

FSBPT Resource Paper Regarding Dry Needling
5th edition

Federation of State Boards of Physical Therapy
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The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of practice for a physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

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FSBPT Resource Paper Regarding Dry Needling

Preface

The volume of activity in the states from 2010-2014 regarding Dry Needling or Intramuscular Manual Therapy (terms used synonymously) has necessitated annual updates of the Federation of State Boards of Physical Therapy (FSBPT) original resource paper published in March 2010. Many boards have been approached to give an opinion as to the ability for physical therapists (PT) in that jurisdiction to legally perform dry needling. As each state is independent to determine its own laws and rules, board opinions and actions have varied widely creating inconsistent requirements for physical therapy practice from state to state.

Introduction

It is not unusual for a state licensing board to be asked for an opinion as to whether or not an evaluative technique, treatment, or procedure is within the scope of practice for that given profession. It is as important to base regulation on evidence, when possible, as it is to base practice on evidence. The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of practice for the physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

The practice act in the state is the final authority on what is included in the scope of practice of a profession. Physical Therapy practice acts are by design non-specific and ambiguous; the details of the law are fleshed out with the applicable regulations. The practice act is rarely written with a laundry list of procedures, tests, or measures that a Physical Therapist is allowed to perform, thus making it very susceptible to different interpretations. The respective state board writes rules and regulations based on that statutory authority to give practical meaning to the law. As many specifics are not found in law, many state boards of PT have been approached for a judgment as to whether or not a certain intervention or procedure is within the scope of PT practice in that jurisdiction. New and evolving procedures are rarely, if ever, specifically addressed in the practice act.

State boards are often faced with opposition when another professional group claims the activity in question as their own. However, it is very clear that no single profession owns any procedure or intervention. Overlap among professions is expected and necessary for access to high quality care.

One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.¹

The FSBPT (FSBPT) collaborated with five other healthcare regulatory organizations to publish ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. These organizations present the argument that if a profession can provide supportive evidence in the four foundational areas: Historical Basis, Education and

¹ *Changes in Healthcare Professions Scope of Practice: Legislative Considerations*. Revised 10/2009, page 9.

Training, Evidence, and Regulatory Environment, then the proposed changes are likely to be in the public's best interest. A more developed investigation of the four foundational areas is found below.²

1. ***Is there a historical basis for adding the activity in question to the scope of practice?***
 - a. Has there been an evolution of the profession towards the addition of the new skill or service?
 - b. What is the evidence of this evolution?
 - c. How does the new skill or service fit within or enhance a current area of expertise?
2. ***Is there evidence of education and training which supports the addition of the activity in question to the scope of practice?***
 - a. Does current entry-level education prepare practitioners to perform this skill as their experience increases?
 - b. If the change in scope is an advanced skill that would not be tested on the entry-level licensure examination, how is competence in the new technique assured?
 - c. What competence measures are available and what is the validity of these measures?
 - d. Are there training programs within the profession for obtaining the new skill or technique?
 - e. Are standards and criteria established for these programs? Who develops these standards? How and by whom are these programs evaluated against these standards?
3. ***What is the evidence which supports the addition of the activity in question to the scope of practice?***
 - a. Is there evidence within the profession related to the particular procedures and skills involved in the changes in scope?
 - b. Is there evidence that the procedure or skill is beneficial to public health?
4. ***What is the regulatory environment in the jurisdiction?***
 - a. Is the regulatory board authorized to develop rules related to a changed or expanded scope?
 - b. Is the board able to determine the assessment mechanisms for determining if an individual professional is competent to perform the task?
 - c. Is the board able to determine the standards that training programs should be based on?
 - d. Does the board have sufficient authority to discipline any practitioner who performs the task or skill incorrectly or might likely harm a patient?
 - e. Have standards of practice been developed for the new task or skill?
 - f. How has the education, training and assessment within the profession expanded to include the knowledge base, skill set and judgments required to perform the tasks and skills?
 - g. What measures will be in place to assure competence?

Dry Needling: Terms & Definitions

Dry needling use as an intervention in physical therapy has grown dramatically in the last few years, but overall, is still a relatively small part of physical therapy practice. With the increased interest in dry needling and more continuing education providers offering courses in dry needling, the acupuncture community has taken notice. Many comparisons of dry needling provided by physical therapists to the intervention and treatment provided by acupuncturists have been made.

² Ibid, page 12-13.

Dry needling is also known as intramuscular manual therapy, trigger point dry needling, or intramuscular needling. Beginning in 2009, the American Physical Therapy Association had recommended the use of the term “intramuscular manual therapy” to describe the intervention provided by physical therapists, however since late 2011, the organization advocates using dry needling as the term of choice. FSBPT will use dry needling as the preferred term going forward.

The term dry needling may be confusing and have different meanings depending upon the audience. In the past, “dry needling” was more of an adjective, referring to the fact that nothing was injected with the needle; the term has evolved into meaning an intervention which has certain physiological effects from the insertion and placement of the needles. However, many groups still debate the proper term and exact definition to describe this intervention.

- Dry Needling (FSBPT) is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment and muscle firing problems. Goals for treatment vary from pain relief, increased extensibility of scar tissue, to the improvement of neuromuscular firing patterns.
- Physical therapy is defined in the FSBPT **Model Practice Act for Physical Therapy** as “the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].”³
- Dry needling (APTA) is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.⁴

Acupuncture definitions vary widely. Acupuncture is defined in the Delaware and Florida statutes as follows:

“Acupuncture” refers to a form of health care, based on a theory of energetic physiology that describes and explains the interrelationship of the body organs or functions with an associated acupuncture point or combination of points located on “channels” or “meridians.” Acupuncture points shall include the classical points defined in authoritative acupuncture texts and special groupings of acupuncture points elicited using generally accepted diagnostic techniques of oriental medicine and selected for stimulation in accord with its principles and practices. Acupuncture points are stimulated in order to restore the normal function of the aforementioned organs or sets of functions. Acupuncture shall also include the ancillary techniques of oriental medicine including moxibustion, acupressure or other forms of manual meridian therapy and recommendations that include oriental dietary

³ The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change. p. 1.

⁴ **Description of Dry Needling in Clinical Practice: An Educational Resource Paper.** American Physical Therapy Association. February 2013. p. 2.

therapy, supplements and lifestyle modifications according to the principles of oriental medicine.⁵

"Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.⁶

The Oregon statutory definition of the practice of acupuncture includes many treatment interventions such as therapeutic exercise, manual therapy techniques including massage, electrotherapeutic modalities, physical agents and mechanical modalities that are also found in the FSBPT's **Model Practice Act** and the American Physical Therapy Association's **Guide to Physical Therapist Practice**.⁷

"Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

(A) Traditional and modern techniques of diagnosis and evaluation;

(B) Oriental massage, exercise and related therapeutic methods;⁸

"Practice of physical therapy" means:

1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.

2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or

⁵ Delaware State Code. TITLE 24 Professions and Occupations. CHAPTER 17 MEDICAL PRACTICE ACT. Subchapter X. Acupuncture Practitioners

⁶ Florida State Code. Title XXXII Regulation of Professions and Occupations. Chapter 457 Acupuncture. 457.102

⁷ Guide to Physical Therapist Practice. 2nd ed. Phys Ther. 2001, 81:9-744.

⁸ Oregon Revised Statutes. Chapter 677 – Regulation of Medicine, Podiatry and Acupuncture. 677.757 Definitions. 2009.

modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.⁹

Legislative and Regulatory Decisions

Dry Needling in the USA (As Of 11/2014)

Specifically Allowed	31
Unclear/Unresolved	5
No position	7
Prohibited	10

States that allow dry needling are not permitting the intervention to be delegated to support personnel.

State Legislation

In May 2012, Georgia became the first state to introduce and pass a bill that added dry needling to the practice act of physical therapists. The Georgia State Board of Physical Therapy had ruled previous to the statute change that dry needling was in the scope of physical therapy practice. However, language in the acupuncture practice act was inserted that specifically states dry needling is a technique of the practice of acupuncture. As the practice of acupuncture is regulated in Georgia by the Georgia Medical Composite Board, and the Physical Therapy Board found that dry needling is appropriate in physical therapy, the Board of Physical Therapy and Medical Board met to discuss dry needling. The boards seemed to have found common ground as the Georgia Physical Therapy Association and the Physical Therapy Board introduced the bill and the Medical Board did not oppose. On April 19, 2011, the Georgia bill passed and was sent to the governor for signature. The governor signed the legislation into law; at that time no other state physical therapy practice acts specifically mentioned dry needling or intramuscular manual therapy.

In 2014, 3 additional states passed legislation that specifically adds dry needling to the Practice Act of physical therapists. Utah added dry needling specifically into its practice act on 4/1/2014. The law requires PTs to meet additional education and training requirements and be licensed two years or more before they can do dry needling. In Arizona, SB 1154 was signed by the governor on 4/24/14 updating the PT practice act with a definition of dry needling and grounds for disciplinary action. This basis for action was clarified as *failing to adhere to the professional standards established by the board with regard to dry needling*. The board has been tasked to write rules that explain the educational requirements and the professional standards by 7/1/2015. Additionally, a physical therapist who was performing dry needling as a therapeutic modality before January 1, 2014, may continue to perform dry needling until the board adopts standards of care and training and education qualifications. The PT is then is required to meet the standards and qualifications adopted by the board. Delaware was the final state of the 2014 legislative session to include dry needling in the physical therapy practice act by passing HB 359 and securing the Governor's signature.

⁹ The Model Practice Act for Physical Therapy. A Tool for Public Protection and Legislative Change. 4th edition. FSBPT. 2006.

There is one state that specifically cannot allow dry needling based on its statute. Hawaii's practice act specifically prohibits physical therapists from puncturing the skin for any purpose. The Florida physical therapy practice act contains language (see bold below) which is confusing and ambiguous on the topic of dry needling. The law specifically excludes penetrating the skin in the performance of acupuncture, however since dry needling may be one tool utilized by acupuncturists, the law could be interpreted to mean PTs cannot perform dry needling. The Florida Physical Therapy Board has not yet taken up the issue of whether or not dry needling is allowed by PTs under the statute.

"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; **the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;**¹⁰

Regulations

Multiple jurisdictions have finalized regulations permitting physical therapists to perform dry needling. See [Appendix A](#).

Board Policy/Interpretation

Multiple jurisdictions have issued Board policy or an interpretation which permit physical therapists to perform dry needling. See [Appendix A](#).

Attorney General Opinions

Maryland

In 1989, Maryland became the first jurisdiction to allow dry needling. However, after 20+ years of physical therapists performing dry needling in Maryland, in August 2010 the state acupuncture board requested an Attorney General (AG) opinion on two subjects:

1. whether or not dry needling falls within the definition of the practice of physical therapy; and
2. the appropriateness of the Board of Physical Therapy Examiners to include it in the scope of practice of PTs without legislation.

This opinion was requested in the absence of any specific complaint of harm being filed against any PTs with the licensing board. The Maryland AG reframed the critical question to being "whether dry needling falls within the scope of practice of physical therapy, regardless of whether it would also fall within the scope of practice of acupuncture."¹¹ The AG's opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the "Maryland Physical Therapy Board's informal statement that dry needling is

¹⁰ Florida Statute. Chapter 468. Physical Therapy Practice.

¹¹ Attorney General Opinion. State of Maryland, Office of the Attorney General. August 17, 2010.

consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act.”¹² In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. After significant public input and negotiations the rules were finalized in the third quarter of 2014.

Mississippi

In 2012, the AG in Mississippi issued an opinion that stated the “Physical Therapy Board does have the authority to include IMT and dry needling in its scope by rule or regulation and that legislative approval or enactment is not required.”¹³ Additionally, physical therapists performing dry needling in accordance with any regulation or interpretation by the Board of Physical Therapy would not be practicing acupuncture without a license.

Kentucky

In September 2013, the Kentucky Board of Physical Therapy received the results of an opinion requested of the AG by Kentucky Board of Medical Licensure. The AG found that dry needling is within the scope of practice of physical therapy with proper training. These results supported the Board’s policy decision that dry needling is within the scope of practice for physical therapists.

Louisiana

In the first quarter of 2014, the Louisiana State Board of Medical Examiners requested an AG opinion as to whether or not dry needling was within the scope of physical therapists. The PT Board, who had, through policy, previously allowed dry needling for physical therapists, formally opposed this request in May 2014 writing to the Louisiana AG that:

- Use of mechanical devices in PT treatment is lawful.
- The PT practice act encompasses invasive treatments.
- Dry needling done by PT is not an unlawful practice of medicine.
- Healthcare professions share tools and treatment.
- The dry needling rule was promulgated within the confines of the PT practice act in a transparent process.¹⁴

There has been no opinion returned from the AG as of the writing of this paper.

Tennessee

Another outside group requested an AG opinion in Tennessee the first half of 2014. The AG returned on 6/9/2014 with the opinion that dry needling is not in physical therapy’s scope of practice. The opinion stated that “nothing in subdivision...clearly indicates legislative intent to include within the practice of physical therapy the invasive use of needles for therapeutic purposes.”¹⁵ Further, “dry needling’s obvious similarity to acupuncture cannot be

¹² Ibid.

¹³ Attorney General Opinion. State of Mississippi, Office of the Attorney General. September 10, 2012.

¹⁴ Letter from Louisiana Physical Therapy Board (Charlotte F. Martin, Executive Director) to Honorable James D “Buddy” Caldwell, Attorney General State of Louisiana. May 15, 2014.

¹⁵ Attorney General Opinion. State of Tennessee, Office of the Attorney General. June 19, 2014.

ignored, and physical therapists may not perform acupuncture, which is a branch of medicine.”¹⁶

Other State Attorney Opinions

Illinois

In August 2010 a verbal opinion from the legal counsel in the Department of Professional Regulation stated that dry needling was not prohibited by the Illinois physical therapy practice act. In April 2014, an attorney in the same department issued a contrary informal opinion stating dry needling was NOT in the physical therapy scope of practice. In the opinion, the attorney expressed some concern that there were no specific standards of practice in place in the Illinois statute or regulations for PTs to perform dry needling. An additional rationale given for the opinion was noting that all current procedures listed in the physical therapy practice act are non-invasive and would then follow that invasive procedures would not be included. And, unlike the physical therapy practice act, the acupuncture practice act clearly defines the standards of practice to perform needle procedures.

The attorney did conclude however that the AG is the only office that may render official opinions regarding statutory interpretation. There is an ongoing debate on this topic and whether or not physical therapists are permitted to perform dry needling in Illinois at this time.

Court Cases

Washington

The Superior Court for King County issued a ruling on October 10, 2014 in which they determined PTs were not legally allowed to perform dry needling in the State of Washington. The PT Board has no declared position on PTs and dry needling.

As background, Kinetacore was holding a continuing education course regarding dry needling at a clinic in Washington. South Sound Acupuncture Association filed a lawsuit against the instructor from Kinetacore, the clinic where the class was held, and the PTs who attended the course alleging that those named in the suit were illegally practicing acupuncture in Washington and that participants who are not licensed to practice acupuncture or medicine pose a significant threat to public health.

Wisconsin

A Wisconsin District Court Ruling in February 2014 upheld physical therapists' ability to publish the rule allowing dry needling. In 2013, the Acupuncture Center, Inc. (Midwest College of Oriental Medicine) vs WI Physical Therapy Examining Board lawsuit demanded that the PT board publish a rule to prohibit dry needling by PTs. The case was found to have no validity and was dismissed. Although they threatened to do so, the representatives in this matter do not have the authority to request an AG opinion in Wisconsin.

Other

¹⁶ Ibid

Oregon's position continues to be under scrutiny, and may best be described as cautiously neutral at this time. Although ruling in July 2009 that dry needling is likely within the scope of PT practice with the appropriate training, difficulties and unsuccessful attempts at communication with the Oregon Medical Board and Acupuncture Committee have led to the following position since November 2009:

Upon further discussions the Physical Therapist Licensing Board believes that the dry needling of trigger points is likely within the physical therapist scope of practice (excluding PTAs). The board acknowledges that the dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education. Further, the board recommends that the acupuncture committee, physical therapist and medical boards work in partnership with their professional associations to define a minimum competency by which a physical therapist can safely practice the intervention of dry needling of trigger points. In the interest of public safety, until training and education can be determined, the board strongly advises its licensees to not perform dry needling of trigger points.¹⁷

The Oregon Physical Therapy Board continues to reach out to the Medical Board and Acupuncture Committee to help in the development of the list of competencies required for PTs to perform dry needling, but have received no positive response from either entity.

The Commonwealth of Massachusetts is also embroiled in heated discussions over dry needling by physical therapists. The Board of Registration in Medicine, who is over the acupuncturists, disagree with the initial ruling by the Board of Allied Health (includes PT) that dry needling is within the scope of practice of PTs. After much public outcry from the acupuncture community, the decision was suspended by upper levels of the executive branch until more discussions could take place between the interested parties and other stakeholders. At this time, the decision stands at an impasse as both groups maintain their positions on the issue.

Dry Needling Internationally

Dry needling is also accepted as being within the scope of physical therapy practice in many countries, including Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain, and the United Kingdom, among others.

The Question of Acupuncture

Currently, some overlap exists between the physical therapy and acupuncture professions which can be demonstrated both in law and in practice. Physical therapists and acupuncturists both have a long history of treating myofascial pain and trigger points. Dry needling may be an intervention utilized by both professions to address these same problems. Dry needling is not the sole intervention, merely a tool used by both, as is acupressure.

Acupressure is another example of a shared intervention. Acupressure is a complementary medicine technique derived from acupuncture. In acupressure, physical pressure is applied to acupuncture points by the practitioner's hand, elbow, or with various devices. Clinically, physical therapists often utilize sustained, direct pressure for the relief of trigger points and pain.

¹⁷ <http://www.oregon.gov/PTBrd/docs/Current.Topics/Board.Statement.Relevant.to.Dry.Needling.pdf>

The World Health Organization (WHO) has published a number of reports on acupuncture. Specifically, the report discussing traditional medicine refers to dry needling in acupuncture, but in context, the reference is comparing needling alone with needling in conjunction with complements such as laser, TENS, and electro-acupuncture.¹⁸ The WHO report is not describing dry needling in the same context as it is used as an intervention in a physical therapy treatment plan. Many of the World Health Organization's reports regarding acupuncture including "Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials," do not contain the term dry needling at all.^{19 20 21}

In December 2010, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) authored a position paper on dry needling and distributed it to the state boards of physical therapy and acupuncture throughout the United States. The CCAOM has taken the position to affirm the history of dry needling as an acupuncture technique. The CCAOM asserts that dry needling, beyond the sole needling of trigger points, is the practice of acupuncture regardless of whether it is called dry needling or intramuscular manual therapy. State boards may want to explore this CCAOM paper further in order to familiarize themselves with counter-arguments to including dry needling in the scope of PT practice.

Another group, the National Center for Acupuncture Safety and Integrity (NCASI) sent letters questioning the use of acupuncture needles by non-acupuncturists to FSBPT, APTA, and the Food and Drug Administration (FDA), online retailers of acupuncture equipment and boards of PT, Chiropractic, and Naturopathy (11/13/13). The group specifically questioned the legality of non-acupuncturists using of acupuncture needles and challenged board rulings allowing non-acupuncturists to use needles for dry needling. NCASI argued that specific requirements exist in statute under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §301 et seq. and the related regulations under the FDA. According to the group when a state board allows physical therapists (or others) to use these needles for dry needling, the use of the acupuncture needle is inconsistent with this statute and regulations. However, a legal analysis performed by FSBPT found that the allegation in the NCASI letter was without merit. The attorneys determined that in the FDA's regulations the state, not the FDA, determine who is a qualified practitioner to use acupuncture needles.

PTs using dry needling:

- do not and cannot claim to practice acupuncture,
- do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology,
- do not use acupuncture diagnosis like tongue and pulse
- do not use of energy flow or meridians
- do not use dry needling to address things such as fertility, smoking cessation, allergies, depression or other non-neuro-musculoskeletal conditions which are commonly treated with acupuncture

As demonstrated in the definition of the practice of acupuncture from the statutes earlier in the paper, needle techniques are only a piece of the acupuncturist's full scope of practice. It is not the specific individual procedures,

¹⁸Report Second Consultation Meeting On Traditional And Modern Medicine: Harmonizing The Two Approaches. World Health Organization. April 2004. P. 7.

¹⁹Acupuncture: Review And Analysis Of Reports On Controlled Clinical Trials. World Health Organization.

²⁰International Standard Terminologies on Traditional Medicine in the Western Pacific Region. World Health Organization

²¹Guidelines on Basic Training and Safety in Acupuncture. World Health Organization. 1996.

but the totality of a scope which defines a profession. Acupuncturists and physical therapists continue to have unique scopes of practice even with the overlap of some of the treatment techniques. It is completely reasonable for the acupuncture profession to want to protect the title and term *acupuncturist* or *acupuncture* as much as physical therapy profession protects *physical therapist* and *physical therapy*. Qualified, competent physical therapists that perform dry needling should not hold themselves out as providing acupuncture services. Qualified, competent acupuncturists instructing a client in traditional, oriental exercise should not hold themselves out as a physical therapist. Protection of titles and terms are important from a public protection stand point in that people need to be clear as to the qualifications of their practitioner of choice as well as his/her profession.

Overall, an important distinction is that acupuncture is an entire discipline and profession where as dry needling is merely one technique which should be available to any professional with the appropriate background and training. When performed by physical therapists, dry needling is physical therapy. When performed by chiropractors, dry needling is chiropractics. When performed by acupuncturists, dry needling is acupuncture. The philosophy and goal of the treatment will vary based upon your entire professional discipline, training, and scope of practice. There are multiple examples of shared interventions in health care. The accepted premise must be that overlap occurs among professions. The question for the state board should only be whether or not dry needling is within the scope of practice of physical therapy, not determining whether it is part of the scope of practice of acupuncturists.

Professional Association Support

FSBPT: Although the FSBPT Model Practice Act does not specifically mention dry needling, there is nothing to specifically exclude the technique. The following section from the Model Practice Act would be relevant in the discussion regarding dry needling:

Other procedures that might be addressed in rules are whether physical therapists can use certain machines and perform procedures such as electroneuromyography, needle EMG, dry needling, etc. that are not specifically addressed in the statutory language.²²

American Academy of Orthopedic Manual Physical Therapists: October 2009 position statement supporting intramuscular/dry needling as being within the scope of PT practice

- **Position:**

It is the Position of the AAOMPT that dry needling is within the scope of physical therapist practice.

- **Support Statement:**

*Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation*²³

²² Model Practice Act for Physical Therapy, p. 59.

²³ <http://aaompt.org/members/statements.cfm>

American Physical Therapy Association: In January 2012, APTA published an educational resource paper titled **Physical Therapists & the Performance of Dry Needling**. According to the paper, the document was meant to provide background information for state chapters, regulatory entities, and providers who are dealing with the issue of dry needling. In February 2013, APTA published a second paper regarding dry needling titled **Description of Dry Needling in Clinical Practice: an Educational Resource Paper**. Dry needling is included in the **Guide to Physical Therapist Practice 3.0**, manual therapy techniques for mobilization/manipulation, published August 1, 2014. Currently, there is no HOD or BOD policy on dry needling, however this is not unusual; there are no HOD or BOD policies at APTA on the ability of a physical therapist to perform any specific intervention.

Recommended Training Requirements for PTs to Perform Dry Needling

There are currently no consistent profession-wide standards/competencies defined for the performance of dry needling. Each state has defined what the requirements will be in that state. See Appendix B for state-by-state guidelines.

Historical Basis and Education

Although for a different purpose, physical therapists have a historical basis for needle insertion with the practice of EMG and NCV testing. At this time, laws in 46 states would allow PTs to perform needle electromyography and nerve conduction velocity testing.²⁴ Although the language and requirements vary, California, Florida, Kentucky, Missouri, New Hampshire, Oklahoma, Pennsylvania, Washington, and West Virginia have specific protection in statute for physical therapists to perform EMGs. North Carolina and Texas utilize administrative rule to authorize PTs to perform EMGs. An opinion from the Kentucky board specifically addresses EMG by fine wire insertion and affirms that these tests are within the scope of a physical therapist.²⁵ South Carolina also has a statement regarding performance of needle EMG.²⁶ The law in Oklahoma specifically defines the practice of physical therapy to include invasive and noninvasive techniques.

*"Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy.*²⁷

At this time, dry needling is not being taught in most entry-level physical therapy programs but more and more programs are adding introductory information to the curriculum. At minimum, Georgia State University, Mercer University, University of Delaware, University of St. Augustine for Health Sciences, and the Army physical therapy program at Baylor all teach at least an introduction to dry needling. Other universities including the Ola Grimsby Institute are considering adding dry needling to the curriculum of both the advanced and entry level educational

²⁴ American Physical Therapy Association. State Affairs memorandum on review of EMG in the States.

²⁵ <http://www.pt.ky.gov/NR/rdonlyres/4D460291-23A1-43E3-AFF3-DEE7506DF149/0/Electromyography.pdf>

²⁶ <http://www.llr.state.sc.us/POL/PhysicalTherapy/index.asp?file=PT%20Positions/electro.htm>

²⁷ State Of Oklahoma Physical Therapy Practice Act. Title 59 O.S., Sections 887.2

programs. Dry needling is also included in the Mercer University physical therapy residency program. Internationally, dry needling is being taught at many universities. In most educational programs for physical therapists, the needling technique is learned in conjunction with evaluation of the myofascial trigger points and used as a part of the patient's overall treatment plan.

The Commission on Accreditation in Physical Therapy Education (CAPTE) criteria requires the physical therapist professional curriculum to include content and learning experiences in the behavioral, biological and physical, and clinical sciences necessary for initial practice of the profession.²⁸ The entry-level curriculum must demonstrate inclusion of many topics which should provide a strong foundation to the understanding and performance of intramuscular manual therapy such as anatomy/cellular biology, physiology, neuroscience, pathology, pharmacology; study of systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neuromuscular; communication, ethics and values, teaching and learning, clinical reasoning, and evidence-based practice.

Dry needling education purposefully does not include the basic tenets of acupuncture training such as Chinese medicine philosophy, meridians, qi, or diagnosis via tongue inspection, as the technique and its rationale have no basis in oriental medicine. Dry needling is based primarily on the work of Dr. Janet Travell, a pioneer in trigger point research and treatment. According to the World Health Organization's **Guidelines on Basic Training and Safety in Acupuncture**, the basic study of acupuncture should include:²⁹

- Philosophy of traditional Chinese medicine, including but not limited to concepts of *yin-yang* and the five phases.
- Functions of *qi*, blood, mind, essence and body fluids, as well as their relationship to one another.
- Physiological and pathological manifestations of *zang-fu* (visceral organs) and their relationship to one another.
- Meridians and collaterals, their distribution and functions.
- Causes and mechanisms of illness.

Overwhelmingly, physical therapists are getting instruction in dry needling through continuing education.

Dry Needling Evidence-based Practice

There are numerous scientific studies to support the use of dry needling for a variety of conditions.³⁰ Supporting textbooks include:

- Dommerholt J, Huijbregts PA, Myofascial trigger points: pathophysiology and evidence-informed diagnosis and management Boston: Jones & Bartlett 2011
- *The Gunn approach to the treatment of chronic pain*. Gunn, C.C., Second ed. 1997, New York: Churchill Livingstone.

²⁸ Commission on Accreditation in Physical Therapy Education. Accreditation Handbook. Effective January 1, 2006; revised 5/07, 10/07, 4/09 p. B28-B29.

²⁹ **Guidelines on Basic Training and Safety in Acupuncture**. World Health Organization. 1996. Pages 7-8.

³⁰ Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. 14(4): p. E70-E87.

- *Travell and Simons' myofascial pain and dysfunction; the trigger point manual*. Simons, D.G., J.G. Travell, and L.S. Simons, 2 ed. Vol. 1. 1999, Baltimore: Williams & Wilkins.

A literature search regarding intramuscular manual therapy or dry needling yields extensive results. Numerous research studies have been performed and published in a variety of sources. In addition to the references contained in this paper, the following is just a small sample:

- Dry Needling: a Literature Review with Implications for Clinical Practice Guidelines (Dunning et al, 2014) *Physical Therapy Reviews*, 19(4):252-265
- Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. *J Manual Manipulative Ther*, 2006. **14**(4): p. E70-E87.
- Lewit, K., *The needle effect in the relief of myofascial pain*. *Pain*, 1979. **6**: p. 83-90.
- Intramuscular Stimulation (IMS) - The Technique By: C. Chan Gunn, MD (<http://www.istop.org/papers/impspaper.pdf>)
- Dommerholt, J., *Dry needling in orthopedic physical therapy practice*. *Orthop Phys Ther Practice*, 2004. **16**(3): p. 15-20.
- Baldry, P.E., *Acupuncture, Trigger Points and Musculoskeletal Pain*. 2005, Edinburgh: Churchill Livingstone.
- Dommerholt, J. and R. Gerwin, D., *Neurophysiological effects of trigger point needling therapies*, in *Diagnosis and management of tension type and cervicogenic headache*, C. Fernández de las Peñas, L. Arendt-Nielsen, and R.D. Gerwin, Editors. 2010, Jones & Bartlett: Boston. p. 247-259.
- Simons, D.G. and J. Dommerholt, *Myofascial pain syndrome - trigger points*. *J Musculoskeletal Pain*, 2007. **15**(1): p. 63-79.
- Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, *Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration*. *Spine* 30(8): p. 944-963, 2005.
- White A, Foster NE, Cummings M, Barlas P, *Acupuncture treatment for chronic knee pain: a systematic review*. *Rheumatology (Oxford)* 46(3): p. 384-90, 2007.
- Chu, J., et al., *Electrical twitch obtaining intramuscular stimulation (ETOIMS) for myofascial pain syndrome in a football player*. *Br J Sports Med*, 2004. **38**(5): p. E25.

Typically the literature refers to dry needling or acupuncture, and in some cases specifically looks at the effectiveness of acupuncture and dry needling, suggesting indeed that a difference exists.³¹ Overall, the literature

³¹ Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, *Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration*. *Spine* 30(8): p. 944-963, 2005.

suggests and supports dry needling/intramuscular manual therapy as a safe, effective, viable treatment option for patients.

Dry needling has been practiced by physical therapists for over 20 years with minimal numbers of adverse effects reported. The most common side effects include post-needling soreness and minor hematomas. The FSBPT's Examination, Licensure and Disciplinary Database (ELDD) has no entries in any jurisdiction of discipline for harm caused by dry needling performed by physical therapists.

Many American providers of dry needling, with multiple course providers in Europe, have established a physical therapy-only, voluntary, web-based registry in Switzerland for reporting adverse effects. This registry currently includes two reports of pneumothoraces, a severe autonomic response of one patient, but no other "severe" side effects.³² The administrators of this registry admit that it is underutilized. Additionally, the literature does not report serious injury or harm from intramuscular needling performed by a physical therapist.

Conclusion

Returning to the four tenets from *Changes in Healthcare Professions Scope of Practice: Legislative Considerations* on which to base scope of practice decisions and summarizing the information above, it appears that there is a historical basis, available education and training as well as an educational foundation in the CAPTE criteria, and supportive scientific evidence for including dry needling in the scope of practice of physical therapists. The education, training and assessment within the profession of physical therapy include the knowledge base and skill set required to perform the tasks and skills with sound judgment. It is also clear; however, that dry needling is not an entry-level skill and should require additional training.^{33 34}

When considering the scope of practice decision, the regulatory environment in each jurisdiction will vary dramatically. However, recognizing that intramuscular manual therapy is not an entry-level skill, the jurisdictional boards that are authorized to develop rules related to determining if an intervention is within scope of practice must determine the mechanisms for determining that a physical therapist is competent to perform the task. To ensure public protection the board should also have sufficient authority to discipline any practitioner who performs the task or skill without proper training, incorrectly, or in a manner that might likely harm a patient.

³² Dummerholt, J., Unpublished data. January 2010.

³³ **ACTIVITIES PERFORMED BY ENTRY-LEVEL PHYSICAL THERAPISTS IDENTIFIED DURING THE 2006 ANALYSIS OF PRACTICE.** FSBPT. 2006-2007.

³⁴ Knapp, D, Russell, L, Byrum, C. and Waters, S. **Entry-Level Practice Analysis Update for Physical Therapist Licensure Examinations Offered by the FSBPT.** Human Resources Research Organization. February 14, 2007.

Appendix A: States and Specific Dry Needling

State	Y: Allows N: Does not allow	Other Information
AK	?	<p>April 24, 2012 letter to Alex Kay, PT regarding performance of dry needling.</p> <p><i>Paraphrase:</i> The board will not address specific treatment approaches by licensure; however, expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The PT will be held accountable for demonstrating this competence if there is ever a complaint.</p>
AL	Y	<p>Board minutes October 23, 2007:</p> <p>Dry Needling does fall within the scope of practice for physical therapy.</p>
AR	Y	<p>Board minutes May 28, 2009:</p> <p>Michael DuPriest, PT emailed asking if dry needling is within the scope of practice. This issue was discussed at the February meeting and the Board determined further information was needed. Additional information was received from Michael DuPriest but his question in the second email was regarding needle EMG. The Board determined previously that EMGs are within the scope of practice. Clarification was received from Michael DuPriest and the Board determined dry needling is within the scope of practice.</p> <p>Board minutes January 31, 2013:</p> <p>Dry Needling Resource Paper: The Board reviewed the 3rd edition dry needling resource paper from FSBPT and discussed the procedure. The Board determined this paper would be used for future inquires regarding dry needling.</p> <p>From Board Exec Director email to Maribeth Decker at FSBPT (Nancy Worthen) dated 10/16/2-13The Board considers dry needling to be within the scope of practice for physical therapists but as with any other treatment they must have the appropriate skills and knowledge.</p>
AZ	Y	2014 Dry needling added to PT practice act
CA	N	
CO	Y	In rules

State	Y: Allows N: Does not allow	Other Information
DC	Y	In rules
DE	Y	2014 Dry needling added to PT practice act
FL	N	<p>Florida physical therapy practice act contains language which specifically excludes penetrating the skin in the performance of acupuncture:</p> <p>"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;³⁵</p> <p>The board has not yet taken up the issue of whether or not dry needling is acupuncture. For now, this statute prohibits dry needling in Florida.</p>
GA	Y	2011 Dry needling added to GA PT practice act; first state to have in statute
HI	N	Physical therapists, by statute, are not allowed to puncture the skin of a patient for any purpose
IA	Y	From 9/2010 Board of PT meeting minutes: In answer to a licensee's question regarding whether PTs may perform dry needling. Board determines that it does not appear to be prohibited.
ID	N	
IL	Y	<p>Aug 2010 verbal opinion from the IL Dept. of professional regulation legal counsel that dry needling was not prohibited by the IL physical therapy practice act</p> <p>2014 informal opinion that contradicts the above opinion. No clear resolution/decision at this time</p>
IN	-	Claimed by some resources to have approved dry needling for PTs, minutes from Board meeting August 2012 state that "Indiana does not take a position on needling...The current statute is open and does not specifically state whether or not it is appropriate." Not prohibited, but not endorsed either.

³⁵ Florida Statute. Chapter 468. Physical Therapy Practice.

State	Y: Allows N: Does not allow	Other Information
KS	N	<p>Kansas Board of Healing Arts Board Minutes</p> <p>C. Dry Needling: Mr. Anshutz and Mr. Riley (disciplinary attorneys of the Board of Healing Arts) stated that they believe Dry Needling is another name for acupuncture and the board only regulates acupuncture in the ND practice act. Several acupuncturists came before the board at the August 8, 2010, meeting and it is expected they will go the legislature to become regulated. Dry needling does not fit any of the modalities that are included in the PT practice act and could only be included as an experimental treatment if done through one of the teaching universities and based on research</p>
KY	Y	<p>March 18, 2010</p> <p>Opinion and Declaratory ruling regarding state law governing dry needling therapy by the Kentucky Board of Physical Therapy.</p> <p>The board is of the opinion dry needling is within the scope of the practice of “physical therapy” as defined in Kentucky law by the General Assembly at KRS 327.010(1). Dry needling is a treatment used to improve neuromuscular function. As such it falls within the definition of physical therapy as defined under KRS 327:010 (1) “Physical therapy” means the use of selected knowledge and skills ...invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular, and cardiopulmonary function, as it relates to physical therapy. There is nothing in KRS Chapter 327 to prohibit a licensed physical therapist from performing dry needling so long as the physical therapist is competent in performing this intervention.</p> <p>While dry needling is within the scope of practice of physical therapy, a physical therapist must practice only those procedures that the physical therapist is competent to perform. The board can discipline a physical therapist for “engaging or permitting the performance of substandard patient care by himself or by persons working under their supervision due to a deliberate or negligent act or failure to act, regardless of whether actual injury to the patient is established.” KRS 327.070(2).</p>
LA	Y	<p>Within the Scope of Practice of PT; board regulations</p> <p>2014 AG opinion requested by outside agency. As of Oct 31, 2014 no published opinion</p>
MD	Y	<p>January 2011- Oct 2014 Rule making process for dry needling specifics in the state of Maryland. Regulations are now final</p> <p>Aug 27, 2010 MD Attorney General’s opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the “Maryland</p>

State	Y: Allows N: Does not allow	Other Information
		Physical Therapy Board's informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act."
MS	Y	Board Minutes 2/2012: The Mississippi State Board of Physical Therapy considers that intramuscular manual therapy techniques are within the physical therapist scope of practice and is in the process of developing more specific competence requirements. The Attorney General has affirmed that the MS Board of PT was acting within its power to determine that dry needling was within scope of practice of PT.
MT	Y	The Montana Board of Physical Therapy has determined that trigger point dry needling is within the scope of practice for physical therapists. The board has formed a committee to begin the process of setting rules for trigger point dry needling which met for the first time June 30, 2011 and their work continues presently.
NH	Y	PT Board MINUTES of October 19, 2011: PTs can do dry needling if they have been trained to do so.
NJ	Y	Sept 2009, Board of PT determined dry needling is within the scope of practice of PTs. Currently being looked at by the Division of Consumer Affairs which may alter the opinion. No written documentation
NM	Y	March 2000, In a letter dated March 21, 2000, the PT board determined that the PT Act does not prohibit dry needling and that Section 61-12D-3, Paragraph I, Number 2 describing the practice of physical therapy supports that decision.
NC	Y	In 2010, NC PT Board voted to reverse previous policy which did not allow dry needling by PTs. Dec 9, 2010 Board Position Statement. Position: Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that intramuscular manual therapy is within the scope of practice of physical therapists.
ND	Y	Board meeting May 13, 2013: The board voted to state that "Dry Needling" is within the scope of practice for PT in North Dakota.
NE	Y	Within the Scope of Practice of PT June 2011 board meeting minutes

State	Y: Allows N: Does not allow	Other Information
NV	Y	<p>Dry needling is within the SOP of PTs as ruled by NV Board of PT on March 20, 2012.</p> <p>As of April 19, 2012, the PT board legal counsel is writing up the new board Policy on dry needling and once signed by Chairman, Kathy Sidener, dry needling will be permissible by PTs in NV.</p>
NY	N	<p>Early 1990s (1992?) and affirmed in 2007 NY State Board issued an opinion at the time that it was not an entry level skill and therefore could not be done.</p>
OH	Y	<p>In a letter dated January 5, 2007, the OH OT, PT, and ATC Board affirms the position of the PT Section of the board that nothing in the OH PT practice act prohibits a PT from performing dry needling. The letter goes on to read that the PT must demonstrate competency in the modality.</p>
OR	Y	<p>November 2009: Upon further discussions the Physical Therapist Licensing Board believes that the dry needling of trigger points is likely within the physical therapist scope of practice (excluding PTAs). The board acknowledges that the dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education. Further, the board recommends that the acupuncture committee, physical therapist and medical boards work in partnership with their professional associations to define a minimum competency by which a physical therapist can safely practice the intervention of dry needling of trigger points. In the interest of public safety, until training and education can be determined, the board strongly advises its licensees to not perform dry needling of trigger points.</p>
PA	N	<p>PA PT board was advised by legal counsel that dry needling is not within the scope of practice of a PT</p>
RI	Y	<p>Feb 14, 2012 PT board minutes: Board members revisited the matter of dry needling for intramuscular therapy. A board member questioned if it pertained to other professions, including Acupuncturist. The board administrator related guidance from Atty. Tom Corrigan stating the use of a needle by one profession does not preclude a different profession from having a different use for a needle. Board members commented dry needling is within their scope of practice provided the licensed professional is comfortable trained and has appropriate background knowledge. For licensed physical therapists that are not qualified there are educational seminars they may sign up for and gain the required background and training.</p>
SC	Y	<p>In an email written in October 2004 in response to a licensee's question regarding scope of practice and dry needling, the Chairperson affirmed that dry needling appears to fall within the SOP of a licensed PT in SC if they are fully trained in its use and comply with</p>

State	Y: Allows N: Does not allow	Other Information
		all legal and ethical requirements for professional practice in physical therapy.
SD	N	<p>The South Dakota Board of Medical and Osteopathic Examiners considers procedures involving the breaking or altering of human tissue for diagnostic, palliative or therapeutic medical purposes to be the practice of medicine. The board determines that dry needling is significantly different from “electromyography (EMG)”, which the board previously opined was an activity within the scope of practice for a physical therapist.</p> <p>Decision:</p> <p>The South Dakota Board of Medical and Osteopathic Examiners determined that the procedure known as “dry needling” does not fall within the physical therapist scope of practice as defined in SDCL ch. 36-10.</p> <p>This opinion issued by the Board of Medical and Osteopathic Examiners is advisory in nature. It does not constitute an administrative rule or regulation and is intended solely to serve as a guideline for persons registered, licensed, or otherwise regulated by the Board of Medical and Osteopathic Examiners.</p>
TN	N	<p>August 12, 2011- PT Board determined that DN was in scope for PTs overturning a previous policy that it was not within scope</p> <p>AG Opinion June 19, 2014 “physical therapists may not perform acupuncture, which is a branch of medicine.” Determined DN was in essence acupuncture thus nullifying Board’s opinion</p>
TX	Y	Texas Board of Physical Therapy Examiners letter dated 8/8/2014: “It is the opinion of the PT Board that the practice of trigger point dry needling is within the scope of practice of a Physical Therapist in the State of Texas.”
UT	Y	2014 Dry needling added to PT practice act
VA	Y	Updated Board Policy Guidance Document on Aug 26, 2010
VT	-	Reported by one resource that in February 2012, the Vermont Office of Professional Regulation issued a statement that dry needling is within the scope of physical therapy in that state. Unable to substantiate this claim.
WA	N	October 10, 2014 Superior Court for King County issued a ruling stating, among other

State	Y: Allows N: Does not allow	Other Information
		<p>findings:</p> <ul style="list-style-type: none"> · “A person that ‘penetrates the tissues of human beings’ with an acupuncture needle or any other needle for purpose of ‘dry needling’ or any similar named act (‘dry needling’) is practicing medicine under the statutory definition provided at RCW 18.71.011(3) and is prohibited absent a physicians license as required by RCW 18.71.021 or other statutory authority.” · “The penetration of human tissue with an acupuncture needle or any similar needle used for dry needling is outside the plain text of the authorized scope of practice for physical therapy as adopted by the Washington Legislature in RCW 18.74.010(8).”
WI	Y	<p>BOARD MINUTES JULY 2009:</p> <p>BOARD DISCUSSION OF DRY NEEDLING</p> <p>Statute 448.50 (6) allows for “therapeutic intervention” within the scope of physical therapy. Larry Nosse discussed the use of dry needling as a therapeutic technique. This process uses sterile techniques, the surface skin is cleaned, it does not draw blood, and the physical therapists are trained in blood-body precautions. Mark Shropshire noted that the American Academy of Orthopedic and Manual Physical Therapists has made a position statement that dry needling is within the scope of practice of physical therapy. California, Nevada, Tennessee, and Florida do not allow this technique within the scope of practice within physical therapy because these states have language noting that PTs cannot puncture the skin.</p> <p>MOTION: Otto Cordero moved, seconded by Jane Stroede, that the board considers trigger point dry needling as within the scope of practice of physical therapy provided that the licensed physical therapist is properly educated and trained. Motion carried unanimously.</p> <p>May 29, 2014: favorable district court ruling re: dry needling, followed by a non-appeal</p>
WV	Y	<p>July 18, 2012: Opinion of the West Virginia Board of Physical Therapy Regarding Dry Needling Therapy: “In summary, the Board is of the opinion that dry needling is within the scope of the practice of “physical therapy” as defined by West Virginia Code 30-20-9.”</p>
WY	Y	<p>In a letter dated Aug 18, 2009 the Wyoming Board of Physical Therapy affirmed that nothing in the current practice act would preclude PTs performing dry needling with proper credentials.</p>

Appendix B: Training Guidelines

STATE	TRAINING REQUIREMENTS
AZ	Rules currently being drafted
CO	<p>COLORADO PHYSICAL THERAPY LICENSURE RULES AND REGULATIONS</p> <p>4 CCR 732-1 RULE 11 - REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM DRY NEEDLING</p> <p>A. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose and treat neuromuscular pain and functional movement deficits; is based upon Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points.</p> <p>B. Dry needling as defined pursuant to this rule is within the scope of practice of physical therapy.</p> <p>C. A physical therapist must have the knowledge, skill, ability, and documented competency to perform an act that is within the physical therapist's scope of practice.</p> <p>D. To be deemed competent to perform dry needling a physical therapist must meet the following requirements:</p> <ol style="list-style-type: none"> 1. Documented successful completion of a dry needling course of study. The course must meet the following requirements: <ol style="list-style-type: none"> a. A minimum of 46 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training. b. Two years of practice as a licensed physical therapist prior to using the dry needling technique. <p>E. A provider of a dry needling course of study must meet the educational and clinical prerequisites as defined in this rule, D(1) (a) &(b) and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a physical therapist.</p> <p>F. A physical therapist performing dry needling in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> 1. Risks and benefits of dry needling 2. Physical therapist's level of education and training in dry needling 3. The physical therapist will not stimulate any distal or auricular points during dry needling. <p>H. When dry needling is performed this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p>

STATE	TRAINING REQUIREMENTS
	<p>I. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> <p>J. Dry needling must be performed in a manner consistent with generally accepted standards of practice, including clean needle techniques, and standards of the center for communicable diseases.</p> <p>K. The physical therapist must be able to supply written documentation, upon request by the Director, which substantiates appropriate training as required by this rule. Failure to provide written documentation is a violation of this rule, and is prima facie evidence that the physical therapist is not competent and not permitted to perform dry needling.</p> <p>L. This rule is intended to regulate and clarify the scope of practice for physical therapists.</p>
DC	<p>District of Columbia Municipal Regulations Title 17, Chapter 67, Physical Therapy</p> <p>6715 SCOPE OF PRACTICE A physical therapist may also perform intramuscular manual therapy, which is also known as dry needling, if performed in conformance with the requirements of section 6716.</p> <p>6716 REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM INTRAMUSCULAR MANUAL THERAPY</p> <p>6716.1 Intramuscular manual therapy may be performed by a licensed physical therapist who meets the requirements of this section.</p> <p>6716.2 Intramuscular manual therapy shall be performed directly by the licensed physical therapist and shall not be delegated.</p> <p>6716.3 Intramuscular manual therapy shall be performed in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, and other applicable standards of the Centers for Disease Control and Prevention.</p> <p>07-01-11 16 Title 17 District of Columbia Municipal Regulations</p> <p>6716.4 Intramuscular manual therapy is an advanced procedure that requires specialized training. A physical therapist shall not perform intramuscular manual therapy in the District of Columbia unless he or she has documented proof of completing:</p> <p>(a) A board-approved professional training program on intramuscular manual therapy. The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program</p> <p>(b) A professional training program on intramuscular manual therapy accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance</p>

STATE	TRAINING REQUIREMENTS
	<p>learning, and shall not be a self-study program; or</p> <p>(c) Graduate or higher-level coursework in a CAPTE-approved educational program that included intramuscular manual therapy in the curriculum.</p> <p>6716.5 A physical therapist shall only perform intramuscular manual therapy following an examination and diagnosis, and for the purpose of treating specific anatomic entities selected according to physical signs.</p> <p>6716.6 A physical therapist who performs intramuscular manual therapy shall obtain written informed consent from each patient who will receive intramuscular manual therapy before the physical therapist performs intramuscular manual therapy on the patient.</p> <p>6716.7 The informed consent form shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> (a) The patient’s signature; (b) The risks and benefits of intramuscular manual therapy; (c) The physical therapist’s level of education and training in intramuscular manual therapy; and (d) A clearly and conspicuously written statement that the patient is not receiving acupuncture. <p>6716.8 A physical therapist who performs intramuscular manual therapy shall maintain a separate procedure note in the patient’s chart for each intramuscular manual therapy. The note shall indicate how the patient tolerated the intervention as well as the outcome after the intramuscular manual therapy.</p> <p>6716.9 A physical therapist who performs intramuscular manual therapy shall be required to produce documentation of meeting the requirements of this section immediately upon request by the board or an agent of the board.</p> <p>6716.10 Failure by a physical therapist to provide written documentation of meeting the training requirements of this section shall be deemed prima facie evidence that the physical therapist is not competent and not permitted to perform intramuscular manual therapy.</p>
DE	Rules currently being drafted
GA	<p>490-9-.05 Dry Needling.</p> <p>Dry needling must be directly performed by a licensed physical therapist that is specifically trained and competent by virtue of education and training to perform dry needling. Online study for dry needling instruction is not considered appropriate training.</p> <p>(a) Effective September 1, 2012, physical therapists must meet the following requirements in order to perform dry needling: proof of education in the OSHA Blood Borne Pathogens Standard and at least one of the following:</p>

STATE	TRAINING REQUIREMENTS
	<p>1. Graduation from an entry-level physical therapy program that included dry needling instruction consisting of a minimum of 50 hours total and competency assessment and achievement in its curriculum; or</p> <p>2. Graduation from a post-graduate credentialed residency or fellowship program of study that included dry needling instruction consisting of a minimum of 50 hours total and competency assessment and achievement in its curriculum; or</p> <p>3. Documented successful completion of a didactic dry needling course of study consisting of a minimum of 50 hours total and competency assessment and achievement in its curriculum.</p> <p>(b) Provided, however, that physical therapists who have at least two years of experience in the clinical practice of dry needling as of September 1, 2012, have until the end of the current biennium on December 31, 2013, to meet the requirements in subsection (a)(1)-(3), in order to perform dry needling.</p> <p>Authority O.C.G.A. Secs. 43-1-19, 43-1-24, 43-1-25, 43-33-3, 43-33-10, 43-33-11 and 43-33-18.</p> <p>History. Original Rule entitled "Dry Needling" adopted. F. Mar. 21, 2012; eff. Apr. 10, 2012.</p>
LA	<p>Subchapter B. General Provisions</p> <p>§123. Definitions</p> <p>A. As used in this Title, the following terms and phrases, defined in the practice act, La. R.S.37:2401–2424, shall have the meanings specified here.</p> <p>Dry Needling—a physical intervention which utilizes filiform needles to stimulate trigger points in a patient’s body for the treatment of neuromuscular pain and functional movement deficits. Dry Needling is based upon Western medical concepts and does not rely upon the meridians utilized in acupuncture and other Eastern practices. A physical therapy evaluation will indicate the location, intensity and persistence of neuromuscular pain or functional deficiencies in a physical therapy patient and the propriety for utilization of dry needling as a treatment intervention. Dry needling does not include the stimulation of auricular points.</p> <p>§311. Treatment with Dry Needling</p> <p>A. The purpose of this rule is to establish standards of practice, as authorized by La. R.S. 37:2405 A.(8), for the utilization of dry needling techniques, as defined in §123, in treating patients.</p> <p>B. Dry needling is a physical therapy treatment which requires specialized physical therapy education and training for the utilization of such techniques. Before undertaking dry needling education and training, a PT shall have no less than two years experience working as a licensed PT. Prior to utilizing dry needling techniques in patient treatment, a PT shall provide documentation to the executive director that he has successfully completed a board–approved course of study consisting of no fewer than 50 hours of face–to–face instruction in intramuscular dry needling treatment and safety. Online and other distance learning courses will not satisfy this requirement. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate discipline by the board.</p>

STATE	TRAINING REQUIREMENTS
	<p>C. In order to obtain board approval for courses of instruction in dry needling, sponsors must document that instructors utilized have had no less than two years experience utilizing such techniques. Instructors need not be physical therapists, but should be licensed or certified as a healthcare provider in the state of their residence.</p> <p>D. A written informed consent form shall be presented to a patient for whom dry needling is being considered, telling the patient of the potential risks and benefits of dry needling. A copy of a completed form shall be preserved in the patient treatment record and another copy given to the patient.</p> <p>E. Dry needling treatment shall be performed in a manner consistent with generally accepted standards of practice, including sterile needle procedures and the standards of the U.S. Centers for Disease Control and Prevention. Treatment notes shall document how the patient tolerated the technique and the outcome of treatments.</p>
MD	Proposed regulations to COMAR 10.38.12 published 9/19/2014
MS	<p>D. To be deemed competent to perform intramuscular manual therapy a physical therapist must meet the following requirements:</p> <ol style="list-style-type: none"> 1. Documented successful completion of a intramuscular manual therapy course of study; online study is not considered appropriate training. <ol style="list-style-type: none"> a. A minimum of 50 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training. b. Three years of practice as a licensed physical therapist prior to using the intramuscular manual therapy technique. 2. The physical therapist must have board approved credentials for providing intramuscular manipulation which are on file with the board office prior to using the treatment technique. <p>E. The provider of the required educational course does not need to be a physical therapist. A intramuscular manual therapy course of study must meet the educational and clinical prerequisites as defined in this rule, D(1)(a)&(b) and demonstrate a minimum of two years of intramuscular manual therapy practice techniques.</p> <p>F. A physical therapist performing intramuscular manual therapy in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> 1. Risks and benefits of intramuscular manual therapy. 2. Physical therapist's level of education and training in intramuscular manual therapy.

STATE	TRAINING REQUIREMENTS
	<p>3. The physical therapist will not stimulate any distal or auricular points during intramuscular manual therapy.</p> <p>G. When intramuscular manual therapy is performed, this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p> <p>H. Intramuscular manual therapy shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> <p>I. Intramuscular manual therapy must be performed in a manner consistent with generally accepted standards of practice, including but not limited to, aseptic techniques and standards of the center for communicable diseases.</p>
MT	Currently drafting
NC	<p>As of June 2012:</p> <p>Position: Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that Intramuscular Manual Therapy (Dry Needling) is within the scope of practice of physical therapists. Intramuscular Manual Therapy is an advanced skill that requires additional training beyond entry-level education and should only be performed by physical therapists who have demonstrated knowledge, skill, ability, and competence as follows: Completion of an Intramuscular Manual Therapy course of study at a program approved by the Board with a minimum of 54 hours of classroom education, which must also include instruction in the clinical application of IMT (Dry Needling). Since Intramuscular Manual Therapy requires ongoing re-evaluation and reassessment, it is not in the scope of work for physical therapist assistants or physical therapy aides.</p>
NE	<p>A physical therapist who wished to perform tissue penetration for the purpose of dry needling must meet the following requirements:</p> <ol style="list-style-type: none"> 1. Complete pre-service or in-service training. The pre-service or in-service training must include: <ol style="list-style-type: none"> a. Pertinent anatomy and physiology; b. Choice and operation of supplies and equipment; c. Knowledge of technique including indications and contraindications; d. Proper technique of tissue penetration; e. Sterile methods, including understanding of hazards and complications; and f. Post intervention care; and

STATE	TRAINING REQUIREMENTS
	<p>g. Documentation of application of technique in an educational environment.</p> <p>2. The training program shall require training to demonstrate cognitive and psychomotor skills. Also, the training program must be attended in person by the physical therapist.</p> <p>3. Maintain documentation of successful completion of training.</p>
OH	11/2011 Currently working to identify general guidelines for determining competence.
UT	Rules currently being drafted
VA	<p>Guidance Document 112-9</p> <p>Board of Physical Therapy Guidance on Dry Needling in the Practice of Physical Therapy</p> <p>Upon recommendation from the Task Force on Dry Needling, the board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:</p> <ul style="list-style-type: none"> • Dry needling is not an entry level skill but an advanced procedure that requires additional training. • A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills. • The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention. • Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral. • If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure. • A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation: <p>Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.</p>

Appendix C: Examples of Courses in Dry Needling (not a complete list)

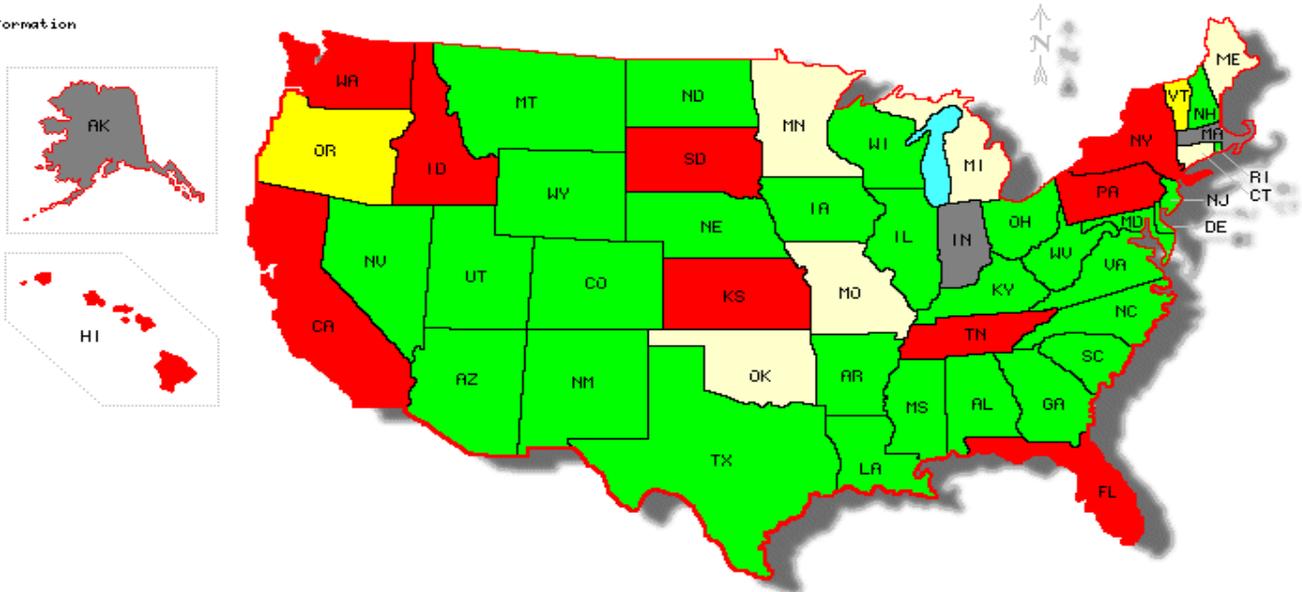
Course Title	Education Sponsor	Website
Trigger Point Dry Needling Level 1	Therapy Concepts	http://www.therapyconceptsinc.com/events.php#2
Trigger Point Dry Needling Level 2	Therapy Concepts	http://www.therapyconceptsinc.com/events.php#2
Systemic Integrative Dry Needling Course Pain Management, Sports and Trauma Rehabilitation		http://www.dryneedlingcourse.com/dry_needling_course.htm
Trigger Point Dry Needling Level I Training	GEMt – Global Education for Manual therapists	http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html
Dry Needling Level 2 Training	Global Education for Manual therapists	http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html
Dry Needling	Myopain Seminars	www.myopainseminars.com
DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling)	Spinal Manipulation Institute	http://www.dryneedlingseminars.com/?utm_source=National+PT+List&utm_campaign=42a600cd6b-Spinal+Manipulation+Institute+2010&utm_medium=email&utm_term=0_b80b4ebfeb-42a600cd6b-85739005
DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)	Spinal Manipulation Institute	http://www.dryneedlingseminars.com/?utm_source=National+PT+List&utm_campaign=42a600cd6b-Spinal+Manipulation+Institute+2010&utm_medium=email&utm_term=0_b80b4ebfeb-42a600cd6b-85739005

DN Course 1	Doublee PT Education	http://www.doubleepteducation.com
DN Course 2	Doublee PT Education	http://www.doubleepteducation.com
Functional Dry Needling Part A: Introduction, History, Legislative Issues, and Basic Technique	Medbridge	https://www.medbridgeeducation.com/courses/details/functional-dry-needling-part-a
Integrated Trigger Point Dry Needling for the Lower Quarter	Evidence in Motion	http://www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/
Integrated Trigger Point Dry Needling for the Upper Quarter	Evidence in Motion	http://www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/
Dr. Ma's Certification in Dry Needling course for Pain Management and Sports Medicine	Dr. Ma's American Dry Needling Institute	http://dryneedlingcourse.com/schedule-and-registration
Certified Training Course	Dry Needling Institute	http://fishkincenter.com/dryneedlinginstitute/

Appendix D: Dry Needling in the USA (map)

Dry Needling in the United States 11/2014

- - Allowed
- - Caution
- - Prohibited
- - Unclear
- - No Information



Source: diymaps.net (c)

*District of Columbia specifically allowed

Oregon is colored yellow in the map as there is some question surrounding their status as described earlier in this paper. Additionally, Vermont is a "yellow state" as the state been identified in other resources as allowing PTs to do dry needling, however it is unable to be substantiated by this author.