Dry Needling

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Swiss Guidelines for Safe Dry Needling

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Abbreviations

DN = dry needling
MTrP = myofascial trigger point
DDN = deep dry needling
SDN = superficial dry needling
CIs = contraindications
IMES = intramuscular electrical stimulation

Foreword

The Dry Needling Association of Switzerland is actively committed to ensuring safety in the practice of dry needling. This document defines the guidelines for the safe application of dry needling. These guidelines were originally developed in 2011, inspired by the “Irish Dry Needling Guidelines for Physiotherapists” The Swiss Guidelines for Safe Dry Needling have become an international standard. They are regularly reviewed and adapted as necessary. Dry needling may only be performed by qualified medical professionals who meet the health authority requirements for the practice of dry needling.

Contents

1. Introduction

Dry Needling (DN) has established itself worldwide as a popular therapy method, particularly in physiotherapy. It is a safe treatment approach, as demonstrated for example by the study of Brady et al. (2014). DN therapists must take certain points into account:

- DN therapists apply DN only to body areas for which they have been trained.
- DN therapists adhere to the requirements of the responsible health authorities.
- DN therapists understand the limitations of DN and may choose other treatment methods if necessary.
- DN therapists apply DN only when they are confident they can treat to the best of their knowledge and ability.
- DN therapists continuously engage in specialized professional development.
- DN therapists are informed about new scientific findings in the field of DN and integrate these findings into their treatment techniques.
- DN therapists are aware of the regulations regarding the disposal of medical waste.
- Employed DN therapists inform their employer if they wish to apply DN.
- Independent DN therapists are responsible for adjusting their professional liability insurance accordingly.
- DN therapists maintain a medical history that is also comprehensible to third parties and document the patient's consent, as well as the progress and reactions to the DN treatment.
- Any DN incidents should be promptly reported centrally for statistical purposes, for example, via the anonymous reporting system of the Dry Needling Association Switzerland (DAS) at www.dryneedling.ch.
- DN therapists are advised to get vaccinated against Hepatitis B.

DN refers to the use of sterile, disposable acupuncture needles to treat musculoskeletal disorders in general and myofascial pain in particular. Although acupuncture needles are used in DN, the DN treatment has no similarities with traditional acupuncture. DN is a minimally invasive technique that must adhere to specific regulations. There are several treatment models, with the trigger point model being by far the most commonly applied (Travell & Simons, 1983; Travell & Simons, 1992; Simons, Travell, & et al., 1999). Trigger point DN refers to the treatment of myofascial trigger points (MTrPs) with DN. Another model of DN is Intramuscular Stimulation (IMS) as described by Gunn (Gunn, 1997). Both trigger point DN and IMS are referred to as Deep Dry Needling (DDN). In contrast, there is the model of superficial dry needling (SDN) according to Baldry (Baldry, 2005). The safety measures, contraindications, and complications outlined in these guidelines apply to all forms of DN. The description of specific techniques and treatment processes here focuses on trigger point DN. DN originated from the MTrP injection techniques described by Travell. Steinbrocker

(Steinbrocker, 1944) and later Travell (Travell, 1968) assumed that the treatment effect was not caused by the injected substance but by the needle insertion into the typical taut band of the MTrP and the resulting local twitch response. The first publication in a peer-reviewed journal on DN was by Lewit (Lewit, 1979). Hong (Hong, 1994) emphasized the importance of the local twitch response of the taut band during treatment and pointed out that the mechanical effect of the needle on an MTrP is more important than the substance used. Other studies also concluded that the treatment of MTrPs with DN is as effective as injection therapy (Cummings & White, 2001; Ga, Koh, & et al., 2007).

The 2011 book “Myofascial Pain and Trigger Points: Diagnosis and Evidence-Based Therapeutic Strategies – The Top-30-Muscles" by Reilich, Gröbli, and Dommerholt describes the various models of DN, including numerous practical guidelines (Reilich, Gröbli, & Dommerholt, 2011).

2. Indications for DN

Dry Needling is used for pain and dysfunctions of the musculoskeletal system of various etiologies. It is most commonly applied in the treatment of myofascial trigger points. Other indications include, among many others, insertional tendinopathies, scar pain, soft tissue pain, and muscle tension.

3. Contraindications for DN

In certain cases, DN must not be performed or only under special precautions. A distinction is made between absolute and relative contraindications (CIs), as well as between local and generalized CIs.

3.1. Reduced general health status (absolute/generalized)

Patients with a reduced general condition and unclear disease symptoms must not be treated with DN.

3.2. Acute systemic infections with or without fever (absolute/generalized)

Patients with acute systemic infections must not undergo DN, as the response to treatment is unpredictable and these patients require medical care.

3.3. All acute medical emergencies (absolute/generalized)

All acute and life-threatening medical emergencies require immediate medical attention and must not be treated with DN.

3.4. Lack of informed patient consent (absolute/generalized)

Patients must be informed about the potential risks of DN. Clear and informed consent is mandatory. If the patient is unwilling or unable to provide consent (e.g., due to cognitive impairment), DN must not be performed. A needle phobia may be one reason for refusal. Practitioners should refrain from persuading the patient to undergo DN in such cases.

3.5. Anticoagulation and coagulation disorders (absolute/generalized)

Based on the 2021 coagulation guidelines for spinal infiltrations from the University Hospital Zurich, the following considerations apply for DN:

- Patients must be informed about potential complications, especially hematoma formation.
- Risk of hematoma is increased with the use of anticoagulants or antiplatelet agents.
- Discontinuation of anticoagulants or antiplatelets for DN is not advisable due to cardiovascular risks.
- A thorough bleeding history (including family history) and medication review is essential.
- Clinical inspection of the skin should be performed to check for bruising or bleeding.
- If no suspicion of coagulopathy arises from the history or exam, DN can be performed without lab testing.
- Acceptable lab values for DN are:
    - INR < 1,4 or Quick > 60%
    - Platelet count > 100’000

Medications that permit DN

- Antiplatelet agents (NSAIDs, unselective COX-1 and COX-2 inhibitors): Aspirin, Diclofenac, Ibuprofen, Acemetacin, Etodolac, Indometacin, Naproxen, Meloxicam, Piroxicam
- Phosphodiesterase inhibitors (e.g., Dipyridamole – no longer available in Switzerland)
- Selective COX-2 inhibitors (e.g., Celecoxib, Etoricoxib)

Medications that contraindicate DN

- P2Y12 inhibitors: Clopidogrel, Prasugrel, Ticagrelor
- Heparins and pentasaccharides: IV or subcutaneous Heparin
- Vitamin K-dependent oral anticoagulants: Marcoumar, Sintrom
- Non-vitamin K oral anticoagulants (DOAC/NOAC): Dabigatran, Apixaban, Rivaroxaban, Edoxaban

3.6. Sensory disorders (relative/local)

Patients must be able to provide appropriate feedback during DN. Otherwise, treatment should be avoided.

3.7. Lymphedema and post-lymph node removal (absolute/local)

Due to the increased risk of infection, DN must not be performed in areas affected by lymphedema. For the same reason, it is recommended to avoid DN in the affected area after surgical lymph node removal.

3.8. Increased risk of infection (relative/generalized)

Patients with increased susceptibility to infection (e.g., immunosuppressed or diabetic patients) should be treated with great caution.

3.9. Skin changes (absolute/local)

DN must not be performed on areas with skin defects, infections, or allergic reactions. Healed, non-irritated scars may be treated.

3.10. Tumors (absolute/local) / Cancer (relative/generalized)

DN must not be performed in areas with tumors that are visible, palpable, or confirmed by imaging. Cancer patients should only be treated with special caution and consideration of all contraindications.

3.11. Hematomas (absolute/local)

Due to the increased risk of infection, DN must not be performed in areas with hematomas.

3.12. Osteosyntheses and joint replacements (absolute/local)

DN must not be applied near implants such as osteosynthesis or joint prostheses due to the elevated infection risk.

3.13. Implants (absolute/local)

Any type of implant (e.g., pacemakers, insulin pumps, cosmetic implants) constitutes a local absolute contraindication. DN must not be performed in their vicinity. Patients with pacemakers must also not receive intramuscular electrical stimulation (IMES).

3.14. Pregnancy (relative/generalized & absolute/local)

Dry Needling is contraindicated in the abdominal, groin, and lower back regions (absolute/local). Pregnant patients should be treated with caution, as DN may pose additional stress for both the mother and the unborn child (relative/generalized).

3.15. Children (relative/generalized)

Minors may only be treated with DN with both their own and their parents' consent. The child must be mature enough to understand the procedure, and a trusting relationship with the practitioner is essential.

3.16. Psychiatric patients (relative/generalized)

DN may be performed only if the patient understands the procedure and risks, correctly interprets the stimuli, and can provide informed consent.

3.17. Contagious diseases (relative/generalized)

Patients with blood-transmissible infections can be treated under strict hygiene and self-protection protocols.

3.18. Allergies to materials used in dry needling (relative/generalized)

Caution should be used in patients with known nickel allergies. In case of other material allergies, appropriate measures must be taken (e.g., latex-free gloves).

3.19. Mucous membranes (relative/local)

DN is not recommended for mucous membranes. The required expertise is assumed to be held only by specialists such as gynecologists or dentists.

4. Patient Information Before DN

Before starting the first dry needling treatment, the patient must be informed about the following aspects:

- The goals and indications of DN.
- An overview of the different DN techniques and how they work.
- The fact that DN is not to be confused with classical acupuncture.
- Expected normal reactions during treatment, which include:
  - A brief prick as the needle penetrates the skin.
  - Local twitch response.
  - Cramp-like pain.
  - Temporary triggering of the known pain pattern or part of it.
- Undesired reactions during treatment and their significance, including:
  - Intense pain when the needle penetrates the skin.
  - Burning or sharp pain during the procedure.
- The option to interrupt the treatment at any time using an agreed signal word or code word (e.g. "stop").
- Exclusive use of sterile disposable acupuncture needles.
- Common and normal reactions after the DN treatment, including:
  - Small hematomas.
  - Muscle soreness in the treated muscles.
- Possible complications of DN treatment (see Section 8)

Only after receiving this information, the patient is able to give an informed consent.

5. Practical Procedure of DN

Before beginning a DN treatment, contraindications (see Section 3) must be evaluated, and the patient must be informed as outlined in Section 4. Only then the patient can give consent.

5.1. Patient positioning

The patient is usually treated in a lying position: supine, prone, side-lying, or a combination. Positioning aids should be used to help the patient relax optimally. The muscle to be treated should be easily accessible to the DN practitioner.

The DN practitioner should, whenever possible, be able to see the patient's face during treatment to observe and assess their reactions. If not possible, verbal communication must be maintained.

5.2. Position of the therapist

The DN practitioner should treat from a seated position whenever possible to ensure steady needle control and effective muscle palpation.

5.3. Equipment for DN

Sterile disposable acupuncture needles, a needle collector, skin and hand disinfectants, cotton swabs, gloves, plasters, and a waste container should be prepared on a trolley. The trolley must be placed on the same side as the needling hand for easy access. Swabs must be available before each treatment, and the needle collector should be open.

5.4. Palpation and preparation for treatment

Precise preparation and careful palpation are essential for effective and safe treatment. Key steps include:

- Identifying the muscle to be treated.
- Determining anatomical landmarks for orientation.
- Palpating the treatment area—when treating trigger points, specifically the taut band and the trigger point.
- Selecting the appropriate needle.
- Considering precautions in the treatment area.
- Choosing the palpation technique (pincer or flat palpation).

If the practitioner cannot identify the muscle and its anatomical landmarks, the treatment must not be performed.

5.5. Needling technique

When inserting the needle, the direction must be chosen to avoid surrounding precautions (arteries, nerves, joints, internal organs, lungs, etc.). The pincer grip should be used when possible. For each insertion, local anatomical conditions must be carefully considered. DN should be performed calmly and without time pressure.

In section 1 ("introduction"), different DN treatment models were briefly described. The guidelines that follow primarily refer to trigger point DN, but they apply generally to all forms of DN.

- Identify the muscle and palpate the MTrP.
- One hand holds the muscle (using pincer or flat palpation); the other hand (usually the dominant hand) handles the needle by its handle only.
- Be aware of vulnerable structures in the area.
- Be prepared for involuntary patient movements; maintain contact with the patient via the needling hand.
- Use the shortest possible needle that still reaches the MTrP.
- Follow all hygiene measures (see section 7) before needling.
- Locate the MTrP or taut band using controlled needle movements—needle tip must remain in the pre-identified safe area.
- The needle must not bend; direction must be repeatedly checked by momentarily releasing it. Replace bent needles.
- Upon eliciting a twitch response, either:
    a) Leave the needle in place until the cramp-like sensation subsides (static DN), or
    b) Repeatedly needle the taut band until the twitch response decreases (dynamic DN).
- DN technique and intensity of the treatment must be tailored to the patient.
- Replace dull needles (e.g. after bone contact).
- Maintain communication throughout the treatment; patients must be able to describe pain – otherwise, DN should not be carried out.
- If burning or sharp pain occurs after insertion, adjust the needle direction until it subsides.
- After use, dispose of the needle carefully in the prepared needle collector.

5.6. Post-treatment

If bleeding occurs after needle removal, apply pressure with swabs until it stops. Instruct the patient on appropriate measures to ease post-treatment reactions (e.g., cold, heat, stretching, movement). Brief manual trigger point therapy can reduce post-treatment soreness. Practitioners should wear gloves during manual aftercare for self-protection.

6. Specific Topographical and Anatomical Guidelines for DN

6.1. DN in the area of nerves

There is a risk of nerve injury. Therefore, the following safety measures apply:

- The DN therapist has precise topographical knowledge of nerve pathways.
- If possible, the muscle to be treated must be positioned using a pincer grip to a safe position where the nerve is not at risk.
- The needle should only be advanced slowly into the tissue and must be immediately withdrawn if burning and/or sharp pains occur.

6.2. DN in the area of blood vessels

There is a risk of blood vessel injury. Therefore, the following safety measures apply:

- The DN therapist has precise topographical knowledge of blood vessel pathways.
- If possible, the muscle to be treated must be positioned using a pincer grip to a safe position where blood vessels are not at risk.
- The needle should only be advanced slowly into the tissue and must be immediately withdrawn if burning and/or sharp pains occur.

6.3. DN in the area of lymph nodes

Dry needling should not be applied in areas with enlarged and/or painful lymph nodes due to the risk of infections and/or lymph node injury. Therefore, the following safety measures apply:

- Lymph nodes must be identified and distinguished from trigger points.
- In case of doubt, DN should not be applied.

6.4. DN in the area of joints

Dry needling should not be applied in the area of joints (including joint capsules and recesses) due to the risk of infections and/or joint injury. Therefore, the following safety measures apply:

- The precise location of the joint and surrounding joint capsule must be identified.
- If possible, the muscle to be treated near the joint should be positioned in a pincer grip, allowing the needling to be performed in a safe area.

- If the pincer grip is not applicable, only superficial needling should be used to avoid puncturing the joint.

6.5. DN in the area of the thorax

Local danger zones in the thorax are:

- Lungs, heart, large blood vessels
- In the caudal thoracic region: retroperitoneum, peritoneum, and internal organs
- Facet and rib joints
- Nerve roots

Local safety measures:

- Only one side of the thorax should be needled during a session to prevent bilateral pneumothorax.
- If possible, the muscle to be treated should be positioned in a pincer grip, and the needle should be inserted tangentially to the thorax, and if possible, perpendicular to the rib course.
- The "rib protection technique" is not recommended, as it does not provide adequate protection.

6.6. DN in the area of the abdomen and lower back

Local danger zones in the abdomen are:

- Peritoneum and retroperitoneum
- Internal organs
- Lungs, heart, large blood vessels
- Nerve roots

Local safety measures:

- The oblique abdominal muscles should only be needled if they can be positioned in a pincer grip so that the internal organs are protected.
- The rectus abdominal muscle should be from lateral, tangentially to the abdomen.
- The quadratus lumborum muscle should be needled dorsally to the retroperitoneum in the frontal plane. The needle tip should neither be directed ventrally toward the abdominal cavity nor cranially toward the lungs.

6.7. DN of the hands and feet

- A thin needle (e.g., with a diameter of 0.16 mm) should be used.
- The palmar or plantar surfaces are sensitive to pain, so they should not be pierced.

7. Hygiene Measures and Self-Protection in DN

DN is a minimally invasive therapy that carries certain risks, such as the risk of infections and the risk of accidental needle sticks. The evidence-based recommendations from the Centers for Disease Control (CDC) focus on preventing the transmission of infectious agents when handling the patient. Based on these recommendations, the following hygiene and self-protection measures apply:

7.1. Hand hygiene and general hygiene

Before and after DN, and also after contact with blood, hands should be washed with water and soap and then disinfected. When coughing or sneezing, the elbow should be used to cover the mouth and nose.

7.2. Wearing medical gloves

During DN, for self-protection, wearing medical gloves is mandatory, at least on the palpating hand, because it must be assumed that the DN therapist may come into contact with blood during treatment.

7.3. Correct handling of external bleeding

If bleeding occurs during DN, it should be wiped or stopped with a prepared swab. Care should be taken to ensure that the blood does not come into contact with the DN therapist's skin. The swab must be disposed of immediately after use. Hands should then be disinfected.

7.4. Correct handling of needles

The needles have an expiration date regarding sterility. If the expiration date has passed, the needle must be disposed. The needle packaging should only be opened immediately before treatment to ensure sterility for as long as possible. The needle should only be held by the handle. Any contact with the needle outside of the handle should be avoided. The sterile needles are single-use needles.

7.5. Skin disinfection

Before each skin puncture, the skin should be disinfected with an approved disinfectant according to the instructions for use. The treated and disinfected area may not be touched afterward.

7.6. Correct handling of accidental needle stick injuries

If the therapist accidentally punctures himself (or a third party) with a used needle, the wound should be immediately cleaned with water and soap and then disinfected (e.g., with 70% medical alcohol). It is important to immediately assess whether there is a risk of infection. If necessary, contact an infectious disease department.

7.7. Disposal of needles

After use, the needle should be disposed in the appropriate needle collector, which must be placed in such a way that the needle can be disposed directly without delay. A used needle should never be returned to the needle packaging or the guiding tube. Open needles should never be placed on work surfaces or similar. Needles should never be disposed directly in regular waste.

8. Possible Complications in DN

Common, normal, and harmless side effects of DN include small hematomas at the treatment site and muscle soreness, which may last for about 1 to 4 days. However, in theory, the following complications can occur if DN is applied improperly:

8.1. Pneumothorax

Definition

An acute or rapidly developing, potentially life-threatening condition in which air enters the pleural cavity, impairing the expansion of one lung and thus limiting or completely preventing its function for breathing.

Clinical findings

Symptoms can vary widely between individuals. The classic triad includes chest pain, coughing, and shortness of breath. On auscultation, breath sounds are diminished; percussion reveals a hollow, tympanic sound. The diagnosis is confirmed via X-ray or ultrasound.

Measures

If pneumothorax is suspected, immediate referral to an emergency department is necessary. In cases of a larger pneumothorax, inpatient treatment with chest tube drainage is required. Since bilateral pneumothorax is a life-threatening complication, needling both sides of the thorax during a single treatment session must be strictly avoided.

8.2. Injury to other internal organs

Definition

With a DN needle, puncture injuries to internal organs (such as the stomach, intestines, liver, spleen, kidneys, bladder, etc.) are possible. This can lead to hematoma or infection, which may be more or less clinically significant depending on the location, size, and any pre-existing conditions of the patient.

Clinical findings

Symptoms vary widely between individuals. Larger bleedings may cause organ damage or lead to shock (hypovolemic shock). Perforations of hollow organs can result in severe infections.

Measures

If any of the above complications are suspected, the patient must be referred to a physician.

8.3. Nerve injuries

Definition

The mildest form of nerve injury is neurapraxia, in which the axon remains intact but the surrounding structures are damaged. A complete transection of the nerve and its sheaths is referred to as neurotmesis, while axonotmesis describes an interruption of the axon with preserved outer structures.

Clinical findings

Clinical symptoms depend on the type of nerve affected. Injury to a sensory nerve results in sensory disturbances in its area of distribution; damage to a motor nerve leads to muscle weakness (less than grade 5/5). In DN, direct nerve damage typically results in neurapraxia. Indirect nerve injury can also occur through pressure caused by hematoma formation.

The prognosis for neurapraxia is generally good. The axon remains intact, and symptoms usually resolve spontaneously within days to weeks. Axonotmesis also tends to have a favorable prognosis, although recovery may take several months. The healing time depends on the distance between the lesion site and the target organ (e.g., muscle or skin), with the average rate of nerve regeneration being about 1 mm per day.

Measures

Any nerve lesion should always be evaluated by a medical specialist.

8.4. Bleeding

Definition

Bleeding can occur either externally or internally within the body, resulting in a bruise (hematoma). It can originate from any type of blood vessel. In DN, the most common bleedings occur in the skin or muscle in the form of hematomas. Arterial bleeding spreads rapidly and in a pulsating manner. Depending on the surrounding tissues and structures (compartment), bleeding can cause pressure buildup and lead to pressure-related damage. Therefore, needling of compartments must be prevented.

Clinical findings

Small bleedings are clinically insignificant. When blood enters the skin, a hematoma forms. A rapidly developing hematoma is typical of arterial bleeding.

Measures

The primary measure is hemostasis. A minor external bleed can be wiped away with a swab. Arterial or larger venous bleeding—whether external, into the skin, or into the muscle—must be compressed until bleeding stops. DN must not be performed on muscles where compression is not possible and where any potential bleeding could damage surrounding structures.

8.5. Infections

Definition

An infection refers to the active or passive invasion and subsequent multiplication of a microorganism (pathogen) within a host (macroorganism). In the case of DN, it involves a percutaneous infection. Depending on the extent, infections are classified as either local or generalized.

Clinical findings

A local infection at the entry site typically causes symptoms such as redness, swelling, warmth, and pain. Nearby lymph nodes may be tender and swollen. These infections are usually bacterial. Generalized infections spread through the bloodstream to target organs. The clinical presentation depends on the pathogen and the affected organ and can vary widely. Common signs include fever, reduced general condition, malaise, and possibly chills.

Measures

If an infection is suspected, a physician—and possibly an infectious disease specialist—must be consulted.

8.6. Autonomic reactions

Definition

An autonomic reaction occurs when signal transmission in the autonomic nervous system is altered. These are involuntary, automatic phenomena such as changes in blood pressure, heart rate, respiratory rate, sweating, and digestion.

Clinical findings

The following symptoms may indicate an autonomic reaction: nervousness, restlessness, irritability, dizziness, shortness of breath, headaches, muscle cramps, palpitations, rapid heartbeat, chest pain, tightness in the chest, cold hands, sweating, gastrointestinal discomfort, pale skin tone, and in some cases, syncope (loss of consciousness).

Measures

Discontinue DN treatment immediately and allow the patient to rest and relax. In case of unconsciousness, place the patient in the recovery position. If the situation is unclear or the condition worsens, call emergency medical services.

8.7. Needle breakage

Measures

The broken piece should be removed immediately. If the needle tip is "lost" in the skin or muscle, the insertion site should be clearly marked, and the patient—without moving the affected body part—must be referred to a surgical emergency department.

8.8. Injury to the therapist or a third party with a needle (accidental needle stick)

Measures

If the needle is still sterile, no special measures need to be taken (possibly local wound care). If the therapist accidentally sticks themselves (or a third person) with a used needle, the wound should immediately be cleaned with soap and water, then disinfected (e.g., with 70% medical alcohol). It is essential to assess immediately whether there is a risk of infection. If necessary, contact the infectious disease department. An accidental needle stick is considered a workplace accident and should be reported to the insurance company.

9. Legal Notes

9.1. Purpose of the guidelines

The guidelines serve as a general informational resource on safety issues related to the application of DN by qualified professionals. They do not replace (but are not limited to) the following:

- Proper training
- Proper assessment, diagnosis, and application
- Examination of alternatives
- Independent, possibly differing assessments

The guidelines should not be viewed as advertising, advice, or an offer for products or services in the healthcare sector. The therapeutic methods/techniques may only be applied by a professionally qualified individual who is properly authorized according to applicable law. This individual is required to assess the application in each specific case and make an informed, professional decision.

9.2. Disclaimer of liability

The Dry Needling Association Switzerland (DAS) does not guarantee that the therapeutic methods/techniques listed here are suitable for any individual and expressly advises that a professional should always be consulted before their application. The DAS assumes no liability for the correctness, accuracy, currency applicability in a specific case, or completeness of such information, either to professionals or the general public. The guidelines should not be seen as a definitive standard for the correct application of DN in individual cases.

9.3. Currency and completeness

The DAS regularly reviews the currency and completeness of the guidelines but cannot guarantee either, as medical science and research are continually evolving. Similarly, the guidelines cannot replace a professional and specific assessment of the application of DN.

9.4. Copyright & intellectual property

The copyright and intellectual property rights are held by the authors and the DAS. Any distribution or reproduction, even in part, requires their approval. Linking the guidelines to personal social media channels and personal websites is explicitly permitted.

9.5. Applicable law and jurisdiction

Disputes arising from the points regulated under Section 9 are subject to Swiss law. The exclusive place of jurisdiction is Winterthur.

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