

APPROVED
BOARD OF PHYSICAL THERAPY
Task Force on Dry Needling

MEETING MINUTES

The Board of Physical Therapy Task Force on Dry Needling met on Friday, March 30, 2007 at the Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room #3, Richmond, Virginia. The following members were present:

George Maihafer, Ph.D., PT
Tracey Adler, PT, MS, OCS
Dixie Bowman, Ed.D., PT
Ann Furniss, L.Ac.M.Ac., NCCAOM
Hillary S. Hawkins, M.D.

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Elaine Yeatts, Senior Policy Analyst
Rashaun K. Minor, Discipline Operations Manager

Guests present for all or part of the meeting included:

Jeff Buthe, Medical Society of Virginia

CALLED TO ORDER

Dr. George Maihafer, P.T., Chair, called the meeting to order at 8:35 a.m.

MISSION

Dr. Maihafer stated the mission of the Task Force:

The Task Force will make a recommendation to the Board of Physical Therapy determining if dry needling is within the scope of practice for Physical Therapy.

OLD BUSINESS

Dry Needling Definition(s) and Scope of Practice

Ms. Adler and Dr. Bowman along with other members of the Task Force shared definitions of the practice of dry needling from several periodical sources. Upon consideration of the information provided the Task Force decided on an operational definition of dry needling:

Dry Needling – is a technique used to treat myofascial pain that uses a dry needle, without medication, that is inserted into a trigger point with the goal of releasing/inactivating the trigger points and relieving pain.

Consent Form – Tracey Adler, PT

Ms. Adler shared with the Task Force the consent form she uses in her practice and other relevant reference materials. After reviewing the information provided by Ms. Adler the Task Force felt that consent forms were useful for educational purposes and for patient safety.

Prescriptive referral for dry needling – Hillary Hawkins, MD

Dr. Hawkins stated that because dry needling is an invasive procedure prescriptive referral is needed.

The *Code of Virginia* states that:

§ 54.1-3482. Certain experience and referrals required; unlawful to practice physical therapist assistance except under the direction and control of a licensed physical therapist.

- C. Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician.

Curriculum content of dry needling in Schools of Acupuncture – Ann Furniss, L.Ac.Mac.

Ms. Furniss stated that it was very difficult to obtain the curriculum of dry needling in Schools of Acupuncture (1) there are several schools (2) dry needling is not an isolated course and (3) there are many different techniques and (4) dry needling maybe included in an advanced needling course.

NEW BUSINESS

Identify Concerns, Problems, and Issues

The Task Force identified concerns, problems, and issues using dry needling.

Is Dry Needling within the Scope of Practice of Physical Therapy?

Upon a vote the Task Force determined that dry needling is within the scope of practice of physical therapy. The vote passed by majority with one opposed. The member who opposed believes that dry needling is a variant of acupuncture.

The Task Force discussed educational qualifications, minimum number of hours for course study, patient safety, criterion of referral, consent form content, and advanced certification.

The Task Force will make the following recommendations to the Board of Physical Therapy:

- Dry Needling is within the scope of practice of physical therapy;
- A PT using dry needling should complete at least 54 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training;
- Prescriptive written referral should be specific for dry needling and required, if received orally must be followed up with written referral;
- In order to be obvious to the reader, if dry needling is performed, a separate procedure note should be required and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.
- Consent Form should clearly state that the patient is not receiving acupuncture. It should also include the risks and benefits. The patient should receive a copy of the consent form.
- Create a Guidance Document reflecting the Task Force recommendations and include the statement “the Board holds the position that the licensed physical therapist bears the burden of proof of sufficient education and training to insure competence with the treatment or intervention”.

Dr. Maihafer thanked the participants for their diligence, dedication, and commitment of time by lending their expertise and knowledge to serve on the Task Force.

ADJOURNMENT

With all business concluded, Dr. Maihafer adjourned the meeting.

The meeting adjourned at 9:41am.

George Maihafer, Ph.D., PT.
President

Lisa R. Hahn, Executive Director

Date

Date

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