

Correct Tendons Points for Neck Pain

By Susan Johnson, LAc

There are countless fabulous points left to us by Master Tung Ching Chang, but I would rate points 77.01 and 77.02, the "correct tendons" points, in the top five. Although they may take a little practice to perfect, these points are consistently profound in their effect, treating *tai yang*-type neck pain, occipital headaches, and spine and brain conditions.

The positioning of the patient is very important. Usually, the patient is positioned face-down on the table, with a face cradle adjusted to the proper height. Next, place a good sized pillow under the patient's ankles in order to take the strain off of the lower back. Make sure that the big toes are lifted just off of the table so that the feet and the Achilles tendons are completely relaxed and easily accessed. Thoroughly massage the gastrocnemius muscle, taking extra care to soften and relax the Achilles tendon.

Most people describe the needling sensation as "thick" and not painful. I usually use a 60mm, #3 needle. You may want to start with a 40mm or 50mm #3 needle, using a shorter needle rather than a thicker needle. A 40mm needle will be too short on many patients, however, and a larger needle, such as a #5, may be uncomfortable.

The first point in the correct tendons point pattern, 77.01, or "upright tendon," is located by drawing imaginary lines from both the internal and external malleolus to the top of the Achilles tendon. Use any crease, or pick a point between those lines as your point of insertion. Firmly tap the needle into place, pegging the Achilles tendon. Before further insertion, check your trajectory. The needles must be directly perpendicular to the flat surface of the top of the tendon; otherwise, even a small angle will become a large one when the needle is brought to its proper depth. If necessary, re-peg the needle.

Grasp the shaft of the needle immediately above the point of insertion. Incrementally feed the needle into the tendon with one hand while grasping the needle mid-shaft with the other hand and applying steady

downward pressure on the needle. (For the purpose of the standard clean needle technique, you may choose to grasp the needle with a sterile cotton ball.)

Make sure to focus your awareness on the tip of the needle as you insert it. You will notice a slight change in density as you near the bone. Ever so gently, tap the posterior aspect of the tibia. If your needle inserts the entire length of the shaft, you will either need a longer needle, or you have slid down one side of the tibia (or the other). If the latter situation is the case, withdraw the needle to the original tendon-pegged position and begin again, just slightly angling the needle medially or laterally.

The second point, 77.02 ("upright ancestry"), is located two inches proximal to the first, and is needled in much the same way. Occasionally, 77.02 will be located directly above 77.01, but on most people, the Achilles tendon veers slightly to one side. Carefully palpate the direction and width of the tendon before inserting the needle, picking the midpoint.

The points are needled bilaterally and retained for one full hour. If done correctly, you can expect extraordinary results after one or two treatments, even in difficult or chronic cases. If the patient has not had whiplash or another serious neck injury in the previous three months, I will usually cup or perform *gua sha* on the neck and shoulders in a sitting position before laying the patient down to needle the correct tendons points.

If the patient is unable to lie face-down, the points can be needled with the patient lying on either side. Needling must be done with one hand, as the other will be used to stabilize the tibia. You will need two pillows and three hand towels. Place one pillow comfortably under the patient's neck. Straighten the lower leg and bend the top leg to a 90 degree angle. Place a large pillow under the knee of the top leg. Roll two small hand towels together and place them under the arch of the top foot, with the third hand towel under the arch of the bottom foot. Massage both calves and Achilles thoroughly.

Stabilize the calf of the leg you are needling by placing one hand on the anterior tibial crest. Locate your first point on the flat top of the tendon, and tap your needle in place, pegging the tendon. Check your trajectory and incrementally advance the needle through the Achilles by firmly grasping the shaft of the needle within one-half of an inch of the point of insertion. It is all right to bend the needle a little, as long as you do not "kink" it; your trajectory is actually based on your original needle peg. (Standard clean needle technique would advise sterile cotton to hold the needle.) Place your second needle, then proceed to the other leg.

The correct tendons points correct misalignment all the way up the spine by way of the Urinary Bladder and Kidney meridians, the spinal column and bone marrow. It is used mainly for occipital headaches, neck pain and injuries, but will benefit the lower back as well. For lower back strain without neck issues, we would choose from a variety of powerful points specifically for the lower back. For brain tumors or meningitis, add "upper tumor" (point 55.06) to correct tendons.

Reference

The Master Tung's points cited in this article originate from an oral tradition more than 300 years old. Widely viewed as the greatest acupuncture technician who ever lived, Master Tung broke convention after the Chinese Cultural Revolution, and began teaching his system of points outside of his immediate family. Drs. Young Wei Chieh and Miriam Lee, both students of Master Tung, brought this information to America, which is continued by the author.



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