

Physical Therapy Dry Needling Sunrise Hearing
Written Comments Received
July 28, 2016

I wanted to weigh in on the issue of dry needling treatment in Washington. As a recipient of both acupuncture and dry needling, I feel they are quite different treatments and believe that certified practitioners should be allowed to practice both in the state.

In my experience, dry needling is a "reboot" of an injured area. It is quick to break down barriers that the body has put up to protect an area. By being able to break down the defenses, other treatment (physical therapy, massage, etc.) can get into the area sooner and speed the healing process.

By contrast, I feel that acupuncture is more holistic. While it targets an area - whether for an injury, or something else - it is more subtle and slower to "work". I've had acupuncture over the years for a variety of issues and I like it.

It is unfortunate that I cannot get dry needling here though. It has been extremely helpful in the past for a shoulder injury. My PT is doing great things on this recurring injury (initially a dislocation), but without the dry needling, it's a much slower healing process.

Please consider these are very separate treatments. I would appreciate being able to get dry needling again as well as acupuncture.

Anne O'Rourke

On page 4 of the "Applicant Report: Dry Needling in Physical Therapist Scope of Practice" by PTWA, the applicant states: "It is acknowledged that some physical therapists in Washington state were performing dry needling prior to the 2015 statement by PTWA urging physical therapists to cease performing this technique..." In reviewing the citations listed, the appendices, and attachments, I do not find the "2015 statement by PTWA" that the applicant references in this statement. I would very much appreciate receiving a copy of that correspondence prior to this coming weekend.

Additionally, regarding oral comments made in response to the applicant's presentation and report at the hearing on August 2, 2016, can you tell me what will determine the time limit on hearing attendees' (audience)oral comments? Is it based on the total number of attendees wishing to speak before the conclusion of the hearing, with equal time for all? If some comments are of shorter duration will that leave longer time for others to speak?

In advance, thank you very much for your assistance and reply.

Lisa vanHaagen, MS, EAMP

I am a recent graduate from Bastyr University's Acupuncture program. I recently learned of the Sunrise Review for Physical Therapist Dry needling. I have some information regarding this issue as I have spent the last three years of my life thoroughly studying Traditional Chinese Medicine (also known as East Asian Medicine). An interesting fact I just learned is that the early promoters of Dry Needling considered both acupuncture and dry needling to be the same and even suggested renaming the acupuncture points in modern terms to allow acupuncture to be more acceptable by medical doctors. Interestingly, we have had more than a few medical doctors come thru Bastyr and they have had no problem with acceptance of acupuncture, nor have the many several other MD's that highly recommend acupuncture to their patients.

However, being that dry needling has its origins in acupuncture, it should be governed by the same statutes that apply to acupuncture. Furthermore, the American Medical Association (AMA) recognize 'dry needling' as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists and the American Physical Therapy Association (APTA) said that "there is no CPT code that describes dry needling nor do any of the existing CPT codes include dry needling techniques in clinical vignettes utilized by AMA in their process to establish relative value units." In order to establish is new CPT code, you must go through the AMA.

First, and possibly most importantly, is that acupuncture and dry needling are, at their essence, the same thing from the perspective of regulatory and legislative standpoints. By simply referring to acupuncture by a different name such as dry needling, it does not change the procedure. As such, in order to bill, PT's would have to use the CPT codes for acupuncture.

Acupuncturists train under very strict supervision for at least a year to learn how to needle without causing injury. Furthermore, at Bastyr, we have access to cadavers to attain a very deep understanding of how our needles actually interact with tissues- different body types require different needling approaches. Anyone using a dry/acupuncture/filiform needle should meet benchmarks for safety before touching the human body with a needle for therapeutic purposes, which requires extensive training to perform safely. Furthermore, Washington state has benchmarks for didactic education, supervised clinical hours, and a third-party national psychometrically created exam to test for minimum competency that involves the insertion of filiform acupuncture needles, therefore, anyone wishing to the insertion of filiform needles needs to undergo the same competencies.

What physical therapists call trigger points are one of the two broad categories of acupuncture points: channel-related points and pain-related points, also known as "ashi" points. Trigger points are ashi points, and have been recognized as acupuncture points since the 7th century CE at the latest. I was trained as a massage therapist before attending Bastyr. When we first learned about common locations of ashi points, I was amazed at the overlap with trigger points. We discussed the ancient texts that first identified these points, I realized at that time that many different western modalities borrowed from ancient medicines. Thus it is no surprise that "dry needling" is also commonly called "trigger point needling." This is a technique commonly performed by acupuncturists treating myofascial pain. Dry needling/trigger point needling is a technique that is documented as a subset of acupuncture and is practiced readily in modern treatment. The technique of needling taut bands of tissue is described in the earliest acupuncture text. It is now taught more specifically with greater emphasis on musculoskeletal and neuroanatomy by acupuncturists to acupuncturists, both in formal programs and in continuing education programs alike. It is readily used in modern practice and, as such, is commonly called trigger point needling, which is also an alternate name for dry needling.

Lastly, the language of SB 6374 is problematic for two primary reasons. First, the language of the bill could prevent licensed acupuncturists from performing dry needling, a technique that is inherently within their scope. Secondly, the RC18.74.010, if adopted, will be unenforceable as written.

Thank you for taking the time to read my concerns as I begin the journey into my career as an acupuncturist- something I have worked very hard to be able to do legally, professionally, and most importantly safely.

Crystal Rose Tay, Graduating class of 2016, Bastyr University

In 2013, I took a fantastic course offered by Kinetacore to learn dry needling skills. As a Physical Therapist, I felt I was completely capable of adding this treatment to my practice after the course.

When using my dry needling skills I found it to be a unique, successful treatment that was unavailable from other healthcare professionals. One detail I observed, was that I was often dry needling an area very different from where patients were receiving their acupuncture treatments, in those patients that were receiving both disciplines concurrently. This proved to me that the philosophy and overall treatment are different even though we are using a similar tool.

Since the court decision of 2014, I have had many patients requesting to receive dry needling, as they have been unable to find similar pain relief from other treatments and professions, and I have had to deny them the option.

Physical Therapists have extensive schooling inherent in our graduate programs and continuing education to learn the vast majority of knowledge needed to skillfully implement dry needling. I feel we are a talented group of health professions that can safely and effectively offer dry needling.

There is overwhelming international and national support for dry needling to be in the Physical Therapy Practice Act. Please support the addition of dry needling into our scope of practice for Washington State Physical Therapists.

Shelly Skiles, PT, OCS

I am an acupuncturist in Mount Vernon, WA commenting on the PT trying to add dry needling to their scope of practice.

Several points need to be made. When thinking of adding a technique to a profession we should ask is there something it is replacing. Is what it is replacing better or the same. If it doesn't then are we just adding another layer of cost to the medical system. In this case there is. Acupuncture has a long history of use. There is years of clinical data to show it's effectiveness. PT will say what they are doing is different. But how is it different where is their clinical data where is their scientific basis for what they do. One or two studies does not constitute a rigorous study. This was pointed out in a law suit that was filed against a PT company trying to teach a class in WA State. The PT lost this in court If PT are certain about the mechanism of what they are doing why is there not a clear set of national standards of what needs to be taught. This is the most worrisome part of their argument. The PT think that a weekend class is sufficient to practice this. As an acupuncturist I must take a one day class in just clean needle technique. How they think they can teach this in one weekend is beyond my understanding. They imply that because they already have the anatomy background they can stick needles anywhere in the body to any depth. This defies logic and is certain to create many adverse problems.

The PT lost this in court which has clearly stated that dry needling is acupuncture. They are trying to ignore the court ruling. If they have further evidence they should present it to the court.

Donald Butterfield EAMP

I am lei ding. I have a MS from bastyr. I spent 3 years to study acupuncture. I can't imagine the physical therapist spending 30 hrs will be qualify for "stocking needles in patients". They don't have the knowledge and enough training. "Dry needling" and acupuncture is a complete different thing. Please say no to dry needling performed by physical therapist. Let me know if you have any questions.

The Chinese community of East Asian Medicine Providers in Washington State very firmly and strongly oppose the possibility of physical therapists doing acupuncture, which they call "dry needling," with too little training. Acupuncture is a big category with many different kinds of acupuncture. Dry Needling is ONE of the many forms of acupuncture, which requires full time educational and clinical training to do safely and effectively. The physical therapists want to do acupuncture with **only 54 hours** of training. This is dangerous to the public health of our citizens.

Acupuncture is using needles inserted into the body for therapeutic and healing purpose. Anyone using needles to work on the body to reach therapeutic or healing purpose belongs to the practice scope of acupuncture, no matter what they call it. Some PTs who do “dry needling” say they aren’t doing acupuncture. But changing the name from acupuncture to dry needling does not change the procedure or what happens in the body. It’s just a different name! In our Chinese medicine classics, there are descriptions of “dry needling” that are over 2000 years old! Dry needling is actually one of methods that we have used in acupuncture clinics for thousands of years in China. This is a method where needles are used based on Ashi point(s) or tender point(s), or sensitive point(s). In other words, where there is pain or sensitivity, is where the point is. The descriptions only use different language from dry needling, but they are the same thing. Dry needling is acupuncture.

Acupuncture is not just sticking a needle into the body. Nobody can learn how to do it safely, properly and effectively in 54 or less hours. In China, acupuncturists train for five years to obtain bachelor degree, eight years for master degree, and 11 years for doctor degree. In this country, the training requires three or four years of classroom study and clinical training to develop enough basic skills and be practiced safely.

Physical therapists may be trained well in physical therapy, but their training does not include therapeutic needling of any kind. The PTs are trying to use only 54 or less hours of instruction in needling into the body. This short time leaves out important learning for safety and effectiveness. Without formal and full time training in acupuncture schools or institutes, nobody, including PTs are qualified to provide training courses or to teach students and even worse to treat patients. Otherwise, physical therapists will be practicing acupuncture at an unsafe and ineffective level.

We ask you NOT to approve this request to expand the PT scope of practice. Thank you for your consideration.

Jianfeng Yang L.Ac. EAMP.
Guojun Duan L.Ac. EAMP

I am writing on the current proposal to add dry needling to the physical therapy scope of practice in the state of Washington. I am a physical therapist in the U.S. Army currently stationed at Joint Base Lewis-McChord. The following views and opinions are my own and are not endorsed by the United States Army or the Department of Defense.

I have been utilizing dry needling as an integral part of my physical therapy practice since 2013. It is a tremendously beneficial treatment that is cost and time effective. I use it daily to reduce pain and improve the functional abilities of my patients. I typically see excellent responses, often immediately. I have never had a serious outcome. The worst case scenario is a patient's pain may return to their baseline after 1-2 days of increased soreness. Army Physical therapy is leading the way in research to show the effectiveness of this treatment and while it shouldn't be the only thing a physical therapist does, it is a vital tool in our "toolbox" to offer patients.

The common argument against physical therapists having this skill is that we aren't fully trained because we can go to a brief course to get certified. I feel that does an injustice to the thousands of hours I spent in a doctorate level physical therapy program. Standard DPT curriculum includes hundreds of hours of human dissection plus extensive classes on anatomy and muscle function. We are taught the course of muscles and other body systems that need to be avoided long before we are ever allowed to pick up a needle. Placing the needle is truly the easy part, knowing where and when to place it requires a thorough education and thought process that physical therapists are more than adequately trained for in our unique role as musculoskeletal injury and rehabilitation experts.

I am unable to attend the meeting on 02AUG16 but would be willing to discuss my personal feelings further if necessary,

NATHAN A. PARSONS, PT| CPT, USA |
OIC, Winder Physical Therapy Clinic, Madigan Army Medical Center |

I am writing as a licensed physical therapist in Washington State regarding the current Sunrise Review for dry needling as within the scope of PT practice. Aside from owning a private clinic for ~4 years, I instruct dry needling courses throughout the US to physical therapists, chiropractors, and physicians. Research literature, incidence data, and supporting endorsement from FSBPT and APTA along with precedents across the US all support dry needling as safe and effective when employed by physical therapists - but I can personally vouch for instructing >30 courses over the past 2 years that physical therapists with advanced training are the ideal clinician to perform an intramuscular therapeutic technique. 30 courses represents over 600 clinicians in 2 years and during this coursework (when these clinicians are *first* learning and practicing dry needling) there has been ZERO pneumothorax or severe adverse event encountered. Nonetheless it is instructed with utmost precaution in regards to universal precaution, clean needle technique, and identification and management of adverse events that are possible. A thorough understanding of anatomy is a paramount foundation to ensure safety and physical therapists are the most capably trained discipline in terms of neuromusculoskeletal anatomy.

With physical therapy already an established cost-effective healthcare option, dry needling will allow management of both chronic pain and acute/subacute musculoskeletal injury with more efficacy and less expenditure.

Please accept this email as endorsement in support of allowing physical therapists to practice dry needling in Washington State.

Paul Killoren PT, DPT, CSCS

Over the past few months I have received a handful of dry needling treatments for my shoulder and hip. Both areas have been chronic problem areas consisting of tight muscles and joint pain, and both recently exacerbated by a car accident. Over the years I have done numerous alternative treatments for these 2 areas -- traditional physical therapy, chiropractic, massage, strengthening, and yoga. The dry needling therapies have been by far the most effective treatments. Each session of dry needling has provided immediate and lasting relief. From my experience and in my opinion it would be a huge disservice and a great disadvantage in our health care system to no longer have access to dry needling. I strongly believe that the health care model should place more emphasis on services that prevent and quickly remedy disease, sickness, and injury. Dry needling is one of those services.

Please keep dry needling an option in the scope of Physical therapy practice!!!

Heather Balajadia
Kirkland WA 98033

I was diagnosed with peripheral neuropathy in August of 2015, with low back problems, extreme leg muscle tightness, and numbness with tingling when I walked. Although to date I am not completely symptom free, dry needling has improved my symptoms by 85%!

My pain has been significantly reduced, my muscle tightness is gone, the numbness is slowly receding, and my quality of life is greatly increased!!

David, Gig Harbor, WA

I would like to share my experiences with dry needling. I was treated several times for various conditions related to back, lower extremities, etc. While I was initially skeptical about the method - the first session proved me wrong I received quick relief from painful condition and subsequent sessions progressively helped to improve my condition in conjunction and without traditional physical therapy exercises on different occasions. What is also interesting that the same trigger points became less reactive overtime (initially needling in areas that where painful or tender resulted in a strong spasm like reaction of the muscle tissue) going hand in hand with improvement in tissue quality/health.

I am fully supporting dry needling as a medical practice and (after trying it) am convinced that it is an effective method supplementing other physical therapy methods.

Vlad., Redmond, WA.

My son has had knee pain for over a year with no successful results until we went to a Doctor that did dry needling on his knee. The few treatments he had cured his knee problems and has allowed him to return to his sports and other activities that he loves.

I also had dry needling done on my neck several years ago and it cured a long term issue in just a few treatments. This type of treatment is reducing the amount of health care needs my family requires.

I am asking you to please give the physical therapists the right to continue to help patients with dry needling in Washington state so they may be free of pain as we have been.

Connie Chapin
Kirkland, WA

My name is Cece, I live in Woodinville, and I can vouch for the legitimacy of dry needling as physical therapy. My husband Kevin was the one who did the research, found a physical therapist, and went in for a few sessions to see if it would improve his chronic back pain. He had nothing but good things to say about his experience so I decided to give it a try. I have had issues with muscle tightness in my upper back for years and was seeking relief. Admittedly I never sought out a deep tissue massage, but the massages I have had never relaxed my muscles for more than a few hours. I set up an appointment and the physical therapist explained that dry needling evoked the same response as deep tissue massage, but it was quicker. Now having the procedure done on me a few times I can say that dry needling is very effective. While the muscle release is temporary, it is by far longer lasting than any massage I have ever had.

Please continue to define dry needling as a legitimate form of physical therapy. Thank you.

Cece Lema

Please feel free to use my information for your upcoming hearing.

Dry Needling has been the only treatment that has helped with my ongoing neck and upper back pain. I have had cortisone injections, physical therapy, pain medications, anti-inflammatory medications, massage, chiropractic treatments and acupuncture. None of these treatments helped except for Dry Needling.

I had a recurrence of the pain after suffering a fall. My primary care doctor, an MD, recommended Dry Needling combined with massage to treat the pain. She stated that she did not want me to pursue any other form of treatment as they are not as effective.

Tana Anderson
Sammamish, WA

I am an athlete who competes in half marathons and other sports. I have had issues as a result of being an athlete ranging from hip, glute and hamstring pain to other running woes. I had tried massage, pain relievers, stretching, rolling out, and other treatments with absolutely zero improvement. I went to Doctors of Physical Therapy seeking relief from my pain as I had researched the benefits of dry needling. They performed dry needling on my problem areas – and it WORKED!! Specifically I had piriformis issues that were causing me severe pain. As a result of the dry needling, all pain went away and I was able to resume my racing.

From a patient perspective having tried a number of treatments, I am a firm believer in dry needling and continue to recommend not only Doctors of Physical Therapy, but also the treatment to other athletes.

Lisa Brandli, Bellevue, WA

I am writing to you because I have recently learned that Physical Therapists in the State of Washington may no longer be allowed to practice Dry Needling. In the past several years I have had severe pain from neck problems due to an auto accident. I have had routine physical therapy which helped short term on several occasions. I have also had to use medications to relieve the pain so I could function throughout my normal work day. A couple of years ago I came across a PT Group that offered Dry Needling. I tried it and have been close to pain free now for a couple of years. I no longer have to use muscle relaxers to prevent my neck from tightening up when I sleep. I rarely need to take over-the-counter pain relievers during the day. I attribute this to my physical therapist who combined routine physical therapy along with dry needling to help me find non-surgical relief. I sincerely hope that you advocate for this practice to continue in the State of Washington so that others may continue to benefit.

C Mulholland

Online Petition - Say NO to Dry Needling in WA State

Dear Department of Health Sunrise Review Members:

East Asian Medicine Practitioners and Acupuncture patients in Washington State very firmly and strongly oppose SB 6374 / HB 2606 which expands the scope of physical therapists to include acupuncture, which they label as “dry needling.” Acupuncture is an aspect of entire ancient practice that is within the larger system of Chinese Medicine. Understanding and correctly utilizing this technique require at least 4 years of western and eastern training in an accredited institution, with over 1200 hours of clinical and didactic training. In addition to the training, East Asian Medicine Practitioners (EAMP) must undergo rigorous National Examinations through National Certification Commission for Acupuncture and Oriental Medicine in order to be qualified to provide treatment to patients of Washington State.

Physical therapists want to do what they call “dry needling” which essentially inserting acupuncture needles into patients with only 54 hours of training. This is dangerous to the public health of our citizens. Without the adequate training in the full scope of the system in which needling originated from Chinese Medicine, it would be a total disregard to the health and well-being of patients as well as

disrespecting the entire profession of Acupuncture and Chinese Medicine domestically and internationally.

Physical therapists may be trained in physical therapy, but their training does not include therapeutic needling of any kind. There is no way in 54 or less hours of instruction can PTs equate that to the extensive requirements of what EAMPs must undergo in order to practice acupuncture in the state of WA or nationally. This short time leaves out important learning for safety and effectiveness. Without formal and full time training in acupuncture schools or institutes, no one, including PTs are qualified to provide training courses or to teach students and even worse to treat patients. Otherwise, physical therapists will be practicing acupuncture at an unsafe and ineffective level.

We, as residents of Washington State, ask you NOT to approve SB 6374 to expand the PT scope of practice to include “dry needling.” Thank you for your consideration.

Sincerely,

This petition will be delivered to:

- Washington State Department of Health
John Wiesman
- Policy Coordinator
Sherry Thomas
- Governor
Jay Inslee
- Washington State Health Officer
Kathy Lofy

I am writing to you today concerning the proposal to add Dry Needling to Washington State Physical Therapists' Scope of Practice.

Dry Needling is Acupuncture! Changing the name of the procedure does not make it a different therapy nor change the risk associated with it's use. Acupuncture is any therapy which involves the insertion of a filiform needle into the body to achieve a therapeutic effect.

This therapy requires extensive training to perform safely. The Washington State Department of Health requires 100+ academic hours to learn the procedures and safety guidelines associated with this treatment with an additional 660 hours of supervised clinical training. Physician's require a minimum of 300 training hours to acquire a certification in medical acupuncture. I can't understand why a special exception is being made for Physical Therapists. All professions should be held to the same standards and laws regarding this therapy. This is especially true for an expansion that involves the insertion of sharp objects into the body.

Approving this expansion of scope of practice with the current proposed training requirements put's the citizens of Washington State at significant risk. Please deny this proposal as currently written.

Benjamin Chang, DTCM, ADS, L.Ac.
Chang's Chinese Medicine Wellness Center, P.S.

I am writing today to urge the DOH to maintain the high standard for the practice of acupuncture as has been the case in Washington State for 30 years. The attempt by the physical therapy profession to rename the practice of using an acupuncture needle to treat pain should be seen for what it is, an attempt to practice acupuncture by simply calling it something else. Before acupuncture needles were readily available in the west, the term "dry needling" was used by medical doctors to describe the use of hypodermic needles in place of acupuncture needles. The term "dry" was used to mean "without an injectable fluid". The term "Dry Needling" and the use of hypodermic needles has since been abandoned now that high quality acupuncture needles are generally available to practitioners. Physical Therapists are simply trying to borrow an abandoned phrase to rename the practice of acupuncture and co-opt the practice without having to meet basic safety and efficacy standards. Dry needling, as Physical Therapists are describing it, is simply the East Asian tradition of using palpation and communication with the patient to find tender or tense points to needle. This is called "Ashi" in Chinese, meaning "Oh Yes!" or "Yes, that's the spot!". The term "Ashi Acupuncture" refers to points that are not on major meridians and can be a point virtually anywhere on the body. "Dry needling" is "Ashi Acupuncture".

This is not the first time a profession has attempted to borrow a portion of the practice of acupuncture. The history of this bears mention as a cautionary tale. Medical Doctors originally felt that acupuncture could be useful but didn't want to take the time to understand the foreign and therefore challenging concepts of acupuncture therapy. They dubbed the term "Medical Acupuncture" in much the same way as the PT's are now using the term "dry needling". It did not take long before cases of patients ending up in the ER with conditions such as collapsed lung started to pop up, illustrating the need for adequate safety training. Perhaps most notable is how the term "Medical Acupuncture" has evolved because I suspect that, should the term "dry needling" be allowed to be adopted by PT's, a very similar trend will occur. It would be best for the PT's to learn from the Medical Doctor's example and start out with a solid education in East Asian Medicine rather than fumbling around for decades trying to reinvent the wheel.

Medical Acupuncture was originally to be a term to describe the practice of acupuncture based solely on empirical evidence-based medicine with the notion that the theories of East Asian Medicine were arcane and had no basis in empirical science and were therefore irrelevant. Medical Doctors felt that they should be able to practice acupuncture with just a short "intensive" course. Aside from patients actually being harmed by doctors who didn't know what they were doing, something else also happened, patients did not get the benefit of receiving the full system of medicine. Practitioners of Medical Acupuncture started to realize that there was currently no scientific explanation that better described the best practices than the traditional East Asian system. More and more, Medical Acupuncture as practiced today relies heavily on the traditional East Asian system of medicine.

In closing, I would urge both the DOH and the profession of Physical Therapy to not simply attempt to separate out the needle from the medicine, but instead uphold the same high quality of educational standards that have proven to be safe and so useful to both practitioners of East Asian Medicine and their patients in Washington State for more than 30 years.

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George Whiteside, MS, EAMP, President Emeritus, Washington East Medicine Association (2005-2010)
Mindfulness Medicine Northwest, Licensed Acupuncturist, Certified Herbalist

I am writing to add my professional opinion and experiences to the many East Asian Medicine Practitioners who oppose the use of "dry needling" by physical therapists. Allowing physical therapists to use the "dry needling" technique without proper training is dangerous and can harm patients. Acupuncture is not simply inserting needles into any problem area for a patient. Acupuncture points are carefully mapped on the body. These points have been determined after thousands of years of research and recent electromagnetic testing. This treatment is based on a wealth of knowledge of physical medicine and a cultural understanding of the flow and blockage of Qi that underlie physical maladies.

I understand the desire of therapists to utilize the best treatments available for their patients. Medical professionals in all fields share the desire to help our patients. They are our neighbors and our

community. However, without the proper training and practice this is far more likely to cause harm to patients. Inserting needles incorrectly can lead to the development of scar tissue, damage organs, and worsen a patient's condition.

State licensed acupuncturists complete a supervised internship program and have extensive coursework and training to prepare them to treat patients correctly. Acupuncturists must also pass the National Certification Commission for Acupuncture and Oriental Medicine examinations. These assessments are put in place to ensure the best care for patients.

I value physical therapy and believe it can be of great benefit for many conditions. However, physical therapists complete entirely different training and assessments that do not teach the proper basis and use of needles to treat patients. A short training course cannot replace the in-depth education and practice required to treat patients safely and effectively with needles.

I ask that you do not approve "dry needling" by physical therapists. This is important for the health of our community.

Li-Juan (Leah) Chen, L. Ac. OMD

I am writing to voice my opposition to the proposal to add dry needling to the scope of practice of physical therapists per Senate Bill 6374.

As a naturopathic physician, when I refer patients for PT it is my expectation that they receive interventions for their conditions as currently described by the PT scope of practice, not a form of acupuncture. Recent research has called the benefit of dry needling and acupuncture into question (<http://www.scientificamerican.com/article/research-casts-doubt-on-the-value-of-acupuncture>). In light of this, I do not see how increasing the number of providers who can offer dry needling, particularly PTs whose training in needling techniques will be significantly less than trained acupuncturists, will benefit the general health and safety of Washington State residents.

Miranda Marti, ND

If physical therapists (PTs) would like to include dry needling in their scope of practice, they must have the same amount of hours in training as acupuncturists. A shorter training period for PTs is not sufficient to ensure the safety of patients that may get dry needling from them.

Marie

As a licensed acupuncturist and nutritionist in the state of Washington, I am (again!) vehemently opposed to PTs adding "dry needling" to their scope of practice.

Just a few months ago, WA legislature affirmed that "dry needling;" i.e., acupuncture, as practiced by PTs is illegal and outside their scope-of-practice.

Now the PT lobby is coming back again with the same desire to practice acupuncture ("dry needling"). As Shakespeare said, "A rose is a rose is a rose." Therefore, whether PTs call it "dry needling" or acupuncture, it still involves the insertion of metal needles into patients.

Most importantly, for the safety and assurance of patients and patient health, the patient safety issues are still the same; a few months of lobbying the WA legislature has NOT changed the lack of patient safety around PTs increased/ desired scope-of-practice. They lack the 4 years of Oriental Medicine school that all EAMPs and LAc have taken; they lack safety of point insertion knowledge; they lack knowledge of Oriental Medicine theory and diagnostics; they lack knowledge of Oriental herbs and formulas; and they lack knowledge of Clean Needle Technique.

Bottom line, PTs will INCREASE the risk to patients, and subsequently, INCREASE the liability to ALL practitioners who practice acupuncture. EAMPs and LAc have the LOWEST liability rates to patient safety in the healthcare sector, and subsequently, the lowest insurance rates of all healthcare practitioners. Adding other practitioners such as PTs to this scope-of-practice would substantially increase the risk of patient safety, and thus everyone's insurance rates because no distinction would be made between a practitioner who practices "dry needling" vs true acupuncture.

Please keep the precedent set a few months ago with this issue in mind as this bill makes it way thru the WA legislature (again!), and keep our patients safe from unlicensed and untrained practitioners!

Dorothy D Zeviar, EdD, LAc, MPH/CPH, MS/LN
"Compassion is the Radicalism of our day." The Dalai Lama

Regarding the PT dry needling sunrise review. This is a concern for me and my colleagues who have devoted thousands of hours to be able to practice Acupuncture and Chinese Medicine in the state of WA.

Monica Szelachowski

Please carefully consider allowing physical therapists to practice acupuncture after 54 hours of training and one year of practice.

I am not going to use the term dry needling because I have yet to find a consistent definition for what it is. It seems to be the use of a needle inserted (by physical therapists to much deeper depths) into the body for the purpose of alleviating pain and allowing the body to heal. Please explain to me how this is not acupuncture.

The Washington State Department of Health came up with clear guidelines about what training is needed to practice as an acupuncturist. To meet these requirements, I attended an accredited university program for three and one half years. I took and passed (with an 80% or better) close to 700 hours of Western medical sciences. My studies solely related to acupuncture comprised over 700 hours and also required a passing grade in each (80% or better). I passed a series of test to be allowed to practice as a student practitioner in a teaching clinic. Of the 1356 hours I spent as a student clinician, 828 of those were spent practicing acupuncture.

After graduation, I passed the required exams to be licensed by the state of Washington.

I am grateful for my education, for the ability to practice, and the recognition by the Washington State Department of Health.

I am confused by the new expedited licensing guidelines for physical therapists. Has the Washington State Department of Health now decided that the training required to practice acupuncture is much lower? One year of clinic (an unspecified number of hours) and 54 hours of instruction.

54 hours of instruction may sound like a lot. Here is my educational experience. I have completed 44 hours of study in pharmacology. No one has licensed me to practice as a pharmacist. I have completed over 500 hours of study in anatomy and physiology, living anatomy (with time spent in a cadaver lab), organic chemistry, inorganic chemistry, biochemistry, orthopedic testing, western medical pathology and a survey of western medical clinical sciences (a systems overview of everything that can go wrong in the human body). No one has licensed me as a doctor. I have completed over 100 hours of study in Western and Chinese medical nutrition. No one has licensed me as a nutritionist. I do not disagree with this

situation. I have learned enough to respect these different licenses and the proper training required for each.

From an outside perspective, it may seem like there is not a lot to acupuncture. We place thin, sterilized, single-use, disposable needles shallowly into certain areas of the body. We ask people to rest with those needles for at least 30 minutes. Then we remove them. How could something so simple require any real course of study?

In 3 years of acupuncture school, I learned to be judicious in my placement, direction and depth of needling so as to avoid significant damage to my patients: the avoidance of puncturing of lungs, internal organs, and the peritoneal cavity was stressed at all times.

In the last 5 years as a licensed practitioner, I have begun to learn the nuance of the medicine. I now know how many needles to place in my patient who is battling stage 4 cancer, nausea and unspeakable pain. I now know what questions to ask about someone's migraines, because they are so different. I know how to treat children, something I was never taught in school. I know how to assess the energy level of my stroke survivor on dialysis, so my treatment gives him energy and decreases his headache, instead of draining his energy. I know how to react when someone experiences needle shock (experiencing a blood sugar drop because of acupuncture), how to let them recover, and how to proceed should they trust me enough to return to try again.

Will one year of clinic and 54 hours of training be enough to train physical therapists in the subtleties of acupuncture? Will it be enough to finesse their technique so they aren't hurting people? Will they learn when to avoid the area of injury, when active inflammation might still be present and they might do more harm than good? Will they know enough about the medicine to figure out why their treatments aren't working? Or will they blame acupuncture as ineffective, when in truth they do not know or respect the medicine?

Thanks for licensing me and allowing me to alleviate suffering in my community through acupuncture. I truly appreciate it. Please consider how consisted of a message you wish to send about what training is needed to be licensed as an acupuncturist.

Cynthia Gorsuch, Washington state native and resident, Licensed Acupuncturist and/or East Asian Medical Practitioner

Using any needles for therapeutic purposes in clinical practice, this will require a lot of training in order to be safe for patients, to meet the safety benchmarks. "Dry needle" promoters and users without the proper training will seriously jeopardize patients' health and safety! This is a very irresponsible action to patients' well being. We resolutely oppose SB6374/HB2606 based on patients' health and safety.

Fengshan Zhu, L.Ac., O.M.D.,
Amasia acupuncture and Herbs Center Inc

I want you to know I signed the recent petition regarding "Dry needling" because no matter how you slice it, "Dry Needling" is acupuncture.

I believe we already have a group of highly trained individuals ready and willing to serve the community of Washington State in regards to this need.

I appreciate you taking the time to review my comments and note my concerns.

Jeremy Gilsoul EAMP

Regarding the PT dry needling sunrise review. This is a concern for me and my colleagues who have devoted thousands of hours to be able to practice Acupuncture and Chinese Medicine in the state of WA.

Dry needling is another word for a technique we use in acupuncture called Ashi points (tender points or trigger points). Which is one of the foundations on how acupuncture medicine was created thousands of years ago. Changing the name does not change the procedure, nor the risk associated with its use.

The American Medical Association recognizes dry needling as an invasive procedure and that should only be performed by a practitioner with standard training and also routine use of needles in their practice, such as a licensed EAMP or acupuncturist or licensed medical physician. As I am in the process of receiving my license as an EAMP who has trained for more than 1300 clinical hours, and thousands of hours spent in the classroom and labs perfecting our needling safety and skills.

The SB 6374 threatens my profession that I have yet to step foot in to and have trained for much longer than the PT performing this procedure. By the wording in this bill could prevent licensed acupuncturists from performing dry needling (ashi/ trigger points) that is inherently in our scope of practice and that I have been training for, for over 3 years.

Monica Szelachowski

1. Are they required to gain training in dry needling to the same level as an MD, who has regular use of needles in their practice and has extended training in the use of this invasive instrument?
2. If physical therapists are saying dry needling is not acupuncture to avoid the extensive training to gain a degree in acupuncture, then please have them wait to use this technique until there are insurance codes that reflect a different code for dry needling and a different code for acupuncture.
3. Does the training physical therapist are requesting approval for, require oversight by a qualified practitioner with enough practice to establish safe practice?
4. Limit what can be taught under the clause of dry needling to exclude any type of training that is similar to acupuncture such as meridians, and acupuncture points.
5. Require extensive training on contraindications of strong needle stimulation ie pregnancy, asthma, COPD, weak constitution, prolonged illness etc.

I am requesting that if you approve dry needling for physical therapist, please mandate that their training requires at a minimum more hours than an MD including supervision by a highly qualified practitioner.

I also request that you mandate that insurance codes for dry needling are separate from acupuncture codes and until that time no dry needling is to be used on patients.

Referring to practitioners that are experts in their field is the safest and best practice for patient well-being. Please encourage PTs to refer out to highly trained acupuncturists and develop relationships with acupuncturists with the patient's best in mind.

All the best, Catherine
Certified orthopedic acupuncturist

My name is Sharalyn Castro and I was very fortunate to have received dry needling from Austin Woods. I have 2 children with autism and taking care of them often comes with a heavy price to my body, they jump, pull and sometimes need to be carried for their safety. They don't comprehend the

pains this can cause on my body. For many years I was getting physical therapy with little change. Once I started getting dry needling the change was immediate, within 24 hours I was renewed each time, my hips could stabilize better, my shoulders could hold better. Without dry needling I wouldn't be able to care for my children the way I needed to when they were younger. I only wish I had known about it sooner, I could have saved half the time being in physical therapy to spend with my sons. Dry needling is effective and vital for those of us who suffer from occasional injuries and need the precise area affected to be treated.

Sharalyn Castro Kirkland WA

I am writing to express my support for the practice of dry needling in Washington State. I come from a family of doctors and also have had extensive physical therapy in the past. I was coaxed to try dry needling by my personal trainer. I was HIGHLY skeptical of any potential benefits and also concerned about potential negative consequences and pain (who in earth wants someone to stick a needle directly into a muscle?! :)

My experience has exceeded all expectations. After suffering from a quad injury for over two years and almost given up hope that I would ever be able to resume certain physical activities without debilitating pain, I now have hope. After six appointments, I have had such great results. After each session the pain has noticeably decreased. It is an amazing feeling. I urge you to continue to allow the practice of needling in our State and everywhere else.

In case there is any question, I have no financial interest or friends in this needling industry, my interest is simply the hope that needling remains available to me, and any others who might benefit. Please feel free to contact me should you have the need.

Drew Myers

Thank you for allowing me the opportunity to share my thoughts and personal experience with dry needling as a therapeutic treatment. In early 2014, I sustained a major shoulder injury. I tried many forms of therapy including strength exercises, stimulation and cortisone shots. After little success with those treatments I was referred to a physical therapist who administered dry needling. A day after treatment, my mobility and pain subsided tremendously. Unfortunately, due to the severity of my injury I still required surgery.

After surgery, I returned for physical therapy and dry needling treatments. Interestingly enough, a close friend of mine had a similar surgery four months earlier. Her post surgery therapy plan did not involve dry needling but rather more traditional therapeutic techniques. As a researcher by trade, I realize that an n-size of 2 should not be used to make sweeping conclusive statements but anecdotally, I noticed that although she had a four month head start with regards to recovery, my range of motion and strength improved much more rapidly. I'm sure there are additional factors that come into play, but I can't ignore the fact that I diligently received dry needling treatments throughout my recovery and she did not.

I'm so grateful to have received dry needling treatments and I can't imagine what my recovery would have been like if I didn't have access to this level of care.

Candice M. Young, Ph.D., Research & Metrics Consultant, The Microsoft Corporation

The attempt by physical therapists to include dry needling in their scope of practice without adequate training and education is not only illegal, but unsafe. Washington State already has laws governing the use of filiform needles.

Acupuncture has been practiced for millennia and includes all the areas that the physical therapists now want to include under the name 'dry needling.' Technically, just by virtue of the needles themselves, you could call acupuncture and dry needling the same thing, but I beg to differ. Acupuncture includes an entire different area of study and far surpasses the simple act of needling the body with filiform needles. The safety and effectiveness of the practice without the depth of knowledge required to practice East Asian Medicine simply does not meet modern legal standards.

Please refuse to allow the dry needling by physical therapists.

Kitty Bradshaw, Licensed Acupuncturist, EAMP

I am writing to you today about recent push by physical therapists to add "dry needling" to their scope of practice.

This should not be allowed under the few hours of instruction that they are currently suggesting is enough in order to safely needle their patients. They should be allowed to do dry needling if they have met the same requirements in schooling, clinic hours and examination that acupuncturists in this state already do to become qualified as a licensed acupuncturist. I wouldn't be able to practice physical therapy in this state with 54 hours of instruction or even 500 hours of instruction so they shouldn't either.

They will make the argument that what they do is not acupuncture. Dry needling is a relatively new term to distinguish it from needling with a hypodermic hollow needle, is most certainly is acupuncture. Dry needling is in actuality trigger point needling and trigger point needling is acupuncture. In written history as early as the 7th century AD documents acupuncturists needling "ashi" points which correspond to trigger points. One of the first classes I had in acupuncture school discussed ashi points and used the trigger point manual books by Janet Travell MD. The very same books most PT's as guide in some of the dry needling classes.

Scope creep. We have seen evidence freely distributed on websites and Facebook pages of PT's using acupuncture points, acupuncture meridians and acupuncture books in other states that have allowed dry needling by acupuncturists. (I believe some of my colleagues will be posting this evidence) Prior to the recent stop that a judge in this state put on the company that teaches dry needling, I personally saw an acupuncture manual in a PT's office. No harm owning a manual but I hope you realize that if dry needling is passed patients will ask and receive acupuncture by some of the PT's. It is inevitable.

Safety: Even the AMA is against this. As you have probably heard(more than once) the AMA have come out with a paper suggesting that only those qualified to the same level whether medical acupuncture doctors or licensed acupuncturists be allowed to perform dry needling.

There are many styles of acupuncture, TCM, Microsystem acupuncture, Classical Chinese, Korean(at least three major types), Japanese(multiple types), Vietnamese, Master Tung style, Trigger point therapy, New American acupuncture etc., etc., it goes on and on. They are all acupuncture and originally based on Tradition Chinese theory but they have evolved into different traditions. Some use the original meridian theory and some do not. Acupuncture, trigger point needling or dry needling is not a physical therapy tradition in this or any other country in the world.

I say if they want to be acupuncturists then go to an acupuncture school, graduate and get a license. I remember in my class of 1999 we had, MD's Veterinarians, Physical Therapists, Chiropractors, and Nurses taking the whole three year course minus the Bio-medicine classes that they already qualified for. They had to do the clinic portion and hours just like everyone else. Not one of them that I talked to thought it was a waste of their time.

Thank you for reading my letter today and trust that many of these points will be used in consideration of the sunrise review for PT's. This is not just a minor move to be able to perform one technique but potentially a huge scope creep that could undermine safety and efficacy of acupuncture in Washington State.

Jill

I have been a licensed acupuncturist in the state of Washington for nearly 20 years. I completed a long and expensive training program to meet the standards of our fine state so that I would be allowed to wield acupuncture needles. It has been horrifying to me in the last two years to witness the upsurge of the practice by Physical Therapists to do what they cleverly call "Dry Needling". The "dry needling" practice (or desired practice) is of great concern to me and the safety of my community. "Dry needling" is no different than acupuncture; it is rudimentary but it carries all the risks associated with an unlicensed acupuncture practitioner. The "technique" used in "dry needling" is the same as I use with many of my sports medicine clients as I specialize in orthopedic injury and pain. The notable difference between it and what I do is there is no in-depth understanding of the energetic fields or physiology that makes acupuncture a complete medicine in unto itself.

The American Medical Association (AMA) has come out in fervent opposition to the practice of "Dry Needling" by Physical Therapists, acknowledging that MDs and Licensed Acupuncturists be allowed to purchase and use acupuncture needles for the purpose of therapeutic effect.

I was traveling recently on the east coast and saw many advertisements by Physical Therapists in the state of North Carolina. I stood and watched a demonstration that would have had me thumbing the pages of my malpractice insurance had I been the one performing this incredibly misguided treatment. I also saw advertisement for their "Dry Needling" to help people with insomnia, stress, digestive disorders and hypertension. These weren't PTs trying to help someone with a tight muscle... they were attempting to practice Chinese Medicine without the education or training.

"Trigger Points" ARE acupuncture points; they are actually commonly used in my practice. Physical Therapists have lots of tools in their kits, but acupuncture, and it's need for extensive training, should NOT be one of them. Leave the needles to those of us fully trained; LAc's and MDs.

Barbara Beale, LAc LLC

I oppose the WA State Physical Therapy Association's request for an increase in the scope of practice to include "Dry Needling" for the following reasons:

- 1) It has been my experience that patients who have acupuncture needles inserted into them by untrained or poorly trained healthcare practitioners can suffer untoward effects. I have seen injuries to patients who have been needled by untrained MDs (pneumothorax) and other HCPs (evidenced by bruising, and patient reports of a lot of pain.) It is my belief that putting acupuncture needles into a being, whether human or animal is the practice of acupuncture, even if it is called another name. Please note that acupuncture does not always include all aspects of Traditional East Asian Medicine, as alluded to by the P.T. groups. I often work on a very structural level as warranted.
- 2) In California, where I was originally licensed, my clinical rotation consisted of 2500 hours, SUPERVISED patient contact. The physical therapists across the country are taking weekend courses and being told that they are ready to go. This is absurd. I do not perform Physical Therapy, and in fact, frequently refer patients locally to them for the work that they do, as they refer patients to me.

- 3) The AMA approved training course, such as the Helms Course, is 2 weeks long per one of my local MD friends. Even with 2 weeks, he did not feel that it was adequate to really do good work.
- 4) WA State should not be swayed by the fact that other states have implemented this increase in scope. From what I have heard, the other states did not take the time to perform due diligence to ensure safety and efficacy. Most of the P.T.s that I know locally do not even know what their State Association has been doing.
- 5) A separate code for "dry needling" should not ever preclude the ability of acupuncturists to continue our work with trigger points (which I received training in). If the increased scope is passed, then there needs to be a rider within the coding process that allows acupuncturists the ability to use the full scope of our medicine for which we have trained extensively, with full use of any new code that a reluctant AMA would issue, with equal reimbursement mandates.
- 6) If WA State DOH approves this expanded scope, how will they then continue in good conscious, to demand all the training required of acupuncture students, especially in the realm of clinical supervision. Personally, I feel that WA State has too low of a requirement for clinical hours, but I understand the rationale used to lower it when they did. Clinical supervision is where academia meets real world practice, and safety, techniques and contraindications become solidified. **THIS LEVEL OF ACCOMPLISHMENT DOES NOT HAPPEN QUICKLY**, thus the 800 hour requirement currently for WA State practice. I used to supervise students in the largest teaching clinic within the U.S. Believe me, even with immersion, the students in CA needed every hour to really become excellent and safe..
- 7) There should be an endpoint where a profession cannot continue to create the need for the same expanse of scope repeatedly. It takes time from the DOH and all concerned parties to address it.

Thank you for considering my thoughts.

Jana Wiley, M.S., R.N., EAMP

As an East Asian Medicine Practitioner, I am saddened to hear that Dry Needling is still being considered in Washington State. The practice of Dry Needling is not only dangerous for patients receiving the therapy, but dangerous for the EAMP/Traditional Chinese Medical Community as a whole. At its core, Dry Needling *is* acupuncture, regardless of what OTs/PTs/DCs, etc. say about the matter. And the fact that their training is far less than what I was required in one *quarter* of a 3.5 year program is insulting. Time and time again, people are getting injured, and are victims of "bad medicine" from these so called "healers". I *URGE* you to not allow this bill pass, and keep acupuncture with the professionals who study and *respect* the medicine, and are not pursuing it to have something more they can bill their patients.

Please, leave acupuncture to the acupuncturists.

Thank you for your time and consideration.

N. Brandon Leahy, LAc. - Licensed Acupuncturist, Chinese Herbalist

An example of great concern, for the welfare of patient care, has been spoken of and shown to me (individuals moving clothing aside for me to see their dry needling application) are method/techniques I am extremely concerned about for the welfare of the individuals 'experimented' upon with such approaches:

- Bundles of needles are inserted, wrapped with tape and secured to the body, at a point/area of pain/injury for 'needle' retention lasting several days. The patients have expressed how painful this procedure is. Some individuals do state they have had some relief of their original discomfort, others state repeat technique necessary without relief of original pain with the additional pain of the bundled needles present in their body.

"Dry needling" is referred to as 'trigger point needling' a technique already performed by us acupuncturists (ancient therapy, not a new approach).

- The language of SB 6374 being problematic for two primary reasons. First, the language of the bill could prevent licensed acupuncturists from performing dry needling, a technique that is inherently within their scope. Secondly, the RC18.74.010, if adopted, will be unenforceable as written.
- Stated to me by a western medical consultant for personal liability law suits: 'claims' related - circumstances of needles 'remaining in the body' as if in error. Needles that imbed, that move through the skin 'in to' the body cavity. As a well trained practitioner, this is extremely concerning (and unacceptable experiences).
- I'm also aware that those not licensed (as EAMP's) and utilizing acupuncture needles 'claiming' to be needling yet are not responsible to indicate within their case notes the 'points' actually needled and/or method of application (such as 10+ needles inserted in a specific area, bundled, and taped for several days retention). This lack of clarity leaves further vulnerability for patients health and welfare in the event adverse reactions are experienced.
- Further confusion for coding and insurance purposes continues. Currently, CPT codes are specific to acupuncture, lead to reimbursements (or lack of) by insurance, and at differing rates of reimbursement depending on the 'medical degree' of the person practicing any of these techniques (and the CPT codes utilized and necessary for insurance reimbursements).

I appreciate this opportunity to attempt to address only a few of the many issues challenging my profession by the pressures of the physical therapists desire to diminish the effective and beautiful work acupuncture already provide with dry needling.

Michaele Flynn Carver, EAMP (LAc), Masters in Acupuncture, Dipl. NCCAOM

I am a Lic.Acupuncturist in Seattle I would like to add comments regarding physical therapists using dry needling

We as acupuncturists , receive vast training on how to address the electrical system of the body. This cannot be learned with some continuing Ed classes by PT's. There is so much opportunity to do real confusion in the body , by needling incorrectly.

I vote no for p t's having that ability

Andrea Booth EAMP

I am writing to urge you to deny the bill that allows physical therapists to perform dry needling and to promote responsible dialogues between various health communities.

Aside from the reasons that various petitions may bring you to carefully consider, I wish to contribute my voice to this matter and share why this bill is irresponsible and should be dismissed.

- The practice of puncturing a needle through the skin indeed falls under the Eastern Asian medical model and there should be no question that this is a sub-category of acupuncture, no matter how the physical therapists or sponsors behind this bill wishes to craft their argument. This should not be an intellectual property/trademark discussion - claims of plagiarism or medical ethics does not

address the core reason for how health practice boundaries are defined. The territory war serves no one in the community.

- Patients seeking relief and care do not know any better and the burden to stay educated should not rest upon them when they are in the state of pain, illness, and a desperate condition that would seek them to nodding yes to anyone that offers to provide a solution. I share that because I've been there, and asked my physical therapist why she can't just poke a needle in my hamstrings because in my pain mode, I only wanted relief, and I didn't care what my provider had to do other than to get me out of pain and tension so I can think and function again. Patients promoting this bill only want short-term solutions & instant relief.
- Why does a yoga teacher require 200 hours to be certified to teach (something not physically intrusive) and Physical Therapists only get 54 hours to administer needles (something physically intrusive)? PTs are not trained to handle needles, and it takes more than 54 hours to fully comprehend the possible consequences and impacts of administering needles. A dentist is not an oral surgeon, just like a physical therapist is not an acupuncturist. Pick the right programs and schools for the right training; this patch-on 54 hour training is not adequate nor appropriate to be even be practiced, let alone safely practiced. No human guinea pigs, please, especially not when they are required to sign a liability waiver form.
- This bill discourage PTs from collaborating with the acupuncture community and attempts to re-invent the wheel that has been around in Eastern Asian medical community for thousands of years. At the surface, the intention of PT is well received because I understand they wish to offer expanded service (trigger point release) to their patients effectively. However, the human physiology is complex and has many layers, energy systems, meridian points, aura/chakras, electromagnetic fields, matrix energetics, and on and on - all of which are not covered in the Physical Therapy program and cannot be trusted to be covered in 54 hours if they intend safety to be the top priority.

I encourage you to consider declining this bill, for the highest good and protection of patients that are in pain and are only focused on short-sighted pain relief and any offering of hope just to get out of desperate conditions. It is a different mode and cognitive process when you are in that much pain chronically, and it is so easy to say yes to any being that comes along and offers help. I know PTs have good intentions, but they are not the best specialists to handle needles, unless they can confidently see the bigger picture in a patient's health and cause of dis-ease. No PT providers can tell a patient that they know why they are in pain and how to remove the cause of pain (with trigger point dry needling). Approving this bill shows that you are missing the forest for the trees, but I trust you as decision makers to not make that mistake, which is why I've taken the time to write.

I copy the acupuncturists that have contributed to my knowledge and understanding of the proper ways to think about and look at my health on a holistic level, each from their unique expertise and extensive training in addition to clinical and private practice experience. I support their perspectives. None of them have asked me to write this but has brought this to my attention.

As a health and wellness seeker/consumer, I truly believe people need to be better directed and protected, especially from what they may not know or be aware of, and we must have a policy that inflict no harm and chaos. We must have a policy that promotes interdisciplinary collaboration and communication with safety, responsibility, peace, and harmony in mind. This bill is not it.

Thank you for considering the petitions against this bill and for taking the time to review my perspective as a consumer of all healing modalities, Eastern, Western, and beyond. If I can participate or be of help in clarifying or elaborating anything I've mentioned above, please do not hesitate to contact me.

Christina

As a licensed Acupuncturist actively practicing in the State of Washington, I feel compelled to offer my professional comments as follows:

1. Anyone using a dry or acupuncture needle should meet safety criteria before touching the human body for therapeutic purposes, which requires extensive training to perform safely. I graduated from Bastyr University's Master Program (3.5 years) for Acupuncture and Oriental Medicine and then passed all the required Board Exams per NCCAOM, and the Washington State Licensing requirements, in order to practice in Bellevue, WA. Here are links that offer you a glance to the currently required course work and clinical hours required for MS Graduation:
 - <http://www.bastyr.edu/sites/default/files/images/pdfs/curriculum/15-16%20Acupuncture%20and%20Oriental%20Medicine.pdf>
 - Total clinical hours for acupuncture are 828 actual clinical shift hours at the Bastyr Clinic and other affiliated clinics in the Program.
 - The bar will be raised even higher beginning by Fall/2017 when the Master Program will be replaced by the 4-year Doctorate Program in Acupuncture Medicine.
2. The American Medical Association (AMA) views dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.
3. Dry needling/trigger point needling is a technique that is documented as a subset of acupuncture and is practiced readily in modern treatment.
4. Physical Therapists who want to practice DN or Acupuncture legally in Washington should satisfy whatever the minimally required training, credentialing, licensing and competence that have been required for acupuncturists in a level playing field.

Mayme Fu, LAc, LEAMP, Dipl., Oriental Medicine
People's Acupuncture, Eastside

I oppose PT practicing dry needle in Washington!

PT dry needle practitioners use the same tool: acupuncture needle as we acupuncturist do. We have minimal 1200 hours training.
I even got 11 years training in China for both western medicine and Chinese medicine. 54 hours dry needle training can not cover the basic conceptions of acupuncture points and clinic usage. PT dry needle is not suitable and unsafe for the patients!

Jing Gao PhD, OMD

I am writing to urge you to vote against SB 6374/HB2606 which expands the scope of physical therapists to include acupuncture, which they call "dry needling." As an acupuncturist who finished 3 1/2 years of graduate school, took the national boards, and has taken extensive continuing education to maintain my national credentials, I do not believe physical therapists should have "dry needling" in their scope of practice.

"Dry needling" is essentially an attempt to expand into acupuncture. Merely changing the name does not mean PTs are trying to do something new and different. They use the exact same needles as us. They use the same trigger points and many of the acupuncture points as us. Therefore, they are practicing acupuncture, but without a proper education, experience, or national license. And in my book, that is an extreme liability.

According to the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), the minimum hour requirements for Acupuncturists course work is 1,600 hours and clinic hours is 410 hours at a minimum. Those practitioners, such as myself, with herbal program degrees included do at least 2,500 minimum course hours. The fact that Physical Therapists are taking weekend courses of ~30 hours and using that limited knowledge to needle their patients is a disservice to both their patients safety and the acupuncture profession.

Beyond that, there is the Clean Needle Technique Course, which is required before any acupuncturist can needle a patient. There are set requirements and parameters around this that must be met. This is not covered (or at least very limitedly covered) in the PT's course.

At the AMA annual meeting in June 2016, they adopted a policy that said physical therapists and other non-physicians practicing dry needling should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.

The language of SB 6374 is problematic for two primary reasons. First, the language of the bill could prevent licensed acupuncturists from performing dry needling, a technique that is inherently within their scope. Secondly, the RC18.74.010, if adopted, will be unenforceable as written.

Please oppose SB 6374/HB 2606 and help maintain clear boundaries within these professions.

Thank you for your thorough review of this issue.

Michele Halfhill, EAMP, LAc
Vital Essence Acupuncture

I'm a traditional Chinese medical doctor, scientist and licensed acupuncturist in WA with over 30 years of combined experience in Acupuncture, Chinese medicine and western medicine. I'm writing this email to let you know that I'm strongly against the the proposal SB 6374 for physical therapist (PT) to practice dry needling.

"Dry needling" is part of acupuncture practice. "Trigger points" are the pain or Ashi points in acupuncture. Chinese medical doctors and acupuncturists have been practicing so called "Dry needling" using the "Trigger points" over thousand years. PTs can't just rename acupuncture, use different terms and then claim that is under their scope of practice. If they really want to practice "Dry needling" (i.e., acupuncture), they would need to take 5 years TCM school, pass the board exam, get NCCOAM certification, and get state license. American Medical Association (AMA) establish the CPT code, there is no such code called "dry needling" to let the PTs practicing "Dry needling".

As the agency of Department of health as well as healthcare professions, we should place our patients health and safety first. Without proper education, extensive training and years of practice, it is very dangerous to do "Dry needling" and risk peoples' life.

Please do not pass the proposal SB 6374.

Hongping Ren, LAc, MS, OMD
Authentic Chinese Acupuncture, PLLC

I am an acupuncturist and Doctor of Oriental Medicine. I have trained in China, Japan, Korea and Florida, practiced in the states of Florida and Washington and even taught as a professor at the Dragon Rises College of Acupuncture. I was asked to weigh in my thoughts on dry needling and why it should be respected as more than just minor surgery (to enter through the body's first line defense or breaking of the skin).

Please understand that this issue goes well beyond legislation differences but rather directly effects the safety and health of our citizens who seek these types of treatments. The public will not be served if "dry needling" is allowed to be performed by anyone other than a licensed and trained acupuncturist. Please allow me to share some of my most important points.

The Mayo Clinic defines Acupuncture as: "the insertion of extremely thin needles through your skin at strategic points on your body."

<http://www.mayoclinic.org/tests-procedures/acupuncture/basics/definition/prc-20020778>

Dry needling (Myofascial Trigger Point Dry Needling) is defined as the use of either solid filiform needles (also referred to as acupuncture needles) or hollow-core hypodermic needles for therapy of muscle pain. https://en.wikipedia.org/wiki/Dry_needling

Changing the name of a procedure does not change the procedure, nor the risk associated with its use.

Acupuncture is a technique for balancing the flow of energy or life force — known as Qi or Chi (CHEE) — by inserting needles into specific points along pathways (meridians) in your body. To master any acupuncture technique requires extensive training in anatomy and understanding of the bodies Meridian System to be performed safely. PT's do not get didactic or clinical training in these areas. As an acupuncturist, I understand the connections and effects of these Meridians, vessels, collaterals and dermatomes (called trigger points) on the body. I know how to combine points, direct Qi, disperse excess and tonify Jing to promote elimination of stagnated blood and energy...dry needling does not address the dangers of the wrong needling prescription. How could they when their scope deals strictly with "impairments, activity limitations and participation restrictions". http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/PR_and_Marketing/Market_to_Professionals/TodaysPhysicalTherapist.pdf
INTERNAL MEDICINE is not in their scope and PTs are not trained to know how stimulating these points affect the internal health.

Washington state already has benchmarks for didactic education, supervised clinical hours, and a third-party national psychometrically created exam to test for minimum competency that involves the insertion of filiform acupuncture needles.

The American Medical Association (AMA) recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists: "The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.

"Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians," AMA Board Member Russell W. H. Kridel, M.D." (***)**THAT WOULD MAKE THEM ACUPUNCTURISTS!!!**
<http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-15-new-policies-annual-meeting.page>

Thank you for considering my point of view and for your support in opposing the physical therapy scope expansion.

Nelson Valentin, OMD, LAc

I am writing to oppose SB6374 / HB2606 which expands the scope of physical therapists to do dry needling / trigger point needling / acupuncture with 54 hours or less training!

A few years ago, some weight-loss promoters who misused one Chinese herb, ephedra, and caused some death. Those promoter claimed that they did some research and "discovered" the herb could be used to lose weight by inducing inspiration. People took the herb and went to gym and collapsed. Chinese Medicine was blamed for the number of death. The herb was banned from the market. We, East Asian Medicine Practitioners, never used the herb for weight loss rather than respiratory conditions, according to the Traditional Chinese Medicine. As you can see, if the laymen misused our tool the public safety is threatened. In fact, some serious injuries have been reported since Physical Therapists using acupuncture needles without sufficient training.

It is not the first time other therapists tried to invade our scope of practice and wanted to have a share of this ancient therapy! Chiropractors and naturopaths in the past attempted to force in. They were denied and pushed out due to the public health safety issue. This time, the physical therapists tried to use a different route by changing the acupuncture name into a western medicine terminology by disguising the public without the proper training like what acupuncturists go through.

You would not let us learn a few hours and do spinal manipulation without going through what chiropractors or osteopaths go through in school. I sincerely hope no more tragedies would happen due to dry needling from physical therapists.

Sik Chi Stanley Chan, LEAMP

I strongly urge the Health Department to not endorse including Dry Needling in the Scope of Practice for Physical Therapists. Chief among my reasons for not supporting this, is that it would endanger Public Safety by allowing inexperienced and untrained professionals, to perform procedures that they are unqualified, untrained and inexperienced to perform.

Dry Needling, as proposed by Physical Therapists, is Acupuncture and Acupuncture technique, that has been around for over a thousand years. As such, the performance of these Acupuncture techniques are regulated and licensed by Washington State. Dry Needling *((Trigger Point Therapy as outlined by Janet Travell, M.D.) constitutes the application of needles into many recognized Acupuncture Points and what are referred to in Acupuncture literature as "Ashi Points". If it is recommended that Physical Therapists perform these procedures, then how would this effect my current use of these points in my Acupuncture practice?

Training, didactic and clinical, to obtain a license as an East Asian Medicine Practitioner is extensive, requiring both graduation from an accredited school and National Board Certification, demonstrating mastery of the skills necessary to practice Acupuncture safely and effectively. This requires many thousands of hours of didactic and clinical training to master. Without this extensive training, safety is not and could not possibly be, achieved.

I strongly recommend that Physical Therapists not be allowed to practice "Dry Needling" in this state.

Douglas L. Daniels, M.Ac., Dipl.Ac., (NCCAOM), East Asian Medicine Provider

What is termed "dry needling" by physical therapists is essentially acupuncture, a form of Chinese Medicine that has been practiced for thousands of years. As an acupuncturist, I've dedicated several hundred hours to the safe practice of needling the skin as well as the rich theory and intricacies behind point selection in graduate school (and beyond) and taken and passed national board exams to ensure that

I am a safe and effective practitioner. Once the skin surface is breached such as in "dry needling", acupuncture, trigger injections, etc a whole host of concerns arises as more permanent damage can be caused without proper training, monitoring, and qualifications. Please, I implore you to either ensure that should PT's have such rights to perform what is essentially acupuncture, that they be held to the same degree of proper training and regulation as acupuncturists, or reserve the rights of this ancient, but effective to the licensed and trained acupuncturists.

Autumn Ta, LAc

I am writing to express my deep concern for the expansion of the physical therapy scope of practice in Washington to include dry needling. I am a practitioner who has been in practice for 21 years and also a faculty member at the Seattle Institute of Oriental Medicine. Every day I teach students who are training to become acupuncturists who have previously had careers in other health professions. Training in massage or physical therapy does not prepare one to insert needles into the public after a few weekends of training. I have grave concerns about physical therapists being allowed to needle into the body without proper training.

The practice of "dry needling" as it is being called, is actually nothing more than the practice of acupuncture, for which acupuncturists are required to undergo 3 years of training and over 1000 hours of supervised practice in clinic in order to be licensed in this practice of acupuncture, or "dry needling" as they are calling it.. Please do not decrease these valuable safety standards for other professions.

Christina Jackson, EAMP

I have had over thirty years of acupuncture experiences. I think in the benefits of our patients each branch or type of practitioner should stick to what we were trained for so that we can give our patient the best service as they need. So physical therapist should refer the patient to acupuncturist for needling regardless what they are going to call the kind of needling they are going to give because they are less trained for it.

Joy Smedley

I'm writing to you today to voice my agreement with the position taken by the Washington East Asian Medicine Association in regards to Physical Therapists not being allowed to do what they call "dry needling." In my professional opinion dry needling is acupuncture and acupuncture is much more broad in its scope than to compare it to just one component within the modality.

I do not want to belabor the points that have already been made by my acupuncturist colleagues. The fact of the matter is that PT's do not have needle training in their formal schooling. They have not met the standards of Washington State to allow them to put needles in a person's body for therapeutic benefit. This is no different than an acupuncturist wanting to do chiropractic adjustments on patients. It's not in our training and even if we received training and thought we could, it does not mean we should. Granting Physical Therapists the right to needle people in Washington State without the same clinical standards needed by EAMP's is a threat to public safety and a threat to the profession and reputations of EAMP's in this state. I ask that you do not allow the sunrise review to go forward, as written, for PT's to conduct dry needling.

Thank you for your time and consideration.

Jon-Paul Boisvert EAMP, Lac, Clinic Director, Eastside Natural Medicine

I am an East Asian Medical Practitioner, who has been practicing in the state of Washington since 2007. I am appalled that Physical Therapists would have the gumption to think that they could practice what even the lay person would recognize as Acupuncture or Chinese Medicine under the scope of their current license. If they do in fact want to practice "dry needling", let us call it what it really is: Acupuncture. And in order to practice acupuncture, they must therefore not only have a current EAMP license, but they should also be required to complete the appropriate continuing education in order to stay current on their EAMP license.

I am looking forward to attending the Sunrise Review this coming Tuesday.

Sarah Collins, EAMP

I have suffered with severe chronic pain for 20+ years and was introduced to dry needling a year ago while in physical therapy. I had not heard of it before, but oh what a life saver! I absolutely think that this should be in the scope of a PT practice. The therapist can use this to relieve pain that allows the patient to move forward with exercises and treatment. There have been numerous times I have gone in and not been able to turn my neck and after one treatment I am able to walk away and turn my head without pain. This treatment has been a valuable source of relief that is drug free! I urge you to allow dry needling by a Doctor of PT. There are many people who could benefit from this and I am one of them.

Nancy Hatch

Dry needling was very effective in treating chronic shoulder pain when other treatments weren't as effective over time. I have seen marked improvement in mobility and quality of life. I would recommend it to my friends and would like to continue to have the option for future treatment through a qualified PT.

John Chestnut, Seattle, WA 98107

I rely on dry needling for pain management, long-term surgery recovery and acute injuries. I have been suffering from Reflex Neurovascular Dystrophy since 2004 and dry needling is a key player in helping me live a functional life. Additionally, I have had four knee surgeries on the same knee. The post-operative rehabilitation on my knee is on-going and getting my knee and the surrounding tissues treated is preventing another operation. Then there are the acute injuries I consider to be normal wear and tear like tension headaches from clenching my jaw or a strained back muscle from exercising. Those are both examples of conditions I've had treated by my physical therapist where dry needling was a quick, safe and incredibly effective treatment.

The physical therapists I've been treated by have an exceptional level of knowledge about anatomy and the practice of dry needling. Excluding dry needling from the physical therapy scope of practice would be taking away my lifeline and the lifelines of many people who suffer. Dry needling has provided me with effective relief from pain and injury without the need for habit-forming medications and costly interventions.

I have been dry needled by both a physician (MD) and a physical therapist over the past 3-4 years. In both cases, I was confident in their deep understanding of my body and their experience using dry needling to treat my condition. Seeing my physician for dry needling cost roughly \$300 per visit in out of pocket costs. I was told that to get the most out of the treatment, I needed to be seen 2 times a week but more often than not, my MD was booked weeks in advance. Seeing my physical therapist for

treatment costs roughly \$25 per visit in out of pocket costs and their schedule is very flexible, allowing me to get treatments frequently.

Including dry needling in the scope of practice for physical therapists means patients like me have access to effective, safe and affordable treatment.

Jessica Winkler, Seattle, WA

Some years ago I broke my ankle in multiple places. I had to wear a cast for a number of weeks and progressively return to using it as normal. I, regretfully, only attended 2 PT sessions for rehab at that time. I was fairly young, very healthy, and it seemed to be healing just fine to me. Fast forward 8 years...one car accident, and probably over 25,000 miles on my feet, and the result is me having to suffer through some back pain.

I am a US mail carrier - I have delivered mail day in and day out since I was 19 years old. I have a beautiful, but very steep, hilly route in Seattle. All of my customers have mailboxes at their front door or garage, which adds additional steep driveways. Needless to say - I spend A LOT of time walking - and I need to be able to do that without pain in order to make a living.

For the most part - I am able to complete my job without any problem. But every once in a while, the effects of a stiff ankle, and high physical demands, flares up my back. I have tried stretching and massage, and I keep up with my core exercises. But a couple times a year, this is not enough. Previously, I was able to manage these symptoms with a quick and easy session with a PT. I was amazed how the next morning I was back on my feet with none of my original pain!

I honestly can not imagine what I will do the next time my back flares up if I do not have access here in WA to this treatment. I would probably be out of work for days, and even upon return, not at full duty for another week or so. I hope the system can get this one right and allow PTs to continue to provide this service to active people like me who rely on it once or twice a year to perform their job duties without missing a day of work.

Kevin B., Seattle, WA

Thank you in advance for taking the time to read my email. I'll begin by saying that there is SO much more to inserting a filiform acupuncture needle to release a muscle. There are multiple bio-molecular functions that occur that poses a heavy risk/danger to patients if they are at the mercy of someone who has had a mere weekend - week training in needling.

What American Medical Association Board Member Russel W. H. Kridel, M.D., had to say on June 15th, 2016, regarding regulating dry needling is confirmation that it is an unsafe minor surgical procedure that most healthcare providers aren't properly trained for. Dr. Kridel states, "Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians." The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should, at a minimum, have standards that are similar to the ones for training, certification, and continuing education that exist for acupuncturists.

I) Acupuncture and dry-needling are the same thing. Western medicine practitioners have coined inserting a filiform needle through the skin a different name to lead people to believe that it differs from acupuncture. Both, acupuncture and "dry needling", insert a filiform needle into the skin, thereby impacting surrounding tissue such as connective tissue and musculature, etc. Changing the name of the procedure doesn't change the procedure itself, nor the risk associated with its use.

II) Anyone using any sort of surgical instrument, such as a filiform needle, should meet the minimum standards of an acupuncturist or a physician. Medical doctors have extensive minor and major surgical training and they still meet the bench mark of significant additional training, even with their already extensive foundation of surgical procedures.

III) Washington state has minimum requirements for didactic education, supervised clinical hours, and a third party psychometrically created national board exams to test for minimum competency that involved the insertion of filiform acupuncture needles and the bimolecular functions when certain musculature and tissue is needed.

IV) The American Medical Association (AMA), as mentioned above, is opposed to allowing any healthcare professional without the proper training be allowed to pose a risk to the public.

V) Acupuncture points have two broad categories: pain-related points and channel-related points. Pain-related points are also called “ashi” points, and has been documented in text books for over a thousand years. It’s not new science. Coincidentally, trigger points are ashi points, and have been recognized as acupuncture points since the 7th century CE, at the latest.

VI) The American Physical Therapy Association (APTA) said that “there is no CPT code that describes dry needling nor do any of the existing CPT codes include dry needling techniques in clinical vignettes utilized by the AMA in their process to establish relative value units.” One must go through the AMA in order to establish a new CPT code. The AMA has made a public statement that they do not support other healthcare professions to practice minor surgery by inserting a filiform needle through the skin unless they have the minimum benchmark standards that an acupuncturist and/or a medical doctor does.

VII) The language of SB 6374 is problematic for a couple of reason. The language of the bill prevents licensed acupuncturists from performing dry needling, a technique that is inherently within our scope of practice and is commonly used. It’s actually one of the first techniques that is taught in acupuncture programs. Secondly, if the RC18.74.010 is adopted, it will be unenforceable as written.

VIII) "Dry needling" is also commonly called “trigger point needling.” It’s a technique that is commonly performed by acupuncturists treating myofascial pain, and it is a technique that is documented as a subset of acupuncture that is practiced readily in modern treatment. I specialize in orthopedics, sports medicine, and rehab, and I use this technique more commonly than I use the other techniques that was taught in our program.

IX) The technique of needling taut bands of tissue is described in the earliest acupuncture text. It is now taught more specifically with greater emphasis on neuroanatomy by acupuncturists to acupuncturists, both in formal programs and in continuing education programs alike. It is readily used in modern practice and, as such, is commonly called trigger point needling, which is also an alternate name for dry needling.

Last, but not least, there is much more than inserting a filiform needling through the skin to elicit a desired affect to surround tissue. There are multiple biochemical processes that occur resulting from them, and the bimolecular secretions that occur vary from point to point. This provides an inherent danger to patients whom are being needled by healthcare providers that haven’t been properly trained to understand both, the physical changes and the bimolecular changes in in the body. Needling certain “trigger points” can cause a patient to faint, miscarry a baby, lower blood pressure, increase palpitations, cause needle shock, and so many other processes. It’s not just to release a muscle. It’s much deeper than that, and proper training is a must in order to ensure the safety of the public. I had a patient that was needled to release the muscle, however, she ended up miscarrying her 4 month old baby because the physical therapist that needled her didn’t know that the biomolecular function of the specific trigger point he needled also induces labor. Not to mention that he was aggressive in needling her. It was a tragic outcome that could have been avoided had there been proper benchmarks in place for proper training, both clinically and physiologically.

I hope you take the time to consider the safety of the public and not play the numbers game. This is truly important.

Minerva Henson MSA, EAMP, Eastside Acupuncture & Integrative Medicine

I am writing you to include my comments in the PT Sunrise review process.

1. Acupuncture and dry needling are the same. Changing the name of something does not change it or the risk associated with it.
2. Originally, dry needling was done with hypodermic needles without any substance injected. It was a painful technique. Wet needling is injecting a substance into the body using a hypodermic needle.
3. Anyone using a filiform needle (commonly referred to as an acupuncture needle) should go through a rigorous supervised training before being allowed to insert needles into the body. I recently finished a 2000+ acupuncture program in the state. The skill of inserting needles into the body takes a long time to master. The ridiculous low bar training that the PTs are suggesting is inadequate and not safe.
4. WA state already has benchmarks in place for the didactic training, clinical hours which are supervised and exams to test for competency for inserting filiform needles into the body. Why would another non-physician group be allowed to skirt these training minimums? There is no question that these therapies work and that patients want and deserve highly skilled people performing acupuncture, that is why the supervise clinical training is in place.
5. Physical therapists have distorted the truth regarding these points that they use. They call them trigger points. Trigger points are called ashi points by East Asian Medicine practitioners. They have literally replaced “Ashi” with the translation “Trigger” and are pretending that it is something different. Early proponents of Trigger point needling, literally took what they learned from acupuncturists and tried to rename. Ashi points have been recognized as acupuncture points since the 7th Century, probably before that.
6. PTs are trying to redefine acupuncturist’s scope with this bill. We utilize Ashi points (trigger points) in our practice of East Asian Medicine. They are trying to say that we only utilize points on meridians (channels) following Chinese Medicine Theory. Actually, Chinese Medicine Theory includes the use of Ashi points.
7. The American Medical Association (AMA) recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists. PTs have limited training with these instruments. They are suggesting treating patients unsupervised after a weekend course! That is appalling.
8. The American Physical Therapy Association (APTA) said that “there is no CPT code that describes dry needling nor do any of the existing CPT codes include dry needling techniques in clinical vignettes utilized by AMA in their process to establish relative value units.” In order to establish is new CPT code, you must go through the AMA. Additionally, PTs are using codes that do not describe what they are doing. They aren’t allowed to use Acupuncture codes. They are fraudulently using manual therapy and other codes to get paid for acupuncture.
9. The language of SB 6374 is problematic for two primary reasons. First, the language of the bill could prevent licensed acupuncturists from performing Ashi Needling (trigger point needling) what PTs call Dry Needling, a technique that is inherently within their scope. Secondly, the RCW18.74.010, if adopted, will be unenforceable as written.

10. “Dry needling” is also commonly called “trigger point needling.” This is a technique commonly performed by acupuncturists treating myofascial pain. Dry needling/trigger point needling is a technique that is documented as a subset of acupuncture and is practiced readily in modern treatment.

11. The technique of needling taut bands of tissue is described in the earliest acupuncture text. It is now taught more specifically with greater emphasis on musculoskeletal and neuroanatomy by acupuncturists to acupuncturists, both in formal programs and in continuing education programs alike. It is readily used in modern practice and, as such, is commonly called trigger point needling, which is also an alternate name for dry needling.

12. Instead of trying to expand their scope to include acupuncture, physical therapists should focus on what they are good at and refer their patients to the filiform needle experts – East Asian Medicine Practitioners! We would be able to lower costs for the patients if we work together instead of trying to adopt each other’s methods.

Thank you for your support in opposing the physical therapy scope expansion attempt to include the acupuncture they call dry needling with inadequate training!

These comments submitted in separate emails from:

Jamil Shoot
Fatimah Jamshidi

Please consider the following in regards to SB 6374.

1. Acupuncture and dry needling are indistinguishable from each other from a regulatory and legislative standpoint. Changing the name of a procedure does not change the procedure, nor the risk associated with its use.
2. Early promoters of DN considered them the same and even went so far as to suggest renaming acupuncture points in modern terms so acupuncture would be more accepted by medical doctors. Hence, dry needling should be governed by the same statutes that apply to acupuncture.
3. Anyone using a dry/acupuncture/filiform needle should meet benchmarks for safety before touching the human body with a needle for therapeutic purposes, which requires extensive training to perform safely.
4. Washington state has benchmarks for didactic education, supervised clinical hours, and a third-party national psychometrically created exam to test for minimum competency that involves the insertion of filiform acupuncture needles.
5. What physical therapists call trigger points are one of the two broad categories of acupuncture points: channel-related points and pain-related points, also known as “ashi” points. Trigger points are ashi points, and have been recognized as acupuncture points since the 7th century CE at the latest.
6. The American Medical Association (AMA) recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.
7. The American Physical Therapy Association (APTA) said that “there is no CPT code that describes dry needling nor do any of the existing CPT codes include dry needling techniques in clinical vignettes utilized by AMA in their process to establish relative value units.” In order to establish is new CPT code, you must go through the AMA.

8. The language of SB 6374 is problematic for two primary reasons. First, the language of the bill could prevent licensed acupuncturists from performing dry needling, a technique that is inherently within their scope. Secondly, the RC18.74.010, if adopted, will be unenforceable as written.

9. “Dry needling” is also commonly called “trigger point needling.” This is a technique commonly performed by acupuncturists treating myofascial pain. Dry needling/trigger point needling is a technique that is documented as a subset of acupuncture and is practiced readily in modern treatment.

10. The technique of needling taut bands of tissue is described in the earliest acupuncture text. It is now taught more specifically with greater emphasis on musculoskeletal and neuroanatomy by acupuncturists to acupuncturists, both in formal programs and in continuing education programs alike. It is readily used in modern practice and, as such, is commonly called trigger point needling, which is also an alternate name for dry needling.

Thank you for your support in opposing the physical therapy scope expansion attempt to include the acupuncture they call dry needling with inadequate training!

These comments submitted in separate emails form:

- Dr. Fred Russo, DAOM, EAMP, Lac, Transformational Oncology Center, LLC
- Kimberly Chenoweth
- Ying Wang. OMD, LA.c
- William F. Wulsin, ND, MPH, MA, LAc
- Xiapin Song L,Ac, EAMP
- Debbie Yu
- Jihua Wang LAc.
- Ann Murphy
- Kathy Albert
- Roxane Geller, EAMP, Union Center For Healing, PLLC
- Heather Falkenbury – added “I am writing as a concerned citizen and Licensed Acupuncturist of Washington state. It is a danger to the public health if Physical Therapists are allowed to practice dry needling with inadequate training- of which they are proposing in this sunrise review.”
- Angie Hughes, L.Ac – added “As an acupuncturist of 30 years and an instructor in the practice and theory of acupuncture, I am frustrated and very concerned that the issue of Physical Therapists administering "dry needling" continues to take up time and energy. Please take note of the following points that have been outlined again and again.” “This seems to be an issue that we, as an acupuncture profession, are asked to defend over and over again. Please consider ending this request by the Physical Therapists of Washington to have this included in their scope of practice once and for all. Thank you for your time and attention to this matter.”
- Melissa Dana – added “I have received over 3000 hours of training and passed national board exams to be able to call myself a licensed acupuncturist; I would never consider a weekend course in stretches and exercises sufficient to suggest to my patients they see me for physical therapy. So why should PTs for acupuncture?”
- Steve Bogert, EAMP – added “I support the 10 point position taken by the Washington East Asian Medicine Association. These points are detailed below. In addition, I want to emphasize the importance of being completely trained in acupuncture theory, and being tested to NCCAOM standards before being allowed to treat with filiform needles.

When a fully trained practitioner selects points for an acupuncture prescription, they draw upon multiple sets of rules regarding the safety and efficacy of the points chosen. For example, the “pain location” or “dry needling” rules may suggest that a needle be inserted in the ankle area near the point known as SP6 to relieve leg/ankle pain. A fully trained and qualified practitioner would also review this point selection with respect to the rules of Qi movement. This secondary review would reveal that SP6 is contraindicated in a pregnant person as it has the potential to cause

spontaneous abortion. A PT who has only been trained in the “pain location” rules would miss the secondary review and may cause unintended loss of life. It doesn’t matter whether you call it acupuncture or dry needling – the body will respond to point stimulation as it has always done, since the origins of acupuncture thousands of years ago.

There are many other examples of potential unintended consequences resulting from incomplete training in the rules of acupuncture. The bottom line is that NCCAOM and the AMA have set forth guidelines regarding the minimum acceptable training and demonstration of competency required before a practitioner can safely perform acupuncture /dry needling. The proposed training /proficiency testing for PTs falls far short of satisfying these requirements. Approving the proposal would needlessly endanger the public.”

- Susan Moore, L.Ac., EAMP, Dragonfly Holistic Healing – added “I am writing to express my concerns over the PT request for Dry Needling as part of their scope of practice. I agree fully with other acupuncturists in our profession regarding the following statements listed below. I am concerned that the PT profession is trying to mislabel dry needling as something other than acupuncture which has been in practice for well over 200 years with extensive texts written on the subject.. We have an established benchmark in our state for didactic and clinical competency that I feel all PT's must adhere to to practice what they call "**Dry Needling" which is Acupuncture.** I am concerned that the language in SB 6374 could prevent me from practicing acupuncture - I have been practicing for 20 years and also teach in the profession. The PT proposal does not even include acupuncturists in their listing of "Authorized healthcare practitioners" Our standard of care is exceptional and 54 hours of training is unacceptable for PT's. I am requesting that PT's be held **The needling of Dry needling "trigger points" and muscular and connective tissue are also Acupuncture Points known as "ashi" points.** We have full training in the treatment of these points that, again is more extensive and holds to a much higher level of standard of care that is safe in its application of technique. Dry Needle/Acupuncture requires a multi-tiered level of understanding of how to insert and stimulate acupuncture needles. I do not think that the proposed training for PT's is adequate for patients. I have had patients who have received "dry needle" acupuncture from a PT complain of the ineffectiveness and discomfort of the procedures. I do think that PT's could do dry needle/acupuncture but they would need a greater level of training from the acupuncture profession to give an adequate treatment. I recommend that the PT profession collaborate with the East Asian Medical Profession to determine what would be an appropriate level of training for their profession. It might include attending an Acupuncture/East Asian Medicine school or require that an Acupuncture/EastAsian Medicine be taught in the training program.”

I rely on my health care professionals to be fully trained by accredited institutions and licensed by the State of Washington. The proposal by the Physical Therapy Association of Washington to perform “dry needling” is woefully inadequate. By their own descriptions what they describe is acupuncture. There are many dual licensed practitioners in the state of Washington, who hold multiple licenses to practice multiple disciplines. **This is important to protect the public health and safety of the health care consumers in Washington State.** The Department of Health should require the physical therapists to complete the training to perform needling as is required under RCW 18.06. Please **deny** the Physical Therapy Association of Washington’s application in its entirety.

These comments submitted in separate emails from:

Margaret Cartwright
Cheryl Denman
Cail Shope

Attached you will find documents submitted by me on behalf of the WA East Asian Medicine Association. The subject matter is listed below:

- Cost Effectiveness Testimony
- Representative Cody’s Letter to the Attorney General Requesting an AGP Opinion



Washington East Asian Medicine Association

RE: Testimony by Leslie Emerick, WEAMA Governmental Consultant for August 2, 2016,
Physical Therapists Dry Needling Sunrise Review

Cost-Effectiveness

An essential criterion to judge whether or not to expand a scope of practice requires the applicant to demonstrate that the proposal will provide the most cost-effective option to protect the public. Remarkably, the application has no data on this point and therefore fails to meet the requirement. The section on cost-effectiveness (beginning at page 12) has no comparison of the cost of PTs doing dry needling to any other modality – only statistics about societal costs of low back pain. It quotes the Bree Collaborative about physical therapy, but Bree recommends standard physical therapy, not dry needling.

The most cost-effective means of providing therapeutic needling is for physical therapists to refer patients to fully trained East Asian Medicine Practitioners. The marginal cost, (*i.e.*, the additional cost to society) is zero, because licensed EAMPs already have the necessary training and licensure to practice safely and effectively. The application does not even mention this most obvious path of referral. If physical therapists assert that dry needling is more cost-effective than acupuncture, they must show that reimbursement rates are lower for them than for EAMPs.

If physical therapists want instead to add needling with an acupuncture needle, the Legislature has already established a policy called dual licensure. In the EAMP statute, RCW 18.06.050(2)(a), naturopathic physicians and doctors of chiropractic are given credit for their extensive training in western medicine when they add training for licensure in acupuncture. This is the standard for cost-effective preparation in Washington. We believe that physical therapists need comparable training as chiropractors and naturopaths to perform acupuncture. It is invalid to claim cost-effective preparation by skipping the training.

Finally, insurers do not cover dry needling. The American Physical Therapy Association reports that “currently, there is no CPT code that describes dry needling.” CPT codes are written and copyrighted by the American Medical Association. It is highly unlikely that the AMA would develop dry needling CPT codes as they just released a statement opposing Physical Therapists performing dry needling. The statement reads: “RESOLVED, that our American Medical Association recognize dry needling as an invasive procedure and maintain that dry needling

should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.

The lack of a dry needling code would suggest that 100% of whatever PTs charge for dry needling would be borne by patients. The bottom line is that the applicants have not shown that the proposal is the most cost-effective option for needling.

State of
Washington
House of
Representatives



June 30, 2015

The Honorable Bob Ferguson
Washington State Attorney General
PO Box 40100
Olympia, WA 98504-0100

RE: Request for Opinion—Dry Needling by Physical Therapists

Dear Attorney General Ferguson,

I am writing you this letter to formally request an opinion as to whether the practice of dry needling is within a licensed physical therapist's scope of practice as defined in Chapter 18.74 RCW.

Dry needling (also known as intramuscular stimulation, intramuscular manual therapy, trigger point dry needling, or intramuscular needling) is an invasive procedure involving the insertion of a solid filament needle through the skin for therapeutic effect. It has come to my attention that some licensed physical therapists in Washington are already engaging in this practice. To date, the Board of Physical Therapy (Board) has not officially stated whether it believes dry needling is included in a licensed physical therapist's existing scope of practice as defined in statute.

As mentioned above, the scope of practice for a licensed physical therapist is defined in Chapter 18.74 RCW. Included in that scope are:

- "Alleviating impairments and functional limitations in movement by designing, implementing, and modifying therapeutic interventions;"
- "Training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis;"
- "Reducing the risk of injury, impairment, functional limitation, and disability related to movement;" and
- "Performing wound care services." (RCW 18.74.010)

Neither dry needling nor any of its synonyms are mentioned in Chapter 18.74 RCW or rules adopted by the Board.

It could be argued that dry needling is subsumed within some of the broader items in the physical therapist scope of practice, such as alleviating impairments and functional limitations in movement or reducing the risk of injury, impairment, functional limitation and disability relating to movement. This argument, however, is not compelling for two main reasons.

First, as your office acknowledged in AGO 2010 No. 2, under the doctrine of *ejusdem generis*, a general term in a statute should be interpreted in a manner consistent with the specific examples provided in that statute. See also, *State v. K.L.B.*, 180 Wn.2d 735, 741 (2014) ("Under settled principles of statutory construction, general words accompanied by specific words are to be construed to embrace only similar objects"). The broader, general items in the physical therapist scope of practice are followed by lists of examples that are not invasive procedures. It is therefore clear that the Legislature did not intend invasive procedures like dry needling to be included in those more general items.

Second, the Legislature specifically authorized in statute the only two invasive procedures physical therapists are authorized to perform: wound debridement (RCW 18.74.010) and electromyography (RCW 18.74.160). If the Legislature had intended dry needling to be part of a physical therapist's scope of practice, it would have specifically done so in statute (I can personally vouch that there was no discussion of dry needling when these two modalities were added in 2005). The fact that wound debridement and electromyography are specifically identified in statute also shows that invasive procedures are not included in the broader items in the physical therapist scope of practice—if invasive procedures were included in those broader items, it would not have been necessary to separately and specifically authorize wound debridement and electromyography in statute.

It should also be noted that in *South Sound Acupuncture Association v. Kinetacore*, the King County Superior Court, No. 13-2-04894-9, Laura C. Inveen, J., on October 10, 2014, entered a summary judgment in favor of the state that stated, "The plain text of the physical therapy statute, applicable case law, and the legislative history of RCW 18.74.010(8) each support that there was no legislative intent to authorize physical therapists to insert acupuncture needles into human tissue for the purpose of dry needling or any similar purpose."

Thank you for your time and consideration of this important issue. I look forward to response. In the meantime, please do not hesitate to contact me if you need any additional information.

Sincerely,



Eileen Cody
Representative—34th Legislative District
State of Washington

Survey of Errors and Omissions in Sunrise Review Applicant Report: Dry Needling in Physical Therapist Scope of Practice

Submitted by
Ashley S Goddard, EAMP
Vice President, Washington East Asian Medicine Association

What follows is a summary of logical and factual errors included in the application for scope expansion by physical therapists to include dry needling. **For ease of scanning, main ideas appear in boldface.**

This survey is organized by section in order of the original application. Responses to the applicant's answers to follow-up questions from the Department of Health appear in boxed comments placed within their original related section.

2. BACKGROUND: The History and Definition of Dry Needling in Physical Therapy.
Dry Needling /S Acupuncture: See Sec 7 below.

3. EFFICACY

a. Pain Reduction

The application states, "Dry needling has been shown to reduce pain and improve outcomes in patients with myofascial pain. Research in the medical community on the benefits of dry needling date back to the 1970s and 80s." It then quotes the work of Chan Gunn, MD. **Gunn's early work was based on trying to find a modern understanding and presentation for acupuncture.** He then developed IMS and began teaching IMS (Intramuscular Stimulation) i.e. "dry needling."¹ Gunn stated, "It is suggested that, as a first step towards the understanding and acceptance of acupuncture by the medical profession, the present anachronistic systems of acupuncture locus nomenclature be dispensed with in favour of a modern, scientific one using neuro-anatomic descriptions."² It was a re-branding of acupuncture.

4. COST EFFECTIVENESS

P. 3 The applicant claims that "many patients with musculoskeletal pain are already receiving physical therapy, at a fraction of the cost of other interventions" but provides no cost comparison of these other interventions. **Currently dry needling is not covered by insurance, as there are no CPT codes that cover dry needling. Patients must pay for dry needling services out-of-pocket.**

The APTA has advised against billing it under other codes.³ The creation of CPT codes is under the jurisdiction of the American Medical Association. The AMA recently adopted a policy: **"RESOLVED, That our American Medical Association recognize dry needling as an invasive procedure and maintain that dry needling should be performed by practitioners with standard training and familiarity with**

¹ Gunn IMS: Intramuscular Stimulation. <http://www.istop.org/ims.html>

² Gunn, CC, Ditchburn, F, King, MH, Renwick, GJ. Acupuncture Loci: A Proposal for Their Classification According to Their Relationship to Known Neural Structures. *The American Journal of Chinese Medicine* 1976;4(2):183-195.

³ http://www.iamt.org/wp-content/uploads/2014/04/APTASTatement_DryNeedling-2014.pdf

routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists. (New HOD Policy),⁴ so the creation of a new CPT code may prove to be challenging.

P. 13 “Many patients are already receiving physical therapy care and prefer to get treatment within the western medical model. If physical therapists are not able to utilize this technique, patients will require many more sessions of physical therapy to treat their condition or the patient may need additional treatment from another healthcare practitioner.”

A way to ensure the patient gets the best treatment available would be to refer them to a needle expert, an acupuncturist. No supporting evidence is given that patients believe it is more important to receive treatment from within the western medical model rather than from a fully-trained needle specialist.

5. Education

c. Dry Needling Post-Doctoral Continuing Education

In discussing dry needling postgraduate education they name three institutions: Regis University in Colorado, where little information on dry needling education could be found online, and that was a course offered through Kinetacore. Two other institutions were mentioned:

- Mercer in GA: as of 2015, a physician consultation is required for PTs to perform DN in the state of Georgia.⁵
- University of British Columbia - Canada has vastly different laws surrounding dry needling; in fact, even massage therapists can be certified (one of whom caused a pneumothorax in an Olympic athlete).⁶

d. Doctoral Education

It is clear that physical therapists are highly qualified to do physical therapy, but it is not established that they are also qualified to do acupuncture. East Asian Medicine Providers (EAMP) must have “successfully completed five hundred hours of clinical training in East Asian medicine, including acupuncture, that is approved by the secretary.”⁷ For licensure, EAMPs must also pass national board exams (third-party psychometric testing). **There are no such requirements for third-party testing or clinical supervision in the certification of dry needling.**

For commentary on the applicant’s comparisons of dry needling education to that of medical acupuncture, see notes on Appendices below.

Q4. In a follow-up to the applicant, the Department of Health requested additional clarification:

The applicant report lists objectives of available continuing education courses on dry needling, stating that the average length of these courses is 54 hours and satisfies the task force’s recommendations, however:

⁴ AMA Adopts New Policies on Final Day of Annual Meeting. 2016.

<http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-15-new-policies-annual-meeting.page>

⁵ TITLE 43. PROFESSIONS AND BUSINESSES CHAPTER 33. PHYSICAL THERAPISTS.

http://sos.ga.gov/plb/acrobat/Laws/15_Physical_Therapists_43-33.pdf

⁶ <http://news.nationalpost.com/news/canada/judo-acupuncture-needle>

⁷ RCW 18.06.050 East Asian Medicine Practitioners: Applications for examination—Qualifications

- *The objectives listed for the above do not demonstrate the courses meet the 16 knowledge requirements that require advanced/specialized training for competency in dry needling identified in the HumRRO report (Table 2, page 12);*
- *Please provide more detail to demonstrate that the 16 recommended knowledge requirements are met through the available post-graduate/continuing education training programs*

The applicant replies, "Each course highlights a unique list of learning objectives and therefore the knowledge criteria may fall under a slightly different objective or multiple objectives," so a table comparing the top five courses was supplied. **It is clear from the table that the objectives taught vary considerably between the five courses, highlighting the lack of standardization in dry needling training.** The question arises: With no oversight, regulation or established standards, what measure will the Department of Health having in determining which courses are acceptable?

It should also be noted that some companies (Kinetacore, for example) include the use of electricity with needles (electroacupuncture) in their training, while others (Myopain, for example) does not. Certification in dry needling doesn't specify training requirements on the subject of electrostimulation. There are additional considerations to using "e-stim" on needles that practitioners should understand. For example, instances when electrical stimulation may cause: increased depth or a change in angulation of a needle, a particular concern when needling over the rib cage; or a bent needle when penetrating multiple muscle layers-- "Needle fracture is clearly a risk if this is allowed to occur repeatedly throughout a treatment session."⁸

Q5. *How much of the specialized training is didactic and how much experiential?*

The table used to indicate an answer by the applicant **shows a wide variance of didactic vs experiential (from 4%-40% didactic and 60%-96" experiential), again highlighting the lack of standardization in current dry needling training.**

6. Public Safety

a. Risk of Pneumothorax

In a follow-up to the application the Department of Health requested additional clarification, e.g. Q6. *Please provide more details on the physical therapist disciplinary cases related to dry needling described on page 20 of the applicant report, particularly the nature of the complaints. Were there other complaints involving physical therapist dry needling that resulted in action other than discipline (e.g., agreed orders, probation, etc.); if yes provide details.*

There are some known occurrences that were not listed in the FSBPT letter responding to this question:

- An Olympic athlete in Colorado was presumed to have suffered a **pneumothorax** from a PT practicing dry needling⁹; and
- the documented incident referred to in a legal case in North Carolina in which an amended complaint submitted as part of an ongoing North Carolina lawsuit states: "The Acupuncture Board is informed and believes that injuries to patients in North Carolina have occurred as a result of physical therapists' deficient performance of "dry needling,"

⁸ Cummings. Safety Aspects of Electroacupuncture. *Acupuncture Med.* 2011;**29**:83-85

⁹<http://www.usatoday.com/story/sports/olympics/sochi/2013/12/13/torin-yater-wallace-dew-tour-ion-mountain-championship-halfpipe-qualifying/4019707/>

including, but not limited to, an incident at Cornerstone in or about 2014 involving Mr. Hager which resulted in a **pneumothorax** (collapsed lung) in Asheville, North Carolina, which required the patient to undergo surgery for correction.”¹⁰

- As mentioned above, a Canadian Olympic athlete was similarly injured by dry needling.¹¹

There are other known accounts of injury via hearsay and, while hearsay can of course be unreliable, it is worth mentioning that these may go unreported, presumably because a patient has a relationship with and does not want to endanger the livelihood of their therapist.

Appendix A contains numerous third-party position statements *against* the practice of dry needling by physical therapists, as well as the 2016 opinion of the Washington Attorney General concluding that dry needling is not within the scope of a physical therapist.

b. Risks during Pregnancy

Not all dry needling sources are in agreement on the safety of dry needling during pregnancy. The application states, “The APTA document “Description of Dry Needling in Clinical Practice” counsels caution when dry needling pregnant women in their first trimester of pregnancy.” However, “According to Gunn, IMS (intramuscular stimulation/dry needling) is contraindicated during [the duration of] pregnancy.”¹²

C. Adverse Events

A recent review of studies shows the incidence rate for adverse events among dry needlers to be more than double that among acupuncturists, (19.2% vs 8.6%).¹³

In the follow-up to the application the Department of Health requested additional clarification:

Q1. Should dry needling (DN) be performed on vulnerable patients, such as infants, toddlers, pregnant women, or medically-compromised seniors? Is there a population of clients who should not receive dry needling?

In response, the applicant states “These patients surely require special attention.” The applicant contends also that immune-compromised patients would require consideration in determining if and how to treat with dry needling. However, **there is no specific answer as to what said attention or consideration may be, or where it might be taught.** In the table highlighting knowledge criteria identified by the FSBPT task force, nowhere in the category, “Factors influencing safety and Injury prevention” is it specified that information regarding the treatment of these patient populations is offered by any company.

As for neutropenia or thrombocytopenia, one must ask: is this line of inquiry standard in PT assessment? It is essential knowledge for needling. The applicant goes on to state that these patients are likely already receiving hypodermic injections, “a much larger needle with a cutting

¹⁰ Amended Verified Complaint for Declaratory Judgment and for Permanent Injunction in North Carolina Acupuncture Licensing Board v. North Carolina Board of Physical Therapy Examiners, Elizabeth Henry, AARt, Schlenklopper, Cornerstone Physical Therapy, Inc., and Jessan Hager. General Court of Justice Superior Court Division. Dec. 2015

¹¹ <http://news.nationalpost.com/news/canada/judo-acupuncture-needle>

¹² <http://ubcgunnims.com/courses/prerequisites/>

¹³ https://www.physiotherapyalberta.ca/files/faq_dry_needling_adverse_events.pdf

edge.” However, an injection requires only a single insertion and no thrusting or manipulation of the needle, which is what often accounts for the bruising associated with dry needling, particularly in this population as well as the elderly.¹⁴

Q2. Please provide more detail on the appropriate clinical setting for performing dry needling, including maintenance of environment safety and infection control measures.

The applicant responds that, “Any physical therapy clinical setting is in principle appropriate for the practice of dry needling.” Only one course acknowledges education in clean needle technique. No clear standards for needling handling in dry needling exist. In contrast, acupuncture testing is regulated by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) whose primary goal is “to establish, assess and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public,”¹⁵ and clean needle technique is a requirement for licensure¹⁶. The applicant continues, **“Individual clinic policy and procedure documents can incorporate these guidelines.” Yet there is no requirement as such.**

7. Dry Needling in Contrast to Other Therapies

a. Dry Needling in Contrast to Acupuncture

Dry needling is also commonly called “trigger point needling”¹⁷ and is a technique commonly performed by acupuncturists treating myofascial pain. The World Health Organization defines trigger points as a subset of acupuncture points.¹⁸ A 2015 study published in the British Medicine Journal concluded, “[D]ry needling is not only a subcategory of Western medical acupuncture but also an integral part of acupuncture per se.”¹⁹ And Dommerholt himself insists, “Manual physical therapists must realize that dry needling is also within the scope of acupuncture practice.”²⁰

It is well-represented in the literature that acupuncture has measurable effects on autonomic regulation,²¹ neuroendocrine mechanisms,²² the cardiovascular system,²³ tissue repair,²⁴ and so on.

To say acupuncture only works to “restore energy flow” is a gross misrepresentation.

¹⁴ Bauer, M. Treating the Elderly. *Acupuncture Today*. September, 2002, Vol. 03, Issue 09

¹⁵ <http://www.nccaom.org/about/history/>

¹⁶ Washington Administrative Code.. East Asian Medicine Practitioner. WAC 246-803-240. Examinations

¹⁷ Trigger point needling: techniques and outcome. Vulfsons et al. *Curr Pain Headache Rep*. 2012 Oct;16(5):407-12

¹⁸ Hoyt, J. “Acupuncture, Dry Needling and Intramuscular Manual Therapy: Understanding Acupuncture’s Therapeutic Role in America.” Coalition for Safe Acupuncture Practice. Abstract. (2012): 15. CCAM Research Partners Press

¹⁹ Fan AY, He H. Dry needling is Acupuncture. *Acupunct Med*. 2016 Jun;34(3):241. doi: 10.1136/acupmed-2015-011010. Epub 2015 Dec 15.

²⁰ Dommerholt, J. *J Man Manip Ther*. 2011 Nov; 19(4): 223–227.

²¹ Li, Qian-Qian et al. “Acupuncture Effect and Central Autonomic Regulation.” *Evidence-based Complementary and Alternative Medicine : eCAM* 2013 (2013): 267959. PMC. Web.

²² Liang, Fengxia, Rui Chen, and Edwin L. Cooper. “Neuroendocrine Mechanisms of Acupuncture.” *Evidence-based Complementary and Alternative Medicine : eCAM* 2012 (2012): 792793.

²³ Ballegaard S1, Muteki T, Harada H, Ueda N, Tsuda H, Tayama F, Ohishi K. Modulatory effect of acupuncture on the cardiovascular system: a cross-over study. *Acupunct Electrother Res*. 1993 Apr-Jun;18(2):103-15.

²⁴ Yu, Zhan-ge et al. “Effects of Zusanli and Ashi Acupoint Electroacupuncture on Repair of Skeletal Muscle and Neuromuscular Junction in a Rabbit Gastrocnemius Contusion Model.” *Evidence-based Complementary and Alternative Medicine : eCAM* 2016 (2016): 7074563. PMC. Web. 24 July 2016.

It should also be noted that dry needling courses (e.g. Spinal Manipulation Institute/Dry Needling Institute) are clearly teaching acupuncture, even going so far as to draw, label, and identify acupuncture points by their acupuncture point number on bodies in their classes.

Dry needle courses (e.g. Dr. Ma's Systemic Dry Needling) are demonstrably teaching acupuncture.²⁵ According to the company's website, the textbook for the course is, "Biomedical Acupuncture for Pain Management."²⁶ Many references to acupuncture exist throughout.

In New Hampshire, a PT and senior instructor for the Spinal Manipulation Institute/Dry Needling Institute (a program cited in the applicant's response to the follow-up question regarding the 16 knowledge requirements) **uses a clearly labeled protocol from a well-known acupuncture study.²⁷ Other studies use this or similar protocols.^{28 29 30 31}**

This is the practice of acupuncture.



DNI Tommy Perreault @TommyDPT · Nov 15
Jubb et al 2008 found 10 sessions of **dryneedling** with estim led to sig reduction in knee pain due to Osteoarthritis

i. Purpose of Treatment

A scope of practice would be difficult to enforce according to intention, i.e. "purpose of treatment." It should be enforced according to the procedure alone. As demonstrated in section 7a., the impossibility of determining when a physical therapist is practicing dry needling or when they are practicing acupuncture renders the change to the RCW unenforceable.

²⁵ <http://dryneedlingcourse.com/dr-mas-textbooks/pain-management/table-of-contents>

²⁶ Ma, Yun-tao. Biomedical Acupuncture for Sports and Trauma Rehabilitation Dry Needling Techniques. New York: Elsevier; 2010.

²⁷ Jubb et al. A blinded randomised trial of acupuncture (manual and electroacupuncture) compared with a non-penetrating sham for the symptoms of osteoarthritis of the knee. *Acupunct Med.* 2008 Jun;26(2):69-78.

²⁸ Berman BM, Lao L, Langenberg P, Lee WL, Gilpin AM, Hochberg MC. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial. *Annals of Internal Medicine.* 2004;141(12):901-910

²⁹ Berman BM, Singh BB, Lao L, et al. A randomized trial of acupuncture as an adjunctive therapy in osteoarthritis of the knee. *Rheumatology (Oxford)* 1999;38(4):346-354

³⁰ Tukmachi E, Jubb R, Dempsey E, Jones P. The effect of acupuncture on the symptoms of knee osteoarthritis--an open randomised controlled study. *Acupuncture in Medicine.* 2004;22(1):14-22.

³¹ Takeda W, Wessel J. Acupuncture for the treatment of pain of osteoarthritic knees. *Arthritis and Care Research.* 1994;7(3):118-122.

By also misrepresenting acupuncture in the sunrise review application, the applicant denies modern acupuncture research, practice and even training. RCW 18.06.050 (2a) requires training that includes such modern science subjects as “anatomy, physiology, microbiology, biochemistry, pathology, hygiene, and a survey of western clinical sciences.”

Acupuncture is a highly skilled intervention. The misunderstanding of this skill coupled with the belief that it can be learned in two weekends bring to mind the Dunning-Kruger Effect, put simply: *You don't know what you don't know*. Dunning et al propose, “those with limited knowledge in a domain suffer a dual burden: Not only do they reach mistaken conclusions and make regrettable errors, but their incompetence robs them of the ability to realize it.”³²

ii. Trigger Points v. Ashi Points

Dry needling is also commonly called “trigger point needling”³³ and is a technique commonly performed by acupuncturists treating myofascial pain.^{34 35 36 37} The technique of needling taut bands of tissue is described in the earliest acupuncture text³⁸ and is readily used in modern practice where it is often referred to as trigger point needling. The scope expansion language states:

Dry needling does not include the stimulation or treatment of acupuncture points and meridians. “Dry needling” is also known as intramuscular manual therapy or trigger point manual therapy.³⁹

This language is erroneous because trigger points are a kind of acupuncture point, yet the passage also defines dry needling as something that does not stimulate acupuncture points. The two statements are thus in direct conflict with each other.

A 2016 study states, “The extent of correspondence is influenced by definitions of acupoints. Myofascial trigger points are significantly correlated to Traditional Chinese Medicine acupoints, including primary channel acupoints, extra acupoints, and Ah-shi points.”⁴⁰

The applicant submission on this point badly misrepresents the issue. It cites only an editorial by Stephen Birch, but not the quantitative research by Drs. Dorsher and Fleckenstein. It also fails to mention Dorsher’s rebuttal of Birch’s piece, which

³² Kruger, J., Dunning, D. Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessments. *Journal of Personality and Social Psychology*. 1999, Vol. 77, No.6. 1121-1134

³³ Trigger point needling: techniques and outcome. Vulfsons et al. *Curr Pain Headache Rep*. 2012 Oct;16(5):407-12

³⁴ Callison, M. *Motor Point Index*. AcuSport Seminar Series LLC, San Diego, 2007, (p.9).

³⁵ Reeves, W. *The Acupuncture Handbook of Sports Injuries & Pain*. Hidden Needle Press, Boulder, CO, 2009, (p.360).

³⁶ Goddard, A. *J Chinese Medicine*. 2011 Oct. (97):25-28.

³⁷ Nugent-Head, A. *J chinese Medicine*. 2013. Feb. (101):5-12.

³⁸ Huang Di Nei Jing. *Ling Shu*, Ch13,

³⁹ Physical Therapy Association of Washington. *Sunset Review application*, June 2016

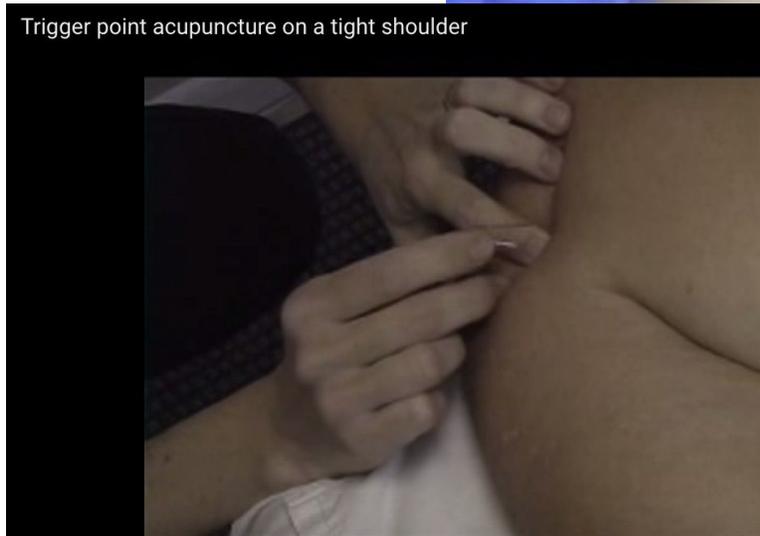
⁴⁰ Liu, Skinner, McDonough. “Traditional Chinese Medicine acupuncture and myofascial trigger needling: The same stimulation points?” *Complement Ther Med*. 2016. Jun;26:28-32.

described Birch’s conclusions as “conceptual opinions.”⁴¹ Finally, applicants fail to include Dorsher’s revisiting Birch’s analysis and finding that the clinical correspondence of trigger points and acupuncture points for pain is likely 95% or higher.⁴²

Visual comparison of dry needling and acupuncture:

A video⁴³ was cited in the application for sunrise review that showed trigger point dry needling. Compare this to a video of trigger point acupuncture⁴⁴. Other than the wearing of gloves by the PT (not required for injections or acupuncture) and poor hand placement by the therapist in the dry needling video, the technique is indistinguishable from acupuncture. (Moreover, if the PT’s needle were to be inserted too far in any of the repetitive jabs, it could go through to the therapist’s hand, resulting in a needlestick injury and that needle being withdrawn back through the body of the patient).

Still shot from dry needling video with risky hand placement:



Still shot from video showing acupuncture trigger point needling:

⁴¹ On the Probability of Trigger Point–Acupuncture Point Correspondences: An Evidence-Based Rebuttal of Stephen Birch’s Commentary. J Altern Complement Med, Vol 14, No. 10, 2008, p. 1183

⁴² Can classical acupuncture points and trigger points be compared in the treatment of pain disorders? Birch’s analysis revisited. J Altern Complement Med. 2008 May;14(4):353-9

⁴³ <https://www.youtube.com/watch?v=I75OAZr6V4&index=49&list=FLJZHGN5-n5P2nJEP2TeVcow>

⁴⁴ <https://www.youtube.com/watch?v=G6A3ZBNw6SU>

The requirement for certification in dry needling as stated in the proposed scope expansion language could, by extension, be interpreted to preclude acupuncturists from performing dry needling/trigger point needling, which is well within the scope of an EAMP. Hence, the EAMP scope would be limited by it, something the RCW is designed to avoid.

iii. Tools for Treatment

Regarding the section in the sunrise application entitled “Tools for Treatment,” which refers to the needles themselves, there is misleading information provided. In quoting the code of Federal Regulations pertaining to acupuncture (21 C.F.R. § 880.5580) the application seemingly makes two errors.

1. First, there is an omission of the complete legal identification of an acupuncture needle which specifies its use *only in the practice of acupuncture*:

(a) Identification. An acupuncture needle is a device intended to pierce the skin in the practice of acupuncture. The device consists of a solid, stainless steel needle. The device may have a handle attached to the needle to facilitate the delivery of acupuncture treatment.⁴⁵

2. Misrepresentation of the down-classification of acupuncture needles from class III to class II medical devices; and the omission of required labeling.

This down-classification was actually in response to a request by the Acupuncture Coalition (61 FR 64616) to reclassify the needle from an investigative device to one with “special controls.” As noted in 1. above 21 C.F.R. § 880.5580, the FDA clearly states that an acupuncture needle is used in the practice of *acupuncture*.

Acupuncture needles appropriately carry the following warning, “**Caution: Federal law restricts this device to sale by or on the order of qualified practitioners of acupuncture as determined by the States.**” [emphasis added] This is much different than if it were to simply say, “qualified practitioners as determined by the States.”

A summary of this argument is best represented by the following attorney’s letter on the subject that was submitted on behalf of Washington organization NCASI to the state PT board in the state of Oregon on this subject..

⁴⁵ U.S. CODE OF FEDERAL REGULATIONS. 21 C.F.R. § 880.5580(a)

November 13, 2013

Re: Dry Needling and Violations of the U.S. Food, Drug, and Cosmetic Act (FDCA) and
Food and Drug Administration Rules

Dear State Board of Physical Therapy:

I write on behalf of the National Center for Acupuncture Safety and Integrity (NCASI), a nonprofit corporation working to protect the public from the unlicensed practice of acupuncture and the illegal sale and use of acupuncture needles. NCASI is aware that a number of state boards of physical therapy have authorized physical therapists to practice what is referred to as “trigger-point dry needling” (“TPDN”), also known as “dry needling.” Those promoting “TPDN” openly acknowledge that they are using labeled acupuncture needles to practice “TPDN,” but claim that “TPDN” falls outside the statutory and regulatory definitions of practicing acupuncture. While specific state laws vary on the definition of the practice of acupuncture, the federal Food and Drug Administration (“FDA”) strictly regulates the sale of acupuncture needles as Class II prescription medical devices under the U.S. Food, Drug, and Cosmetic Act (FDCA) only to qualified and licensed acupuncture practitioners. Specifically, FDA regulations restrict that the sale of acupuncture needles to anyone but a person *authorized to practice acupuncture and for use in acupuncture*. The sale of acupuncture needles to anyone other than a qualified and licensed acupuncture practitioner is a violation of both the FDCA and the FDA rules described below.

Please be aware that to the extent your board authorizes the use of acupuncture needles by persons who are not explicitly authorized to practice *acupuncture*, your actions are inconsistent with federal law and could expose your state board to liability in the event a person is injured by one of the practitioners your board regulates. There is no dispute that the practice of “TPDN” absolutely depends on the use of FDA-regulated acupuncture needles. Any official sanctioning of “TPDN” by a state professional board signals to potential patients that those practicing “TPDN” are qualified, trained and legally authorized to possess, purchase and use acupuncture needles, a Class II prescription medical device under FDA regulations. As a result, state regulatory and professional boards that endorse the practice of “TPDN” by persons who are not explicitly authorized to practice acupuncture is inconsistent with federal law.

FDA’s regulation of acupuncture needles as Class II prescription medical devices

Acupuncture needles are regulated under the FDCA as Class II prescription medical devices that are subject to FDA’s strict prescription sale requirements. *See* 21 CFR § 880.5580

(Exhibit A); 61 Fed. Reg. 64616–64617 (Dec. 6, 1996) (Exhibit B); Reclassification Order Docket No: 94P-0443 Acupuncture Needles for the Practice of Acupuncture (Mar. 29, 1996) (Exhibit C); 21 CFR § 801.109 (Exhibit D). In authorizing the sale of acupuncture needles, the FDA was explicit that such needles “must be clearly restricted to *qualified practitioners of acupuncture* as determined by the States.” 61 Fed. Reg. 64616 (Dec. 6, 1996) (emphasis added).

In reclassifying acupuncture needles from Class III to Class II prescription medical devices, the FDA also plainly defined acupuncture needles stating: “[a]n acupuncture needle is a device intended to pierce the skin *in the practice of acupuncture*. . . .” 21 CFR § 880.5580(a) (emphasis added). The sale and introduction of acupuncture needles into interstate commerce for any purpose other than for “the practice of acupuncture” is outside the scope of FDA’s approval and would make such needles legally “adulterated” and/or “misbranded” under the FDCA. 21 U.S.C. § 352(f)(1); 21 U.S.C. § 331(p); 21 U.S.C. § 352(o).

Consistent with this directive, the FDA requires that acupuncture needles, including those that are being used for “TPDN,” carry a prescription label stating: “Caution: Federal law restricts this device to sale by or on the order of *qualified practitioners of acupuncture* as determined by the States.” 21 CFR 801.109(b)(1); 61 Fed. Reg. 64616 (Dec. 6, 1996) (emphasis added); *See also* Exhibit E. NCASI is committed to seeing enforcement of this common sense public safety requirement.

Sale of acupuncture needles to those who are not qualified to practice acupuncture

NCASI is aware that many individual physical therapists, occupational therapists, naturopaths, chiropractors, athletic trainers and others are attempting to skirt state acupuncture licensing laws by claiming they are using acupuncture needles to practice “TPDN” as opposed to “acupuncture.” Some state regulatory boards have authorized “TPDN” by regulation absent any apparent awareness or consideration of FDA’s regulation of acupuncture needles as Class II prescription medical devices.

The FDA, however, has explicitly limited the sale of acupuncture needles to those *authorized to practice acupuncture* and has only approved the use of such needles *for the purpose of acupuncture*. It is therefore illegal for an individual to sell, purchase, receive or use an acupuncture needle unless it is intended to be used for the practice of acupuncture by a person who is authorized under state law to practice acupuncture.

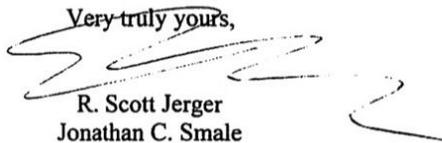
The purchase and receipt of acupuncture needles by individuals who are not qualified to practice acupuncture or for intended uses other than acupuncture make such needles legally “adulterated” and/or “misbranded” under the FDCA and is in direct violation of the FDCA and FDA’s implementing regulations. 21 U.S.C. §§ 331(a)–(c), (p); 21 U.S.C. § 352(o); 21 U.S.C. § 352(f)(1); 21 U.S.C. § 351(f); 21 CFR § 801.109(a). While a number of companies are illegally selling acupuncture needles on-line to persons who are not authorized to practice acupuncture, this does not legalize the practice. NCASI is currently investigating these sales and has submitted targeted complaints to the FDA.

Letter re Dry Needling
November 13, 2013
Page 3

With this letter your board and your state have notice that to the extent your board approves or otherwise endorses the use of acupuncture needles for the practice of "TPDN" by persons who are not legally authorized to practice acupuncture you may be exposing your board to liability for endorsing a practice that involves the violation of FDA regulations and the unauthorized use of a Class II medical device.

NCASI encourages your board to carefully review the enclosed regulations and other documents related to the regulation of acupuncture needles. To the extent your board has already endorsed or approved the practice of "TPDN" by persons who are not authorized to practice acupuncture, NCASI encourages your board to reconsider such actions. If your board has yet to address the issue of "TPDN," we encourage you to take a position that is consistent with the FDA's regulation of acupuncture needles as Class II prescription medical devices.

Thank you for your careful consideration of these issues.

Very truly yours,

R. Scott Jerger
Jonathan C. Smale

cc: client
Enclosures

This letter is equally relevant in Washington. Scope of practice that would allow dry needling with a class II medical device that is intended for only use in the practice of acupuncture, may be in indirect conflict with FDA regulations.

On a related note and resulting from a similar argument, a recent consent decree in California (in which Kinetacore and Paul Killoren are named defendants) states that the defendants "shall not sell, deliver, mail, furnish, or otherwise distribute in any way needles regulated as Class II medical device by the FDA, including but not limited to Myotech Dry Needles, within the State of California without appropriate licensure under California's Pharmacy Law."⁴⁶

Killoren, a Washington physical therapist and owner of US Dry Needling, distributes Myotech needles.⁴⁷ These are acupuncture needles made by Maanshan Medical Devices rebranded as dry needles. Maanshan also produces the following lines of acupuncture needles: :Eacu, Balance, Tempo, Acustar and Acuking. On June 24, 2016, Killoren stated the following regarding Myotech needles and his intentions : "Its [sic] just a better needle. Working with FDA to create new "dry

⁴⁶ International Center for Integrative Medicine vs Kinetacore, US Dry Needling and Physio Products LLC, IDryNeedle, Medbridge, Inc., Red Coral Acupuncture Supplies Pts Ltd.; Paul Killoren; Edo Zylstra; Austin Woods. US District Court for the Central District of CA. Case NO. 8:16-cv-00736-JLS-GJS

⁴⁷ Killoren, Paul. LinkedIn profile. <https://www.linkedin.com/in/paul-killoren-410804a>

needle" category. Doing this to define #dryneedling v acupuncture."⁴⁸ Similar attempts to do this have not been successful: In June of 2015, Maanshan received a letter from the Department of Health and Human Services at the FDA stating that Myotech needles were "substantially equivalent" to acupuncture needles.⁴⁹ **Repackaging needles doesn't make an acupuncture needle a different device and is further indication that dry needling is indeed acupuncture.**

b. Dry Needling in Contrast to Medical Acupuncture

In 1991, *A Proposed Standard International Acupuncture Nomenclature* was published by WHO in Geneva and a revised edition of *Standard Acupuncture Nomenclature* (Part 1 and 2) was published by the Regional Office for the Western Pacific in Manila.⁵⁰ Practical use has proven these WHO publications to be invaluable contributions to international information exchange on Acupuncture. Following are excerpts taken from this document regarding Acupuncture and its application. Please note the hierarchy of coding numbers used. All terms beginning with a code of 5.1 have been determined by the World Health Organization to be a subset of Acupuncture.⁵¹

- 5.1.0 Acupuncture
- 5.1.6 filiform needle
- 5.1.53 acupuncture point
- 5.1.54 meridian point
- 5.1.55 extra point
- 5.1.56 specific point
- 5.1.225 trigger point

8. CURRENT PHYSICAL THERAPY DRY NEEDLING LAWS

a. Overlap in Scopes of Practice

According to many sources, dry needling is a subcategory of acupuncture. Acupuncturists already do dry needling but refer to it as trigger point needling, ashi needling, etc.

Because dry needling is synonymous with trigger point needling, it could be argued that the requirement of an endorsement to practice dry needling precludes acupuncturists from performing the technique which is well within the scope of an acupuncturist (EAMP).

b. Dry Needling in the Military

Military-based physical therapists practicing on patients are allowed to use dry needling only after supervised encounters. No such standard is included in this bill.

⁴⁸ <https://twitter.com/DrDunning/status/746471831654240256>

⁴⁹ https://www.accessdata.fda.gov/cdrh_docs/pdf15/K150903.pdf

⁵⁰ "WHO Western Pacific Region - Publications and Documents - WHO International Standard Terminologies on Traditional Medicine in the Western Pacific REgion." World Health Organization. Web. 13 Feb 2012.

⁵¹ "WHO Western Pacific Region - Publications and Documents - WHO International Standard Terminologies on Traditional Medicine in the Western Pacific REgion." World Health Organization. Web. 13 Feb 2012.

A review of Appendices A-C of Sunrise Review Application:

Last but not least, the education requirements cited are a bit misleading.

Bear in mind that East Asian Medicine providers must show they have didactic training in basic sciences and East Asian medicine, including acupuncture, and the curriculum must also include such subjects as anatomy, physiology, microbiology, biochemistry, pathology, hygiene, and a survey of western clinical sciences. Moreover, they must also have “successfully completed five hundred hours of clinical training in East Asian medicine, including acupuncture, that is approved by the secretary.” (RCW 18.06.050 Applications for examination—Qualifications.) **The requirements for dry needling certification as proposed requires zero additional clinical hours.**

For licensure, EAMPs must also pass national board exams (third-party psychometric testing) but this requirement is lacking in the certification of dry needling.

Additionally, there are some logical errors on the table assessing overlap in education. For example, one it is indicated that “therapeutic approach” is “included in PT curriculum but not specifically related to acupuncture” but because the education in question is an acupuncture program, it should be obvious that this is *not* a standard part of PT curriculum and should not be assumed as an area of overlap.

Note: The “Five Element” training course included in the Appendix is not representative of medical acupuncture at all and should be ignored. In the state of California where it is offered, only MDs and Licensed Acupuncturists would qualify to attend.

Appendix A: Supporting documents including third-party position statements and commentary from debates in other states.



AAMA Policy on Dry-Needling

The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to insuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle into a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury.

Acupuncture, like Western Medicine is a complex subject. It cannot be mastered in a weekend or in a month. All AAMA members, in addition to four (4) years of medical school (MD or DO), must have 300 hours of didactic and clinical acupuncture education and training. In most states, a non-physician must have in excess of 2,000 hours of clinical and didactic education and training before they can become certified to treat patients.

Dry needling, like acupuncture, involves the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used by physicians and licensed acupuncturists for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not an holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. Regardless of the theory, it is incontrovertible that dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. It is critical to understand that dry needling, in the hands of minimally educated practitioners can cause extreme harm. Any invasive procedure has associated and potentially serious medical risks and is safe only if

performed by a properly educated, trained and experienced health professional. The technique of dry needling frequently involves needling of muscular structures that may be deep and/or hidden under layers of other muscles and tissues and close to sensitive structures and organs including blood vessels, nerves and organs as, for example, the lungs. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Angle the needle incorrectly and, for example, the lung may be punctured. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient). In the worse case scenario, vital organs can be pierced, resulting in complex medical situations or even death.

Physical therapy is not a field that has historically included the use of needles. The recent trend of some physical therapists to embrace dry needling under the umbrella of physical therapy practice is one that marks a distinct departure from traditional physical therapy practice. The fact that many physical therapists receive only minimal hours of training speaks to the potential danger of their practice.

To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice.

Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

AAPM&R Position on Dry Needling

Dry needling is the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used for the same purpose, no anesthetics are used. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as *Western Style Acupuncture or Trigger Point Acupuncture* whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not a holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. However, dry needling is taught in American acupuncture schools as a form of treatment for individuals using acupuncture needles.

Dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient).

There has been controversy in the United States as to who is qualified to practice dry needling. Since it is an invasive procedure using needles, many take the position that it should only be performed by licensed acupuncturists or licensed medical physicians (M.D. or D.O.). There are other practitioners performing this procedure who have taken a course or courses in this technique but do not routinely use needles otherwise in their practices.

The American Academy of Physical Medicine and Rehabilitation recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAPMR maintains that this procedure should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed acupuncturists or licensed medical physicians.

June 2012

 **aaPM&R**
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Physical Medicine and Rehabilitation
Physicians Adding Quality to Life®

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July 27, 2016

Attn: Sherry Thomas, Policy Coordinator
Washington State Department of Health
Sunrise Reviews
P.O. Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas:

On behalf of the American Society of Acupuncturists, representing more than 4000 licensed acupuncturists in the United States, I would like to enter comment on the proposed addition of Dry Needling to scope of practice of Physical Therapists in Washington State.

Dry Needling is an acupuncture technique, and is performed regularly by both acupuncturists and medical doctors. Both the American Academy of Medical Acupuncture, representing the largest collection of medical doctors practicing acupuncture in the United States, and the American Medical Association have taken strong stances against the expansion of physical therapy to include this acupuncture method. Physical therapists are not appropriately educated on deep anatomic structures and how to safely insert needles into the body, nor are they educated on acupuncture safety, needle technique, western or eastern acupuncture theory, or the full complement of indications and contraindications for needle therapy. Acupuncture training for licensed acupuncturists nears 2000 hours, and for medical doctors is recommended to be a minimum of 300 hours after medical school and residency training. For this reason, the American Medical Association recently resolved, *"That our American Medical Association recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists."* (New House of Delegates policy as of June 2016.)

There is no agreed upon or otherwise vetted curriculum for Dry Needling. Courses offered to physical therapists run as short as 12 hours [see: <http://fishkincenter.com/dryneedlinginstitute/>]. Even longer courses in Dry Needling have no vetted curriculum, no outside certification testing, and no independent

examination of competency for instructors. These courses demonstrate the techniques in class, administer a test designed by the for-profit group offering the program, and then dismiss students to go back to practice and gain experience on unsuspecting patients. Therapists are often needling deep structures that can lead to pneumothorax and other complications, and patients are misled as to the level of training and experience the practitioner has. There have been reports such as this one caused by inadequately trained practitioners:

http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/detail.cfm?mdrfoi_id=5383935

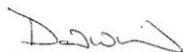
Further, classes teaching dry needling often reference acupuncture points and literature, and one of the main textbooks used is Biomedical Acupuncture for Pain Management by Yun-tao Ma, et al. In short, the dry needling movement is an effort to bypass the educational, testing, and safety standards put into place for acupuncture practice, through the simple renaming of the practice and the misleading of the public and regulatory bodies.

Many dry needling advocates claim that dry needling is a distinct western discipline arising out of the work of Janet Travell and David Simons. As a physician trained in both acupuncture and western medicine, I took as well 45 hours of advanced training in Myofascial Trigger Point Therapy (MTPT). This was a fraction of the approximately 200 hour program that explored hands-on techniques for treating trigger points via theory derived from Travell and Simons. The 45 hours I took was inadequate to fully prepare me to practice as a Myofascial Trigger Point Therapist (non-needle therapy). How then could a 12-56 hour course in dry needling begin to prepare a physical therapist or other provider to offer dry needling, an advanced skill set within MTPT, when the therapists have not even studied or showed mastery of the basic source material from which they claim dry needling is derived? There is nationally standardized board certification available in MTPT, so why is this not an absolute prerequisite to the use of an advance MTPT method? See <http://www.cbmtpt.org/> for more detail.

The potential harms of this movement include not only injury to patients, but also the direction of public and private healthcare funds towards paying for substandard treatment. The volume of claims submitted for this practice will skyrocket if it is widely permitted with access via a weekend course. Therapists will flock to a quick training, and begin billing for a procedure that they have added without adequate study or proof of minimal competency. Actual physical therapy service time will be diverted to the more easily billed and performed practice, and the public will be deprived of both vital, actual physical therapy services and high quality acupuncture services.

In short, dry needling is an essentially undefined practice and has no specific training requirements, competencies, certification testing, or continuing education requirements. It is indistinguishable from acupuncture and is in fact an acupuncture technique, and the field of acupuncture has defined these critical components. For the preservation of quality practice of both physical therapy and acupuncture, and for protection of the public safety and good use of healthcare funds, this technique should remain reserved for those fully dedicated to its mastery

Respectfully,



David W. Miller, M.D., FAAP, L.Ac., Dipl. OM
Chair, American Society of Acupuncturists

Letter from Massachusetts acupuncturist and physical therapy assistant providing an excellent overview of “dry needling” vs acupuncture. Please also refer to the letter submitted independently by Washington physical therapist and acupuncture student, Thi Nguyen.

George Leung, M.Ac., L.Ac., L.A.T.C., P.T.A., CKTP
East/West Sports Acupuncture & Orthopaedics
1683 Beacon Street, Suite #1
Brookline, MA 02445

July 29, 2015

To Governor Baker,

I am writing to express my concern about the safety and efficacy standard of care and level of intimate understanding of how acupuncture works as the Board reviews regulations for physical therapist. Dry Needling performed by health care professionals who are not trained in acupuncture such as the Physical Therapists discredited the profession of acupuncture medicine. Dry Needling is not a legal scope of practice in the state of Massachusetts by any allied health care professionals who not a licensed acupuncturists and is also not a reimbursable technique by medical insurances in the state of Massachusetts.

My name is George Leung, I am a Licensed Acupuncturist, Licensed Certified Athletic Trainer, and a Licensed Physical Therapy Assistant who had the opportunity to take the Dr. Ma Systemic Dry Needling for Sports Performance (Contemporary Dry Needling) three day course from 01/09/15-01/11/15 that was held at Central Mass Physical Therapy, 354 West Boylston Street, West Boylston, MA. I was the only Licensed Acupuncturist in attendance who also held credentials in Athletic Training and Physical Therapy, Allied Health Care Professional.

Licensed Acupuncturists are not permitted to attend any of the Dry Needling courses and I was able to because of my Athletic Training and Physical Therapy credentials. The course was taught by Sue Falsone, a Physical Therapist and Athletic Trainer but not a Acupuncturist. Sue instructed and demonstrated direct needling with acupuncture needles into various body part of the body using ½”, 1”, 2”, 3”, and 5” acupuncture needles throughout the course. Sue also taught and demonstrated the use of Cupping performing stationary and sliding cupping. The cupping was referred to as Vacuum Therapy in the course. Lastly, electro-acupuncture was taught and demonstrated using acupuncture alligator clips to an electrical stimulation unit to stimulate the acupuncture needle. This technique was referred to as intramuscular electrical stimulation. Sue Falsone is the owner of Dr. Ma Systemic Dry Needling and Integrative Dry Needling Institute and had been trained directly under Dr. MA himself to teach the Dry Needling courses. Within the course every participants performed and practice acupuncture needling, aka Dry Needling Therapy, using acupuncture needles, cupping (Vacuum Therapy), and electro-acupuncture (intramuscular electrical stimulation). The reference book used was called, Biomedicine Acupuncture for Sports and Trauma Rehabilitation and Biomedicine Acupuncture for Pain Management, written by Dr Yun-Tao Ma. Calling inserting a filiform acupuncture needle Dry Needling, and referring to the points as Trigger Points does not change the fact that Physical Therapists who are not licensed to do so are being trained to practice acupuncture and being taught that it is not acupuncture. This is a problem.

I went into the course having an open mind in hope of learning something new. Having training in both Eastern and Western Medicine I came out very disappointed to find out that Dry Needling, Cupping, and intramuscular electric stimulation was presented as a just another therapy modality and tool for health care practitioners who are not

acupuncturists to use to enhance their practices. No mention was made about any of the modalities in any relationship to Tradition Chinese Medicine (TCM). The main argument for Dry Needling not to be considered acupuncture is that it claims not to be Traditional Chinese Medicine acupuncture. The techniques they use are one method of treatment within TCM based on local acupuncture treatment for musculoskeletal issues that is commonly used in TCM acupuncture. The over simplification of a TCM medicine method with thousands of years of clinical and evidence based research and utilizing it as just another modality for physical therapist because they happen to be health care professions that the medical health insurances company recognized for reimbursement in the United States. The other main argument they gave for why Dry Needling is not consider acupuncture is that it's presented in biomedical terminology reasoning stating the technique only needles muscles, tendons, ligaments, and bony joint spaces instead. Dry Needling is acupuncture, using the same or similar TCM acupuncture points location and used finger widths measurement which is directly derived from the TCM acupuncture cun measurement for point location. The finger widths measurement was used to locate areas to needle for low back treatment. Dry Needling techniques are the same needling techniques within TCM acupuncture (perpendicular, oblique, horizontal, stationary, lift/thrust, and twirl), and cupping performing stationary and sliding cupping, and performing electro-acupuncture using acupuncture alligator clips on acupuncture stimulation units. Also none Dry Needling points were mentioned but not needle in the class referred to as homeostatic acu-reflex points that can be used to strengthen the Dry Needling effectiveness and are also TCM distal acupuncture points based on their locations on the body. Some of the acu-reflex points based on TCM acupuncture points location would be such points as Gall Bladder (GB-21, 30, 31, 34), Large Intestine (LI-4, LI-11), Spleen (SP-6, SP-9), Stomach (ST-36), Bladder (BL-57), and Liver (LV-3) to name a few.

The other concern I have is that 24-27 hours of training is clearly not adequate enough to perform needling technique correctly or safely with patients. Acupuncturists from an accredited master degree program are require to do a minimum of 700 hours of clinical training and over 2500 hours of course work with direct supervision treating patients with acupuncture needles to graduate. There was inadequate supervision and clinical training in safe needling technique and clean needle technique because there was only one instructor and one TA for over 30 students. The TA was only there for two of the three days so she could complete her required minimum of 54 hours to be legally able to practice Dry Needling in the state of North Carolina. I felt this did not provide adequate supervision for a class of 30 and more students. The only clean needle technique used was wearing disposable surgical gloves and finger condom gloves and rubbing alcohol was provided but not routinely used because Sue Falsone the instructor mentioned that rubbing alcohol is ineffective in protecting against any germs. During needle insertion demonstration the sterilized shaft of the acupuncture needle was held when being inserted into the body. This not allowed in Clean Needle Technique as practiced by acupuncturists and mandated by the NCCAOM Clean Needle Technique class all acupuncturist are required to take. At one point, the same acupuncture needle was used to insert into the same location by Sue Falsone the instructor. This is also a problem. I also observed my two practice partners doing the same thing when they were not unable to insert the acupuncture needle correctly at the first attempt. By law all the acupuncture needles are single use disposable, so the acupuncture needle should have been disposed properly and the instructor and the student partners should have used a new one. The students were only taught to just tap the acupuncture needle through the insertion tube, an acupuncture technique, and then inserted it into the skin and vibrate the skin with the non- inserted hand.

This is dangerous because Dry Needling is based on very deep needling until the tip of acupuncture needle hit the bone which may also involve some manipulating of the acupuncture needle so with only 24-27 hours of course work and practicing needling is unsafe

and can cause potential unpleasant injury to the patient such as severe bruising, muscle spasm, pain, and possible puncturing of actual internal organs. Inserting a acupuncture needle require proper skills and training which acupuncturists are proficient through accredited acupuncture schools. Another reason there is concern to the safety of Dry Needling is the use of various length and thickness of acupuncture needles ranging from ½” – 5” and thickness from 30 – 40 gauges that was used in the course. For example we were taught to use a 5” x 30 gauge acupuncture needle to use for the gluteus muscle and to me as an acupuncturist I have had advance needling techniques to show me how to properly insert a long acupuncture needle correctly without causing any discomfort or pain during insertion. Dry Needling practitioners were not in this class educated or skilled enough to insert such long acupuncture needles with proficiency.

Another safety issue was that Dry Needling technique are all deep needling until the needle touches the bone with no clear concise reasoning behind it except that the deeper you needle the stronger the effect. This present a potential safety issues of possible unnecessary inflicting injury to the patient with inadequate hour of clinical training. Another concern is the possible psychological effect of non-acupuncturists performing Dry Needling using acupuncture needle on their patients and causing a negative adverse effect experience that can potentially prevent patient from seeking an acupuncturist because of the concern of being needle with acupuncture needles again or another notion that acupuncture treatment is the same as Dry Needling treatment or that if Dry Needling didn't help then acupuncture won't either. Dry Needling is not legal, nor recognized by health insurance companies in the state of Massachusetts for the physical therapy professionals for insurance reimbursement. Also the physical therapy schooling is not acupuncture school. Acupuncture is a great tool and I encourage those who want to use it to go to school and get licensed to keep patients safe and keep the integrity of both Licensed Acupuncturists and Physical Therapists.

The other alarming concern I had was the accessibility of acupuncture needles and various acupuncture supplies through buyacupuncture.com and Lhaso OMS.com as long as someone mentions that they have taken Dr. Ma Dry Needling course and provide a copy of his/her physical therapy practice license number because of a direct relationship this two company have developed with Dr. Ma. This is not a good thing, because now, non-acupuncturists have the ability to purchase not just acupuncture needles but other acupuncture supplies that are strictly used only by the acupuncture profession, theoretically, by licensed acupuncturists. This could create further usage of acupuncture supplies by the physical therapy profession and being portray as just another modality to further enhance the Dry Needling technique. By allowing other health care professionals who practice Dry Needling to be able to go through Dr. Ma's buying account to me is not ethnical or professional to the profession of Acupuncture and those who have gone through Acupuncture School and the licensing process. It is a long and arduous process to make sure that those who practice acupuncture are qualified to do so.

Thank you for your time and patience in addressing my concern with the physical therapy profession of Massachusetts pushing to make Dry Needling as a legal scope of practice without appropriate hours of training and licensure coming from an Allied Health Care Professional; Licensed Athletic Trainer and Licensed Physical Therapist, and Licensed Acupuncturist.

Sincerely,

George Leung, M.Ac., L.Ac., L.ATC., PTA., CK

CPT, Acupuncture, and Dry Needling by Chris Huson, EAMP

1) CPT

Current Procedural Terminology (CPT) is a system developed by the American Medical Association for standardizing the terminology and coding used to describe medical services and procedures. It is a systematic listing and coding of procedures/services performed by US physicians; a physician-related procedure identification system that serves as the basis for health care billing; CPT coding assigns a 5-digit code to each service or procedure provided by a physician.ⁱ

It has been stated that

“...anyone who bills an insurer must use CPT Codes. The AMA's CPT Code book specifies in its beginning pages that the clinician must use the code which *exactly* describes the technique they perform, not one which comes closest. If a clinician is using a technique which is not *exactly* what is stipulated in the CPT Code description, the instructions tell them to use a code for Unlisted Procedure...”ⁱⁱ

2) **Acupuncture** is a skilled invasive medical intervention that uses filiform needles to penetrate the skin and stimulate underlying tissues for therapeutic purposes. According to the American Association of Acupuncture and Oriental Medicine (AAAOM):

1. **Acupuncture as a technique** is the stimulation of specific anatomical locations on the body, alone or in combination, to treat disease, pain, and dysfunction.
2. **Acupuncture as a technique** includes the invasive or non-invasive stimulation of said locations by means of needles or other thermal, electrical, light, mechanical or manual therapeutic method.
3. **Acupuncture as a field of practice** is defined by the study of how the various acupuncture techniques can be applied to health and wellness.ⁱⁱⁱ

The filiform needle used in acupuncture is a solid-bore needle with a handle, a shaft, and a finely rounded tip designed to penetrate the skin without damaging skin cells or underlying tissues.

In 2004 The American Medical Association (AMA) assigned 4 Current Procedural Terminology (CPT) codes for acupuncture:

97810 Acupuncture, one or more needles,; without electrical stimulation,; initial 15 minutes of personal one-on-one contact with the patient;

97811 Each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needle(s)

97813 Acupuncture, one or more needles,; with electrical stimulation,; initial 15 minutes of personal one-on-one contact with the patient;

97814 Each additional 15 minutes of personal one-on-one contact with the patient with re-insertion of needle(s)

Dry Needling

In Washington State, Labor and Industries (L&I) defines “dry needling” in the WAC

“...as a variant of trigger point injections..., dry needling is a technique performed by physicians who insert a needle directly into trigger points (sometimes with medication)... . The department allows such a procedure to be billed under the trigger point (injection) CPT codes, limiting the injections to 3 with written justification required if an additional 3 injections are to be administered.

The codes assigned to dry needling are:

20550: Injection of single tendon sheath, or ligament, aponeurosis,

20551: Single tendon origin insertion

20552: Injection(s); single or multiple trigger point(s), 1 or 2 muscles

20553: single or multiple trigger point(s), 3 or more muscles^{iv}

The term “dry needling” is derived from the use of hypodermic or “wet” needles to penetrate the skin for a therapeutic procedure that does not use an injectant, hence the term “dry”. It should be noted in the above that “dry needling is a technique performed by physicians” and is not authorized for use by Physical Therapists.

Dry Needling by Physical Therapists

The PTWA (Physical Therapy Association of Washington) describes Dry Needling as:

“...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.”^v

According to the PTWA, the dry needling tool is a filiform needle. When used by Physical Therapists, the filiform needle is currently being called a “dry needle” and its use is being called “Dry Needling.” This is misleading and could be considered a source of confusion for legislators, policy-makers, and the general public. When using a filiform needle, dry needling is a *form* of acupuncture; and the term “Dry Needling” is just another *name* for acupuncture.

CPT Coding for Filiform-needle Dry Needling

As of this writing (July 2016), **there are no CPT codes for filiform-needle dry needling.**

However, since 2011, Physical Therapists have been using the CPT code for manual therapy, 97140, to code for dry needling.

97140 "Manual therapy" is defined as: "[a] collection of techniques in which hand movements are skillfully applied to mobilize joints and soft tissues."^{vi}

PTs have been taught to use **97140 (Manual Therapy)** by Jan Dommerholt, PT, DPT, MPS, DAAPM of **Myopain Seminars**. Dommerholt states in an online exchange with other practitioners:

“I believe that the best code for dry needling is 97140...There is controversy about how to bill for dry needling. Suggestions have included neuromuscular education, therapeutic activity, and others...I am not sure that dry needling should be considered as a separate billable item...but more as a technique within manual physical therapy practice.”^{vii}

In the online discussion, Dommerholt is contradicted:

“To me, dry needling is billed under 97799 (Unlisted Modality) until the American Medical Association (AMA) comes out in a CPT Assistant publication and tells me, you, and others otherwise... Just because you billed dry needling under 97140 and were paid for it does not mean you were supposed to be paid for it.”^{viii}

To which Dommerholt responds:

“...Dry needling should always be part of other manual procedures and as such is folded into the manual therapy code...dry needling is not a billable procedure as there is no specific code for dry needling...**Dry needling is not a modality that requires a CPT code.** Dry needling is just a treatment technique...”^{ix}

Contrary to this, the American Physical Therapy Association states that:

“...the use of CPT code 97140 for the performance of dry needling should not be utilized...**Currently, there is no CPT code that describes dry needling.**”^x

Dry Needling and (Gunn)-IMS

Gunn-IMS is a technique for the treatment of myofascial pain syndrome based on a comprehensive diagnostic and therapeutic model that identifies the etiology of myofascial pain as neuropathic...Gunn-IMS does not differ from dry needling (DN) in much of its technique, or the “how”...(except that) treatments occurring concurrently should...be discouraged...it is contraindicated to have joint manipulation immediately after Gunn-IMS...Gunn-IMS must be seen as a method to encourage normal function within the neuromuscular unit rather than a tool that loosens a muscle in order to allow for other mechanical treatments such as manipulation...Treat the patient once per week for the duration of symptoms using 30 minute appointments.^{xi}

How is this compatible with Physical Therapy? How is this the same as “...always be part of other manual procedures...”? Gunn-IMS is simply another form of deep-needle acupuncture designed to release neuropathic tension in the paraspinal muscles: “By using a needle, the clinician makes use of an ancient technique for stimulating the body. The ancient practice of acupuncture is credited with the discovery of the effects of

stimulation on the body.”^{xiii} Gunn just reinterpreted acupuncture from the point of view of Western Scientific terminology and interpretation: it’s still acupuncture. Thus, dry needling and IMS are both forms of acupuncture dressed up as a “new” modality. There are no CPT codes for these procedures. Technically, they’re more experimental than Traditional Chinese Medicine, and certainly not covered by health insurance.

Conclusion:

- 1) If there are no means (or CPT codes) by which to bill for dry needling and IMS, how can “dry needling” by Physical Therapists be of any cost savings? The cost of the procedure will be borne by the patient by way of an additional cash-paid intervention.
- 2) The term “dry needling” as described by the applicant is just another name for acupuncture. “Dry Needling” by PTs not a form of injection therapy. Dry Needling uses the same tools, filiform needles, for therapeutic purposes.
- 3) In light of this, the applicants fail to demonstrate that the proposal will provide the most cost-effective option to the public.

ⁱ McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.

ⁱⁱ <http://www.remedyspot.com/content/topic/4412122-re-how-are-you-charging-for-dry-needling/>

ⁱⁱⁱ American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement on Trigger Point Dry Needling (TDN) and Intramuscular Manual Therapy (IMT), May 17 2011

^{iv} <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/MARFS/Chapter16/default.asp>

^v Applicant Report: Dry Needling in PT Scope of Practice June 1, 2016

^{vi} Medical Dictionary, © 2009 Farlex and Partners.

^{vii} <http://www.remedyspot.com/content/topic/4412122-re-how-are-you-charging-for-dry-needling/>

^{viii} <http://www.remedyspot.com/content/topic/4412122-re-how-are-you-charging-for-dry-needling/>

^{ix} <http://www.remedyspot.com/content/topic/4412122-re-how-are-you-charging-for-dry-needling/>

^x http://www.iamt.org/wp-content/uploads/2014/04/APTASTatement_DryNeedling-2014.pdf

^{xi} Chapter 14: Intra-Muscular Stimulation (IMS) pp209-228“Trigger-Point Dry-Needling” J. Dommerholt and C.F. Fernandez-de-las-Penas 2013 Elsevier Ltd.

^{xii} Chapter 14: Intra-Muscular Stimulation (IMS) pp209-228“Trigger-Point Dry-Needling” J. Dommerholt and C.F. Fernandez-de-las-Penas 2013 Elsevier Ltd.

Comments by Jessica Martens, MSA, CCHM, EAMP

To the Washington State Department of Health
On the proposal to add dry needling to the
physical therapy scope of practice

Please accept these written comments as part of my submission before the Department of Health on the issue of expanding the scope of practice of physical therapists to include dry needling. My remarks focus on the application's treatment of safety. Indeed, protecting the public from harm is one of three key criteria to gauge whether an expansion of scope is warranted. It is a foundation of State policy.

I am licensed as an East Asian Medicine Practitioner (EAMP), and I have been in practice 10 years. I studied for 3 years to attain a Master's degree, with an additional 2 years of education in Chinese Herbal Medicine, and I passed the national examination of competence in needling/acupuncture administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

Safety Standards

Because penetrating human tissue with a needle is potentially dangerous, state law specifies training and competence standards to be met before medical professionals are allowed to needle their patients. The minimum legal standard to allow therapeutic needling in Washington State is licensure as an EAMP.¹ Licensure requires attaining specific, quantitative levels of theory and clinical training in both western and Asian medicine.² Gaining a license requires passing a national, accredited examination.³

Doctors of chiropractic and naturopathic physicians are very well-trained in their professions. When they want to add therapeutic needling, state policy directs them to add licensing as EAMPs. State law recognizes their western medical training, giving them one year of credit toward licensing as EAMPs.⁴ Physical therapists' training in the basics of western medicine matches that of chiropractors and naturopaths. The application fails to demonstrate why PTs should be allowed to bypass the training in needling theory and practice that DCs and NDs receive. There is no basis given in the application or materials for establishing an exception to meeting this well-established minimum standard of dual licensure.

State law and regulation specify that training should occur in state-approved programs⁵ and in accredited schools.⁶ In contrast, this proposal would set up a separate collection of standards and training for needling. It fails to demonstrate that it meets the established standard for educating people to needle human beings – licensure as an EAMP.

¹ Medical doctors, whose scope of practice includes using hypodermic needles, have even higher standards for needling. If an MD wants to add dry needling, which is acupuncture, s/he takes additional classes in "medical acupuncture." More on this below.

² RCW 18.06.050 and WAC 246-803-100 through 240

³ WAC 246-803-240

⁴ RCW 18.06.050(2)

⁵ RCW 18.06.060

⁶ WAC 246-803-110(3)

Recommendations from other Professions

At its fundamental level, this request asks if physical therapists should set up their own separate standards and regulations for an acupuncture procedure that already has existing statutory standards and regulations. The Washington East Asian Medicine Association says no, and we join the following professional organizations that say no.

- The American Medical Association,^{7,8} whose 2016 resolution states that dry needling should be performed only by licensed physicians and acupuncturists.⁹
- The American Academy of Physical Medicine and Rehabilitation,¹⁰ which observed that some professions do not routinely use needles; its position is that dry needling should be performed only by licensed acupuncturists or licensed medical physicians.
- The American Academy of Medical Acupuncture,¹¹ which pointed out that non-physicians must have over 2,000 hours of clinical and didactic training before needling patients in most states. Its policy, adopted unanimously by its Board of Directors, is that only licensed acupuncturists and physicians should be allowed to perform dry needling.
- The World Health Organization published guidelines containing the most basic levels of training for health professionals wishing to add therapeutic needling. They would require 2,000 hours of training for non-physicians.

There's a reason these professional associations and certifying bodies set high standards. They recognize the importance of specific, deep training in what and where and why points are needed. Dry needling/acupuncture is an invasive practice and potentially harmful. Society has determined that 2,000 hours of training for non-physicians is the standard for those who needle.

In contrast, the application would allow PTs to needle after 54 hours of instruction. The applicant report is based on an introspective listing of what PTs thought should be included. Nowhere does the application compare 54 hours with 2,000 hours of training – or even the 300 incremental hours of education which MDs take.

⁷ RESOLVED, That our American Medical Association recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.

⁸ From the AMA news release, accessed July 11, 2016: "The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.

"Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians," AMA Board Member Russell W. H. Kridel, M.D." <http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-15-new-policies-annual-meeting.page>

⁹ Physicians wishing to be certified as "medical acupuncturists" undertake an additional 300 hours of training, including supervised clinical work.

¹⁰ AAPM&R Position on Dry Needling, adopted June, 2012

¹¹ AAMA Policy on Dry-Needling, adopted December 9, 2014

The application also fails to compare its vague standard for assessing competency to such well-established standards as those of the AAMA and NCCAOM.

Safety Record of Dry Needling

PTWA included in its submission on safety an article by Brady *et al.* which describes incidents self-reported by 39 physiotherapists over nine months in Ireland. Although Brady's limited report received no reported incidents of significant or severe outcomes, four other researchers reported 5,000 significant adverse events and 11 serious adverse events, including 4 pneumothorax cases.

I have included a summary of a systematic review, published in 2015 by Physiotherapy Alberta,¹² entitled "FAQ: Dry Needling Adverse Events." Although most of the adverse events reported were not severe, the rate of events was significantly higher for dry needling than for acupuncture – almost twice the rate in one study (the least), and twenty times the rate in another study.

Looking beyond the single Brady study, a deeper and broader review of literature reveals the following:¹³

- "Dry needling is likely to result in an increased incidence of serious risks, particularly pneumothorax, due to the short training courses and deep needling techniques which typify the practice."¹⁴
- The authors [Ernst] observe that all deaths would likely be avoided with adequate acupuncture training.¹⁵
- [From a different literature review]: Adverse events would be avoided if all acupuncturists were trained to a high level of competency.¹⁶
- [From an Australian study]: Adverse event rates for practitioners with 0–12 months of CAM (complementary and alternative medicine) education were significantly higher than for those with 37–60 months education.¹⁷

The submission in support of dry needling fails to demonstrate that the proposed 54 hour training will protect the public from harm. All of the studies cited here provide evidence that Washington's minimum standard for training – licensure as EAMPs – should apply to physical therapists wishing to add acupuncture/dry needling to their practice.

¹² Physiotherapy Alberta is the organization responsible for regulating the practice of physiotherapy in the province.

¹³ Reported in Janz S and Adams J. Acupuncture by Another Name: Dry Needling in Australia. *AUST J Acupunct Chin Med* 2011;6(2):3-11.

¹⁴ Janz *ibid.*

¹⁵ Ernst E. Deaths after acupuncture: A systematic review. *International Journal of Risk & Safety in Medicine* 2010;22:131–6.

¹⁶ Ernst E, Lee MS, Choi T-Y. Acupuncture: Does it alleviate pain and are there serious risks? A review of reviews. *Pain* 2011;152(4):755–64.

¹⁷ Myers SP, Cheras PA. The other side of the coin: safety of complementary and alternative medicine. *Medical Journal of Australia* 2004;181(4):222–5.

Conclusion

Washington State has established a minimum standard for training and competence in needling patients: licensing as East Asian Medicine Practitioners. Chiropractors and naturopaths acquire dual licenses when they add needling to their practice.

Other medical professions have reviewed dry needling by physical therapists and recommended that only those licensed as physicians or acupuncturists be allowed to needle. The WHO has set basic standards similar to Washington standards for EAMPs.

Options exist for physical therapists who believe their patients would benefit from dry needling/acupuncture: they can refer patients to fully trained and licensed EAMPs, or they can follow established policy and gain dual licensure, as numerous naturopaths and chiropractors have done.

In contrast, the application seeks to bypass the established path to safe needling practice – dual licensure. However, it fails to demonstrate that its proposal will protect the public from harm – one of the three elements that are required if increasing a scope of practice. It also fails to describe accurately the problems associated with needling patients without full training.

For these reasons, I urge the Department of Health to find that the application, as written, does not meet the statutory criteria to increase the scope of physical therapy. It should be denied.



Introduction

Dry needling is associated with risks that can lead to adverse events. Physiotherapists are legally obligated to ensure they obtain informed consent from their patients. The dry needling informed consent process requires material risks and special risks of treatment be disclosed to patients.¹⁴

Research into adverse events related to dry needling is continually evolving. There are wide variations in research design including differences in the classification of adverse events which, for physiotherapists, makes interpretation and comparison between studies difficult, thus adding to the complexity of the risk disclosure process.⁸

Prior to 2014, only large scale studies examining adverse events related to acupuncture were available.^{4,5,10,12,18,19-22} Brady et al are the first to publish a prospective study of adverse events related to trigger point/IMS dry needling.¹

To support physiotherapist's communication with patients about the risks of dry needling, questions about adverse events associated with acupuncture and trigger point needling are answered.

1. What types of adverse events are related to dry needling?

White et al used the following system to classify adverse outcomes associated with acupuncture combining several reports including a prospective study examining 31,822 treatments.^{19,21}

- Mild (minor) - short duration, reversible, does not inconvenience the patient.
- Significant - requires medical intervention or interferes with patient's activities.
- Serious - requires hospital admission with potential persistent or significant disability or death.

Mild (Minor)	Significant	Serious
<ul style="list-style-type: none"> • Bruising • Bleeding • Pain during treatment • Pain following treatment • Aggravation of symptoms followed by improvement • Feeling relaxed/energized • Feeling tired/drowsy • Feeling faint • Dizzy • Nausea • Sweating 	<ul style="list-style-type: none"> • Prolonged pain at site • Extensive bruising • Profuse sweating • Severe nausea • Vomiting • Fainting • Headache • Extreme fatigue • Severe emotional reaction • Gastrointestinal disturbance • Skin irritation • Slurred speech • Forgotten needle/patient • Seizure 	<ul style="list-style-type: none"> • Pneumothorax • Puncture of other vital tissue • Systemic Infection • Broken needle

[#] Adapted from White 19-21, MacPherson 10 Witt 22

Dry needling includes acupuncture, intramuscular stimulation, trigger point needling and other forms of needling with a solid filament style needle (i.e., Gohavi technique, motor point needling).

Adverse event: An unexpected and undesired incident directly associated with the care or services provided to the patient; an incident that occurs during the process of providing health care and results in patient injury or death; or an adverse outcome for a patient, including an injury or complication. The act of puncturing the skin comes with a number of predictable adverse events (bruising or bleeding, pain during or following treatment) which commonly occur and are mild in nature. A physiotherapist may consider these normal side effects of treatment. However, from the patient's perspective they may be considered adverse particularly if the patient has not been educated about the risks associated with their dry needling technique.

Other prospective acupuncture safety studies describe similar events but may group the mild and significant events differently.^{5,10,12,18,23} Between studies there is general agreement as to what constitutes a serious adverse event.

Brady et al studied adverse events in 7,629 dry needling/trigger point treatments and found that the types of adverse events that occurred are similar to that experienced with acupuncture.¹ A limitation of this groundbreaking study is the number of treatments is relatively small compared to acupuncture studies. All adverse events were classified as mild with the most frequent being bleeding, bruising, pain during treatment and pain after treatment.

Physiotherapists who perform needling are expected to regularly scan the literature to ensure their knowledge of probability and severity of risks associated with the dry needling technique they perform is current.

2. Are all significant or serious adverse events discussed in the information above?

No. For example cases of cardiac tamponade have been reported twice in the literature but in the large-scale prospective studies did not occur.^{4,20} Only conditions that occurred more frequently in the large studies were listed herein.

3. How frequently do adverse events occur?

The European Commission Classification System for medicinal products⁷ has been used to discuss adverse events related to dry needling.^{1,22}

Very Common	Common	Uncommon	Rare	Very Rare
>1/10 people treated	1-10/100 people treated	1-10/1000 people treated	1-10/10,000 people treated	< 1/10000 people treated
≥10%	≥1-10%	≥0.1% - 1%	≥0.01% - 0.1%	<0.01%

The Health Quality of Council of Alberta compared dry needling adverse events across studies⁸ and found that:

- Minor adverse events occur more frequently.
- Serious adverse event are very rare (0.04/10000 treatments).
- Pneumothorax is the most common serious adverse event and is very rare (0.01/10000 treatments).

Number of adverse outcomes reported in prospective research studies				
Research Study	# of treatments	Minor Adverse Outcome	Significant Adverse Outcome	Serious Adverse Outcome
White et al 2001	31,822 treatments	2,135	43	0
MacPherson et al 2001	34,407 treatments	10,920	43	0
Melchart et al 2004	760,000 treatments (97,733 patients)	6,936		6 (includes 2 pneumothorax cases)
Witt et al 2009	2.2 million treatments (229,230 patients)	1,976	4,963	5 (includes 2 pneumothorax cases)
Brady et al 2014	7,629 treatments	1,463	0	0
Total	3,033,858 treatments			11 serious events includes 4 pneumothorax cases

Case studies describing singular events of pneumothorax following dry needling indicate that patients were seeking treatment for a wide variety of conditions such as tension headaches, asthma, chronic cough or other breathing problems pain in the shoulder, neck, or low back regions, and complex regional pain syndrome.^{4,5}

4. Are there differences in occurrence of adverse events between acupuncture and trigger point needling?

Yes.

Acupuncture Adverse Event Rates

- Acupuncture studies report varying adverse event rates ranging from 0.9% to 11.4% (0.9%¹⁰, 0.14%²³, 7%²¹, 8.6%²², 11.4%⁵).

- Acupuncture adverse event rates in 2.2 million acupuncture treatments performed by physicians.²²
 - 19,726 of 229,230 (8.6%) patients reported experiencing at least one side effect of acupuncture.
 - Adverse events requiring treatment occurred in 2.2% of patients.
 - 39.4% of events occurred during treatment.
 - 60.6% of events occurred after treatment.
- Adverse events ranked in order of frequency of occurrence were:
 - Minor bleeding and haematoma (6.1%)
 - Pain during treatment (0.21%)
 - Pain any type (2.04%)
 - Vegetative (i.e., adverse autonomic nervous system) symptoms (0.7%)
 - Inflammation (0.31)
 - Nerve irritation/injury (0.26%)
- Adverse events due to negligence such as forgotten needle, pneumothorax comprised 0.1% of all events.
- There were no acupuncture-associated deaths or permanent injuries associated with the acupuncture treatments.

Trigger Point Dry Needling Adverse Event Rates¹

- Based on 7,629 trigger point needling treatments performed by physiotherapists.
- 1,463 adverse events were reported (19.18%).
- Adverse events ranked in order of frequency of occurrence were:
 - Bleeding 7.5% (7.55/100)
 - Bruising 5% (4.65/100)
 - Pain during treatment 3% (3.01/100)
 - Pain after treatment 2% (2.19)

Key points

- Using the European Commission Classification system,^{1,7,22} adverse events are:
 - A common occurrence when performing acupuncture.
 - A very common occurrence for trigger point dry needling.
- Most adverse events are mild in nature.
- When comparing studies on adverse events associated with acupuncture and with trigger point needling there are similarities and slight differences in the side effects patients experience.
 - Bleeding, bruising and pain are the top three side effects for dry needling and are mild in nature.

- Pain during needling occurs more frequently with trigger point needling than with acupuncture.
- Pain (during and following treatment) occurs more frequently with trigger point needling than with acupuncture.
- Serious adverse events from dry needling are very rare.
- Pneumothorax is the most common serious adverse event associated with dry needling and is very rare.

5. How do I apply this information to the disclosure process?

- When informing patients about dry needling risks, you do not have to quote statistics from the research reports. Disclose the material and special risks related to your practice context meeting your patient's informational needs.
- Bear in mind, the information provided herein provides an overview of dry needling risks from published studies. It paints a broad overview of dry needling risks. Rates of adverse events will vary from practitioner to practitioner as exemplified in Brady's study¹ which identified a subgroup of physiotherapists who had higher rates of mild adverse events than the overall group. You may be missing factual information about the rates of adverse events in your practice. As such your challenge is to combine the research information with your rate of adverse events occurrence and apply this to your disclosure process.
- Analyze your practice to gain a sense of how frequently adverse events occur. Use this information to inform the disclosure process.
 - Can you adapt the classification system for European Medicinal Products to analyze the number of adverse events that occur in your practice?
 - How frequently do your patients experience mild adverse events?
 - Are the frequency of risks reported here the same for your practice?
 - Can you use your practice data in the risk disclosure process?
- When discussing risks with patients:
 - Most physiotherapists will be able to say with confidence that they have never had a patient with a serious adverse event and defer to the research that there is a very rare risk of pneumothorax.
 - Other physiotherapists may have experienced significant or serious dry needling adverse events at rates greater than reported literature and should defer to their own practice data when discussing dry needling risks.
 - The fact that one has never experienced a serious patient safety event in their practice does not predict that one will never experience one in the future.
- Remember consent is an ongoing process. In subsequent dry needling treatments it is prudent to remind patients about the risks of dry needling and, when appropriate, educate patients on self-management of adverse events when they occur.

References are listed in the Dry Needling Resources Reference List.

Physiotherapy Alberta regulates and leads the practice of physiotherapy in Alberta. Contact us for more information on this or other practice guidelines.

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