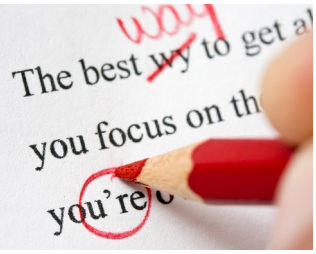
The Meridian

Newsletter of the International Acupuncture Association of Physical Therapists

April 2021

A Word from the Editor



Renewed and refreshed post Congress 2021, we move on with our popular webinars, Congress report and items of interest for our membership worldwide.

Many thanks to our contributors and please feel free to submit items for our future issues.

Mary Pender
Meridian Editor

Message from the Chairman

Hello everybody on this season of gathering for the World Physiotherapy. While it is so exciting for everybody to attend the first online Congress of World Physiotherapy, please do not forget to attend the General Meeting of IAAPT in a month's time after the Congress.

We are very pleased that our Webinar series was launched successfully in February and the second session was held in March. Thanks to Len, who coordinated the webinars and George and Susan who have conducted the first two webinars. The webinars are going to be held every two months until the end of the year 2021. You are all welcome to join us at the webinars. For those who cannot join the webinars live due to time zone problems, as we may not cater for every time zone in the world every time, most of the webinars would be recorded so that you may view it afterwards.

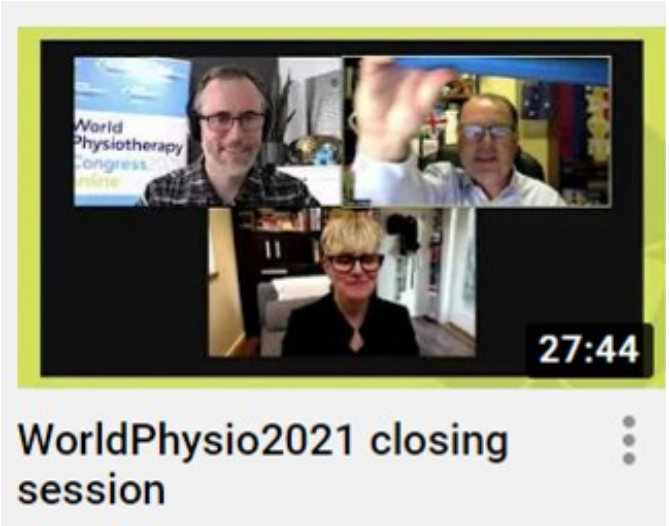
We hope that the pandemic of COVID-19 will become history very soon so that we may meet and hug each other again in person. For the time being, please stay safe by observing all the preventive measures for infections and get vaccinated if possible.

We wish the world health and peace thereafter!

Kerry Fung,
Chairman IAAPT

Congress Report

(Mary Pender)



Opening session available in YouTube on https://www.youtube.com/watch?v=Lev_oPqNGxA

Closing session available in YouTube on https://www.youtube.com/watch?v=BsxVa6dI9do

Click on https://www.youtube.com/c/theWCPT/videos to view more World Physiotherapy videos. Subscribe to WorldPhysio1951 to ensure you are alerted as new material is added.

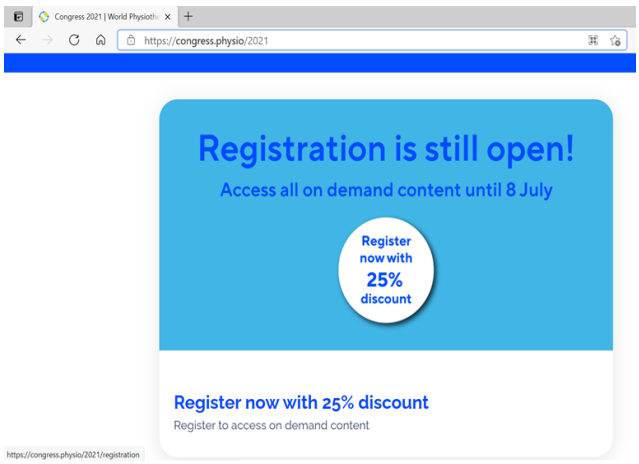
Our **Networking Session** at Congress went well thanks to Susan and Alex. Members who could not have attended Congress were online to discuss matters of interest in acupuncture education, research and the place of acupuncture in the evolving world of physiotherapy.

I was sorry not to travel and meet colleagues from around the world. The chance meetings and chats at Congress gladden the heart and encourage us all as we navigate health promotion in our difficult era.

I was particularly interested in sessions on musculo-skeletal conditions, chronic pain being multi faceted, exercise improving sleep patterns, etc. There was a lively discussion regarding exercise plans and the place of telehealth, as the need for rehabilitation increases post-pandemic. Also of great interest was *'research papers explained'* so that we can evaluate research with clarity and focus and design treatment plans with evidence to guide us.

Long COVID was discussed and a resource is available to all registrants for three months. So, all in all, a great weekend although tiring! I can revisit presentations for the next while and catch up on missed sessions.

It is still possible to register to view sessions ***On Demand*** from https://congress.physio/2021. For those who registered in advance, almost all of the sessions are available for a limited time.



Thanks to Emma and all at World Physiotherapy.

Webinar Series for 2021

(Len Kiroplis)

Our series of webinars started in February and we are delighted with your feedback so far. Many thanks to our presenters and we look forward to our next webinar which takes place in May.

The first two webinars were recorded and the recordings are available for a limited period online. We include the access details under each title. The third webinar will **not** be recorded but can be watched live. Information regarding online access will be provided at a later date and posted online.

WEBINARS in 2021

Saturday, February 20, 2021

Integrating Acupuncture/Needling education: Biomedical and Traditional aspects

Available to view on Facebook Watch (https://m.facebook.com/watch/?v=139832817937335&_rdr) on the IAAPT Facebook page

Professor George Georgoudis

Wednesday, March 24, 2021

Safe acupuncture and dry needling practice

*Available to view until **1 August 2021** on https://www.dropbox.com/s/7mkjqxcoh440vfk/Safe%20Acupuncture%20and%20Dry%20Needling%20Practice.mov?dl=0. The password is worldacupuncture2021 and the download option is blocked*

Susan Kohut

Thursday, May 27, 2021
15:00 - 16:00 New Zealand time

Acupuncture during pregnancy: what about the forbidden points

*The Zoom link for this webinar will be sent out in advance and please note that this webinar will **not** be recorded.*

Jillian Marie McDowell

WEBINARS in 2021

Monday, July 26, 2021
12:00 - 13:00 Pacific time (Vancouver, Canada)

Persistent Myofascial Pain and the Gunn IMS (Intramuscular Dry Needling) Approach

Lyndal Solomons

Wednesday, September 15, 2021
14:00 - 15:00 Hong Kong time

Cupping Therapy–
acupuncture related and fascial mobilisation approaches

Kerry Fung

November–date to be confirmed

"How long, how strong, how often, where and to whom? Applications of sensory stimulation for analgesia and beyond"

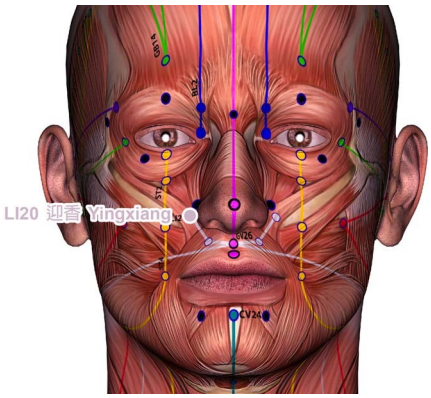
Panos Barlas

Acupuncture for Loss of Taste and Smell

Chartered Physiotherapists in Acupuncture (Ireland) ran a Zoom talk entitled *Acupuncture for Loss of Taste and Smell*. The presenters Mary Furlong and Mary Pender presented the findings from a selection of published articles including the following:

Wang TJ. *COVID-19-Linked Loss of Smell and Taste- Case study and Discussion*. JCM. 2020:124;51-54

Abstract
Increasing evidence indicates that loss of smell and taste are key symptoms of COVID-19. This paper discusses the aetiology, pathology and mechanism of loss of smell and taste from the perspective of traditional Chinese medicine (TCM). The primary Chinese medicine patterns of dampcold and damp-heat with toxin are described, along with an explanation of the main zang-fu organs involved (the Lungs and Spleen), and how the mind and brain may be involved. A confirmed COVID-19 case in which the patient lost their sense of smell and taste is also reported, including symptoms, pattern identification and treatment with Chinese herbal medicine and acupressure.



Keywords
COVID-19, coronavirus, SARS-CoV-2, pandemic, Chinese medicine, TCM, Chinese herbal medicine, acupressure

Jiang K *How COVID-19 Causes Loss of Smell; Olfactory support cells, not neurons, are vulnerable to novel coronavirus infection* DOI: 10.1126/sciadv.abc1564

This article is part of Harvard Medical School's continuing coverage of medicine, biomedical research, medical education and policy related to the SARS-CoV-2 pandemic and the disease COVID-19.

Temporary loss of smell, or anosmia, is the main neurological symptom and one of the earliest and most commonly reported indicators of COVID-19. Studies suggest it better predicts the disease than other well-known symptoms such as fever and cough, but the underlying mechanisms for loss of smell in patients with COVID-19 have been unclear.

Now, an international team of researchers led by neuroscientists at Harvard Medical School has identified the olfactory cell types in the upper nasal cavity most vulnerable to infection by SARS-CoV-2, the virus that causes COVID-19.

Surprisingly, sensory neurons that detect and transmit the sense of smell to the brain are not among the vulnerable cell types.

Titus Sunday Ibekwe, Ayotunde James Fasunla, Adebola Emmanuel Orimadegun *Systematic Review and Meta-analysis of Smell and Taste Disorders in COVID-19* DOI: 10.1177/2473974X20957975 eCollection Jul-Sep 2020

Abstract
Objective: Loss of smell and taste are considered potential discriminatory symptoms indicating triaging for coronavirus disease 2019 (COVID-19) and early case identification. However, the estimated prevalence

essential to guide public health policy varies in published literature. This meta-analysis aimed to estimate prevalence of smell and taste loss among COVID-19 patients.

Data sources: We conducted systematic searches of PubMed, Embase, Web of Science, and Google Scholar databases for studies published on the prevalence of smell and taste loss in COVID-19 patients.

Review methods: Two authors extracted data on study characteristics and the prevalence of smell and taste loss. Random-effects modeling was used to estimate pooled prevalence. Subgroup analysis and meta-regression were conducted to explore potential heterogeneity sources. This study used PRISMA and MOOSE guidelines.

Results: Twenty-seven of 32 studies reported a prevalence of loss of smell, taste, or both from a combined sample of 20,451 COVID-19 patients. The estimated global pooled prevalence of loss of smell among 19,424 COVID-19 patients from 27 studies was 48.47% (95% CI, 33.78%-63.29%). Loss of taste was reported in 20 studies and 8001 patients with an estimated pooled prevalence of 41.47% (95% CI, 3.13%-31.03%), while 13 studies that reported combined loss of smell and taste in 5977 COVID-19 patients indicated a pooled prevalence of 35.04% (95% CI, 22.03%-49.26%).

Conclusions: The prevalence of smell and taste loss among COVID-19 patients was high globally, and regional differences supported the relevance of these symptoms as important markers. Health workers must consider them as suspicion indices for empirical diagnosis of severe acute respiratory syndrome coronavirus 2 infection.

Qi Dai, Zhihui Pang, and Hongmeng Yu *Recovery of Olfactory Function in Postviral Olfactory Dysfunction Patients after Acupuncture Treatment* http://dx.doi.org/10.1155/2016/4986034

Introduction. The aims of this study were to assess the impact of traditional Chinese acupuncture (TCA) in postviral olfactory dysfunction (PVOD) patientswhowere refractory to standardized treatment and to compare the resultswith the impact observed in an observation group. *Methods*. Fifty patientswho presented to the outpatient clinic with PVODandwere refractory to standardized treatment were included: 25 were treated with TCA and 25 patients were simply observed. A subjective olfactory test was performed using theUniversity of Pennsylvania Smell Identification Test (UPSIT).Theeffects of TCA were compared with the results obtained in the observation group.

Results. Improved olfactory function was observed in eleven patients treated with TCA compared with four patients in the observation group. This study revealed significantly improved olfactory function outcomes in patients who underwent acupuncture compared with the observation group. No significant differences in olfaction recovery were found according to age, gender, or duration of disease between the two groups; however, hyposmic patients recovered at a higher rate than anosmic patients.

Conclusion. TCA may aid the treatment of PVOD patients who are refractory to drugs or other therapies.

We have more articles downloaded on this topic which are available on request.

- Acupuncture For COVID-19 Loss Of Smell And Taste.pdf
- covid-19-linked_loss_of_smell_and_taste-_case_study_and_discussion.pdf
- Effects of laserneedle acupuncture on olfactory sensitivity of healthy human subjects - a placebo-cont...
- How COVID-19 Causes Loss of Smell _ Harvard Medical School.pdf
- Loss of Smell in COVID-19 Can Present w...ons - Scientific American Blog Network.pdf
- Loss-Smell-Taste-TBI-508.pdf
- Mysteries of COVID Smell Loss Finally Yield Some Answers - Scientific American.pdf
- Recovery of Olfactory Function in Postviral Olfactory Dysfunction Patients after Acupuncture Treatmen...
- Systematic Review and Meta-analysis of smell and taste disorders in COVID-19.pdf
- TCM analysis and strategy for COVID19 associated loss of smell and taste.pdf
- The role of acupuncture during the COVID-19 pandemic.pdf
- Waking up and smelling the coffee.pdf
- What would you do if you had no sense o...ll_ - Scientific American Blog Network.pdf
- Why COVID-19 Is a Special Danger to Oto...sts - Scientific American Blog Network.pdf
- Why COVID-19 Makes People Lose Their Sense of Smell - Scientific American.pdf

Dry Needling in Physical Therapy Practice: Adverse Events *(Review Article)*

Vanessa R. Valdes

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Abstract

Dry needling is an increasingly utilized modality among physical therapists for the treatment of musculoskeletal pain and dysfunction. Continuing educational programs targeted to licensed physical therapists have proliferated in the past decade and research into the efficacy of this intervention is accelerating. When utilizing any new treatment technique, the inherent risks involved must be weighed against the potential therapeutic benefits. Knowledge of the adverse events associated with dry needling is essential in the risk management of physical therapy practice. Understanding the frequency and types of adverse events can help minimize their occurrence.

International Journal of Physical Therapy & Rehabilitation Volume 5 (2019), Article ID 5:IJPTR-157, 9 pages
https://doi.org/10.15344/2455-7498/2019/157

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1. Introduction

Dry needling (DN) has become an increasingly used modality in the treatment of musculoskeletal pain and dysfunction by physical therapists (PTs) in the USA. In 2012 the American Physical Therapy Association (APTA) updated the professional scope of practice to include DN as a skilled intervention useful in alleviating physical impairment and functional limitations [1]. Post-graduate training programs and research into the use and effectiveness of DN in clinical practice continues to proliferate. These educational programs are often of a short duration as they build upon the knowledge and skills already obtained in the entry-level formal training of physical therapists [2]. Internationally, dry needling courses developed for physical therapists are also of a relatively short duration and it has been concluded that the technique is easy for PTs to safely learn [3].

In some states, the addition of DN into the physical therapy scope of practice has involved protracted legal battles from the acupuncture community, which, for the most part, opposes this development. Acupuncturists claim that PTs are practicing acupuncture by performing dry needling interventions and are unqualified to do so. Due to the relatively short duration of dry needling courses, they feel that public safety is threatened [4,5]. Despite this rhetoric from the acupuncture community, there is no evidence thus far of serious adverse events associated with DN by physical therapists [4].

Both acupuncture and DN are generally considered to be low-risk interventions but serious complications, although rare, have been reported in the literature. As an invasive intervention, practitioners must be cognizant of the risks involved with this modality. The focus of this paper will be on reviewing the frequency and types of adverse events associated with DN and on a discussion of their prevention and treatment.

2. What are Adverse Events?

An adverse event (AE) is "an unexpected and undesired incident directly associated with the care or services provided to the patient; an incident that occurs during the process of providing health care and results in patient injury or death; or an adverse outcome for a patient, including an injury or complication." Unfortunately, any treatment that can have an effect can also have an adverse effect [5]. Traditionally, orthopaedic physical therapy is considered to be safe, in part because the training of physical therapists embraces traditions of wide error margins to help minimize risk [5]. Safety must be a