rubbing alcohol. And then we insert the needles and attach the electrodes. The low back is as deep as a well. I will use needles that are approximately 1.5 to 2 inches long and I will needle those toward the back of the cross and finding areas of tension and pain in the myofascial tissue area. My favorite thing to do and making a fast is I have a patient in a prone area and then I say, please point to where it hurts today. Because the pain is originating from that area. They are feeling it today in the rhomboid region and feeling it today in the top of the two previous. Two points in that area and maybe two more points on the cervical spine just a couple of inches off in the muscles going toward the rhomboid at an oblique angle. I will go into the quadriceps and use tight areas of pain, one or two points and then just hooking up stimulation. If you go for an additional 15 minutes of electronic nerve stimulation, you must add more needles and reposition electrodes. Dr. Olson, we were having a discussion about this in terms of the amounts of units people can use for P.E.N.S. technique during acupuncture. Some people were believing you had to remove of the needles and start with a

whole new batch of needles and electrodes. We were thinking you could just add more needles at the 15 minute increment Mark. If you have any thoughts on that, please let us know. We are just coding it is 15 minutes, electronic or non-electronic for P.E.N.S. And P.E.N.S. would have electronic nerve stimulation. It is best for shoulder and the scapula area of the lumbar region and sciatica. I would not use this on the [Indiscernible]. The typical region, it is very superficial and you never want to go too deep in the occipital region. It is very important not to needle too deep in the occipital region. When those muscles start to articulate they will kick out the needles superfast. You want the needles to have an insertion depth of at least two centimeters to three centimeters before starting your electronic nerve stimulation. You will live the tissue and thread the needle at an oblique angle.

Are there any questions on P.E.N.S. techniques? I am fast forwarding through this. We want to make sure that we get it through questions and the search bar. One of the things I wanted to talk about were P.E.N.S. codes. What code will I use for P.E.N.S. technique? It is going to be 64999. I have seen it even as, 64999 for P.E.N.S. technique. If you are an acupuncture runs you would use 978 41, 9781 four and that would be acupuncture with electronic nerve stimulation. 97813 for the first 15 minutes. 97814 for subsequent minutes of nerve stimulation over acupuncture points. That is different from the 810 that is a regular insertion of needles for the first 15 minutes only. 97811 will be the next insertion of needles. For trigger points, I think for trigger point injections we did put down the CPT codes. I am going to pop in the CPT codes for our dry needling as well. I want to make sure, can everybody hear me okay? And then any last questions about P.E.N.S. before we go into dry needling?

Dry needling. Currently there are national trainings and local trainings offered for dry needling. And these are really meant for physical therapists, occupational therapists, some physicians will attend some of these. Nurse practitioners. When you go to these events, usually they are structured as a three day event. There can be a one week or two week training and dry needling. How much are you using that? The training, we do want you to have a complete understanding of the tissue that you're going to be needling and why you would be using dry needling and what contraindications you would have for not using it in certain areas are contraindications for needling and other areas. We also want to balance out the amount of hours and the amount of treatment time they are providing in the clinical situation. For instance, if someone can perform five treatments under observation and five treatments that they are observing and five treatments under observation through the credentialing body of their hospital, and they also have different governing bodies that have regulations on the amount of needling times and didactic classes they need to receive, we want to offer that within the agency and the VHA. Our providers are getting that maximum benefit with the least amount hours of time and we are seeing them certified and credentialed and confident in offering those treatments when needed. Dry needling can be incredibly effective. I have a lot of happy patients from their dry needling techniques. The technique uses a dry needle without medication

or injection and it is inserted into the muscle. I giggle because that is not dry. I don't want that needle after they are done with it. It is dry needle because there is no injectable. It is a dry needle because there is no substance going into the body. It is a dirty sharp and needs to be thrown away. It is a small and noninvasive procedure in terms of acupuncture. It is going through substituting the us tissue. It is funny. It is not dry. Again, we just throw all of our open containers of sharps and acupuncture needles and our sharps containers that have been used on the patient's body into the sharps container and dispose of them as medical waste. And other regions of the world they will use those instruments and other regions of the world they will clean them and autoclaved them. If you travel to a different region of the world and they offer you acupuncture, I highly recommend dry needling and confirm with that clinic location that they are using 100% new needles and you're happy to pay for brand-new pack of needles. In America it is one-time use only needles. Here is a YouTube video. Here we go. I think that is coming through now. This is the dry needling video. You can click on that and loaded up in the browser. This one I believe is just two minutes long. You can keep that running in the background. I am going to be talking a little bit about it. I like his discussion into the different methodologies of why dry needling works and how it is really impacting the body. It is the same tool as acupuncture. It is the same kind of concept in terms of acupuncture reusing disappoints on the hands and the fee to treat those garden hoses on the body for pain management and treating local points. The junctions in pain and then in terms of dry needling, they will be utilizing local points for pain management. They will not be using those disappoints. The benefit can be instantaneous and that is absolutely true. I have seen patients do incredibly well with this. And I think this video, I am not necessarily recommending this product, but this is a great discussion on how and why it works. It is an idea and the concept of dry needling that can help out a lot in terms of getting a global idea of what is it. We are going to go to the next slide now. Again, I can't wait to do a demonstration in person. We are trying to give you the techniques and resources you may use down the road. There is in your training platform for the defense health agency that you will use. I know they just renamed it recently. You do the annual refresher trainings. Thank you very much.

They have a dry needling introductory training and it is very good. It is put together by a company that offers it as a paid training. The problem is, they talk about acupuncture as an art where we are not going on muscular areas of the body but some process that nobody understands. Functional MRI studies, let's just the bunk out right now. It is very much a wonderful science. Dry needling practice by L physical therapist, occupational therapist, a doctor, can be incredibly effective. As effective as acupuncture. We can use other points to help out with that whole healing and get the person Marbella sober all. They are helping with the local pain region. I hear that a lot from my patients. They do enjoy really good dry needling. If you are using a lot of stimulating technique, that can be very tender for the patient and make the patient more pain. We will go through what to avoid. Dry needling, a consent form is usually needed by the physical therapist. It will be a standardized form. Sometimes it is the same form. You are using the same type of metal needle. These needles, these are incredibly thin. This is going to be a

very tiny and thin shorter needle. Basically, this one is just called 0.14 in diameter by 15 millimeters long. This one would be way too tiny for usage but something more like this, the DBC needling utilized and it is a little bit the car. They may utilize something in the .3 range. .15 would be the tiniest needle that you could use. .3 is getting up there for a railroad tie. And dry needling you might use a .25 diameter needle and I typically go a length of something like 40 millimeters. It is a good amount like 1.5 inches are maybe a little bit longer and lent. You can do a nice momentum on that muscle tissue at that juncture without worrying about the needle ending are breaking. If your needles are within usable dates and they have not been stored in a superheated environment, they should have very good textile strength. These are made out of a medical grade surgical steel that is a spring-like material. It should have good tensile strength to it. Knock on wood, 30,000+ treatments and I don't even want to brag about this, but I haven't seen a needle break. If you are doing a lot of lifting and thrusting into a muscle that's very locked up, you can see that needle band and the needle will pop out of the skin and a lightning rod formation from where the muscle has contracted around the needle. When you sense that you should pull it and begin again, dry needling can be used in a quick manner with your hands on the needle. Usually they do not retain the needle but I have met physical therapists that have retained the needle for 5 to 10 minutes. Okay. Is there any programs that offer dry needling certification in the DC area?

There is a lot of organizations offering traveling trainings. We will start talking about some of those different organizations. Dry needling Institute.COM. Thank you, Dr. Norton for that. They have a list of different programs for getting certified. They vary from some offered in Austin that are a weekend and it's a Friday night and Saturday and Sunday. I have seen some offered in other areas that are two weeks long. That seems pretty intense for something that you may or may not utilize in clinic. If you know that you will utilize it a lot, maybe two weeks is awesome, but that is a lot of hours for training.

Again, just go through the verbal and written consent of the procedure. You can offer a pain diary and that is often very good. You can discuss a follow-up schedule. They will probably need more than one session. At my current location we offered 20 sessions over a large amount of time. A treatment every other week over the course of 40 weeks or maybe that patient may take that treatment once a month. They could come back every week to manage their pain and I leave it up to the patient's discretion at that point. It is somewhat guided by my schedule and when it is open. Looking at the question, I know there's a lot of studies on this. It compare timing and said needles that remain in longer than shorter our 20 to 30 minutes. The study factor, and your opinion the study said leave the needles in a longer time like 20 to 30 minutes. Other providers, providers have different thoughts on it. My patients experience a long time treatment and I think this is in the notes. Acupuncture needling times. There is in analysis meant time and retention of needles. Acupuncture study. I will have to pull this up for you. There was a meta-analysis done about the optimal time for acupuncture treatments.

They found an adaptable amount of time between nine minutes and 24 minutes with the peak of therapy around 14 minutes. After that, it is a descending bell curve. Here we go. I think I will have to see. It was 17,000 patients. I will have to come back to you with that study. I'm sorry I don't have that study right in front of me. Here we go. Very interesting to know that there are different amounts of time. And usually, it is a quick therapy with the patient being on the table and the provider holding the tissue in their hand and needling into that tissue. We are trying to create some sub tissue damage in there. That is a little bit of a hamburger effect. The body will rush in with the endorphins and start that endogenous natural pain reliever in that area. In a way, it is like a trigger point injection. That is starting a reaction. And then it will go when and start repairing that tissue. It is wonderful for different areas of scar tissue.

I will have to pull up that analysis at the end. Dr. Andreotti, is there anything you want to add before I continue on?

I think you're covering it pretty well.

We will leave time at the end for questions too. All you need is the space to perform this treatment. I have seen this treatment performed in physical therapy and gymnasium environments. You are just want to be able to watch out for any reaction so the provider would need maybe a couple other providers in the area to make sure that that patient doesn't have a negative reaction. Make sure that the patient is appropriately draped and they have eaten or drank something in the last four hours at least so that they're not fasting when they come through for their treatment in the morning. When you are draping the patient in a larger area, what I typically do is you can have the area under the patient draped up with paper class. The patient will lay down on that. A pillow supporting the belly is great. Elevate the feet and keep the spine aligned. In terms of that, when you're doing the needling, needle discreetly into a little area and then draped that patient. And then leave the patient for a few minutes before coming back to them if you have other patients around you. In terms of our treatment protocols that I am currently doing in the VA, I've got four reclining chairs. I mostly using distal points to treat patient pains instead of local. Essentially get treatment tables we will have treatment tables with treatment chairs so the patients can lay face down draped and received needles on their local area with electronic nerve stimulation. They will receive between 15 and 30 minutes of therapy. Usually on this dry needling, the more stimulation that you use and we call this [Indiscernible]. A turtle is down in the mud and trying to find a little fish or a frog in the mud, we go into an area of inflamed tissue and we are trying to find the areas that feel like gummy bears or scarred. You want to get in there and perforate that tissue slightly. Very careful to needle over the top of the surface of a rib in case the needle goes too far and then lifting that tissue severely and watching your fingers so you're not causing a needle stick. As you are needling in, you don't want to poke through the tissue and into your own finger. Watch out for that. So then you would schedule a clinical follow-up. And then COVID mitigations. Make sure that the patient has on appropriate surgical mask and you are using a paper covering for the table. You have patience greater than six feet apart and you're wearing a

face shield and glove. In an outpatient clinic, we do not use iodine. Usually it is an alcohol prep pad cleaning surface of re-. We use alcohol prep pads. Rubbing alcohol with cotton balls are suspicious. It's not a great way to have those being utilized. You can do it if you're really stubborn about it, the prep pads are great and they are sealed. There is no question of is a sealed environment. This is one time use only. If you have to, you can date the alcohol bottle up when you opened it. It has to be used within 30 days.

Could you send me a sign in sheet?

Yes. I will see about sending out the sign in sheet. Thank you for your patient on that. And dry needling, there may be some residual pain at the needling site. If someone is experiencing a nervy pain, the best way to treat that is ago above or below and needle into the muscular junctions above or below that. And that should hopefully help with that pain. At the very least, it will make the patient feel like you listen to their feedback and offered a solution. If it doesn't seem to fix a solution that day, have them stretch and follow any home recommendations, drinking and hydrating and making sure they follow up with you within one week. They can call the clinic as well if they are experiencing any residual soreness in that area. They may have an ache in the vicinity of the needling. That is comment. Uncommon result would be that we don't want a size, side effect. Patients report to me and look weak or the hydrated and I asked them have you eaten in a while and they say no, not since yesterday at noon, I will send them out to go get food. There is a snack bar down the hall and I need you to drink juice and have a snack bar or granola bar before you come back. I will send them out to a little snack bar to have something in their system. Otherwise, needling a patient that is weak is a recipe for disaster. Nobody wants to call a code blue. Painting is a code blue in a hospital situation. Avoid that. If someone says they are feeling nauseous during the therapy, remove the needles and apply some gentle pressure to the area with your gloved hand. Soothed the patient and make sure that they are resting and able to drink a little water and hydrate. That will be important so that they can stop that reaction. Usually at they are feeling nauseous, that is one of the precursors to that event. I don't ever ask the patients if they feel nauseous as a group. That may start a little psychosomatic training.

>> This medication may cause some arm pain. It is not necessarily beneficial to warn the patient about their nausea or vomiting but keep checking in with their patient especially if they look like they're going fail. Remove the needles and apply pressure. A rare side effect would be a normal thorax. If that happens, many fewer hours of dry needling training like an afternoon and you get thrown into doing a lot of dry needling, you're more likely to choose points that are more suspect and you could cause a pneumothorax quite easily. We were seeing a lot of those in the early years of dry needling at Ft. Hood when it wasn't taught as a class but just discussed as part of a physical therapy training. We would see quite a few pneumothorax. Most of them self-resolve. Almost no treatment involved. The patient was seen to have one pneumothorax and one quadrant of the lung. Just lifted tissue at the oblique angle only and use less stimulation. That is my therapeutic recommendation. We have this other video, I'm going to put the link in

the chat bar. I will make sure that you can access that later. You can have this playing in the background. I just loading it up here. We are almost done. Very quickly, I know I'm spending through this and talking very fast. How is everyone doing on the dry needling? Are there any big questions? Excellent. Here is the YouTube video on the dry needling. There is not a lot of difference between trigger point injection, TPI/PENS technique and dry needling. Lifting the muscle, using a perforating technique where you go into the muscle from different angles and pulling out the injectable and massaging the tissue. A P.E.N.S. technique, lifting the tissue inserting the needles looking up the electrodes and removing the needles and then of course removing the electrodes first and removing the needles. Dry needling, Outlook second trigger point injection but with a solid needle. You are lifting and using that technique of going in and peppering the muscle in different areas and trying to cause a little vascular damage and that area and cause a little bruise in that area. The treatment can range in effectiveness for at least two days. I have heard from a bunch of patients that they have never had that pain again. I was at a medical training yesterday and a person said I received dry needling. It is a therapeutic needling and I'm glad you received that. They have been to a physical therapist and had a back pain that was very localized in one area and extremely painful and disruptive to their day. They were deployed overseas in a war zone that we are just now no longer in. They had dry needles inserted into that area and the therapist. Just a little small machine. For two minutes applied a small amount of electronic, nothing the patient described is too much. The patient said they attached the electrodes to the dry needles and they never had that pain again? It was gone and out of the back and they have never had it again. Sometimes there can be an irritated region of the body. A tiny bit of stimulation can really help to benefit. The most effective dry needling sites are going to be adhesive capsulitis. The frozen shoulder. I have had multiple patients. They slept on it wrong and now the joint is inflamed. They have no range of motion. You can do the dry needling or the quick needling technical over this area. No need for steroid injections. I feel that this is super effective and what a great way to get other providers to offer integrated therapies. Nurse practitioners, definitely. Other extenuating physicians, I'm sorry, physician extenders, definitely our physicians are primary care providers. These are wonderful people who can do these therapies and help offered that non-pharmacological therapy. As a hospital only benefiting, it accomplishments as well.

Dry needling questions. Are there any questions on this?

We are going to go over how to gain clinical experience.

In terms of how much feedback and how much utilization of that training, we are training and we see people using this therapy. They will vote for more often. So you don't necessarily have to go to these outside models?

The Relias course name. I'm no longer in the Relias system. I was googling that, let me see if I can find it. CEU L045114 introduction to dry needling. Is anything coming up on that one? Let me see. Definitely

effective. Dry needling is very effective and a great adjutant therapy for patients that are going through those withdrawals.

Patients are very dissatisfied with being taken off their opioids and manage on other pain medications now. Offering these passive therapies as interventions can be very good. It is great for being a clinical intervention one on one or part of the group. I would not have a patient laying on their back on a hard surface. Even on their side, they are not elevated in different ways. I tend to leave my therapies at 35 to 50 minutes of total needling time if I can. And they are reclining and relaxing in different ways. If I'm doing a shorter base treatment, 24 patients a day at Ft. Hood, pre-COVID and our schedule. Only 35 minutes at a time. It would be receiving 30 minutes of needling facedown at maximum. Even lesser than that sometimes. It is just the first increment are the second increment of needling time. The CP codes for dry needling, I'm so sorry, I had this all loaded up. Dr. Andreotti, do you have anything else to say?

No, I don't.

So CPT codes for dry needling I have 20561. 20560 for the first 15 minutes and then 20561 if you use new needles.

And I'd like to add one thing. As we discussed those modalities, it is important to remember to not do them at the same time. Sometimes you can ask your credentialing body at your hospital and they will recommend five treatments performed under a supervisor currently credentialed in that modality. You observe five treatments and then perform five treatments. The time to do this is on the on boarding process before your rotation is set up. The time to do this is transferring into a new facility are setting up a new departmental member and making sure they have the credentialing with the hospital. That is the best time to do this. Otherwise, carving out five different individual times, you have to take a debris or shadowing a provider that has a total of 10 patients that they and you can perform with that provider.

And you have to make sure that you have a memorandum of supervision from credentialing.

I know at different hospitals, part of the effort to standardize and make sure that all hospital bases are following the same amount of credentialing hours. Is not that we don't perform acupuncture are these techniques in San Diego. We do perform it here at Ft. Hood in Central Texas. They are trying to make sure it is standardized across the board. If you're having trouble with that, feel free to reach out to Dr. Andreotti or myself for your credentialing body. If anyone's interested, there is a pilot. That is great. The pilot program, Dr. Perkins, is that the one they are doing, who is the other provider you're working with? Out of Georgia. At one point in time copper, it is a great concept. We’re going to do a virtual training and have trainers at different facilities. If you have been providing these techniques, you are the local subject matter expert and this is for battlefield acupuncture. The model is solid and it is great. You attend a virtual training and you have a local tabletop provider walking you through that virtual training. You get the hands-on from the local person. You don't have to fly somewhere else. It

is your local credentialing body. And Ft. Bragg, Wainwright, grade. It is much better to offer these virtual trainings and utilize those provider at different facilities that already have this. If they don't have a provider that knows this, we have a travel team. For the battlefield acupuncture, having something structured, MI coming through? Hopefully, that is the same type of model we can take to offer dry modeling, P.E.N.S. technique in the future. Thank you all. If you have any questions, we have one minute. And by the way, there is a great company that makes a product for body positioning. We are in the infancy of creating our acupuncture program at the VA were I met. I am using pillows. I went to medical supply and asked for tons of pillows. It is just a hospital-based pillow covered in plastic and then a paper drape with plastic backing on it. I stick them underneath the belly, legs, head, and that helps to give a little bit of pain relief. Thank you for your time.

Thank you everyone for attending.