

**APPROVED
BOARD OF PHYSICAL THERAPY
PUBLIC HEARING**

MEETING MINUTES

The Virginia Board of Physical Therapy Committee met on Tuesday, February 7, 2017 at 9:30 p.m. at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

COMMITTEE MEMBERS PRESENT:

Melissa Wolff-Burke, PT, EdD, Chair
Sarah Schmidt, PTA, MPA
Tracey Adler, PT, DPT
Steve Lam, Citizen Member

DHP STAFF PRESENT:

Missy Currier, Deputy Executive Director
Lynne Helmick, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst

QUORUM:

With 3 Committee members present, a quorum was established.

GUESTS PRESENT

Susan Old
Yon Fan
Tom Bohanon
Blaise Williams
Erik Wijtmans
Dorothee Martin
Judith Vaughan
Amy Kasdorf Gonzalez
Juanita Puffinbarger
Ian Scott
Susan Seward
Bruce Lonell
Rebecca Reynolds
Arthur Fan
Aubry Fisher
Sarah Steed
Stephanie Pinco

Brigitte Fox
Sarah Hung
Diane Lowry
Janet Borges
Ian Peuterbaugh
Pamela Howard
Kelly Sherman
Matthew Stanley

CALLED TO ORDER

The Public Hearing was called to order at 9:33 a.m. in order for the Board of Physical Therapy to receive comment on the proposed regulations regarding the practice of Dry Needling.

COMMENTS:

Eleven (11) comments were received in favor of the proposed regulations.

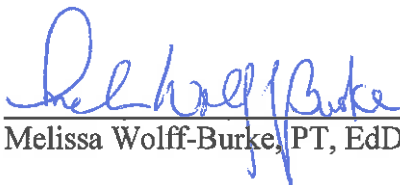
Twelve (12) comments were received in opposition to the proposed regulations.

One (1) person abstained from providing a comment in opposition.

A transcript of the hearing is attached as ATTACHMENT A.

ADJOURNMENT

With no further business, the meeting was adjourned at 10:35 a.m.



Melissa Wolff-Burke, PT, EdD, Chair



Corie Tillman Wolf, J.D., Executive Director

3/29/17

Date

3/30/17

Date

VIRGINIA:

DEPARTMENT OF HEALTH PROFESSIONS

BOARD OF PHYSICAL THERAPY

PUBLIC HEARING

February 7, 2017

9:30 a.m.

When heard at:

Department of Health Professions

9960 Mayland Drive

Henrico, Virginia 23233

Suite 300, Board Room 4

CRANE-SNEAD & ASSOCIATES, INC.
4914 Fitzhugh Avenue, Suite 203
Henrico, Virginia 23230
Tel. No. 804-355-4335

1 APPEARANCES:

2

3 Arkena Daley, PT

4 Tracey Adler, PT, DPT

5 Melissa Wolff-Burke, PT, DPT

6 Missy Currier, Deputy Executive Director, PT

7 Sarah Schmidt, PTA, MPH

8 Elaine Yeatts, DHP

9 Steven Lam, Board Member

10 Lynne Helmick, Deputy Executive Director, PT

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1 February 7, 2017

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3 MS. WOLFF-BURKE: Good morning. Thank you
4 for coming. I'm Melissa Wolff-Burke, member of the
5 Board of Physical Therapy. This is a public hearing to
6 receive comments on proposed amendments for physical
7 therapists in the performance of dry needling. Copies
8 of the proposed regulations are available on the back
9 table.

10 Ms. Yeatts will now explain the procedure.

11 MS. YEATTS: Good morning, everyone. In
12 order to have this procedure as fair to all as possible,
13 we're are going to set aside approximately 20 minutes to
14 30 minutes per side. And this is common procedure
15 that's used at a general assembly and will allow the
16 folks who are in favor of the proposed amendments from
17 the Board of Physical Therapy to speak first. We ask
18 that everyone hold their comments to two to three
19 minutes. And then we'll ask those in opposition to
20 speak and, again, allowing a maximum of 30 minutes, so
21 again, holding your comments to two to three minutes.
22 If you heard the comments spoken already, you may just
23 simply say "I concur with the comments that have already
24 been presented" or "I am in opposition," just to let
25 your position be known.

1 And I think with that, Madam Chair, we're
2 probably ready to begin. And we'll take, as we said,
3 the voices in favor first, and then the chair will call
4 the voices in opposition. Further comment that we do
5 have a court reporter here today. So while we may not
6 be taking notes, he is, and he will provide a transcript
7 of all your comments later on in the week. Thank you.

8 MS. WOLFF-BURKE: At this time, I'll call
9 on persons who signed up to speak in favor of the
10 proposed amendments. As I call your name, please come
11 forward and tell us your name and where you are from.

12 Susan Ole. And you can sit at that table
13 over there. And make sure the microphone button is on,
14 green light is on.

15 MS. OLE: I'm Susan Ole and I'm from
16 Chesapeake, Virginia. And after receiving -- having
17 cervical surgery, I've had problems with breathing, my
18 voice, swallowing, the range motion of my shoulders and
19 arms and neck. After two months of therapy and voice
20 therapy from my surgeon, I had no success and I went to
21 another ENT. And, yes, my voice is still not one
22 hundred percent. I went to the therapy network and
23 received dry needling treatments. It was like a
24 miracle. I had almost no voice. I whisper and my voice
25 was real tight. I had trouble breathing and quite a bit

1 with breathing and my neck was very rigid. During the
2 dry needling, alone, my voice returned, my restricted
3 breathing was relieved, and afterwards my neck was
4 pliable and had range of motion.

5 I was given directions for stretching and
6 at the time, right now, I still have treatments every
7 week. I have always felt the therapist was very well
8 qualified and performed this procedure safely. Working
9 on my neck has been very tedious to get to the muscles
10 affecting my larynx.

11 I am very grateful for having dry needling
12 available. The muscle relaxers, they help fractionally,
13 and of course, then you have to contend with the
14 medications' side effects. Because I was unaware of dry
15 needling and acupuncture, I did quite a bit of research
16 and I found the most outstanding difference to be -- was
17 related to the way the acupuncture relates to energies,
18 waves, and so forth. And they didn't even mention the
19 word "muscle" or "muscles" and that's what therapists
20 do. The physical therapist worked with the muscle and
21 the bones every hour and every day. Thank you very
22 much.

23 MS. WOLFF-BURKE: Thank you. Yun Fan.

24 MR. FAN: My name Yun Fan. I'm from
25 Richmond. I've seen acupuncture trying is the same as

1 just as like it one person. They change in different
2 clothes in. They're still the same person. Today, they
3 bring one color. Tomorrow, he's wearing a green color,
4 or blue. They're still the same person. You cannot say
5 that changing clothes, it's a different person. So dry
6 needling -- dry needling that's similar as acupuncture.
7 As it looks. It's not different. It's my opinion.

8 MS. WOLFF-BURKE: Thank you. Just to
9 clarify: If you're coming forward right now, it's to
10 speak in favor of dry needling, and that's the time that
11 we have set aside for the in favor. And then in a few
12 minutes, we'll go to people who are opposed to physical
13 therapists doing dry needling. So thank you.

14 Tom Bohanon.

15 MR. BOHANON: I'm Tom Bohanon from
16 Richmond, Virginia. I'm a clinician and past president
17 of Virginia Physical Therapy Association. Physical
18 therapists, I speak in favor of physical therapists
19 doing dry needling because physical therapists are
20 highly educated individuals trained at the doctoral
21 level. They get, based on some studies done by the
22 FSBPT and other research, 86 percent of their clinical
23 training to do dry needling in their entry level
24 program. This includes clean and sterile techniques,
25 anatomy with cadaveric study as well as other techniques

1 and other physiology information, scientific study that
2 gives them the ability to do these techniques.

3 There's minimal amounts of negative effects
4 or adverse events that have come out based on dry
5 needling in the United States. The exact figures vary
6 based on who you read: .04 percent, .04 indication of
7 percentage of negative or adverse events across the
8 nation based on a recent study. PT's education, and
9 it's a distinctively different modality, treatment
10 modality than acupuncture, and physical therapists are
11 trained and educated to perform modalities and treatment
12 modalities and treatment techniques to the neuromuscular
13 system, neuromusculoskeletal system. And trigger point
14 dry needling is one such modality and I speak highly in
15 favor of it. Thank you.

16 MS. WOLFF-BURKE: Thank you.

17 Blaze Williams.

18 MR. WILLIAMS: Good morning. My name is
19 Blaze Williams. I'm on the faculty at Virginia
20 Commonwealth University. I'm also the current vice
21 president of the sports section of the American Physical
22 Therapy Association. I'm here to speak in favor of
23 physical therapy and dry needling.

24 I'm just here to echo the comments of Tom
25 Bohanon and state that as a physical therapy educator,

1 physical therapists are educated in anatomy through
2 gross anatomy; physiology, both prior to entering into
3 the program as well as within the program; neuroanatomy;
4 neurophysiology, as well as kinesiology; functional
5 anatomy; and that continues through their education,
6 through all three years of their education in the
7 evaluative and the treatment aspects. So they have more
8 than ample education to be able to receive the
9 additional training in dry needling and to practice that
10 as part of their practice. Thank you.

11 MS. WOLFF-BURKE: Thank you.

12 Erik Wijtmans.

13 MR. WIJTMANS: Good morning. My name is
14 Erik Wijtmans. I'm from Virginia Beach, Virginia. I'm
15 here to speak in support of the proposed regulations
16 regarding dry needling by physical therapists. I'm a
17 licensed physical therapist for more than 30 years, part
18 owner of multiple physical therapy clinics for about 25
19 years. I'm a teaching faculty at Old Dominion
20 University in the doctorate physical therapy program for
21 almost two decades. I'm a certified clinical instructor
22 by the APTA. In addition, I'm teaching dry needling
23 courses across the country, not only to physical
24 therapists but also to dentists, nurses, nurse
25 practitioners, physicians, physician assistants,

1 chiropractors, and to acupuncturists for about ten
2 years.

3 Over and above the education and physical
4 therapy which was just mentioned, the total hours of
5 undergraduate school, physical therapy was about 5400
6 hours. It includes clinical hours, classroom hours, and
7 lab. For graduate school, it's about 3400 hours, so it
8 gives a combined total of hours of at least 8900 hours
9 for the physical therapy education.

10 Of course, you have to sit for the board,
11 you have to pass the board, and then you have the
12 biannual 40 hours of continuing education a physical
13 therapist needs to keep the license, which means that
14 the average doctor of physical therapy has at least,
15 probably about over 9,000 hours of continuing education.

16 As mentioned before that, curriculum is
17 very fast, includes gross anatomy, physics, methodology,
18 RHEA, biomechanics, et cetera. We also have clinical
19 internships. We taught manual therapy quite
20 extensively.

21 Dry needling is not an entry level skill.
22 It is therefore taught in the post graduate curriculum.
23 The Federation of State Board of Physical Therapy found
24 that 86 percent of the knowledge and skills required to
25 perform dry needling has already been obtained upon

1 graduation. I'm teaching this dry needling, again, for
2 about ten years. Much emphasis during the courses is on
3 detailed anatomy, on precise location of trigger points
4 in the muscles. Pain scientists on current research on
5 the precautions with concurrent medical conditions and
6 different needle techniques and on clinical reasoning
7 and decision making, mental needle and especially with
8 dry needling.

9 The needles we use are solid filiform
10 needles, and as it states on the box, they're
11 specifically made for physical therapists to use in dry
12 needling.

13 First thing we teach our students is
14 safety. The next one is accuracy. So the one sentence
15 repeated the most in the first course is "Be safe and
16 accurate." In addition, we teach emergency preparedness
17 and responses, contraindications and precautions,
18 secondary effects of complications, and physiological
19 responses. The class participants have to pass a
20 rigorous exam including a written, theoretical exam, and
21 a practical test.

22 Over the many years, I ask the many
23 acupuncturists who've taken our dry needling courses, I
24 ask if their ashi points are the same as our myofascial
25 trigger points. They say, "No." So I ask them if their

1 chi responses is the same as our response, they say,
2 "No." All of the many acupuncturists who had taken the
3 course tell me that the way we needle myofascial trigger
4 points is vastly different from the way they are
5 treating their patients with acupuncture.

6 Many professions use their dry needling for
7 a variety of reasons. Dry needling is a tool. Dry
8 needling is one of the many tools that the physical
9 therapist has in his tool box. In physical therapy,
10 this tool is used to deactivate myofascial trigger
11 points in the muscles to increase function and to
12 decrease pain.

13 The regulations as currently proposed by
14 the Board of Physical Therapy accurately reflect the
15 appropriation of the current guidance documents 112-9 as
16 issued by the board in 2008 and revised in 2010 on dry
17 needling in the practice of physical therapy.

18 MS. WOLFF-BURKE: You have about half a
19 minute.

20 MR. WIJTMANS: In addition, the regulation
21 clearly states that the therapist shall obtain a full
22 consent from the patient, which includes a clear
23 statement and disclosure that the patient not receive an
24 acupuncture treatment. In light of all the above, I
25 fully and unequivocally support the proposed regulations

1 governing the practice of dry needling. Thank you.

2 MS. WOLFF-BURKE: Thank you.

3 Dorthea Martin.

4 MS. MARTIN: My name is Dorthea Martin.

5 I'm from Richmond, Virginia and I'm here in support of
6 dry needling. I concur with what the gentlemen have
7 said before me about education and continuing education.
8 I know that my therapist travels across the U.S. doing
9 continuing education as well as getting more education
10 herself.

11 I have -- over a five years' period of
12 time, I went to three physical therapists with the same
13 problem, and I can cross my legs now, which is amazing.
14 I was in so much pain when I went in to see my current
15 physical therapist that my pain level was probably at a
16 ten. I was not able to sit for even as long as I've
17 been sitting here without being in a great deal of pain.
18 My prior physical therapist did exercises and
19 manipulation. My current physical therapist does dry
20 needling, which is different and adds to it. It was
21 life changing for me.

22 I also see an acupuncturist for totally
23 different reasons and have over probably six years. And
24 other than there being needles, they're completely
25 different. The trigger points are completely different,

1 the experience is completely different, and I'm just in
2 very much in support of dry needling and everything that
3 it can do. Thank you.

4 MS. WOLFF-BURKE: Thank you.

5 Judith Vaughn.

6 MS. VAUGHN: Good morning. My name is
7 Judith Vaughn. I'm from Henrico County. I'm here to
8 speak in favor of dry needling and physical therapy.
9 About ten years ago, I had surgery, rectal surgery. It
10 did not go well. The physician who did it did not help
11 whatsoever afterwards. I wound up in ten different
12 specialists' offices including biofeedback and a number
13 of others.

14 What ended up happening was a friend of
15 mine said that she knew a therapist who could certainly
16 help me. So I went to this therapist and for some
17 months, maybe four, I had manipulation with a physical
18 therapist. Then she decided with my permission to use
19 the dry needling. The dry needling literally saved my
20 life. I don't know how else to say it. I could not sit
21 previous to the dry needling. I could not stand without
22 excruciating pain, so I'm definitely in favor of the dry
23 needling.

24 The second episode I had with dry needling
25 was two or three years later when I had plantar

1 fasciitis in both feet. It was agonizing. I was
2 worried I would end up in a wheel chair. Thanks to this
3 particular physical therapist, after about three or four
4 sessions of manipulation with the feet, she decided,
5 perhaps, maybe dry needling would help on the feet. She
6 did it, and I've never had a problem with plantar
7 fasciitis since.

8 The third episode actually was before
9 Thanksgiving. I had a frozen shoulder and I had
10 manipulation for that. And then, again, I had dry
11 needling. Interestingly enough, I had to get through
12 the election, I'm one of the officials for voting and
13 elections in this county and it was important that I get
14 through it. It enabled me to get through it. In
15 November, then, after the election, I did have dry
16 needling.

17 And I, once again, am going to have it
18 probably starting again this afternoon. I've had some
19 therapy after the surgery for the rotator cuff and I'm
20 looking forward to it helping that again.

21 I respectfully thank all of you for the
22 opportunity to speak in favor of this life-saving
23 procedure from physical therapists. And I also feel
24 that the requirements and mandates are well within those
25 physical therapists who are licensed to do this

1 procedure. Thank you so much.

2 MS. WOLFF-BURKE: Thank you. If there's
3 anyone else who would like to speak on behalf and did
4 not have a chance to speak in favor of dry needling for
5 physical therapists and did not have a chance to sign
6 in, would you please come forward, state your name, and
7 where you're from.

8 MS. CASDOR-GONZALES: Good morning. My
9 name is Amy Casdor-Gonzales. I live in the City of
10 Richmond and I have pursued a number of different
11 modalities to address my physical pain, chiropractic and
12 other kinds of physical therapy, but when I started
13 receiving my myofascial release physical therapy
14 enhanced by dry needling, it put me in a position where
15 I am able to function without pain. Well, I can
16 function and dry needling expedited my relief.

17 It's amazing and it's very clear that the
18 physical therapists who practice dry needling are well,
19 well-trained. They have studied hard, they are going
20 after workshops all the time. So I know that they know
21 what they're doing, and I know that it has made a
22 difference in my life and I'm here to speak in favor of
23 dry needling and I ask that you consider that. Thanks.

24 MS. WOLFF-BURKE: Thank you.

25 MS. PUFFINBARGER: Good morning. My name

1 is Juanita Puffinbarger. I live in Hanover County. I
2 apologize for being late. I have the saddest GPS that
3 probably has ever existed, but that's neither here nor
4 there.

5 I want to speak also in favor of the dry
6 needling. I too have a personal story of recovery that
7 would not have been possible except for the dry
8 needling. I too have been through a number of painful
9 and unsuccessful treatments that I won't list here
10 because I don't feel like that's the real main purpose
11 of what I wanted to say. I probably, for the first time
12 in my entire life never speaking in favor of
13 regulations, which I just find so funny because I think
14 that what is in place is more than adequate.

15 When I began the dry needling, I completely
16 understood it was not acupuncture. I feel like and I
17 know that it is so much more than acupuncture. I know
18 my therapist has been well-trained, is a skilled
19 professional, which they bring to the table literally
20 and figuratively with every treatment. I find it to be
21 unnecessary to change those. And in a world where there
22 is much information available, I feel like what is in
23 place is more than adequate.

24 And when it comes to patient care, I think
25 that ought to be the primary purpose of hearings like

1 this. I think it is exemplary in terms of how well
2 patients are informed and treated and how well the
3 regulations cover us as patients. Thank you so much for
4 your time.

5 MS. WOLFF-BURKE: Thank you.

6 MR. SCOTT: Good morning. My name is Ian
7 Scott and I live in Henrico. I'm not originally from
8 here. I've been to many different parts of the world
9 and experienced many different remedies and solutions,
10 including acupuncture. In recent years, I've
11 experienced in excess of 14 surgeries to bring the body
12 back together. There's been multiple injuries, damage,
13 self-inflicted, sports, et cetera. Thankfully, the
14 surgeon directed me as an alternative to another surgery
15 to go and try dry needling. Two and a half years later
16 I play golf pain free, function completely, have no
17 issues whatsoever, and thankfully, did not pay for an
18 additional two surgeries thanks to dry needling. And I
19 can't say enough that it really has done a wonderful
20 world -- changed my world for me, made life a lot
21 better. I really appreciate your time.

22 MS. WOLFF-BURKE: Thank you.

23 MS. STUART: I'm Susan Stuart from
24 Midlothian. When I came to dry needling, I had well, A,
25 a fear of needles, but I had been to acupuncture, I'd

1 had cervical fusion, I have been to three physical
2 therapists. I had three different pain management
3 doctors, was getting epidurals, a lot of hospital-type
4 procedures. I was at the point where, literally, not to
5 exaggerate, I was begging God to take me from the Earth
6 because quality of life was so poor.

7 A doctor friend of mine, when I told him
8 all this, told me I was faced at that point with taking
9 opioids, which I really did not want to take. Now as we
10 hear so much about that I'm so thankful I didn't. And
11 he directed me to dry needling, which has truly,
12 miraculously saved my life. I couldn't even hold my
13 grandchild before then.

14 And overcoming my fear of needles, I'm just
15 so thankful for my physical therapist, and I've used
16 every one in my group, for dry needling. They explained
17 the procedures; they have actually brought out
18 anatomy-type textbooks and told me exactly what they
19 were doing and what muscle linked to what and all this
20 kind of stuff I didn't know anything about, which was
21 extremely helpful. I, you know, having been a person
22 fearful of something like that, I would not have let
23 them touch me with a needle if I hadn't thought that
24 they were so well-prepared. So I definitely appreciate
25 the regulations.

1 My physical therapist, I feel like, has
2 taught me more about my own body and has treated me
3 better than what people would say is Richmond's top
4 neurosurgeon. I have complete confidence in the
5 procedure, and it absolutely has given me my life back
6 and it's really something.

7 Truly the only word I can say is
8 "miraculous." Sometimes I've gone over there with a
9 level 10 pain, hardly able to drive, and really
10 struggling to make it to the office and I can leave
11 there and go shopping. I just can't get over it; I
12 can't say enough. And I'm so thankful that I found this
13 procedure, so thank you for your time and your support.

14 MS. WOLFF-BURKE: Thank you.

15 MR. ALLEN: My name is Bruce Allen. I'm
16 from Richmond. I just wanted to say that I'm in favor
17 of dry needling because I've been living with chronic,
18 severe pain in my right hip area for the last three
19 years. I went to traditional PTs twice for several
20 months each and received no pain relief. And after the
21 first two dry needling sessions that I had, I had more
22 pain relief than in all the other PT time combined. And
23 that's my story. Thank you.

24 MS. WOLFF-BURKE: Thank you.

25 I'll now call on persons who have signed up

1 to speak in opposition to the proposed amendments. As I
2 call your name, please come forward, tell us your name
3 and where you are from.

4 MS. YEATTS: And just a reminder: It's
5 9:59. We'll count this as 10 o'clock and call off that
6 portion of the hearing at 10:30.

7 MS. WOLFF-BURKE: There are currently 13
8 people signed up, so if people stick to their two
9 minutes, then everybody should be able to be heard.

10 Rebecca Reynolds.

11 MS. REYNOLDS: Hello, I'm Rebecca Reynolds.
12 I am a nurse practitioner. I've been working and I'm
13 also an acupuncturist and I'm also certified in dry
14 needling. So there's no question that dry needling
15 acupuncture is an effective modality. At the present
16 time, the regulations as they stand, before they were
17 even changed, had a very limited number of hours and I
18 found, from after 40 years of different kinds of
19 needling, I found that that, you now, a couple of
20 weekends was not adequate to really be proficient in dry
21 needling. And what was covered, they really did not
22 talk about what you should be telling the patient about
23 pneumothorax, how to get back in touch with you,
24 forbidden points in pregnancy, and these are all issues
25 that we cover extensively in acupuncture training.

1 And actually, acupuncture usually has in
2 their programs something that's close to dry needling
3 called "orthopedic acupuncture." So that addresses item
4 B in the proposed changes. And item C, proposing that
5 dry needling is not acupuncture, it's an alternative
6 fact. There are -- and Tracy can tell me exactly how
7 many dry needling points there are, but I think there's,
8 like, over 250 points that are taught based on the text
9 for dry needling. And of those points, 237 of them are
10 classic acupuncture points. And then the other 20 or so
11 that are left are called ashi points. So calling -- not
12 saying dry needling is acupuncture is like saying
13 kinesiology modality is not physical therapy. It is
14 trigger point localized acupuncture and it is very
15 effective. That's really all I have to say.

16 MS. WOLFF-BURKE: Thank you. Arthur Fan.

17 MR. FAN: Yes, I am Arthur Fan, MD, PhD,
18 and RAC. I live in Tyson's Corner. I oppose dry
19 needling. Dry needling in history is another name of
20 acupuncture. This is another translation of
21 acupuncture. So in WHO, various category for
22 acupuncture lists the trigger points. Acupuncture as
23 dry needling is under acupuncture. So it's one form of
24 acupuncture.

25 The origin of dry needling in USA from a

1 Dr. Janet Travell. She actually was an acupuncture
2 researcher. She said dry needling in the term of I
3 understand is you call it acupuncture. And she worked
4 dry needling is only because of what she is doing the a
5 piece of or the teaching. So they trying to attract
6 them more students so she use another name.

7 And in the teaching, the cost, she also
8 said she opposed PT in doing dry needling. PT only can
9 allow the accupressure or the style of trigger point of
10 treatment. So according to so-called dry needling, the
11 needle, the technique, and the dry needling points is
12 called a trigger points. Actually, in acupuncture is
13 called ashi points. And also the indications and also
14 the needling activity same as acupuncture. And this dry
15 needling is acupuncture used in USA, England since 1821
16 is under acupuncture's name.

17 MS. WOLFF-BURKE: Mr. Fan, that's two
18 minutes.

19 MR. FAN: Okay. So dry needling education
20 is two days. It's too low. And also PT's education in
21 school only 2,000 hours know anything about dry
22 needling. So not a lot to dry needling should not be
23 allowed. And also many other people are also doing dry
24 needling now: Nurse, MDs, and also even the exercise
25 trainer, they also doing dry needling only for after two

1 days you learn.

2 MS. WOLFF-BURKE: Mr. Fan, can you please
3 yield this to other people to speak?

4 MR. FAN: Other people, I mean --

5 MS. WOLFF-BURKE: Can you please give other
6 people a chance to speak?

7 MR. FAN: Yes, I'm finished.

8 MS. WOLFF-BURKE: Thank you.

9 Aubrey Fisher.

10 MS. FISHER: Good morning. My name is
11 Aubrey Fisher. I'm a licensed acupuncturist practicing
12 in Reston, Virginia. I'm here today to oppose the
13 practice of dry needling by physical therapists. The
14 Board of Physical Therapy has adamantly defended itself
15 against the claims that dry needling is the practice of
16 acupuncture by stating that the techniques differ in
17 treatment and method. This is clearly not the case.
18 The Commonwealth of Virginia defines acupuncture as "the
19 stimulation of certain points on or near the surface of
20 the body by the insertion of needles to prevent or
21 modify the perception of pain or to normalize
22 physiological functions, including pain control for the
23 treatment of certain ailments or conditions of the
24 body."

25 The analysis of competencies for dry

1 needling, which the Board of Physical Therapy quotes in
2 your agency statement, defines dry needling as using
3 "filiform needles to penetrate the skin and/or
4 underlying tissues to affect changes in body structure
5 and function for evaluation and management of
6 neuromuscular conditions, pain, movement, impairments,
7 and disabilities." This is a definition of acupuncture
8 and in order to practice acupuncture in the State of
9 Virginia, you need to be a licensed acupuncturist or a
10 qualified practitioner.

11 Furthermore, the Board of Physical Therapy
12 in its agency statement responded to 1,266 comments
13 opposing dry needling by physical therapists because it
14 is the practice of acupuncture by stating that "Dry
15 needling is a modality to address hyperirritable loci or
16 trigger points in the muscles to elicit physiological
17 response." Again, that's the same language we use in
18 our statute. Again, this is the practice of
19 acupuncture. You are normalizing physiological function
20 by penetrating the skin with needles to control pain.
21 Acupuncture therapy includes the treatment strategy of
22 dry needling, as we have been puncturing and stimulating
23 reactive painful points, also know as hyperirritable
24 loci or trigger points throughout the body for the
25 purpose of relieving musculoskeletal and connective

1 tissue disorders for at least a thousand years.

2 A consistent argument made by physical
3 therapists that dry needling differs from acupuncture
4 because "acupuncture focuses on energy flow and
5 meridians from a holistic approach to practice." That,
6 again, is a quote from your agency statement.

7 Acupuncture is more than energy flow and meridians. Our
8 channel systems is based on fascial, neurological,
9 circulatory, and muscular maps as it relates to the
10 body's anatomy and physiology. 300 some odd points
11 often depicted on acupuncture charts is just a sample of
12 the points that traverse the body, the more commonly
13 used one, so to speak. Acupuncture therapy is not a
14 system that begins and ends at the termination of its
15 channel systems. Thank you.

16 MS. WOLFF-BURKE: Thank you.

17 Stephanie Penum.

18 MS. PENUM: Good morning, my name is
19 Stephanie Penum. I'm a licensed acupuncturist in
20 Virginia. I'm also a licensed in Arizona, which in both
21 states I'm considered a qualified acupuncturist and
22 qualified to do that. I'm here in opposition of the dry
23 needling practice in regulation. The practice of dry
24 needling and/or trigger point dry needling is a term
25 that is practiced by acupuncturists as well because it

1 is essentially a treatment strategy and not just a
2 treatment modality.

3 I wanted to address, essentially, some of
4 the things that are actually in the proposal itself.
5 And when you look at the proposal according to the Town
6 Hall agency document used to explain the rationale in
7 determining whether dry needling is within the scope of
8 practice, there's many misleadings that the public would
9 not be aware of. This is a documentary to them and also
10 very difficult for patients to understand who are
11 essentially coming for treatment for their own health
12 and well being.

13 One of the main things is that it mentions
14 the lawsuit that the North Carolina Board of
15 Acupuncturists has against the North Carolina Board of
16 Physical Therapy, which was dismissed without
17 prevalence. This dismissal was due to the North
18 Carolina Acupuncture Board not exhausting all of their
19 efforts to essentially go through all of the
20 administrative processes that they can, and this was not
21 a ruling in favor of dry needling for physical
22 therapists as it's meant to read in the proposal.

23 The same thing also goes that since this
24 proposal has been put out, the North Carolina Board of
25 Acupuncturists has exhausted their methods and now there

1 is another lawsuit pending as well as other lawsuits
2 that are in other states against physical therapy boards
3 and also against other practitioners and teachers of
4 this dry needling.

5 You also mentioned that the second
6 statement is misleading where it talks about the opinion
7 of the attorney general of Texas that they would most
8 likely rule in favor that the Physical Therapy Board has
9 yet to determine that trigger point dry needling is
10 within the scope of practice. This is an opinion and
11 not a ruling. And it basically is in the fact that they
12 can do what your board is presently doing now, where
13 they can try to determine whether or not that needs to
14 go to regulation, but that is not the ruling and they
15 are not allowed to do dry needling in Texas. These are
16 clearly misleading to the public and who's reading this
17 proposal.

18 The agency also responds to the dry
19 needling comments that were mentioned earlier off of the
20 fact that since there was no public actions against a
21 licensee for dry needling, the agency cannot respond to
22 adverse action reports. And a number of examples of
23 those action reports that have been sent out in
24 different states: In Colorado, physical therapists
25 punctured freestyle skier Torin Yater-Wallace's right

1 lung with acupuncture needle causing injury to the lung,
2 which resulted in a pneumothorax. He requires surgery
3 to treat the pneumothorax and was hospitalized for five
4 days.

5 In Maryland, physical therapist punctured a
6 nerve in a high school teacher's left leg with an
7 acupuncture needle causing injury to the nerve, which
8 results in pain and suffering. She required drugs and
9 drug medication for treating the pain.

10 In Arizona, three physical therapists
11 inserted acupuncture needles through a patient's
12 clothing, which resulted in the finding of substandard
13 care. The practice of this places patients at risk for,
14 for example, for heart or lung infection and also
15 penetration.

16 MS. WOLFF-BURKE: That's two minutes.

17 MS. PENUM: In Arizona, the physical
18 therapist's disposal of a used acupuncture needle in a
19 public recycling bin, which violated Arizona biohazard
20 medical waste and discards drugs regulations. This
21 practice places people, including recycling workers, at
22 risk for needle injury, infection, and, for example, as
23 hepatitis B, C and HIV.

24 In Georgia, a physical therapist performed
25 dry needling on a 15-year-old girl without obtaining

1 consent from her mother and she collapsed during the dry
2 needling procedure. The physical therapist punctured --

3 MS. WOLFF-BURKE: Can you yield the floor.

4 MS. PENUM: I believe I have three minutes.

5 MS. WOLFF-BURKE: It's been two minutes.

6 MS. PENUM: And my long story short is that
7 acupuncture is a modality and dry needling is a
8 treatment strategy so we're opposed to this.

9 MS. WOLFF-BURKE: Thank you.

10 Sarah Steed.

11 MS. STEED: Good morning. My name is Sarah
12 Steed and I have an acupuncture practice in Warrenton,
13 Virginia. I'm national board certified and I've been
14 practicing acupuncture in Virginia for 15 years. I'm
15 here today because I had two patients come into my
16 practice last year in Warrenton, which is a small
17 country practice, and they were injured by dry needling
18 in a Gainesville physical therapy office by a physical
19 therapist. I explained to them that their training was
20 not such as mine and after several treatments I
21 completely recovered these patients and they were no
22 longer in pain.

23 Also, I had another young lady that was 17
24 years old, had to take six or eight ibuprofen every
25 morning to go to high school in my local high school,

1 and she had been through physical therapy, dry needling,
2 chiropractic, everything. And when she came in for her
3 fourth appointment, she sat in my office and said,
4 "Thank you so much, you've given me my life back," and
5 she wasn't taking any medication at all anymore.

6 So I just wanted to come because I feel
7 like people do get dry needling very frequently and they
8 probably don't complain, you don't hear about any of the
9 opposition of anything that didn't work or any of the
10 adverse side effects. Thank you very much for your time
11 this morning.

12 MS. WOLFF-BURKE: Thank you.

13 Bridget Fox.

14 MS. FOX: Good morning. I'm Bridget Fox,
15 I'm a registered nurse, and then after 15 years of
16 working in the trauma center turned acupuncturist.
17 Throughout human history, we have found a need for
18 specialization. You know, in old Europe, people found a
19 need for a blacksmith and a baker and a carpenter
20 because a regular farmer can't do as good of a job as a
21 blacksmith or a carpenter or a baker. And this
22 specialization in human history made us effective and
23 made it that we can do good stuff, right.

24 Then later when professions developed,
25 there was more specialization. If you're a lawyer,

1 everybody knows that some people are good at family law,
2 some people are good at criminal law, some people are
3 good at corporate law, so you have the specialization of
4 a lawyer. And within that you have subspecialties so
5 that a good service can be provided to the clients.

6 In the profession of medical doctor, we
7 know that there're cardiologists, GYN doctors,
8 pediatricians, and none of us would want an ear, nose,
9 and throat to deliver a baby unless it was an extreme
10 emergency.

11 Why is this done? It's done so that the
12 service provided to the patient is good. I was very
13 impressed with the accounts of the patients who had good
14 results with dry needling. That's because they did, in
15 fact, have acupuncture. The physical therapist got
16 lucky and did acupuncture on the patient and the pain
17 went away.

18 We all agree that specialization makes
19 sense. Physical therapists, certainly, are
20 well-trained. And physical therapy, itself, was born
21 out of the need for specialization because the
22 orthopedics realized, "Hey, if I do shoulder surgery on
23 somebody or knee surgery on somebody or back surgery,
24 you know, we need a physical therapist to help the
25 patient with the rehab or maybe tell the patient how to

1 strengthen their muscles so they don't need surgery."

2 So you, yourselves, are the result of this
3 need for specialization and hopefully our -- if you're a
4 good physical therapist and you can hold your water, you
5 should not have to do dry needling. If you're really a
6 good physical therapist and you understand the
7 neuromuscular structure of the body, then you should be
8 able to rehab that shoulder or that back or that hip or
9 the knee without inserting needles into the patient, I
10 think. Essentially, it's a type of grasping, "Oh, this
11 patient isn't getting better, let me stick needles in
12 him." Well, if you guys want the needling to be a
13 free-for-all, then why don't we just sell acupuncture
14 needles on Amazon or you could hand your mailman a box
15 of needles and he or she could put some needles in your
16 shoulder and maybe you'll get better. That's really the
17 equivalent of this.

18 MS. WOLFF-BURKE: Ms. Fox, that's three
19 minutes.

20 MS. FOX: Okay. I'm just about finished.
21 I, myself, was a registered nurse and had all the
22 training a registered nurse needs and went to
23 acupuncture school because acupuncture is really an
24 intricate art. In the four years of schooling, we
25 really only covered the tip of the iceberg in what

1 acupuncture has to offer. For someone to want to do dry
2 needling, which really is acupuncture, with the training
3 of two or three or four days is really sad. And I think
4 that more harm is going to come out of it than good, and
5 I believe it should be forbidden. Thank you for your
6 time.

7 MS. WOLFF-BURKE: Thank you.

8 Sarah Hung.

9 MS. HUNG: Hello, my name is Sarah Hung and
10 I practice in Northern Virginia. I'm a licensed
11 acupuncturist. I came here today to oppose the draft of
12 the regulations. Like many people said, dry needling is
13 acupuncture, it's a form of orthopedic acupuncture that
14 we're taught in schools and we do continuing education
15 courses on. So I don't know how you cannot call it
16 acupuncture.

17 Another concern of mine is the public
18 safety because you haven't included any minimum training
19 standard in the regulations. Even the American Medical
20 Association recommends that a minimum level -- physical
21 therapists should have standards that are similar to the
22 ones for training, certification, and continuing
23 education that exist for acupuncture.

24 And your courses also don't include any
25 clinical supervision. Like, that's a big part of our

1 training, that's a big part of physicians and
2 chiropractors who go on to be acupuncturists. I mean,
3 the medical doctors have to have 100 hours of clinical
4 supervision to be able to do acupuncture, and you're
5 just allowing dry needlers to have a weekend course and
6 go and work on people.

7 And that's -- I mean, that's pretty much
8 it, what everyone else said. I just hope that you guys
9 reconsider these regulations. Thank you.

10 MS. WOLFF-BURKE: Thank you.

11 Diane Lowry.

12 MS. LOWRY: Good morning. My name is Diane
13 Lowry. I'm an owner and licensed acupuncturist at
14 HealthFocus Acupuncture and Oriental Medicine in Glen
15 Allen, Virginia. I oppose the Virginia Board of
16 Physical Therapy's proposed dry needling regulation for
17 the following reasons: Acupuncture has targeted trigger
18 points for well over 2,000 years. The insertion of FDA
19 regulated acupuncture needles into trigger points for
20 the purpose of providing therapeutic relief falls under
21 the purview of acupuncture. Dry needling is not
22 distinct from acupuncture.

23 Dry needling presents a threat to public
24 safety when performed without adequate education,
25 supervised clinical training, and independent competency

1 examination. In the State of Virginia, acupuncturists
2 are required to have at least 1,365 hours of specific
3 acupuncture training including 660 hours of supervised
4 clinical training. Medical doctors, already properly
5 trained in the use of invasive medical devices, are
6 required to have a minimum of 300 hours of acupuncture
7 training, 100 hours of which must be clinical hours to
8 satisfy the minimum competency standards of the American
9 Board of Medical Acupuncture.

10 Dry needling is not safe. Documented dry
11 needling injuries ranging from pneumothorax to nerve
12 damage have led the largest company insuring physical
13 therapists to call dry needling "an emerging area of
14 risk." The draft regulation provides no minimum
15 training standard and fails to address the American
16 Medical Association policy stating that physical
17 therapists and other nonphysicians practicing dry
18 needling should at a minimum have standards that are
19 similar to the ones for training, certification, and
20 continuing education that exists for acupuncture. Thank
21 you.

22 MS. WOLFF-BURKE: Thank you. If there's
23 anyone who would like to speak in -- Janet Borgess.

24 MS. BORGESS: I feel like we've done this
25 before. I promise I will stay under two minutes. Good

1 morning. My name is Janet Borgess and I'm a licensed
2 acupuncturist in private practice in Richmond, Virginia
3 since 2004. I wish to make a public comment in
4 opposition of the current draft of the proposed
5 regulation regarding dry needling by physical
6 therapists. I am representing myself and no other
7 entity with my comments.

8 As you know, the modality of dry needling
9 is a physical intervention that uses a filiform
10 acupuncture needle to stimulate points on the body in
11 order to effect treatment respective to neuromuscular
12 pain and functional movement deficits. The choice for
13 where and how to insert the needle is supposedly solely
14 based on Western medical concepts. I have no doubt that
15 this was the intent when Janet Travell originally
16 outlined the modality and it is also well established
17 that Dr. Travell and others referenced acupuncture
18 points as described in texts on East Asian medical
19 systems centuries before.

20 I have no doubt that dry needling is a
21 valuable treatment modality and that we all share the
22 desire to help our patients. I also am certain that dry
23 needling, motor point needling, myofascial needling,
24 trigger point needling, integrated dry needling are all
25 styles of acupuncture and are all means of manipulating

1 a filiform needle to effect physiological change and
2 alleviate physical pain via trigger points, motor
3 points, et cetera. The only difference between them is
4 the training and intent of the practitioner inserting
5 the needles.

6 Licensed acupuncturists practice all of
7 these styles. Must we really continue to dispute that
8 dry needling is or is not acupuncture? Shouldn't there
9 be some sort of standardization at the minimal levels of
10 training, certification, and supervised clinical
11 internship? If the regulation draft stands as it is
12 written, the Virginia Board of Physical Therapy risks
13 intentionally putting the public in danger by allowing
14 physical therapists to independently decide if they have
15 the advanced procedural skill necessary to insert
16 needles into patients. Is it acceptable to the Board of
17 Physical Therapy if the quote, additional training
18 consists on an online course? Is it okay if a physical
19 therapist wants to try dry needling on a patient even
20 though they haven't completed an actual course of
21 training, as recently happened to a patient of mine?

22 Physical therapists reportedly have been
23 doing dry needling in Virginia since 2003, historically
24 in the context of a physical therapy practice. This has
25 not been with a 100 percent safety record despite the

1 vague requirement for medical referral and supervision.
2 Indeed, one reason this regulation is being promulgated
3 is that the American Academy of Medical Acupuncturists
4 in 2015 sent a letter to the governors of several
5 states, including Virginia, who are considering the
6 expansion of physical therapy scope to quote,
7 acupuncture under the guise of dry needling.

8 The current draft of the proposed
9 regulation may make it more convenient for the Board of
10 Physical Therapy to protect itself by enforcement of a
11 regulation in the case of public complaint or injury,
12 but it does not protect the safety of the public.
13 Further, to request that patients sign a disclosure form
14 wherein they acknowledge they are not receiving
15 acupuncture and then proceeding to treat them with
16 acupuncture is confusing and deceptive.

17 MS. WOLFF-BURKE: That's three minutes.

18 MS. BORGESS: So close. Let's see: Let's
19 stop there. Thank you.

20 MS. WOLFF-BURKE: Thank you. Ian
21 Hurdibaugh.

22 MR. HURDIBAUGH: Abstain.

23 MS. WOLFF-BURKE: Pamela Howard.

24 MS. HOWARD: My name is Pamela Howard. I
25 live in the City of Richmond, Virginia. I'm a licensed

1 acupuncturist and board certified and I own River City
2 Community Acupuncture, also in the city. In the last
3 four years, I've delivered over 10,000 treatments to
4 over a thousand people.

5 As a patient, I went to an acupuncturist
6 with lateral epicondylitis that was severe and had
7 plagued me for over three months, and in three
8 treatments, she completely eliminated it; that was eight
9 years ago. And I've never had any pain at all in my
10 elbow again.

11 I've just returned yesterday from the
12 fourth CEU class in orthopedic acupuncture, which is not
13 only in the scope of acupuncturists but addresses the
14 primary muscular complaints by targeting the motor
15 points of the muscles of the body. This class is based
16 on the work of Dr. CK Young, Dr. Vladimir Younga,
17 Dr. Janet Travell, and Matt Calveston, who's an
18 acupuncturist.

19 So I stand here in opposition to the
20 regulation and hope that you guys will consider my
21 testimony. Thank you.

22 MS. WOLFF-BURKE: Thank you. We've met the
23 30 minute mark, but there are two other people on the
24 list, and so I would like to give them the opportunity
25 to speak. Is anyone in opposition to that? Okay.

1 Kelly Sherman.

2 MS. SHERMAN: Hi, my name is Kelly Sherman.
3 I'm a board certified acupuncturist. Thank you for your
4 time today. I just want to say I appreciate the
5 patients that have come forward with having good results
6 from acupuncture by their physical therapists. And I
7 mean, we all heard the physical therapist's education
8 requirements, and I think I can speak for all my
9 colleagues that we respect your scope of practice.

10 And I'm new to Virginia. Patient-centered
11 care is really important to me and I think
12 patient-centered care is integrative care. I'd like to
13 know if I have a patient come in that I know they need
14 physical therapy in addition to acupuncture, I can refer
15 them. And I'd like to know in Virginia if a patient
16 goes to a physical therapist and their pain and their
17 injuries are extensive and they need acupuncture in the
18 form of trigger point therapy that that physical
19 therapist can refer to me. I think that's really
20 important for patient-centered care for the people of
21 Virginia. Thank you for your time.

22 MS. WOLFF-BURKE: Thank you. Matthew
23 Stanley.

24 MR. STANLEY: Good morning. My name is
25 Matthew Stanley. I'm here representing the Acupuncture

1 Society of Virginia. These comments do represent the
2 position of the society on the proposed regulation of
3 dry needling by physical therapists. As it does
4 continue to remain opposed to the physical therapists
5 practicing the procedure called dry needling. The
6 Society believes that this falls under the scope of
7 practice of acupuncture, as defined in the Virginia
8 statute pursuant to section 54.12900. It states: "The
9 practice of acupuncture means a stimulation of certain
10 points on or near the surface of the body by the
11 insertion of needles to prevent or modify the perception
12 of pain or to normalize physiological functions
13 including pain control for the treatment of certain
14 ailments or conditions of the body." It has not been
15 demonstrated how dry needling does not fit under such
16 definition and why physical therapists or any other
17 practitioner not licensed by the Board of Medicine can
18 practice this procedure given that dry needling is based
19 on the insertion of needles to normalize physiological
20 function.

21 There is no statute that provides legal
22 authority for physical therapists or any other health
23 practitioners to expand their scopes of practice via
24 regulation to include dry needling. We believe that the
25 actions of the Board of Physical Therapy to promulgate

1 these regulations are in clear violation of state law.

2 The proposed regulation identifies dry
3 needling as an advanced procedure that requires
4 additional training but does not recommend or require
5 any specific post graduate training hours. Dry needling
6 involves the insertion of FDA regulated acupuncture
7 needles as deep as five inches into patients by physical
8 therapists that can have as little as a weekend of
9 training and no prior experience in the safe use of
10 needles. The draft regulations provide no minimum
11 training standards whatsoever.

12 There have been a number of serious dry
13 needling injuries across the country ranging from lung
14 punctures to nerve damage. Not surprisingly, the
15 American Medical Association recently explained in
16 adopting a policy critical of dry needling the lax
17 regulation and nonexistent standards surrounding this
18 invasive procedure. For patient safety, practitioners
19 should meet standards required for acupuncturists and
20 physicians.

21 The largest company insuring physical
22 therapists recently called dry needling "an emerging
23 area of risk" and documented numerous dry needling
24 injuries. No provision in these regulations provides
25 adequate requirements or protections to protect patient

1 safety. Most dry needling courses involve only one or
2 two weekends of training and do not include any of the
3 supervised clinical training that has been critical to
4 providing the real world experience that has been key to
5 acupuncturists' strong reputation for safety and
6 effectiveness.

7 In comparison, acupuncturists in Virginia
8 are required to have at least 1,365 hours of
9 acupuncture-specific training, including 775 hours of
10 acupuncture-specific didactic material and 660 hours of
11 supervised clinical training. Even medical doctors with
12 extensive training in the use of invasive medical
13 devices such as acupuncture needles need to have 300
14 hours of training in acupuncture, including at least 100
15 hours of clinical training.

16 There is also no difference in training
17 requirements for physical therapists without a doctorate
18 level degree compared to entry level PTs with less than
19 two years of training. Other states considering this
20 issue have included additional requirements based on
21 these significant differences in education.

22 The Virginia Department of Planning and
23 Budget Economic Impact Analysis of the Proposed
24 Regulations states that "54 hours of professional
25 training is required under the existing guidance, while

1 the proposed regulation does not state a specific number
2 of training hours. And this provision is not being
3 added because it is understood that all physical therapy
4 educational programs now cover the practice of dry
5 needling."

6 MS. WOLFF-BURKE: Mr. Stanley, that's three
7 minutes.

8 MR. STANLEY: Thank you for your time.

9 MS. WOLFF-BURKE: Thank you.

10 We'd like to thank all of you who took the
11 time to come today and offer your comments on these
12 proposed regulations. I also want to remind you that
13 electronic comment can be posted on the Virginia
14 Regulatory Town Hall at www.townhall.virginia.gov. or
15 send by e-mail. Comments on these regulations may be
16 received until February 24th. Comments should be
17 directed to Corey Tillman-Wolf, executive director of
18 the board, or Elaine Yeatts, policy analyst for the
19 department. All comments will be considered before the
20 board adopts final regulations at its meeting scheduled
21 on May 11, 2017. Again, thank you for taking the time
22 to participate and this concludes our hearing.

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PROCEEDINGS CONCLUDED

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CERTIFICATE OF COURT REPORTER

I, JUAN ORTEGA, do hereby certify that I was the Court Reporter who took down and transcribed the proceedings of the Board of Physical Therapy Public Hearing, when held on February 7, 2017, at 9:30 a.m. in Henrico, Virginia.

I further certify this is a true and accurate transcript to the best of my ability to hear and understand the proceedings and other incidents of the hearing herein as set down to the best of my ability.

Given under my hand this 21st day of February, 2017.

JUAN ORTEGA
COURT REPORTER