Dry Needling, Tensegrity and the Challenges of Integration

Qiological podcast featuring Darren Maynard

Introduction

The term "sports acupuncture" means different things to different people—and that imprecision itself reveals something important about how acupuncture evolves in clinical reality. Darren Maynard, a practitioner with 14 years of experience and deep training in both trigger point release and Sa'am acupuncture, uses this episode to dismantle misconceptions about what sports medicine acupuncture actually is, while simultaneously modeling how to practice with rigorous integration of multiple frameworks. Rather than presenting sports acupuncture as a rigid methodology, Darren demonstrates it as a bilingual fluency: the ability to speak both the language of Chinese medicine diagnosis and the language of Western anatomical physiology, allowing practitioners to work collaboratively with orthopedists, physical therapists, and athletic trainers while maintaining the sophistication of deeper constitutional work. This conversation explores how specialized acupuncture practice develops not through weekend courses but through thousands of hours of palpation-based training, and how the willingness to integrate rather than fight for territory actually expands clinical capacity and patient outcomes.

"Sports Acupuncture" as a Misleading Term

- The phrase "sports acupuncture" carries multiple misconceptions: that it's only for athletes, that it abandons pulse and tongue diagnosis, that it's somehow less "traditional" than other acupuncture
- Sports medicine acupuncture actually requires bilingual competency: fluent in Chinese medicine diagnosis AND Western anatomical/physiological language
- The approach is not an either/or (traditional vs. modern) but a both/and that strengthens clinical communication with referring providers
- Being able to translate Chinese medicine concepts into Western medical terminology for referral doctors significantly impacts referrals and patient trust
- Practitioners using sports medicine language are perceived by Western medical colleagues as "different"—a useful distinction that helps patients feel comfortable trying acupuncture

> *"You base everything off of what your Chinese medicine diagnosis is. And then you're also looking at it from a Western medical point of view of like, what's working, what's not working, why is there pain coming from where it's coming from? And then you're also looking at things from understanding the diagnosis from the Western medical practitioners, and then being able to put your diagnosis back into their language."*

The challenge of being bilingual in healthcare is that each language system has its own coherence and logic. When Darren explains to a referring orthopedist what he's treating, he cannot say "the liver qi and blood are stuck and there's a shen disturbance"—that's not medicine from the referring doctor's perspective; it's incomprehensible jargon. Yet if he only spoke Western anatomical language, he'd lose the sophisticated diagnostic and treatment capabilities that make acupuncture powerful. The real skill lies in maintaining both frameworks simultaneously, using Chinese medicine diagnosis to guide deep treatment while being able to report outcomes in terms Western practitioners recognize. This isn't "dumbing down" Chinese medicine; it's respecting that communication shapes clinical relationships and patient access.

Essential Takeaways for Clinical Practice:

- Develop the ability to translate your Chinese medicine diagnosis into Western medical/anatomical terms for referral documentation
- Recognize that speaking the language of the referring provider expands your referral network without compromising your diagnostic sophistication
- Understanding both frameworks makes you more useful to patients navigating multiple healthcare systems
- Being perceived as "different" (floating between worlds) by Western practitioners can be a clinical advantage if it lowers barriers to referral

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Knowing Your Scope: When to Treat and When to Refer

- Many practitioners come out of school believing acupuncture can treat anything, but clinical reality demands honesty about success rates
- Darren explicitly tells patients: "I have about a 30% success rate with that, but I know people who are really good at it, so go see them"
- Surgical candidates with multiple comorbidities often get referred as "last resort" when acupuncture may not be the right tool
- Having difficult conversations with referring doctors about scope—being clear about what you can and cannot help with—actually strengthens professional relationships
- Specialization requires saying "no" to things you could theoretically treat but aren't your best work

> *"I really appreciate you sending these people, but I'm not the one that can solve this for them... I'm not the right tool for the job."*

The burnout Darren experienced treating end-stage pain patients came from trying to be the miracle worker when many were surgical candidates beyond acupuncture's reasonable scope. The conversation with referring doctors was difficult because he worried about losing them as a referral source, but the honesty actually deepened those relationships. Doctors respect practitioners who know their limitations. In contrast, practitioners who take on

everything and deliver mediocre results lose referrals anyway—but more slowly and with more frustrated patients. The financial pressure to fill the schedule can push practitioners to treat conditions they're not suited for, but this sacrifices both patient outcomes and practitioner satisfaction. Darren's approach—finding his lanes, excelling within them, and confidently referring out—creates a sustainable practice where he works with patients he can genuinely help.

Essential Takeaways for Clinical Practice:

- Be honest about success rates for different conditions rather than overpromising
- Have explicit conversations with patients about what "better" means and whether it's realistic
- Communicate scope limitations to referring providers—this builds rather than damages relationships
- Develop a network of specialists you trust to refer to (fertility, complex internal medicine, etc.)
- Accept that you won't be good at everything and that's okay

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The Irreplaceable Value of Hands-On Training and Palpation

- Sports medicine acupuncture is fundamentally palpation-based; you cannot learn to feel tissue compensation through online courses
- Cadaver dissection training (using surgical cadavers) provides irreplaceable knowledge about depth, safety, and tissue layers
- Mark Seeam's teaching at Tri-State emphasized palpation from the beginning as "core knowledge," along with anatomy and trigger point work
- The difference between practitioners who get consistent results and those who don't often comes down to thousands of hours of hands-on practice, not theoretical knowledge
- Traveling to study with experienced practitioners and spending time learning to feel tissue is non-negotiable for developing competence

> *"If you're not educated and not getting the training, the training is what matters the most... If you take a weekend course and you've got to try it on patients, it's going to take you a lot longer to catch up to that skill level."*

Darren's emphasis on training quality over quantity applies whether you're learning sports acupuncture, dry needling, or any physically demanding technique. A weekend course on intercostal needling teaches you cognitively that intercostals exist and are risky, but it doesn't train your hands to feel the precise depth, angle, and tissue quality needed. Only hundreds of hours of palpation—with someone showing you what to feel for, correcting your angle in real time, and letting you experience success and failure—develops embodied competence. This is why Darren recommends cadaver labs as a first step for anyone serious about sports

medicine work: it removes the fear factor and teaches genuine depth and safety. The risk profile is highest for practitioners who lack embodied knowledge—they over-needle shallow or under-needle deep, they miss the tissue they're aiming for, and they're prone to injuries they don't understand.

Essential Takeaways for Clinical Practice:

- Invest in hands-on training with experienced practitioners, not just online CEUs
- Seek out cadaver lab training if pursuing musculoskeletal work—the anatomical reality and depth awareness it provides is invaluable
- When learning a new technique, commit to extended, supervised practice rather than one-off trainings
- Palpation skill develops only through thousands of repetitions with real-time feedback
- Don't charge full price while learning new techniques—you're not delivering your best work yet

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Integration Over Turf Wars: Working Collaboratively with Other Practitioners

- Darren initially fought the "dry needling versus acupuncture" battle but realized it wasn't advancing patient care
- Recognizing that PTs doing retained needle work are functionally doing acupuncture, he shifted from territorial defense to collaborative mentorship
- Working with PTs and athletic trainers who dry needle—teaching them about grounding techniques and emotional release—improved outcomes for their patients
- The profession made a strategic error by fighting over the needle as a tool instead of understanding that retention time and technique were the distinguishing factors
- Collaboration expands referral networks and allows each practitioner to focus on their expertise

> *"Whether you're going to fight that with them? Because if you're sharing patients with that person, if you're sharing patients with that institution, is it worth the fight? And to me, it wasn't. It was worth the discussion... everybody wants to be a one-stop shop."*

The shift from territorial to collaborative practice came when Darren realized that fighting dry-needling PTs was exhausting and fruitless, while mentoring them improved patient outcomes and actually brought more complex cases to him. A PT who understands that retained needles have emotional impacts can ground patients appropriately. A PT who knows when intercostal needling is safe versus risky can refer appropriately. Most importantly, athletes and patients don't want multiple practitioners—they want one person who can help them comprehensively. Darren's willingness to be part of a team, to refer back to PTs for strength work he doesn't specialize in, and to handle the complex neurological cases PTs aren't trained for, creates a functional ecosystem where more patients get better outcomes.

The profession's fight over needles was ultimately about insecurity regarding scope—but Darren's approach shows that expanding scope through collaboration is more effective than defending narrow territorial boundaries.

Essential Takeaways for Clinical Practice:

- View other practitioners using similar techniques as potential collaborators, not competitors
- Mentoring PTs and athletic trainers in the sophisticated aspects of needling (emotional grounding, safety) strengthens your referral network
- Refer back to other specialists after your portion of treatment is complete—patients appreciate continuity of care and won't leave you because you don't do everything
- Focus on what makes your practice distinctive (your depth of assessment, your diagnostic sophistication) rather than fighting over tools

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Multiple Frameworks, No Single Correct Approach

- Darren was trained in multiple styles at Tri-State: palpation-based trigger point work, Japanese styles (Kiko Matsumoto), mark Seeam's zone therapy, and later Sa'am acupuncture
- The diversity of training allowed students to gravitate toward their interests rather than being locked into one methodology
- Sa'am training added emotional and constitutional dimensions to musculoskeletal work that Darren had been neglecting
- Mark Seem's teaching—"on your deathbed, whatever you're meant to know of Chinese medicine is what you're going to know"—gave permission to pursue what genuinely interested him rather than trying to master everything
- Different frameworks (TCM, Sa'am, anatomy trains, neurokinetic therapy) often point to the same patterns when you learn to recognize them across languages

> *"If you go out and learn Sa'am and Kiko and traditional Chinese medicine and then five elements stuff, and then learn how to do trigger point release, like you're taking your own perspective and your own life to that treatment. I can't say that I'm doing something that anyone else is doing."*

This is a liberating perspective: there's no single "correct" way to practice acupuncture, and the best practitioners are those who've thoughtfully integrated multiple frameworks into something uniquely their own. Darren's practice isn't "just TCM" or "just Sa'am" or "just trigger point work"—it's a synthesis shaped by his interests and experience. What matters isn't the purity of approach but the coherence: can you explain why you're doing what you're doing? Can you see the patterns across different framework languages? Can you shift frameworks when the first one isn't yielding results? The temptation to specialize rigidly ("I only do Sa'am," "I only do TCM") often comes from insecurity—the fear that studying multiple approaches will

dilute expertise. But Darren's experience shows the opposite: integrating multiple frameworks deepens understanding and expands clinical capacity.

Essential Takeaways for Clinical Practice:

- Study multiple frameworks and traditions rather than locking into one
- Give yourself permission to pursue what genuinely interests you rather than what you think you "should" know
- Look for the patterns that appear across different framework languages (Sa'am gallbladder excess and Western aggressive personality; anatomy trains tension patterns and Chinese medicine stagnation)
- Develop your own integrated style rather than trying to purely replicate your teacher's approach
- Flexibility across frameworks makes you more resourceful when the first approach isn't working

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Understanding Postural Compensation: Tensegrity and Locked Long/Locked Short

- Tensegrity principle: the body maintains stability through even tension on multiple structures; imbalance in one area creates compensation patterns elsewhere
- "Locked long" muscles are being overstretched and often scream louder than "locked short" muscles, causing practitioners to treat the wrong area
- Upper trap/neck pain often originates not from tight posterior muscles but from tight anterior muscles (pecs, pec minor) pulling the shoulder forward (upper cross syndrome)
- Releasing only the symptomatic muscle without addressing the compensatory imbalance means the patient returns with the same complaint
- Mirror treatments make sense when understood through tensegrity: needling the opposite side addresses the postural imbalance maintaining the complaint

> *"Muscles that are locked long tend to scream more than muscles that are locked short. If you look at the anterior portion of the body, the pec is locked short, the pec minor is locked short... if you don't release all of that to give the locked long muscle some relief, they're going to come back in next week, say nothing changed."*

Understanding tensegrity fundamentally changes how practitioners assess and treat pain. A patient pointing to their sore spot is actually indicating the symptom, not necessarily the cause. The practitioner's job is to palpate beyond the complaint to find the underlying postural imbalance. This requires assessing multiple areas: when someone has neck pain, you need to assess their entire postural chain—forward head posture, forward shoulder, tight pecs, tight scalenes, weak deep neck flexors. The locked long muscles (posterior neck, rhomboids, upper traps) are stretched and angry, but they're angry because the anterior muscles are

locked short and pulling. Release only the posterior muscles and nothing changes. This is why palpation matters so much: you need to feel the whole pattern, not just the area of complaint. Anatomy trains and neurokinetic therapy both teach these same patterns in slightly different languages.

Essential Takeaways for Clinical Practice:

- When a patient points to their pain, look for compensation patterns elsewhere in the body
- Assess locked-long (stretched and tight) versus locked-short (contracted) patterns—the symptom is often the locked-long muscle
- Treat the whole postural chain, not just the complaint area
- Mirror treatment makes sense when the opposite side holds the postural compensation
- Palpation assessment reveals the pattern; needling addresses the root

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Root Treatment First, Then Local: The Strategic Order of Intervention

- Darren uses Sa'am or other root-level approaches first to shift the overall system (pulse, constitution)
- Only after achieving a global shift does he move to local needling to release specific tissue tension
- This two-stage approach gets better results than musculoskeletal needling alone (80% versus 100% effect)
- The root treatment establishes the capacity for change; local work completes it
- Looking for pulse shifts is a marker of whether root treatment is working before moving to local work

> *"If you just do musculoskeletal needling, you can probably get someone about 80% better, which is pretty good. But if you really want to get them that extra 20%, you got to look at it from a TCM perspective or whatever your root perspective is."*

This strategy reflects Darren's integration of different frameworks: he's learned from Matt Callison that musculoskeletal needling is powerful but incomplete. The missing piece is addressing constitutional imbalance. So he uses Sa'am—or four-gates, or whatever root framework resonates with him—to shift the system first. Then, with the system more balanced, he goes in locally to release the specific tissue tension. The pulse serves as his feedback mechanism: if the root treatment is working, the pulse changes. If it doesn't, he adjusts. This prevents the common error of doing lots of local needling on someone whose system isn't ready to receive that stimulus. It's also why he sometimes uses Sa'am very precisely (four needles only, nothing else) and sometimes uses it as the first phase of a more complex treatment—he's reading the system and responding accordingly.

Essential Takeaways for Clinical Practice:

- Use pulse (or your chosen marker of constitutional balance) to assess whether root-level treatment is working
- Don't jump immediately to local needling; establish a global shift first
- Expect better long-term results when you address both constitutional imbalance and local tissue dysfunction
- Be willing to adjust your approach based on how the system is responding

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Trauma, Emotions, and the Intelligence of Stored Patterns

- Muscles can hold trauma for years, manifesting as involuntary twitches or flinches when palpated
- Heavy-handed muscle work on someone who has repressed trauma can trigger emotional releases
- The book The Body Keeps the Score applies directly to acupuncture practice: tissues store what consciousness cannot process
- Grounding techniques (Buddhist triangle point, Shen Men, Kidney 1) are essential before and during deep muscle work that might release stored emotion
- PTs and athletic trainers doing dry needling often lack training in recognizing and managing emotional release

> *"When you're working around the kidneys and you're working around the lower QL and the rectus spinae, even the deep multifidi in people's low backs, you can tell almost right away when someone has an involuntary twitch or flinch when you're palpating it. And that's a good sign to know like, Hey, I probably need to calm them more."*

This represents the sophisticated integration that happens when acupuncturists with Chinese medicine training do musculoskeletal work. A PT doing dry needling might interpret an emotional release as "soreness, don't worry about it." An acupuncturist recognizes it as material being released and takes time to ground the patient, calm the nervous system, and support integration. The low back is particularly rich with this: the kidney system governs fear, the lower back stores trauma, and deep work in this area predictably brings up emotional material. Darren's insistence that practitioners learn grounding techniques alongside needling technique is about respecting the intelligence of the body's storage systems. You don't just poke a hole and hope it heals; you prepare the system to release safely and support it through integration.

Essential Takeaways for Clinical Practice:

- Recognize involuntary twitches and flinches as signs of stored material, not just muscle reflex

- Have grounding techniques ready before going deep, especially in low back, lower abdomen, and traumatic areas
- Distinguish between appropriate soreness from needling and emotional/nervous system activation
- Give yourself and the patient time for integration after deep work
- If colleagues are doing needling without understanding emotional release, mentor them in grounding techniques

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The Paradox of Specialization and the Joy of Discovery

- Darren practices what he calls "Maynard style"—taking his life experience, his interests, and his training to create an integrated approach
- He continues learning and studying because it keeps him engaged and prevents boredom
- Early practice was very heavy-handed (lots of trigger point work); over 14 years, his approach has become more nuanced and flexible
- Some patients need auricular acupuncture, some need nourishment, some need aggressive muscle work—the ability to shift approach keeps results high
- The joy of acupuncture lies in discovery: finding the thing you weren't looking for, the pattern that explains everything, the needle that solves an unexpected problem

> *"If I was only doing one style all the time, I would probably get bored and I probably wouldn't get the same results for my patients if I didn't have this plethora of styles to choose from."*

The tension between specialization and breadth resolves when you stop thinking of them as opposites. Darren's deep specialization in sports medicine acupuncture doesn't mean he's narrow—it means he's integrated multiple approaches within that specialty. His area of excellence (musculoskeletal pain, athlete performance, integrating Western and Chinese frameworks) is well-defined, but his methods are diverse. The alternative—specializing so narrowly that you can only use one technique—creates boredom and stagnation. The human nervous system requires novelty and discovery to stay engaged; this isn't weakness, it's how learning works. Darren's willingness to try Sa'am, to study with Jeremy Steiner on auricular work, to read neurokinetic therapy blogs, comes from genuine curiosity. This curiosity keeps his practice alive and, ironically, makes his patients better because he's not burnt out or bored.

Essential Takeaways for Clinical Practice:

- Develop a specialty you're genuinely interested in rather than choosing based on market demand
- Within your specialty, maintain breadth of approaches to prevent boredom and stagnation

- Continue learning throughout your career—it's essential for engagement and results
- Practice your own integrated style, not your teacher's style
- Welcome clinical discoveries and the moments when something unexpected works

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Conclusion

Darren Maynard's approach to sports acupuncture exemplifies how specialized practice can remain integrative rather than reductive. By insisting on bilingual fluency between Chinese medicine and Western anatomy, by refusing turf wars in favor of collaboration, by committing to thousands of hours of hands-on palpation training, and by maintaining curiosity across multiple frameworks, he's created a practice that's both excellent in its specialty and engaged in ongoing learning. The "sports acupuncture" he practices isn't a simplified version of acupuncture—it's a demanding integration that requires mastery of assessment, palpation, constitutional diagnosis, local technique, emotional awareness, and the humility to know when to refer. Perhaps most importantly, Darren's willingness to evolve (from heavy-handed trigger point work to more nuanced approaches) and to remain genuinely interested in what patients teach him keeps his work alive after 14 years. In a profession where burnout is common, his emphasis on staying with what genuinely interests you, continuing to learn, and finding joy in discovery offers a pathway to sustainable, excellent practice.

Resources

- Anatomy Trains by Thomas Myers—understanding postural compensation through fascial planes
- Traveling the Path of Acupuncture by Darren Maynard and Matt Callison—sports medicine acupuncture framework
- Cadaver dissection training through the Sports Medicine Acupuncture program or similar organizations
- Neurokinetic Therapy website and blog by David Weinstock—connecting muscle testing to systemic patterns
- The Body Keeps the Score by Bessel van der Kolk—understanding trauma storage in tissues
- Sa'am acupuncture training with Toby Wexler or similar practitioners
- Auricular acupuncture training with Jeremy Steiner
- Mark Seeam's work on zone therapy and trigger point acupuncture
- Kiko Matsumoto's Japanese styles of acupuncture
- Travell and Simons' Myofascial Pain and Dysfunction (foundational for understanding trigger points)