Response to the Letter by Weisman et al on: Twenty Thousand Needles Under the Sea

Trigger Point Dry Needling Aboard an Israeli Navy Submarine. A Case Report

To the Editor of Military Medicine,

We are happy to respond to the concerns raised by Weisman et al concerning our article "Twenty Thousand Needles Under the Sea."

Our colleagues state categorically that the hypothesis of myofascial pain arising from trigger points has been comprehensively refuted. This is, in fact, an inaccurate and unfounded appraisal of the literature, as this hypothesis has been discussed pro and con and is still in controversy. There are many explanations for the occurrence of myofascial pain, trigger points still being the prominent concept.1–4

In answer to our colleague’s surprise at the use of dry needling by primary care physicians in the Israeli military, we would like to point their attention to the fact that dry needling involves not only the use of a needle but also the ability to take a history and perform a relevant physical examination before deciding if or where to needle. The literature is vast on the efficacy of dry needling and the experience of primary care physicians is overwhelmingly favorable of this treatment method for acute myofascial pain syndrome.5–7

The patient described in the report was a senior officer whose presence and active duty were imperative for maintaining and performing the submarines’ task while on active duty. Dry needling, after a good attempt following an unsuccessful attempt with accepted guidelines for acute low back pain, proved to give almost immediate relief of the pain and disability. Thus, not post hoc ergo propter hoc but the proof of the pudding is in the eating.

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REFERENCES


CPT Dror Ronel*†
CPT Oren Gabbay*†
MAJ Akiva Esterson*†
MAJ Ronen Brand*†
Simon Vulfsons*†

* Medical Corps, Israeli Defence Forces, Israel
† Institute of Pain Relief, Rambam Health Care Campus, Haifa, Israel

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