

November 15, 2017  
Training Room 1  
2:00 p.m.

# Agenda

## Virginia Board of Physical Therapy Regulatory Advisory Panel

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### Call to Order – Allen R. Jones, Jr., PT, DPT, Board President and Panel Chair

- Welcome and Introductions
- Emergency Egress Procedures

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### Approval of Agenda

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### Charge of Regulatory Advisory Panel – Allen R. Jones, Jr., PT, DPT

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### Discussion

- Review of Discussion from June 29, 2017 RAP Meeting
- Review of Draft Amendments to Proposed Language
- Consideration of Recommendations for Training Requirements
- Consideration of Response to Public Comments

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### Next Steps

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### Meeting Adjournment

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### Agenda Packet Materials:

1. Proposed Regulation
2. Guidance Document 112-9 - Guidance on Dry Needling in the Practice of Physical Therapy (Revised August 26, 2010)
3. Approved Minutes from June 29, 2017 RAP Meeting
4. Comments Received from Members of the RAP on the Proposed Dry Needling Regulations
5. Dry Needling Training Courses – Additional Information and Research
6. Summary of Public Comments Received on Proposed Regulations
7. Sample of Public Comments on Training Requirements
8. Draft of Amendments to Proposed Regulations

**\*\*The Board will not receive public comment at this meeting.\*\***

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

## **Proposed Regulation Text (Current)**



## Proposed Text

**Action:** Practice of dry needling

**Stage:** Proposed

12/14/16 11:20 AM [latest] ▼

18VAC112-20-121

18VAC112-20-121, Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional training. The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

C. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or his representative. The informed consent shall include the risks and benefits of the technique and shall clearly state that the patient is not receiving an acupuncture treatment. The informed consent form shall be maintained in the patient record.

## **Guidance Document 112-9**

## **Board of Physical Therapy**

### **Guidance on Dry Needling in the Practice of Physical Therapy**

Upon recommendation from the Task Force on Dry Needling, the Board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:

- Dry needling is not an entry level skill but an advanced procedure that requires additional training.
- A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills.
- The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention.
- Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.
- If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.
- A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation:

*Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.*

**Approved Minutes from June 29, 2017 Regulatory Advisory  
Panel (RAP) Meeting**

**APPROVED  
BOARD OF PHYSICAL THERAPY  
REGULATORY ADVISORY PANEL – PROPOSED DRY NEEDLING REGULATIONS  
MEETING MINUTES**

The Virginia Board of Physical Therapy’s Regulatory Advisory Panel on the Proposed Dry Needling Regulations met on Thursday, June 29, 2017 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia, 2nd Floor, Board Room #4.

**PANEL MEMBERS PRESENT:**

Melissa Wolff-Burke, PT, EdD, Board Member, Panel Chair  
Allen R. Jones, Jr., PT, DPT, Board President  
Sarah Schmidt, PTA, MPA, Board Member  
Steve Lam, Former Board Member  
Lisa D. Shoaf, PT, DPT  
Erik Wijtmans, PT, MTC, CGIMS, CMTPT  
Janet Borges, MSTCM, L.Ac.  
Josh Bailey, PT, DPT

**DHP STAFF PRESENT:**

Corie E. Tillman Wolf, Executive Director  
Elaine Yeatts, Senior Policy Analyst  
Erin Barrett, Assistant Attorney General, Board Counsel  
Laura Mueller, Program Manager, Board of Physical Therapy  
Asia Pham, Intern

**GUESTS PRESENT:**

Arthur Yin Fan, MD, L.Ac., American Traditional Chinese Medicine Association  
Michelle Lau, L.Ac., O.M.D., Council of Acupuncture and Oriental Medicine Associations; America Alliance of Acupuncture  
Steve Chang, L.Ac., New York Acupuncture Association  
Yan Fan, L.Ac., Richmond Acupuncture Care  
Richard Grossman, VPTA  
Matthew Stanley, ASVA  
Robert A. Hoffman, ASVA  
Tracey Adler, OPT, Inc.; Board member  
Doufeng Piao, Chinese Acupuncture Alliance of Georgia  
Garry Guan, Chinese Acupuncture Alliance of Georgia  
Qiao, Yusheng, Georgia Acupuncture  
George Fan Xu, Georgia Acupuncturist

**CALL TO ORDER:**

The Regulatory Advisory Panel (RAP) meeting was called to order at 2:01 p.m.

Dr. Wolff-Burke, Panel Chair, asked Panel and staff members to introduce themselves.

Dr. Wolff-Burke provided reminders regarding meeting materials on laptops for panel members and speaking directly into the microphones.

Ms. Tillman Wolf read the Emergency Egress Procedures.

**AGENDA:**

Dr. Wolff-Burke asked whether there were any proposed changes to the ordering of the agenda. With no proposed changes, the meeting proceeded.

**PUBLIC COMMENT:**

Robert A. Hoffman, L.Ac., an acupuncturist for 23 years, commented that acupuncture is not the same as a dry needling physical therapy technique. He further commented that physical therapists should refer patients to acupuncturists for treatment. Dry needling is out of the scope of practice for physical therapists and should only be performed by a licensed acupuncturist.

Michelle Lau, L.Ac., from the Council of Acupuncture and Oriental Medicine Associations and the America Alliance of Acupuncture in California, commented that dry needling is part of acupuncture. Profound education is needed; in California, 3,000 hours of training is required for acupuncture to protect public safety. Trigger point needle treatments are part of acupuncture.

Arthur Fan, M.D., L.Ac., from the American Traditional Chinese Medicine Association, commented that the trigger point needling taught by Janet Travell is acupuncture and that dry needling falls under acupuncture in China. Physical therapists should not do acupuncture; the hours of training should match the hours required for an MD acupuncturist. The practice of dry needling by physical therapists misleads public.

Matthew Stanley, representing the Acupuncture Society of Virginia, commented that he is disappointed with the process and composition of the panel with no medical doctor, and the lack of collaboration with acupuncturists. He asked the panel members to consider the perspectives of the licensed acupuncturist on the panel and to give weight to those perspectives. He stated that the use of the term “complete” in the final paragraph of the current Guidance Document on dry needling acknowledges that dry needling is part of a complete acupuncture treatment. He stated that the training requirements including the training hours, need for clinical supervision, and prohibition of delegation are seriously lacking from the Board’s proposed regulations. He asked the Board to consider an approval process for dry needling practitioners, a requirement for a certification process for acupuncture needle use.

Garry Guan, an acupuncture patient from Georgia, stated that he has studied the 3,000-year history of acupuncture in China. He has been a recipient of acupuncture, but he does not practice acupuncture. He stated that the issue is the safety of the public/patient.

Doufeng Piao, of the Chinese Acupuncture Alliance of Georgia (CAAG), an acupuncturist, commented that dry needling is acupuncture and a surgical procedure. Physical therapy is insufficient training for acupuncture; acupuncture licensure requires 2,000 hours of training.



### **CHARGE OF THE RAP:**

Dr. Wolff-Burke provided members with an overview of the charge of the Regulatory Advisory Panel (RAP), which was convened pursuant to 18VAC112-11-70 of the Board's Regulations related to Public Participation. Dr. Wolff-Burke stated that the RAP has been composed to provide professional specialization and technical assistance to the Board to address a specific regulatory issue – the Board's proposed regulations regarding the practice of dry needling and the public comment that has been received in response to those proposed regulations. The RAP is charged with making recommendations to the full Board regarding whether the public comments received prompt any proposed changes to the current proposed regulations.

Dr. Wolff-Burke stated that the RAP's first matter of business will be to discuss the public comment that was received regarding the proposed regulations, followed by a discussion of some of additional/updated materials on the regulation of dry needling, and then finally discuss the current proposed language.

### **DISCUSSION:**

#### **Review of Public Comment**

Ms. Yeatts provided panel members with an overview of the public comment received in response to the Board's proposed regulations. A summary of the public comments received was provided to panel members.

Ms. Yeatts stated that many comments related to the practice of dry needling relate to scope of practice, but that the Board of Physical Therapy has made the determination that dry needling is within the scope of practice for physical therapists and that it can regulate the practice of dry needling. Ms. Yeatts stated that some issues or concerns identified in the comments included the lack of language related to (1) specifics on training requirements, including the number of training hours, clinical experiences, and additional practice; (2) continuing education; (3) delegation of the practice to PTA's or support personnel; (4) medical referral, which is in the *Code*; and (5) informed consent.

#### **Review of Additional/Updated Materials on the Regulation of Dry Needling**

Ms. Tillman Wolf provided panel members with an overview of the additional materials provided in the agenda packets, including the December 2016 paper from the FSBPT and the major points made, including updates made since the Board's proposed regulations were drafted. A number of states have adopted, or are in the process of adopting, regulations related to dry needling. A number of states, including New Jersey and Oregon, have had recent advisory or attorney general opinions that dry needling is not within the scope of practice for physical therapists in their states. Copies of opinions from New Jersey and Oregon provided by Ms. Borges were provided to panel members. Approximately 34 states permit dry needling as part of the practice of physical therapy.

Ms. Yeatts provided an overview of what other states are doing with regard to their regulations for dry needling. Regulations from other states include reference to a number of items, including whether the Board approves dry needling courses, whether dry needling is considered a modality within the practice of dry needling or a separate practice to be certified, whether courses are to be taken face-to-face, whether a practitioner is required to be licensed for a minimum period of time prior to practicing dry needling, and whether the practice of dry needling can be delegated to others by a PT.

### **Review of Current Proposed Language**

Ms. Yeatts stated that the panel members can make recommendations to the Board of whether there should or should not be additional requirements for dry needling or changes made to the proposed regulations.

At this time, Dr. Wolff-Burke asked Board members to re-introduce themselves, and to state their qualifications and their background with dry needling.

Dr. Wolff-Burke identified the primary areas of discussion by the panelists as:

1. Number of training hours; clinical and didactic hours
2. Face to face hours; What counts in didactic education?
3. Course approval – who approves/oversees? Qualifications of instructors?
4. Years of Practice
5. Informed Consent
6. Delegation
7. Definition of dry needling

Panel members then considered and discussed the current proposed regulation language.

### **Proposed Paragraph A**

Panel members discussed whether there should be a definition of “dry needling” included in the proposed regulation and the current definitions that exist from the APTA and the HumRRO report.

A **MOTION** was made by Janet Borges, properly seconded by Sarah Schmidt, that the recommendation be made to the full Board that a definition of dry needling be included in the current proposed draft of dry needling regulations.

Panel members discussed the motion. Panel members discussed whether a definition is necessary for public protection/information, or whether the inclusion of a definition may create an inadvertent issue if there is either an omission or a definition that could become obsolete. Panel members discussed whether any definition would include a limitation of the practice to say dry needling “does not include stimulation of distal or auricular points.” Panel members further discussed that even absent an explicit definition, the Board can define what is or is not within the definition of dry needling. Ultimately, the Board can make the determination of whether or not to include a definition. Panel members made no amendments to the original motion.

Panel members voted on the motion 4 Yea (Wolff-Burke, Schmidt, Borges, Lam); 4 Nay (Jones, Shoaf, Wijtmans, Bailey); the motion failed.

Panel members then discussed whether there should be any changes to the current paragraph A.

A **MOTION** was made by Dr. Lisa Shoaf, properly seconded by Dr. Josh Bailey, that paragraph A should remain as written, with the caveat that, if the Board decides to add a definition of dry needling, it should be included in paragraph A. The motion passed unanimously (8-0).

Dr. Wolff-Burke called for a break at 3:35 p.m.

The panel reconvened at 3:46 p.m.

### Proposed Paragraph C

Panel members discussed whether there should be any recommended changes to the current paragraph C.

A **MOTION** was made by Dr. Shoaf, properly seconded by Ms. Schmidt, that paragraph C should be left as is.

Panel members discussed the motion and the current language related to informed consent and the language “and shall clearly state that the patient is not receiving an acupuncture treatment” as potentially confusion or unnecessary. Ms. Yeatts provided a history of the inclusion of the language to imply that if a patient wanted a more holistic treatment, the patient may want an acupuncturist rather than having a limited dry needling treatment from a physical therapist.

Ms. Borges stated that patients do not need a physician’s referral to see a licensed acupuncturist (L.Ac.). The acupuncturist is required to provide the patient with a form prior to treatment, which states that the L.Ac. recommends that the patient also see a physician for the same condition as the one for which they are seeking treatment from the L.Ac.

An **AMENDED MOTION** was made by Dr. Shoaf, properly seconded by Erik Wijtmans, to recommend striking “and shall clearly state that the patient is not receiving an acupuncture treatment” from paragraph C.

Panel members discussed the amended motion. The amended motion passed by a vote of 7-1 (Nay - A. Jones).

A **MOTION** was made by Mr. Wijtmans, properly seconded by Ms. Schmidt, to accept the current Paragraph C with the amendment as made in the previous amended motion with no further changes. The motion passed by a vote of 7-1 (Nay - A. Jones).

### Addition of Proposed Paragraph D

Panel members discussed whether to recommend the addition of paragraph D regarding the delegation of dry needling to PTAs or support staff.

A **MOTION** was made by Ms. Schmidt, properly seconded by Dr. Shoaf, to recommend the addition of language as paragraph D, “D. Dry needling may only be performed by a licensed physical therapist and may not be delegated to a physical therapist assistant or other support personnel.”

Panel members discussed the motion. The motion passed unanimously (8-0).

### Proposed Paragraph B

Panel members discussed the current language related to training in proposed paragraph B, and whether to include clarification regarding the requirement for face-to-face training. Ms. Yeatts explained that, in the current proposed language, the Board steered away from dictating the exact number of hours for training based upon wide variances in the training that was available at the time.

A **MOTION** was made by Dr. Shoaf, properly seconded by Ms. Schmidt, to add to the end of paragraph B, “The training shall include didactic and laboratory education and the hands-on laboratory training must be face-to-face.”

Panel members discussed the motion and whether there should be a set standard for training hours and content due to the variety of education and trainings that exist. Panel members further discussed that the accrediting body for educational programs looks at the content and outcomes rather than specific hours of training for specific items.

The motion passed unanimously (8-0).

Panel members further discussed course approval.

A **MOTION** was made by Ms. Schmidt, properly seconded by Dr. Shoaf, to add to paragraph B: “The training shall be in a course certified by FSBPT or approved or provided by a sponsor in 18VAC112-20-131(B).”

The motion passed by a vote of 7-1 (nay - J. Borges). Ms. Borges noted that she is not familiar with content of courses, not convinced they are uniform or assure competency of skills.

Panel members discussed how competency is tested, and that this is an area for further discussion by the Board. Panel members discussed years of practice, and whether years of practice dictate the ability of a practitioner to safely practice dry needling. No motion was made by panel members on this issue.

Panel members received clarification from Board counsel that there could be no “grandfather” clause for current practitioners, as the Board would need to issue a credential or certification in order to “grandfather” in current practitioners.

Panel members discussed whether the regulations should include a specific number of required hours of training. Panel members discussed that the focus should be on post-licensure training, that academic training should not count toward whatever hours would be required for dry needling training. If dry needling is “not an entry-level skill,” then the required training should be post-licensure. The post-licensure training is the remaining 14% or 1/5 of training needed for competency in dry needling, as the 4-5,000 hours of education constitutes 86% of what training/education/information is needed for competency.

Panel members discussed whether there should be a focus on competency testing and what is in the training content, rather than assigning an arbitrary number of required hours.

Ms. Yeatts stated that, if the Board considers assigning hours, it probably should not be less than the 54 hours in the guidance document; the training shall be adequate enough to ensure minimum competence of practitioner to practice dry needling.

Ms. Borges recommended that the Board and panel members review the analysis and FAQ’s developed in Maryland to support how they determined training hours and the reasoning for their decision. Ms. Borges will forward this document to Ms. Tillman Wolf for distribution to the panel and Board members.

Panel members discussed that the issue for the Board is whether to attach a number of required hours, or to adopt a measure for competency level, or both.

Panel members then discussed next steps and whether there should be an additional meeting of the RAP. There was a consensus among panel members that there should be some way of identifying competent training.

Dr. Jones proposed that staff research current trainings and certification programs to determine whether there are any best practices, and that the panel member experts can identify the training programs that are considered to be good training and forward that information to Board staff. The Board can then review the information and hours issue.

A **MOTION** was made by Dr. Shoaf, properly seconded by Dr. Jones, that the RAP's recommendations be forwarded to the Board for review/revision and/or final adoption of regulations, with additional information as provided by RAP members and Board staff to be provided to and considered by the Board.

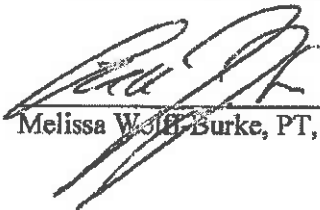
Panel members discussed the motion. The motion passed by a vote of 5-3 (nay: Wolff-Burke, Schmidt, Borges). Ms. Borges noted a continuing objection that stakeholders are not at the table that need to be and that the RAP is the primary arena for discussion.

**NEXT STEPS:**

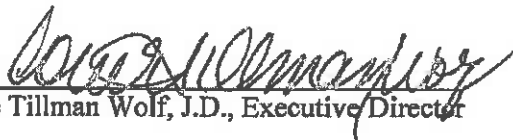
The recommendations of the RAP will be presented to the full Board at the next meeting scheduled for August 22, 2017.

**ADJOURNMENT:**

The RAP meeting was adjourned at 5:21 p.m.

  
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Melissa Wolff-Burke, PT, EdD, Chair

\_\_\_\_\_  
Date 8/22/17

  
\_\_\_\_\_  
Corie Tillman Wolf, J.D., Executive Director

\_\_\_\_\_  
Date 8/22/17

**Comments Received from Members of the Regulatory  
Advisory Panel (RAP) on the Proposed Dry Needling  
Regulations**

## Tillman Wolf, Corie (DHP)

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**From:** Josh Bailey <Josh.Bailey@RACVA.com>  
**Sent:** Wednesday, July 12, 2017 8:50 AM  
**To:** Tillman Wolf, Corie (DHP)  
**Subject:** Courses for Dry Needling readily available  
**Attachments:** Courses for Dry Needling readily available.docx

Thank you for asking me to be a part of the Dry Needling RAP. I have attached reputable courses that are readily consumed in the PT marketplace as well as my recommendations for the number of hours to be utilized in the regulation. I feel that this limits the ambiguity of the requirements needed for a practitioner to provide this modality. To my knowledge, all of the courses listed in the attached have or would meet the criteria to be approved for CEUs by the VPTA. Although the list is not all inclusive, all are reputable and all have a common requirement of 54 hours of foundational training.

Thank you for your consideration.

All the best,  
Josh

**Joshua A. Bailey PT,DPT**

President and CEO, Rehab Associates of Central Virginia  
President, Virginia Physical Therapy Association  
Principal and Co-Founder, PT Management Group of Virginia  
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Courses for Dry Needling readily available:

KinetaCore-offer 5 courses-Level 1 and Level 2 courses in 2 and 3 day formats that range from 19-27 hours of CEU's each of onsite education. There is additional online training that is required. This makes each course have a total CEU value of 25-33 credits.

Integrative Dry Needling- Foundation course is 27 credit hours, Advanced Course is 27 hours as well.

Myopain Seminars-2 foundational courses each with 27 hours.

Spinal Manipulation institute-2 foundational courses with 27 hours each.

**My recommendation is to require 54 hours of in person training in order to be allowed to perform trigger point dry needling in Virginia.**



## Tillman Wolf, Corie (DHP)

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**From:** Lisa Shoaf <lshoaf@marybaldwin.edu>  
**Sent:** Thursday, July 20, 2017 1:18 PM  
**To:** Tillman Wolf, Corie (DHP)  
**Subject:** Re: Dry Needling Regulatory Advisory Panel - Follow up

Corie,

I had the opportunity to talk with an expert in dry needling and do some additional investigation. There appear to be about 13 companies now offering some type of dry needling education in the US. The range of hours varies, but so does the quality of the education. The premier group appears to be Myopain Seminars. The person I spoke to is certified with Myopain. She reports that the minimum class/hands on is 2, 3-day weekend courses that comprise about 58 hours. The actual certification takes an additional course beyond that. She feels that if we are going to include hours we should stick with the 54 that were in the guidance document as this number came from FSBPT in their report and is consistent with the hours someone would do over the 2 weekends for Myopain. So, that is my feedback on the issue for the board. I hope it is helpful. Thanks.

Lisa Shoaf

On Tue, Jul 11, 2017 at 9:34 AM, Tillman Wolf, Corie (DHP) <[Corie.Wolf@dhp.virginia.gov](mailto:Corie.Wolf@dhp.virginia.gov)> wrote:

Dear Panel members,

Thank you all for your participation in the Regulatory Advisory Panel (RAP) meeting on June 29<sup>th</sup>. Attached please find the draft minutes for the meeting, which will be posted to our website and Townhall.

Also attached is the document from Maryland mentioned at the meeting by Janet Borges, L.Ac., regarding the Maryland Board's analysis of dry needling training.

Please note that the agreed upon deadline for submission of additional information about training programs, content, and/or hours for the Board's consideration is Friday, July 21, 2017. (The additional information can be forwarded to me at this e-mail address.)

The next scheduled meeting of the full Board of Physical Therapy is Tuesday, August 22, 2017, at 9:30 a.m. at the DHP 2<sup>nd</sup> Floor Conference Center, Board Room # 4 (same location as the RAP meeting).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,  
Corie

**Corie E. Tillman Wolf, J.D.**

Executive Director

Boards of Funeral Directors and Embalmers,

Physical Therapy, and Long-Term Care Administrators

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Friday, July 21, 2017

Dear RAP members and members of the Board of Physical Therapy,

Please find hereby my opinion following the discussion and the request made during the Virginia Board of Physical Therapy's Regulatory Advisory Panel meeting on the Proposed Dry Needling Regulations, held on Thursday, June 29, 2017, regarding training. The question developed if there is a need to attach a number of required hours, or to adopt a measure for competency level, or both, to the proposed dry needling regulations for physical therapists in the Commonwealth of Virginia.

As specifically requested by Dr. Alan Jones, I reviewed several current dry needling training and certification programs "which can be identified as training programs that are considered to be good training programs." "This to determine whether there are any best practices, so that the Board can review the information and hours issue."

Although we can argue what "good" trainings programs are, I looked at several different programs and course providers. The first five on the list are the oldest, the largest and the most well-known dry needling course programs in the USA, the last one is a smaller program:

- Myopain Seminars
- Dr. Ma's Integrative Dry Needling
- Kinetacore/EIM
- Spinal Manipulation Institute (Dunning)
- ODNS (hosted by IAOM-US)
- The Dry Needling Institute (Fishkin).

When examining these different courses, I observed a vast difference. The course programs vary in the length of the complete course curriculum: anywhere from two days (Fishkin) to eight days (Myopain Seminars). They vary in the amount of course hours: anywhere from 12 (Fishkin) to at least 90 (Myopain Seminars). They also vary in content: the type and amount of material that is covered. In addition, some have a Certification program, some have not. The Certification process itself varies as well: some course providers do not offer a certification at all but rather have several different workshops (ODNS/IAOM-US), while another provider teaches a 12 hour, two day dry needling certification program (The Dry Needling Institute (Fishkin)). Yet other course providers are giving a certification after two courses (some with, and others without the need for passing a written and/or practical exam) (Dr. Ma's Integrative Dry Needling, Kinetacore/EIM, Spinal Manipulation Institute). The most comprehensive course provider will certify the therapist in dry needling only after taking two, three day courses and one, two day course, followed by the need of passing rigorous written and practical exams on the third day of the third course (Myopain Seminars).

One course provider writes on its website: "These courses are built upon the training you have already received in your education as a healthcare professional."

In other words, there is currently no standard length of the courses, there is no standard in content, there is no standard in certification, and there is no standard in examination – if it is done at all -, among any of the reviewed course providers in the USA.

The specific skills which are needed to perform dry needling by physical therapists are very well defined in the HumRo report of 2015 which was conducted per request of the FSBPT. This report is also part of the FSBPT Resource Paper Regarding Dry Needling 6<sup>th</sup> edition, 2016.

If we are specific about the skill set that PT's should have to perform dry needling, it does not relate to hours of instruction. Also, learning a skill does not guarantee competence. However, it is a more specific requirement than arbitrary hours. So first someone must learn a skill (during a course), and then they must continue to work on the skill to become competent. This model emphasizes that it is not about time spent, but, be conscious of skills and knowing your limits.

Therefore, if the Board decides to add language in the regulation regarding training, it doesn't make sense to put an arbitrary amount of hours in there. In addition, the 54 hours which are in the current guidelines, were based on taking two courses of the only dry needling program in the USA that was known to the Board at that time (2006), and "it sounded like a good number". Consequently, I strongly recommend that instead of putting a number of hours down, the regulation needs to list, or refer to, the skill set and knowledge which are needed to perform dry needling safely, accurately, that it needs to be based on evidence informed practice, on knowledge of pain sciences, and on solid clinical reasoning.

The Board of Examiners in Physical Therapy in Maine wrote in February 2016 "that physical therapists could perform dry needling noting however that specific training requirements would not be developed. The PT is "individually responsible for obtaining and maintaining the necessary knowledge, skill, and competency to safely practice any area of their physical therapy practice"." (Page 9 of the FSBPT Resource Paper).

Correspondingly, it is my opinion that the burden of proof of sufficient training in order to practice dry needling should be with the therapist and should not be directed by the Board. This is, and always has been the case: there is no other regulation which stipulates the need for a set amount of CEU's before a physical therapist can treat his/hers patient with a newly acquired skill. This not only includes learning other invasive procedures, for example performing EMG's and sharp debridement, but also for instance when HVLA manipulation techniques are taught. As professionals, physical therapists ought not to use a technique if they have not learned the skills required to perform such a technique or procedure.

Respectfully submitted,

Erik Wijtmans, PT, MTC, CGIMS, CMTPT

## Tillman Wolf, Corie (DHP)

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**From:** Janet Borges <janetlb88@icloud.com>  
**Sent:** Friday, July 21, 2017 4:15 PM  
**To:** Tillman Wolf, Corie (DHP)  
**Subject:** Follow up comments to RAP - PT Board

Hello Corie,

Believe this is the deadline to supply your PT Board / RAP members with any additional information prior to your upcoming meeting next month.

I will attend this meeting, and would like to reiterate a few points:

- 
- There is no training or certification standard for assurance of public safety in the current draft of dry needling regulations. This conflicts directly with the mandate of the DHP, which is to: "...ensure safe and competent patient care by...enforcing standards of practice..."
  - The Virginia Board of Physical Therapy is essentially condoning training from non-standardized, for-profit programs for a complicated adjunct treatment modality, involving deeply inserted filiform needles into patients. The current draft offers no training or certification standard to give guidance as to whether a practitioner is capable to perform this treatment on patients who have no idea whether their practitioner is competent.
  - Effectively the Virginia Physical Therapy Board is condoning regulation policy that is driven by profit (the companies offering such training) rather than safety. The current draft of proposed regulations primarily protects the Board rather than the public, or even the practitioners.
  - There have been many cases nationally of patient injury, included 3 documented in Virginia within the last 3 years. There will be more.
  - The public should be able to determine what kind of training, certification, and standard of care that they can expect from any practitioner that is inserting an acupuncture / filiform needle. Regulations, which are expressly written to carry out the intent of the law, should clarify these standards.
  - Finally, I am extremely disappointed at the seemingly impatient impetus to act quickly in this matter, rather than taking the time to schedule another RAP meeting in order to fully work through these issues. There is nothing preventing PTs from continuing to use dry needling via the current guidance document still in place. Patient safety should be the primary goal, and it does not seem (to me) that this has been carried out.

---

Thank you again for your time, I am happy to help in any way that you need. You have my permission to share these comments.

Kind regards,  
Janet  
Janet L. Borges, L.Ac.

## Recommendation for Examination by a Physician

I, \_\_\_\_\_, recommend to you  
(licensed acupuncturist)

\_\_\_\_\_ that you be examined by a  
(patient)

physician regarding the condition for which you are seeking acupuncture treatment.

I understand this recommendation.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

Virginia law requires that I give this form to you if I do not have written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. (*Code of Virginia* §54.1-2956.9, 18 VAC 85-110-10).

\_\_\_\_\_  
Acupuncturist

\_\_\_\_\_  
Date

-----  
(On a separate sheet)

### Instructions to Licensed Acupuncturist:

- The patient must sign and date the form.
- Make a copy of this form and retain the original in the patient's chart. Give a copy of the signed form to the patient.
- If the patient does not understand English, make sure the form is translated to the patient or provide the form in the patient's language.

**Dry Needling Training Courses –  
Additional Information and Research**



## Dry Needling Courses

(NOTE: This is not a complete listing)

| Education Sponsor                                 | Course Name                                                                                                                             | Course Description                                                                                                                                                                                                                                                                                                                                                                                               | Training Days/Hours                                                                                                      | Needs for Class/Prerequisites                                                                                                                                                                                 | Miscellaneous                                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Therapy Concepts, Inc.                            | Trigger Point Dry Needling Level 1<br><br>(Attachment A)                                                                                | Introduction to theory and physiology of myofascial trigger points; history of dry needling; anatomy review, including trigger points and referral patterns. "The muscle groups included in the dry needling training course are the cervical and lumbar spine, hip, lower extremity, shoulder, and forearm."                                                                                                    | <b>3 day course</b><br>(does not break down hours)                                                                       | Current CV with continuing education courses listed, copy of their license, and have a minimum of 2 years experience                                                                                          |                                                                                                                 |
| Therapy Concepts, Inc.                            | Trigger Point Dry Needling Level 2<br><br>(Attachment A)                                                                                | Combination of lecture, testing, demonstration and large amount of hands-on lab sessions; "participants will use skills they learned and practiced in the first course to treat musculature that was deemed more difficult due to various safety concerns;" participants given an assessment tool to enhance evaluation of myofascial pain patients and clinical decision making process for use of dry needling | <b>3 day course (23 contact hours)</b>                                                                                   | Need level 1 completion; <b>completed treatment logs</b> consisting of <b>250</b> or more treatment sessions over 5-6 month period; review of specified publications from C. Chan Gunn and Travell and Simons |                                                                                                                 |
| Dr. Ma's Integrative Dry Needling Institute (IDN) | IDN Foundation Dry Needling Course – Neurologic Dry Needling for Pain Management and Sports Rehabilitation Course<br><br>(Attachment B) | Combines interactive lectures and hands-on labs for practitioners to obtain knowledge and clinical skills necessary to diagnose and treat soft tissue pain and dysfunction using the IDN concept.                                                                                                                                                                                                                | <b>27 hour (32 hour?) applied learning course</b> with lectures and hands-on labs<br>For hour break down - see printouts | Physical Therapists, Chiropractors, Physicians, ND, NP, RN, permitted to practice dry needling in their state                                                                                                 | Foundation course approved for 32 hours through <b>Federation of State Boards of Physical Therapy (ProCert)</b> |
| Dr. Ma's Integrative Dry Needling Institute (IDN) | Dr. Ma's Advanced Neurologic Dry Needling for Pain Management and Performance Enhancement<br><br>(Attachment I)                         | "Ma's dry needling courses are based on neuromuscular approach and geared to treat a broad range of soft tissue dysfunction in general medical practice. Both courses can be taken by practitioners who are allowed by their state to practice dry needling."                                                                                                                                                    | <b>3 day, 27 hour course</b>                                                                                             | Attendance and completion of Foundation Seminar                                                                                                                                                               | Advanced course approved for 27 hours by the <b>Federation of State Boards of Physical Therapy (ProCert)</b>    |
| Medbridge Education                               | Functional Dry Needling Part A: Intro, History, Legislative Issues, and Basic Techniques<br><br>(Attachment C)                          | Clinicians will be exposed to theoretical concepts, research and safety. Technique instruction included                                                                                                                                                                                                                                                                                                          | Course is approved for <b>2.5 hrs</b>                                                                                    | Must complete learning assessments to be awarded credit, no minimum score required unless specified in course description                                                                                     | Approved by Texas PTA                                                                                           |

| Education Sponsor   | Course Name                                                                | Course Description                                                                                                                                                                                                                                                                                                                                                                  | Training Days/Hours                                                                                                                                            | Needs for Class/Prerequisites                                                                                                                                                                                                                       | Miscellaneous                                                                                   |
|---------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Medbridge Education | Functional Dry Needling Part B: Clinical Application<br><br>(Attachment C) | Practitioners "will now gain an understanding of how [dry needling] is becoming integral in addressing issues ranging from pain, limited mobility, inhibition and repetitive strain, and how to address impairments associated with dysfunctional movement."                                                                                                                        | Course is approved for <b>3.75 hrs</b>                                                                                                                         | Completion of Part A course                                                                                                                                                                                                                         |                                                                                                 |
| KinetaCore          | Functional Dry Needling (FDN) Level 1<br><br>(Attachment D)                | Foundational course teaches insertion of fine filament needles into neuromuscular junctions/motor points for muscle stimulation and pain relief; Course involves lab time to test and practice technique; All practitioners must pass a theoretical and practical examination                                                                                                       | <b>2 day course</b> – 10 online CEU's and 19 onsite hours = <b>29 hours</b><br><br><b>3 day course</b> – 10 online CEU's and 27 onsite hours = <b>37 hours</b> | Current licensure as PT, MD, DO, DC, PA, or NP (LAc by request/referral); Minimum of 6 months of clinical practice (or meet state requirement for clinical practice prior to DN)                                                                    | KinetaCore partnered with Evidence in Motion in June 2016 for KinetaCore's Dry Needling Courses |
| KinetaCore          | Functional Dry Needling (FDN) Level 2<br><br>(Attachment D)                | Advanced level dry needling course "includes theoretical and laboratory sessions, which incorporate instruction in safety, needling technique, treatment rationales for various diagnoses, and education in contraindications, precautions, and possible complications."                                                                                                            | <b>2 day course</b> – 6 online CEU's and 19 onsite hours = <b>25 hours</b><br><br><b>3 day course</b> – 6 online CEU's and 27 onsite hours = <b>33 hours</b>   | Successful Completion of Level 1; Current licensure as PT, MD, DO, DC, PA, or NP (LAc by request/referral); Submission of patient log of 200 dry needling sessions, or complete Functional Therapeutics and submit log of 100 dry needling sessions |                                                                                                 |
| KinetaCore          | Advanced Functional Dry Needling (FDN) Level 3<br><br>(Attachment D)       | "[A]dvanced clinical applications course focuses on the complex patient and advanced strategies when other treatments have not worked....Course is culmination of all foundational and clinical applications content learned with KinetaCore."                                                                                                                                      | Onsite <b>2-day Weekend</b> intensive course with required and recommended readings; <b>18 total CEU hours</b>                                                 | Successful completion of FDN Levels 1 and 2; 2 years dry needling experience; Current licensure as PT, MD, DO, DC, PA, or NP                                                                                                                        |                                                                                                 |
| KinetaCore          | Functional Therapeutics<br><br>(Attachment D)                              | "Intermediate to advanced level Clinical Applications course is perfect for FDN1 and FDN2 graduates. The course allows practitioners to expand upon their practice of Level 1 techniques, learn new Level 2 muscles, and incorporate dynamic positioning techniques and more e-stim....Clinicians will learn how to incorporate dry needling within the scope of other modalities." | <b>2 day onsite</b> course – <b>19 hours</b><br><br><b>3 day onsite</b> course - <b>27 hours</b>                                                               | Successful completion of FDN Level 1; Current licensure as PT, MD, DO, DC, PA, or NP (LAc by request/referral)                                                                                                                                      |                                                                                                 |
| KinetaCore          | Functional Dry Needling of the Pelvic Floor                                | "[L]ab intensive on-site course designed to instruct participants in the application of dry needling to female and male pelvic floor..." On-site skills assessment prior to conclusion of                                                                                                                                                                                           | <b>2 day course</b> – <b>16 hours</b> onsite                                                                                                                   | Successful completion of FDN Level 1 course; completion of                                                                                                                                                                                          |                                                                                                 |

| Education Sponsor                          | Course Name                                                                                | Course Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Training Days/Hours                                                                                                                                    | Needs for Class/Prerequisites                                                                                                                                                                                                                                       | Miscellaneous                                 |
|--------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|                                            | (Attachment D)                                                                             | course, with online post-test required to obtain certificate of completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        | introductory course on pelvic floor dysfunction; Current licensure as PT, MD, DO, DC, PA, or NP (LAc by request/referral); Submission of patient log with 200 dry needling sessions or complete Functional Therapeutics and submit log of 100 dry needling sessions |                                               |
| Dry Needling Institute – Dr. David Fishkin | Dry Needling Institute 12 Hour Certified Training Course<br><br>(Attachment E)             | “Purpose is to prepare healthcare professionals to utilize dry needling as a diagnostic and treatment modality”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 day-12 hours                                                                                                                                         | Open to all health care providers whose scope of practice includes dry needling; consent, insurance, waiver forms                                                                                                                                                   |                                               |
| Double E PT Education                      | Dry Needling-- a Tool For PT Practice Course 1<br><br>(Attachment F)                       | Purpose is to learn about trigger points and different interventions used to treat them, with focus on dry needling; DN is presented as one intervention to use as treatment; participants will learn palpation skills to identify trigger points and learn how to employ DN and their hands-- to include soft tissue manual therapy; Participants will take didactic test and hands-on test                                                                                                                                                                                                                                            | 3-day, 28 hour course - lectures and hands-on/lab                                                                                                      | Licensed PT who are allowed to use DN                                                                                                                                                                                                                               | North Carolina Board of PT Examiners - 28 hrs |
| Double E PT Education                      | Dry Needling-- a Tool For PT Practice Part 2<br><br>(Attachment F)                         | Purpose is to refine and expand the clinician's skills in the utilization of DN in clinical practice; discussion of clinical cases/reports; student cases presented; advanced with palpation skills to identify effectively and safely trigger points and learn specific safety techniques over thorax; learn how to integrate DN into full PT evaluation and treatment plan                                                                                                                                                                                                                                                            | 3-day, 28 hour course - lectures and hands-on/lab                                                                                                      | Licensed PT who allowed to use DN                                                                                                                                                                                                                                   | North Carolina Board of PT Examiners - 28 hrs |
| Myopain Seminars                           | Myopain Dry Needling Seminars – DN Program Foundations DN-1 and DN-2<br><br>(Attachment G) | DN Program Foundations DN1&2 - Teach techniques of trigger point identification and the concepts of DN with an emphasis on the most common muscles seen in clinical practice<br>DN1- Historical review of myofascial pain, pain models and the neuro-matrix, Intro to relevant pain sciences, inter/intra rater reliability, motor endplate dysfunction, elastography, and the characteristics of trigger points<br>DN2- Review of scientific basis of myofascial pain, etc. Introduction to various clinical aspects of myofascial pain. Attention towards peripheral and central sensitization and consequences for clinical practice | DN 1 & 2 = each are 3-day hands-on workshops; Each course includes a theoretical exam and practical competency test<br><br>HR break down see printouts | Licensed health care practitioners who are allowed to use DN within their practice                                                                                                                                                                                  |                                               |

| Education Sponsor             | Course Name                                                                                                                                                                     | Course Description                                                                                                                                                                                                                                                                                                                                                                                          | Training Days/Hours                                                                                                                                                                                                                                                     | Needs for Class/Prerequisites                                                    | Miscellaneous           |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------|
| Myopain Seminars              | Myopain Dry Needling Seminars – Advanced Course DN-3<br><br>(Attachment G)                                                                                                      | Advanced Course - DN3- Bring clinician to highest level of clinical proficiency in management of patients with myofascial pain plus other DN treatments for other topics. Learn to examine and treat all accessible muscles in body.                                                                                                                                                                        | DN3= 2 day course, then exam (Must pass theoretical examination of 80 multiple choice questions with a minimum score of 70% then practical examination- demonstrating DN with two randomly selected muscles); certification as CMTPT<br><br>HR break down see printouts | Foundation courses DN 1 and DN 2 are prerequisites for DN 3                      |                         |
| Spinal Manipulation Institute | DN1- Dry Needling for Craniofacial, Cervicalthoracic & Upper Extremity Conditions: an Evidence-Based approach (Pt 1 of the Certification in Dry Needling)<br><br>(Attachment H) | “Participants will learn superficial and deep dry needling techniques for the treatment of craniofacial, cervicothoracic and upper extremity musculoskeletal conditions....Dry needling will be taught within the framework of western musculoskeletal diagnoses, not within the theoretical framework of traditional Chinese medicine.”                                                                    | 3-day, 27 hour course<br>Must complete DN1&DN2 for certificate in DN (Cert. DN)                                                                                                                                                                                         | No prerequisites; Registrants must be licensed in their respective state/country |                         |
| Spinal Manipulation Institute | DN2- Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based approach (Pt 2 of the Certification in Dry Needling)<br><br>(Attachment H)                    | “Participants will learn superficial and deep dry needling techniques for the treatment of lumbopelvic and lower extremity musculoskeletal conditions....For the management of lumbopelvic and lower extremity pain syndromes, dry needling will be taught as one part of the treatment package, but not the only part [with spinal manipulation as well]”.                                                 | 3-day 27 hour course<br>Must complete DN1&DN2 for certificate in DN                                                                                                                                                                                                     | No prerequisites Registrants must be licensed in their respective state/country  |                         |
| SF Dry Needling               | Structure & Function Dry Needling<br><br>(Attachment I)                                                                                                                         | “Clinician will learn a diagnosis-focused approach to dry needling, ...[and] fundamental skills necessary for safe and proper needle insertion and removal, as well as effective strategies to manage commonly encountered pathologies in orthopedic and sport rehabilitation....The use of cupping and intramuscular electrical stimulation will also be discussed, demonstrated, and practiced in class.” | 25 hour lab-based course                                                                                                                                                                                                                                                |                                                                                  | FSBPT ProCert certified |

| Education Sponsor             | Course Name                                         | Course Description                                                                                                                                                        | Training Days/Hours | Needs for Class/Prerequisites                                                                                                                                                    | Miscellaneous           |
|-------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Total Motion Release Seminars | Master Dry Needling – Level 1<br><br>(Attachment I) | Introductory course for use of DN in clinical practice; open to PTs and PTAs in the upper levels of their coursework                                                      | 27 hours            | State practice act that includes dry needling within scope of practice; active malpractice insurance                                                                             | FSBPT ProCert certified |
| Total Motion Release Seminars | Master Dry Needling – Level 2<br><br>(Attachment I) | Three-day introductory course to enhance and expand upon foundational principles from 27 hour Level 1 course; heavy emphasis on practical, hands-on training and practice | 3-day, 27 hours     | State practice act that includes dry needling within scope of practice; active malpractice insurance; signed liability waiver; Master Dry Needling Level 1 seminar or equivalent | FSBPT ProCert certified |

**\*\*GEMT website could not be found-- only one found was in AU-- website in Appendix C of FSBPT Resource paper indicated "page was not found"\*\*\***

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

| Course Title                                                                                                                                                | Education Sponsor                             | Website                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Trigger Point Dry Needling<br>Level 1                                                                                                                       | Therapy Concepts                              | <a href="http://www.therapyconceptsinc.com/events.php#2">http://www.therapyconceptsinc.com/events.php#2</a>                                                                                                                                                                                                                                                                                                       |
| Trigger Point Dry Needling<br>Level 2                                                                                                                       | Therapy Concepts                              | <a href="http://www.therapyconceptsinc.com/events.php#2">http://www.therapyconceptsinc.com/events.php#2</a>                                                                                                                                                                                                                                                                                                       |
| Systemic Integrative Dry Needling Course Pain Management, Sports and Trauma Rehabilitation                                                                  |                                               | <a href="http://www.dryneedlingcourse.com/dry_needling_course.htm">http://www.dryneedlingcourse.com/dry_needling_course.htm</a>                                                                                                                                                                                                                                                                                   |
| Trigger Point Dry Needling Level I Training                                                                                                                 | GEMt – Global Education for Manual therapists | <a href="http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a>                                                                                                                                                                                                   |
| Dry Needling Level 2 Training                                                                                                                               | Global Education for Manual therapists        | <a href="http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a>                                                                                                                                                                                                   |
| Dry Needling                                                                                                                                                | Myopain Seminars                              | <a href="http://www.myopainseminars.com">www.myopainseminars.com</a>                                                                                                                                                                                                                                                                                                                                              |
| DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling) | Spinal Manipulation Institute                 | <a href="http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal_Manipulation_Institute_2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005">http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal_Manipulation_Institute_2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005</a> |
| DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)                   | Spinal Manipulation Institute                 | <a href="http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal_Manipulation_Institute_2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005">http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal_Manipulation_Institute_2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005</a> |

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

level 1

**DESCRIPTION**

This three day course introduces Trigger Point Dry Needling as an intervention for treating a variety of diagnoses. In the trigger point dry needling training seminar – Level I course participants are introduced to the theory and physiology of myofascial trigger points, and the history of dry needling. Anatomy of each muscle will be reviewed, including the trigger points and their corresponding referral patterns. The muscle groups included in the dry needling training course are the cervical and lumbar spine, hip, lower extremity, shoulder and forearm.

This course will be limited to 20 participants and attendees will need to provide a current CV with continuing education courses listed, and a copy of their license, in order to be considered for participation in this course. All participants must have a minimum of 2 years of experience.

**Trigger Point Dry Needling Training Seminar Objectives:**

- Participants will be able to identify trigger points in the cervical and lumbar spine, hip, lower extremity, shoulder and forearm.
- Perform dry needling in the above described muscle groups in a safe and effective manner.
- Understand all the contraindications to dry needling.
- Have a thorough understanding of the physiology of trigger points and the treatment of trigger points using Dry Needling techniques.

**Biography: Dr. Patty Pennell, PT, ScD**

Dr. Patty Pennell-Nool is the owner of Back to Motion Physical Therapy that she founded in Denver 10 years ago and has worked in the Denver area for her 21 year career. In 1992, she received her Master's degree in physical therapy from the University of Colorado and has her Doctorate of Science through Texas Tech. Patty has been teaching continuing education to PTs for over 10 years and dry needling for 6 years.

Patty has extensive training and experience in manual therapy of the spine and extremities. The other focus of her practice is diagnosis and treatment of running injuries including orthotic prescription. She traveled for 3 years with the Women's Tennis Association treating professional tennis players all over the world. Patty was awarded Colorado Physical Therapy Association's Physical Therapist of the Year in 2005. Aside from her private practice, Patty works as clinical faculty for Regis University's Physical Therapy Program.

**TAGS**

Things To Do In Denver, CO Class Health

**SHARE WITH FRIENDS**

**DATE AND TIME**

Fri, Mar 31, 2017, 12:00 PM –  
Sun, Apr 2, 2017, 5:00 PM MDT  
Add to Calendar

**LOCATION**

Back to Motion Physical Therapy  
616 Washington Street  
Denver, CO 80203  
View Map

**FRIENDS WHO ARE GOING**

 Connect to Facebook

**ATTACHMENT A**



Level 2

**DESCRIPTION**

This three day Trigger Point Dry Needling Training course (23 contact hours) is a continuation of the Level I course and consists of a combination of lecture, testing, demonstration and a large amount of hands-on laboratory sessions. In the advanced Trigger Point Dry Needling Training course, participants will use the skills they have learned and practiced in the first course to treat musculature that was deemed more difficult due to various safety concerns. Additionally participants will be given an assessment tool to enhance evaluation of chronic myofascial pain patterns and help with the clinical decision making process for the use of dry needling.

**Course Objectives**

- Define trigger points, motor banding, and neurological presentations of neuromuscular dysfunction.
- Review literature supporting efficacy and treatment rationale of Trigger Point Dry Needling.
- Instruct application of Trigger Point Dry Needling for more advanced orthopedic and neuromuscular conditions.
- Review anatomy of regions to be taught in Level II course.
- Discuss with participants their own experiences regarding legal and billing issues integrating Trigger Point Dry Needling into their practice setting.
- Discuss safety.
- Discuss indications and contraindications for treatment.
- Discuss specific treatment rationale for various diagnoses.

This Trigger Point Dry Needling Training course will benefit physical therapists, medical doctors, and doctors of osteopathy who work with patients suffering from chronic musculoskeletal conditions. This course will be limited to people who have taken the Level I Trigger Point Dry Needling Training course and have completed their treatment logs consisting of 250 or more treatment sessions over a 5 – 6 month period. Prior to the course participants should review C. Chen Guan's book, Treatment of Chronic Pain and Travell and Simons two volumes of Myofascial Pain and Dysfunction: The Trigger Point Manual. Participants should also be prepared to share their experiences since integrating Trigger Point Dry Needling into their practice.

Instructor: Dr. Patty Fennell, PT, ScD

Dr. Patty Fennell-Noel is the owner of Back to Motion Physical Therapy that she founded in Denver 13 years ago and has worked in the Denver area for her 21 year career. In 1992, she received her Master's degree in physical therapy from the University of Colorado and has her Doctorate of Science through Texas Tech. Patty has been teaching continuing education to PTA's for over 15 years and dry needling for 4 years.

Patty has extensive training and experience in manual therapy of the spine and extremities. The other focus of her practice is diagnosis and treatment of running injuries including orthotic prescription. She traveled for 3 years with the Women's Tennis Association treating professional tennis players all over the world. Patty was awarded Colorado Physical Therapy Association's Physical Therapist of the Year in 2003. Aside from her private practice, Patty works as clinical faculty for Regis University's Physical Therapy Program.

**TAGS**

Things To Do In Denver, CO Class Health

**SHARE WITH FRIENDS**

ALL COURSES FOUNDATION COURSES ADVANCED COURSES

## IDN Foundation Dry Needling Course – Cincinnati, OH

August 18 - August 20 | \$1295 SOLD OUT

[Add to Wait List](#)

### Pain Management & Sports Rehabilitation



The purpose of the **Neurologic Dry Needling for Pain Management and Sports Rehabilitation Course** is to obtain knowledge and clinical skills necessary to diagnose and treat soft tissue pain and dysfunction using the Integrative Dry Needling (IDN) concept. This 27-hour applied-learning course combines interactive lectures and practical hands-on labs. Students participate in several practical sessions, which are intended to provide feedback to students regarding their comprehension of key concepts and techniques. These practical lab sessions enable students to critically self-evaluate if additional instruction or self-study is needed for clinical competency.

#### Description

##### IDN Foundation Course – Neurologic Dry Needling for Pain Management and Sports Rehabilitation

Neurologic Dry Needling for Pain Management and Sports Rehabilitation is the culmination of the work and clinical experience of Dr. Yun-tao Ma and Dr. Frank Gargano DPT. The Integrative Dry Needling (IDN) training program will develop the knowledge and clinical skills required to effectively diagnose and treat painful neuromuscular conditions.

IDN teaches you to treat the body systemically; we do not divide the body into upper and lower halves requiring you to take 2 courses before you can treat the entire body. Our system is built on the foundation of Neurological Dry Needling that provides a logical and systematic process for addressing pain and dysfunction. As a result, course participants develop an adaptable clinical procedure allowing immediate integration of dry needling into clinical practice.

#### Objectives

#### Course Content

The Integrative Dry Needling Foundation Course for Pain Management and Sports Rehabilitation covers:

- Dry needling techniques- (80% of the needling technique is virtually pain-free)
- Detailed, tried and tested needling safety techniques and contraindications for dry needling therapy to avoid human error in clinical practice.
- Modifiable dry needling system that easily adapts to physical therapy practice and to the specific needs of each patient.
- Systemic Homeostatic trigger point concept (physiological and biomechanical approach).
- Paraspinal trigger point concept (neurosegmental and dermatomal approach).

**ATTACHMENT B**

- Symptomatic trigger point concept (neuromyofascial pain in the head, neck, shoulder, upper limbs, thoracic, lumbar, hip and lower limbs).

### Learning Objectives

1. Independently identify each of the three types of trigger points (homeostatic, paravertebral and symptomatic) in a given case study.
2. Integrate the physiological mechanisms of needling when developing a treatment plan for a given musculoskeletal condition.
3. Discuss the prevention and management of adverse responses to dry needling based on OSHA requirements with 100% accuracy during case study.
4. Independently apply dry needling treatment safely into musculoskeletal trigger points during lab sessions.
5. Independently evaluate soft tissue dysfunctions relating to a given musculoskeletal condition and pain.
6. Correctly defend the IDN system for treatment of musculoskeletal pain based on the unique neurology and physiology of neuro-trigger points.
7. Independently discuss integrating the IDN system into the participant's physical therapy practice in relation to current clinical, legislative and billing barriers.

### Learning Activities

The 27 hour intensive practical classroom structured program addresses theory and key principles with extensive and supervised participant practice.

- Multiple PowerPoint presentations with video support will begin each new section.
- Instructor demonstration of the techniques allowing ample time for questions.
- Interactive lab session will follow where the participants practice and discuss each new technique and concept.
- After each interactive lab section is concluded there is an instructor summary and time for any additional questions.

### Agenda

#### DAY 1

|               |                                                                                                                                                |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:00 – 10:00  | Introduction of the systems: Physiological mechanisms of dry needling; peripheral and central mechanisms; specific and non-specific mechanisms |
| 10:00 – 11:00 | Needling insertion techniques using ½"- 1" needle. Needle handling and discussion on low blood pressure and safety techniques. Lab practice    |
| 11:00 – 12:00 | Neuroanatomy of neuro-trigger points and Development of Homeostatic neuro-trigger points                                                       |
| 12:00 – 1:00  | Lunch break                                                                                                                                    |
| 1:00 – 2:00   | Development of neuro-trigger points and physiology of different types of trigger points                                                        |
| 2:00 – 3:00   | Quantitative Analysis of peripheral to central sensitization- Lab practice                                                                     |
| 3:00 – 4:00   | Dry needling research Lecture                                                                                                                  |
| 4:00 – 6:30   | Surface anatomy of neuro-trigger points in head, cervical, trunk, upper & lower extremities,                                                   |

#### DAY 2

# Dry Needling Course

Email: [Ma@DryNeedlingCourse.com](mailto:Ma@DryNeedlingCourse.com)

Tel: 303-516-0595

6343 Old Mahogany Ct.,

Naples, FL, 34109 USA

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## Dr Ma's new textbook on Neurologic Dry Needling© is now available .

To host a course Contact us at [Ma@DryNeedlingCourse.com](mailto:Ma@DryNeedlingCourse.com).

- **Dr Ma's new textbook on Neurologic Dry Needling© is now available .You can order it from our website**

## Course Evaluation

We don't need to say that our course is one-of-a-kind.

Our students say it for us: "This course is beyond great! For the following reasons (more)..."

Dr Ma's Sports course will teach you the science and provide the "how to" for you to reduce Cellular Aging in the athlete. Not only does it provide valuable practical information and techniques, but the course and book gives the clinician the effective tools to use for assessing, analyzing and evaluating the autonomic nervous system". *Dr. Clayton Gibson, III, DC, Personal Physician to Elite, Olympic and Professional Athletes, Atlanta, Georgia, USA*

## Schedule and Registration Information

**Neurologic Dry Needling a Integrative Dry Needling™, aka Dry Needling for Physical Therapy , aka Dry Needling, neuro-muscular approach developed by Dr Ma for Physical Therapists , Chiropractors, Physicians, ND, NP, RN**

The content of Dr Ma's courses is proprietary and copyrighted material. Copyright © 2005-2017

**PRESENTLY ONLY DR. FRANK GARGANO IS TEACHING DR.MA's DRY NEEDLING COURSES**

Dr. Ma's Integrative Dry Needling (IDN) courses **ARE LICENCED EXCLUSIVELY TO FRANK GARGANO,PT, DPT**

**FOR COURSE INFORMATION** , please contact (<https://www.integrativedryneedling.com>).

Dr Ma's NEW TEXTBOOK on NEUROLOGIC DRY NEEDLING© is finished and available. You can order it from our website

- Ma's DRY NEEDLING courses are based on neuromuscular approach and geared to treat a broad range of soft tissue dysfunction in general medical practice.  
Both courses can be taken by practitioners who are allowed by their state to practice dry needling.

**ABOUT DR MA's DRY NEEDLING COURSES :**

- All treatment procedures and needling techniques presented in our courses are developed by Dr Ma and can be learn ONLY at Dr Ma's courses
- Dr Ma's students are practicing virtually PAIN FREE dry needling immediately and comfortably on a strong professional level after completing his Certification in Dry Needling course.
- Dr Ma as a pioneer of Integrative NEURO-MUSCULAR Dry Needling System, and creates unique neuro-modulation systemic approach in dry needling for treating myofascial pain
- Our Safety Record is impeccable: **ALL DR MA's STUDENTS HAVE BEEN PRACTICING DRY NEEDLING ACCIDENT-FREE.** Please compare other courses safety record. Facts speak better than a thousand words of Dr Ma's professional experience and attention to safety issues.

*"Ever since I have taken Dr. Ma's course for dry needling it has taken off in my practice! I can no longer support the number of patients that are asking for it and they have to wait several weeks to see me". Tony Del Angel D.C*

*"Decided to take Dr Ma's course based on the reputation of being the "Best Dry Needling Course" in the nation and also teaching a pain-free method of needling. This course exceed my expectations and I feel 100% confident to treat my patients." Jon Seeman, PT*

*"I have attended more than 50 seminars in the last 5 years.  
This has beed by far the most informative course that I have ever been to"*  
Eric Clark, DC

*"In 30 years it has been a rare occasion for a procedure to revolutionize my practice in terms of outcomes and patient management. Dr. Ma's Integrative Dry Needling courses are one of those exceptional courses that truly enabled me to raise my clinical results."*  
Donald DeFabio, DC

Copyright 2016, Dry Needling Course

**Dr. MA**

**Day 1**

8:00 – 10:00 Introduction of the systems: Physiological mechanisms of dry needling; peripheral and central mechanisms; specific and non-specific mechanisms

10:00 – 11:00 Needling insertion techniques using ½”- 1” needle. Needle handling and discussion on low blood pressure and safety techniques. Lab practice

11:00 – 12:00 Neuroanatomy of neuro-trigger points and Development of Homeostatic neuro-trigger points

12:00 – 1:00 Lunch break

1:00 – 2:00 Development of neuro-trigger points and physiology of different types of trigger points

2:00 – 3:00 Quantitative Analysis of peripheral to central sensitization- Lab practice

3:00 – 4:00 Dry needling research Lecture

4:00 – 6:30 Surface anatomy of neuro-trigger points in head, cervical, trunk, upper & lower extremities,

**Day 2**

8:00 – 9:30 Safety considerations including adverse reactions, contraindications to dry needling, OSHA guidelines and Blood Borne Pathogens.

9:30 – 11:00 Needling technique Lab- 3” needling of the hip, and pelvic region. Safety issues. Practice.

11:00 –12:30 Needling technique Lab-2” (2:2 Concept)- Lumbosacral plexus, Cervical and Shoulder region. Safety issues. Practice

12:30 – 1:30 Lunch

1:30 – 2:30 Needling technique Lab-1” Thoracic spine (1:1 Concept), extremity (1). Safety issues. Practice.

2:30 – 4:00 Needling technique Lab: Craniofacial and cranial nerve pain and dysfunction including muscles of mastication. Safety issues. Practice.

4:00 – 5:00 Needling technique Lab: Anterior trunk and abdominals. Safety issues. Practice.

5:00 – 6:30 Needling technique Lab: Lower Extremity. Safety issues. Practice.

**Day 3**

8:00 – 8:30 Integrative Dry Needling for Performance (Athletic) Enhancement lecture

8:30 – 10:00 Electrical Nerve Stimulation (ENS) application and safety issues. Specialty needling techniques & practice.

10:00 – 12:00 Needling technique Lab: Anterior cervical spine and suboccipital region. Safety issues. Practice.

12:00 – 1:00 Lunch

1:00 – 2:00 Administrative Discussion: Consent to treat, political & legislative issues effecting practice, marketing, and final details of the administrating the practice of dry needling in your clinic.

2:00 – 3:00 Systemic integration of needling. Practice

3:00 – 6:00 Written and practical examinations

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This course is approved for 2.5 hrs in VA [Show full accreditation details](#)

The regulating agency in your state has indicated that they will accept continuing education courses approved by organizations such as another state's APTA chapter. This course is approved by the Texas Physical Therapy Association (APS #: 1708024TX). This course is valid for Category A credit.

**Target Audience:**

PT

**Levels:**

PT: Intermediate

**Disclosure Statement:**

Satisfactory completion requirements: AOTA approved courses: OT's and COTA's must complete learning assessments with an average score of 70% or above. All other disciplines must complete learning assessments to be awarded credit, no minimum score required unless otherwise specified in the course description.

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Dry needling is a newly emerging advanced treatment technique in which solid fine filament needles are inserted into the muscle to treat the soft tissue, namely the neuromuscular structures affecting proper posture, mobility, strength and function. In this course by Edo Zylstra, PT, DPT, OCS, IMSp, clinicians will be exposed to theoretical concepts, research and safety. Technique instruction will be included to demonstrate how dry needling is utilized in clinical practice. The objective of this course is to properly educate medical practitioners as to the value that Functional Dry Needling brings to the integrative and advanced practice of physical therapy. Indications, contraindications, safety, proper application and educational background will all be emphasized.

**Meet Your Instructor**



**Edo Zylstra, PT, DPT, OCS**

Edo Zylstra was active in developing the current standards for Dry Needling (aka Trigger Point Dry Needling) training in Colorado. He has taught over 50 Dry Needling courses internationally and is currently developing more advanced techniques for therapists experienced in this manual therapy technique. Edo Zylstra received his Master of Science degree in physical therapy from Regis University in Denver, Colorado. He received his certification for Dry Needling from The Institute for the Study and Treatment Of Pain (iSTOP) in Vancouver, British Columbia. Edo was instrumental in the process of getting Dry Needling accepted as a treatment technique within the scope of practice for physical therapists in Colorado, and continues to do the same for other states that do not currently have Dry Needling within their physical therapy scope of practice. In 2005 Edo opened his clinic, KinetaCare, previously Sport & Spine Physical Therapy Brighton, in Colorado. Prior to opening his clinic he spent over four years working in a chronic pain clinic specializing in manual therapy utilizing Intramuscular Stimulation (IMS), and Trigger Point Dry Needling. Edo then took a second series of training courses through Pain and Rehabilitation in Bethesda, Maryland, where he learned Travell & Simons' techniques for diagnosis and treatment of myofascial pain and trigger points. In 2006 Edo developed and began instructing both Introductory and Advanced Trigger Point Dry Needling courses (now Functional Dry Needling®). In 2007 he joined Robert De Nardis to instruct Dry Needling courses in Australia, and in 2008 Edo and Robert founded GEMT, Global Education of Manual Therapists. As of 2010 the North American Branch was renamed KinetaCore®, of which Edo became the sole director, while Robert De Nardis serves as the director for the Australian branch, still named GEMT. Edo has a passion for functional dry needling and hopes to continue to educate therapists across the globe in this amazing technique so that patients who once had no access can now find a provider in their city and benefit from this treatment. Edo received his board certification as an Orthopaedic Clinical Specialist in 2011 and this past December, completed his Doctor of Physical Therapy degree through Regis University. Edo hopes that through his education and his passion for educating others, by the year 2020 the field of physical therapy will have elevated to the respected level it deserves.

[Read full bio](#)

**Chapters & Learning Objectives**



1.

### 1. Introduction

Outline the accepted definition of dry needling as created by the APTA task force on dry needling. Differentiate dry needling from acupuncture, as outlined by the APTA task force on dry needling. Synthesize the relationship between scope of practice and activities performed by a particular profession.



2.

### 2. Theories

List and identify the key characteristics of a trigger point. Describe the typical behavior of a trigger point pain referral pattern. Synthesize the most currently supported theory on why trigger points develop.



3.

### 3. Literature Review

Identify the likely causes of pain in triggerpoints as supported by current literature. Synthesize the reasoning behind elevated electrical activity in active trigger points. Outline the state of current evidence associated with neuromyofascial pain and trigger points.



4.

### 4. Mechanisms & Technique

Identify the goals of dry needling. Outline contraindications to dry needling. Outline potential complications associated with dry needling. Outline proper utilization of dry needling in a functional model.



5.

### 5. Introduction to Clinical Application

Describe safety precautions that should be taken in the clinical application of dry needling. Outline the basic steps in the clinical application of dry needling.

### Recommended Courses





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## Functional Dry Needling Part B: Clinical Application

presented by [Edo Zylstra](#)



• No subtitles

00:00 00:46 00:46

spaceplay / pause

gunload | stop

ffullscreen

shift + ←→slower / faster

↑↓volume

mmute

←→seek

. seek to previous

!2... 6 seek to 10%, 20% ... 60%

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After an introduction to Functional Dry Needling® in the [Part A course](#), the practitioner will now gain an understanding of how this technique is becoming integral in addressing issues ranging from pain, limited mobility, inhibition and repetitive strain, and how to address impairments associated with dysfunctional movement. The focus of this course is on treating movement impairment rather than pain. Participants will gain a solid understanding of the different techniques of dry needling and

how moving towards a functional model may be the most appropriate for the profession of physical therapy. The basis of successful treatment and resolution of symptoms is associated with movement impairments and diagnoses.

## Meet Your Instructor



Edo Zylstra, PT, DPT, OCS

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[Read full bio](#)

## Chapters & Learning Objectives



1.

### 1. FDN Defined

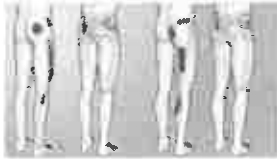
Outline the fundamental reasons behind the development of Functional Dry Needling. Identify the main goal of Functional Dry Needling. Compare and contrast the functional approach to the classic medical model. Outline the various types of dry needling that have been developed in the history of the technique.



2.

### 2. Functional Approach to Treatment

Define the functional approach to treatment. Synthesize the mechanisms of joint and muscle innervation, and how this may affect clinical practice. Describe the joint by joint approach and outline the need for stability or mobility in the main joints of the body. Outline the definition of pain as determined by the International Association for the Study of Pain.



3.

### 3. Integration of FDN with Functional Movement

Outline desirable outcomes for a patient following treatment with Functional Dry Needling. Justify a progression of treatment in the Functional Dry Needling approach, such as which region should be treated first. Outline the proper palpation of trigger points. Synthesize possible side-effects for patients after dry needling treatment.



4.

### 4. Demonstration/Application of FDN

Review the fundamental steps in the performance of dry needling techniques.



5.

### 5. Introduction to Case

Outline the keys to safe and proper dry needling technique application. Review details related to the patient case that will be presented in the following chapters.



6.

### 6. Assessment Findings

Outline the functional assessment of a patient. Identify the top 7 movements of the SFMA. Connect assessment findings to possible patient dysfunction.



7.

### 7. Prepping Patient, Treatment & Reassessment

Outline the steps to prep a patient for dry needling. Justify the proper patient education techniques related to dry needling. Describe dry needling technique application to the hamstrings, gastroc, tensor fascia latae, gluteus minimus, and gluteus medius. Connect the effects of dry needling treatment to improvements in function, ROM, and other physical measures as presented in the patient case study.



8.

**8. FAQ**

Outline common questions related to the integration of dry needling into physical therapy practice.

**Recommended Courses**



[Pilates: History, General Principles and Precautions](#)

presented by [Sherri Betz](#)

[Preview Course](#)



[Evidence-Informed Assessment and Evaluation of Pain](#)

presented by [James Elliott & David Walton](#)

[Preview Course](#)



[Introduction to Pilates for Rehabilitation](#)

presented by [Sherri Betz](#)

[Preview Course](#)



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TEAMMATES:

EIM (<http://www.evidenceinmotion.com/>) ISPI (<http://www.ispinstitute.com/>) KinetaCore (<http://www.kinetacore.com/>) NeuroRTI (<http://www.neurort.com/>)

# Functional Dry Needling Level 1

KinetaCore's Functional Dry Needling (FDN) Level 1 course gives clinicians the tools to elevate their practice to a new level of patient care. This foundational Functional Dry Needling course of study teaches the insertion of fine filament needles into neuromuscular junctions/motor points, stimulating the muscle, and bringing unbelievable pain relief and significantly improved function to athletes and patients who have been suffering for years.

FDN Level 1 teaches important dry needling technique and involves ample lab time to test, practice and perfect the art and science of Functional Dry Needling to offer this to your patients the very next day. Musculature taught in the introductory level involves areas of the hip, lower extremity, thigh, upper extremity, shoulder, lumbar spine and cervical spine. A strong emphasis on safety and precaution is reinforced, as well as clinical application, research, history of dry needling, and relevant case study.

Upon completion of this introductory level course, each practitioner will understand trigger points and the clinical presentation of neuromuscular dysfunction. They will demonstrate competency in dry needling of the muscles covered and will understand indications, contraindications, precautions and complications associated with Functional Dry Needling. To earn this certificate, all practitioners must pass both a theoretical and practical examination.



**\$1,250 USD**

Price for course located in Canada: \$1,500 USD

Have you already taken a dry needling course with EIM or another provider? Send us your certificate of completion of a dry needling course of at least 23 CEUs, and receive 40% off our US FDN Level 1 Course!

## Course Format

[VIEW 2-DAY COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-FDN1-2-DAY-A](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/06/KINETACORE-FDN1-2-DAY-A)

[VIEW 3-DAY COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-FDN1-3-DAY-A](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/06/KINETACORE-FDN1-3-DAY-A)

- 2-Day Onsite Course CEUs: 10 online, 19 onsite, 29 total
- 3-Day Onsite Course CEUs: 10 online, 27 onsite, 37 total

Both 2-day and 3-day courses include a lab-intensive atmosphere. The 3-day course involves even more onsite lab time, SFMA instruction and 3-4 case presentations with assessment, treatment and practical experience. The 3-day course also provides the additional onsite hours that some states require before practicing dry needling in patient treatment.

## Prerequisites:

- Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral) (Not accepted: ATC, RMT, OT, PTA)
- Minimum of 6 months practicing as clinician. (Colorado PT's are required to practice for 2 years prior to taking the course. Check with your state's dry needling requirements.)

## Course Registration Includes

- Water and Lunch is provided each day. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunches, but we cannot offer food sensitive options. We are happy to assist you in locating meal options in the vicinity of the course venue.
- Course supplies (including small, medium and large sized gloves)
- FREE NEEDLES upon course completion
- A comprehensive manual
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore

[SAMPLE PATIENT CONSENT FORM \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2016/08/FDN\\_PATIENT\\_CONSEN](http://www.kinetacore.com/wp-content/uploads/sites/5/2016/08/FDN_PATIENT_CONSEN)

[FDN LEVEL 1 LOG \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/04/FDN-LOG-BLANK.XLS\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/04/FDN-LOG-BLANK.XLS)

### Upcoming 2-Day Courses (10)

August 26-27, 2017

Functional Dry Needling Level 1 - (2-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4958>)  
STITTSVILLE, ON (ONTARIO)

September 9-10, 2017

Functional Dry Needling Level 1 - (2-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4621>)  
CALGARY, AB (ALBERTA)

### Upcoming 3-Day Courses (14)

August 11-13, 2017

Functional Dry Needling Level 1 - (3-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4892>)  
BRIGHTON, CO

August 18-20, 2017

Functional Dry Needling Level 1 - (3-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4893>)  
LAS VEGAS, NV

## Important Notices

## ATTACHMENT D

- This course requires 10 hours of pre-course online content. This content must be completed in the Moodle Learning Platform prior to attending the weekend onsite.
- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. For more information, please email us (mailto:education@kinetacore.com).
- Those who do not pass both Theory and Practical testing will be required to re-take the material, which may incur further registration fees. Read, study and come prepared.
- Click here (<http://www.kinetacore.com/cancellation-policy/>) to view the KinetaCore Cancellation Policy
- Please review your licensing state's scope of practice (<http://www.kinetacore.com/scope-of-practice>) to determine its status on Dry Needling.
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information before registering.

|                                                                                                                   |                                                                                                                                            |                                                                                                                                                                    |                                                                                                                                                                    |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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TEAMMATES:

EIM (<http://www.evidenceinmotion.com/>) ISPI (<http://www.ispiinstitute.com/>) KinetaCore (<http://www.kinetacore.com/>) NeuroRTI (<http://www.neurort.com/>)

## Functional Dry Needling Level 2

Successful completion of this advanced level of the Dry Needling course of study will deem you competent and proficient in becoming a Functional Dry Needling® (FDN) Practitioner. Similar to the class model of FDN Level 1, this course includes theoretical and laboratory sessions which incorporate instruction in safety, needling technique, treatment rationales for various diagnoses, and education in contraindications, precautions, and possible complications of dry needling. Content is taught in a blended format including both pre-course online content and hands-on lab-intensive weekend course.

Having practiced and perfected the techniques of FDN Level 1, practitioners are now experienced and skilled enough to cover musculature in more technical areas including that of the thoracic spine and trunk, lumbar spine, cervical spine, hip, hand, foot, upper extremity, temporomandibular joint, and connective tissues.

### Course Format

KinetaCore offers the FDN Level 2 course in a 2-day and 3-day format. Both versions of the course require 6 hours of pre-course online coursework to be completed in the Moodle Learning Platform prior to the onsite date.

[VIEW 2-DAY COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-2017-06-16-17-FDN-2-DAY-A\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/06/KINETACORE-2017-06-16-17-FDN-2-DAY-A)

[VIEW 3-DAY COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-2017-06-16-17-FDN-3-DAY-A\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/06/KINETACORE-2017-06-16-17-FDN-3-DAY-A)

- 2-Day Onsite Course CEUs: 6 online, 19 onsite, 25 total
- 3-Day Onsite Course CEUs: 6 online, 27 onsite, 33 total

Both 2-day and 3-day courses include a lab-intensive atmosphere. The 3-day course involves even more onsite lab time, SFMA instruction and 3-4 case presentations with assessment, treatment and practical experience. The 3-day course also provides the additional onsite hours that some states require before practicing dry needling in patient treatment.

### Prerequisites

- Successful completion of FDN Level 1 (<https://www.kinetacore.com/educational-offerings/course/level-1/>)
- Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)
- Submit to KinetaCore a patient log of 200 dry needling sessions.
- Or, complete Functional Therapeutics and submit a log of 100 dry needling sessions.

### Course Registration Includes

- Water and Lunch is provided on all course days. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunches, but we cannot offer food sensitive options. We are happy to assist you in locating meal options in the vicinity of the course venue.
- Course supplies (including small, medium and large sized gloves)
- Comprehensive Lab Manual
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore®

[SAMPLE PATIENT CONSENT FORM \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2016/08/FDN\\_PATIENT\\_CONSEN\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2016/08/FDN_PATIENT_CONSEN)

[FDN LEVEL 2 LOG \(HTTP://KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/04/FDN-LOG-BLANK.XLS\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/04/FDN-LOG-BLANK.XLS)

### Important Notices

- This course requires 6 hours of pre-course online content. This content must be completed in the Moodle Learning Platform prior to attending the weekend onsite.



**\$1,250 USD**

Price for course located in Canada: \$1,500 USD

#### Upcoming 2-Day Courses (11)

September 16–17, 2017

Functional Dry Needling Level 2 - (2-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4995>)

ASHBURGN, VA

September 18–17, 2017

Functional Dry Needling Level 2 - (2-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4384>)

HOUSTON, TX

#### Upcoming 3-Day Courses (4)

November 11–13, 2017

Functional Dry Needling Level 2 - (3-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4875>)

RICHMOND, BC (BRITISH COLUMBIA)

November 17–19, 2017

Functional Dry Needling Level 2 - (3-Day)

(<https://my.kinetacore.com/RegistrationForm?sType=1&sessfrmt=True&sessid=4624>)



- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. Please contact us for more information.
- Be prepared to take this course and pass both theoretical and practical testing to earn your certification to practice dry needling. If you do not pass either Theory or Practical test, you will be required to re-test the material, which may incur further registration fees. Read, study and come prepared.
- Click here (<http://www.kinetacore.com/cancellation-policy/>) to review KinetaCore's CEU and Cancellation Policy.
- Please review your licensing state's scope of practice (<http://www.kinetacore.com/scope-of-practice>) to determine its status on Dry Needling.
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information before registering.

|                                                                                                                                           |                                                                                                                                            |                                                                                                                     |                                                                                                                |                                                                                                           |
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TEAMMATES:

EIM (<http://www.evidenceinmotion.com/>) | SPI (<http://www.spinstroke.com/>) | KinetaCore (<http://www.kinetacore.com/>) | NeuroRTI (<http://www.neurort.com/>)

# Advanced Functional Dry Needling Level 3

## A Neuro-Functional Approach

This two-day advanced clinical applications course focuses on the complex patient and advanced strategies when other treatments have not worked. This course reviews neuroanatomy and neurophysiology and how to apply it into dry needling and clinical practice for the experienced needler who has been trained in the past but wants to advance their skills to where modern dry needling has progressed. These techniques are perfect for the patient with chronic pain or signs of sensitization, and also for the athletic population who require a practitioner to get them past the 'extra mile'. The Advanced Course is for those who want to advance their current clinical acumen, progressing from the foundation of our Functional Dry Needling series and adding specific techniques targeting the peripheral joints and the TMJ. This course is a culmination of all foundational and clinical applications content learned with KinetaCore. Come prepared to think and practice like never before!



\$1,000 USD

### Upcoming Courses (1)

October 28-29, 2017  
 Advanced Functional Dry Needling:  
 A Neuro-Functional Approach (Level  
 3)  
 (<https://my.kinetacore.com/RegistrationFormsType=1&sessfmt=True&sessid=4901>)

## Course Format

Onsite Weekend Intensive course with required and recommended readings

- Advanced Functional Dry Needling Level 3 Course: 18 CEUs.

[COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/07/COURSE-AGENDA-ADVANCED-COURSE-20170112-70274261.pdf\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/07/COURSE-AGENDA-ADVANCED-COURSE-20170112-70274261.pdf)

## Prerequisites

- Successful completion of FDN1 and FDN2, and 2 years dry needling experience
- Current license as a PT, MD, DO, DC, PA or NP
- Visit our Course Materials tab for important guidelines and pre-reading materials.

## Course Registration Includes

- Water and Lunch is provided both days of the course. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunch, but we are happy to assist you in locating meal options in the vicinity of the course venue.
- Supplies to be used throughout the course (small, medium and large sized gloves provided).
- Comprehensive Lab Manual
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore®

## Important Notices

- Bring your previous manuals for reference on this course!
- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. Please contact us for more information.
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information.
- Be prepared to take this course and pass both theoretical and practical testing to earn your certification to practice dry needling. If you do not pass either Theory or Practical test, you will be required to re-test the material, which may incur further registration fees. Read, study and come prepared.

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TEAMMATES:

EJM (<http://www.evidenceinmotion.com/>) ISPJ (<http://www.ispinstitute.com/>) KinetaCore (<http://www.kinetacore.com/>) NeuroRTI (<http://www.neurort.com/>)

# Functional Therapeutics

This intermediate to advanced level Clinical Applications course is perfect for FDN1 and FDN2 graduates. The course allows practitioners to expand upon their practice of Level 1 techniques, learn new Level 2 muscles, and incorporate dynamic positioning techniques and more e-stim. It will teach the dry needling practitioner not just how to treat a muscle, but also how to utilize dry needling in treatment of the whole patient. Clinicians will learn how to incorporate dry needling within the scope of other modalities, and will learn to think and treat more globally. This course is vital to those wanting to integrate dry needling into their clinical practice and understand the treatment of the whole patient from start to finish.

Design of the course is to further expose participants to Functional Dry Needling, and to help practitioners develop a diagnostic theory to explain functional movement deficits, and apply a treatment plan to address them. Treatment techniques taught and utilized in this course will include new, intermediate FDN techniques, manual therapy techniques and corrective exercises. FT will develop clinical reasoning based on the model of movement dysfunction, which results in pain, rather than simply treating painful structures. The participants will have a greater understanding of "regional interdependence" and will be able to apply Dry Needling and other functional therapeutic techniques to address common and chronic dysfunctions found everyday in the clinic.

There is no other course offered that teaches both the assessment and decision-making process to develop an expertise utilizing and integrating Dry Needling and other manual therapy techniques together.

## Course Format

KinetaCore offers the Functional Therapeutics course in a 2-day and 3-day weekend intensive format. Both 2-day and 3-day courses include a lab-intensive atmosphere. The 3-day course involves even more onsite lab time, SFMA demonstration and clinical integration, treatment techniques and lab practical experience. The 3-day course also provides the additional onsite hours that some states require before practicing dry needling in patient treatment.

- 2-Day Onsite Course CEUs: 19 hours onsite
- 3-Day Onsite Course CEUs: 27 hours onsite



## Starting at \$1,000 USD

**Pricing Options:**  
 2-day onsite - \$1,000 USD  
 3-day onsite - \$1,250 USD

### Upcoming 3-Day Courses (2)

October 27-29, 2017  
 Functional Therapeutics:  
 Applications for Dry Needling -  
 (3-Day)  
 (<https://my.kinetacore.com/RegistrationFormsType=1&sessfrmt=True&sessid=4902>)  
 ASHBURN, VA

November 10-12, 2017  
 Functional Therapeutics:  
 Applications for Dry Needling -  
 (3-Day)  
 (<https://my.kinetacore.com/RegistrationFormsType=1&sessfrmt=True&sessid=4902>)

[VIEW 2-DAY COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-ADVANCED-FUNCTIONAL-THERAPEUTICS-2-DAY-COURSE-AGENDA\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/06/KINETACORE-ADVANCED-FUNCTIONAL-THERAPEUTICS-2-DAY-COURSE-AGENDA)

[VIEW 3-DAY COURSE AGENDA \(HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-ADVANCED-FUNCTIONAL-THERAPEUTICS-3-DAY-COURSE-AGENDA\)](http://www.kinetacore.com/wp-content/uploads/sites/5/2017/06/KINETACORE-ADVANCED-FUNCTIONAL-THERAPEUTICS-3-DAY-COURSE-AGENDA)

## Prerequisites

- Successful completion of FDN1 (<http://www.kinetacore.com/educational-offerings/course/level-1/>)
- Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)

## Course Registration Includes

- Water and Lunch is provided all 3 days. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunch for the three days, but we cannot offer food sensitive options. We are happy to assist you in locating meal options in the vicinity of the course venue.
- Supplies to be used throughout the course (small, medium and large sized gloves provided).
- A comprehensive manual (200 pages)
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore®

### Important Notices

- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also to have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. For more information, please email us (<mailto:education@kinetacore.com>).
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information before registering.
- Be prepared to take this course and pass both theoretical and practical testing to earn your certification to practice dry needling. If you do not pass either Theory or Practical test, you will be required to re-test the material, which may incur further registration fees. Read, study and come prepared.
- Please review your licensing state's scope of practice (<http://www.kinetacore.com/scope-of-practice>) to determine its status on Dry Needling.
- Click here (<http://www.kinetacore.com/cancellation-policy/>) to view the KinetaCore Cancellation Policy

|                                                                                                             |                                                                                                       |                                                                                                                         |                                                                                                              |                                                                                                                                            |
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# Functional Dry Needling of the Pelvic Floor

## Description

Functional Dry Needling of the Pelvic Floor is a lab intensive on-site course designed to instruct participants in the application of dry needling to female and male pelvic floor musculature and associated neuroanatomical structures including the thoracolumbar spine, abdomen, pelvis and hip joint complex. This course will provide a comprehensive review of anatomy, practice hands-on examination techniques and discuss clinical reasoning related to disorders of the pelvic floor.

This course is a revolutionary approach to treating patients with pelvic floor dysfunction commonly associated with pelvic pain, incontinence, voiding dysfunction and/or sexual pain or dysfunction. Dry needling will assist with the restoration of muscle function, improve proprioception, reduce and eliminate pain, and normalize tissue sensitivity to optimize patients' function and quality of life.

## Course Format

This two-day course combines lecture, hands-on-demonstrations and laboratory practice of selected advanced dry needling techniques. Furthermore, associated manual examination and treatment techniques will be performed. Participants will benefit from a maximum 1:8 instructor/student ratio, and will undergo an on-site skills assessment prior to the conclusion of the course. In addition, an on-line post-test will be required in order to obtain course certificate of completion.

Please note: Internal pelvic floor assessment is not required and **will not** be a component of the course work.

2-Day Onsite Course CEUs: 16 hours onsite

Target Audience: Pelvic floor therapists and clinicians who have an interest in treating pelvic floor dysfunction

## Prerequisites

- Successful completion of Functional Dry Needling Level I (<http://www.kinetacore.com/educational-offerings/course/level-1/>)
- Completion of an introductory course on pelvic floor dysfunction. Participants should be prepared to identify and palpate pelvic floor muscles and associated structures

neighboring the external genitalia. Internal pelvic floor assessment is not required and will not be a component of the course work; however, one muscle of the urogenital triangle in the female, the bulbocavernosus muscle, requires internal vaginal palpation in order to safely dry needle this structure. If you are not experienced at performing internal vaginal palpation you do not have to needle the bulbocavernosus muscle.

- Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)
- Submit to KinetaCore a patient log of 200 dry needling sessions or complete Functional Therapeutics and submit a log of 100 dry needling sessions.

## Objectives

1. Participants will demonstrate competency with anatomy, palpation and the application of dry needling to the muscles of the pelvic girdle, thoracolumbar spine, and abdomen.
2. Participants will understand the rationale for selecting dry needling to achieve optimal patient outcomes using clinical reasoning and evidence-based practice.
3. Participants will gain a strong appreciation of neurology and dysfunction in the nervous system associated with the pelvic floor, including visceral and somatic dysfunction.
4. Participants will practice the application of electrical stimulation with dry needling to the pelvic floor and associated anatomical structures to improve identified neuromuscular dysfunction.

## Important Notices

- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also to have it practiced on you.
- Click here (<http://www.kinetacore.com/cancellation-policy/>) to view the KinetaCore Cancellation Policy.
- Please review your licensing state's scope of practice (<http://www.kinetacore.com/scope-of-practice>) to determine its status on Dry Needling.

**KinetaCore**

175 S. English Station Rd. Suite 218

Louisville, KY 40245

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# Spinal Manipulation Institute

## American Academy of Manipulative Therapy™

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Distinguish yourself as an expert in both HVLA thrust manipulation and dry needling by earning the **DIPLOMA in OSTEOPRACTIC™**. Get **CERTIFIED in SPINAL MANIPULATIVE THERAPY (Cert. SMT) & DRY NEEDLING (Cert. DN)**. Apply now to the 12-month, APTA-accredited **AAMT Fellowship in Orthopaedic Manual Physical Therapy** and earn the **FAAOMPT credential**.

**SMT-1: High-Velocity Low-Amplitude Thrust Manipulation of the Cervical, Thoracic, Lumbar & SI Joints**

**SMT-2: Cervicothoracic Dysfunction & Cervicogenic Headaches: Diagnosis & Management with HVLA Thrust Manipulation & Exercise**

**SMT-3: Lumbar and Sacroiliac Dysfunction: Diagnosis & Management with HVLA Thrust Manipulation & Exercise**

**SMT-4: Certification in Spinal Manipulative Therapy (Cert. SMT): Comprehensive Review & Comprehensive Oral, Practical & Written Examination**

**DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling)**

**DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)**

**EMT-1: Extremity Manipulative Therapy: Upper & Lower Extremity HVLA Thrust Manipulation**

**IASTM-1: Instrument-Assisted Soft-Tissue Mobilization for Spine & Extremity Conditions: An Evidence-Based Approach**

**DD-1: Differential Diagnosis & Multi-Modal Management of Upper & Lower Extremity Spine Related Pain Syndromes**

of any kind, in the practice of traditional Chinese acupuncture or Oriental Medicine. More specifically, this course does not teach participants to needle acupuncture points on traditional Chinese meridians.

For the management of headache, cervical, thoracic, and upper extremity pain syndromes, dry needling will be taught as one part of the treatment package, but not the only part. That is, the most recent literature clearly supports the inclusion of cervical and thoracic HVLA thrust manipulation (Dunning et al, 2012; Cross et al, 2011; Lau et al, 2011, Gross et al., 2010; Cleland et al, 2007) for the effective treatment of cervicothoracic pain and disability. Likewise, cervical manipulation has been found to reduce headache frequency, intensity, duration, and disability associated with cervicogenic headaches in the short and long-term (Jull et al, 2002; Haas et al, 2010); and moreover, cervical, elbow and wrist manipulation have each been shown to reduce forearm pain in chronic lateral epicondylalgia syndrome (Fernandez-Carnero et al, 2008, 2009, 2011; Struijs et al, 2003). Nevertheless, within the emerging literature, the combination of spinal manipulation and dry needling is showing the most promise for “best practice” models in a variety of musculoskeletal conditions. This is the “Osteopractic” approach in essence—the combination of spinal manipulation (SMT-1, SMT-2, SMT-3 & SMT-4), extremity manipulation (EMT-1), and dry needling (DN-1 & DN-2) for the evidence-based treatment of neuromusculoskeletal conditions. Learn from the experts that are trained in all three by registering online now!

[Register online for this seminar](#)

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American Academy of Manipulative Therapy (AAMT) Fellowship in Orthopaedic Manual Physical Therapy: Deposit for Fellowship Cohort that begins March 1, 2018

IASTM-1: Instrument-Assisted Soft-Tissue Mobilization Custom FRAMS (Fibrosis Release And Myofascial Stretching) TOOL SET for Spine & Extremity Conditions

[Register Online](#)

## Seminar Description

### **DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling)**

No prerequisites are needed for this **three-day 27-hour course in dry needling**; however, registrants must be a licensed physical therapist, osteopath, medical doctor, naturopathic doctor or acupuncturist in their respective state or country. **Certification in Dry Needling™** (Cert. DN™) will be awarded upon successful completion (i.e. written and practical examination) of both the DN-1 & DN-2 courses, giving **54 hours of hands-on dry needling education** in total.

Participants will learn superficial and deep dry needling techniques for the treatment of craniofacial, cervicothoracic and upper extremity musculoskeletal conditions. This course does include, but is not limited to, needling of taut bands of muscle (i.e. trigger points) as originally introduced by Travell & Simons. That is, peri-neural needling and needle puncture of tendons, ligaments, musculotendinous junctions, teno-osseous junctions, and bone (i.e. "periosteal pecking") will also be taught as essential components of musculoskeletal needling practice. More specifically, peri-neural and peri-vascular needling will be instructed for the purpose of improving microcirculation and disrupting fibrosis in chronic neurogenic pain conditions (e.g. an impacted median nerve in carpal tunnel syndrome). Dry needling is certainly a lot more than sticking needles in trigger points!

Dry needling will be taught within the framework of western musculoskeletal diagnoses, not within the theoretical framework of traditional Chinese medicine (TCM), and not for the purpose of altering the flow of Qi or energy along traditional Chinese meridians. More specifically, the participant will learn evidence-based guidelines, recommended "point" locations, and dosages for the use of dry needling in the treatment of specific neuromusculoskeletal conditions (not just individual muscles!) including: whiplash associated disorders, cervicogenic headaches, tension type headaches, migraine headaches, rib syndromes, facet joint syndromes, cervical radiculopathy, mechanical neck pain, carpal tunnel syndrome, shoulder impingement syndrome, lateral epicondylalgia, and temporomandibular dysfunction. In addition, the most recent evidence underpinning the mechanical, hypoalgesic (central, segmental, peripheral), neurophysiologic, chemical, and hormonal effects of dry needling will be presented.

Brain imaging studies have demonstrated that needling of "key" distal points (not trigger points), that are not "onsite" with the patient's symptoms, stimulates the descending pain inhibitory systems or cortical areas of the brain that are involved in pain control. Furthermore, much of the literature that "dry needling" draws from uses the term "acupuncture" in its title, and many of these studies have used both traditional acupuncture points and myofascial trigger points in their treatment regimes. Thus, a foundational knowledge of the nomenclature and the location of several key traditional acupuncture points will be discussed on this course to help the clinician understand and interpret the existing biomedical acupuncture and dry needling literature within the context of neuromusculoskeletal conditions. However, this course in dry needling does not constitute training,

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DD-1: Differential Diagnosis & Multi-Modal Management of Upper & Lower Extremity Spine Related Pain Syndromes

**ATTACHMENT H**

SCHEDULE- DN3

*Note: Actual times may vary with each program at the discretion of the instructors. Coffee breaks are provided; meals are on your own.*

|                                 |                                  |                                                                                                   |
|---------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Day 1</b><br>7:30 am–6:30 pm | 7:30-8:30                        | Lecture Review: Other Needling Approaches                                                         |
|                                 | 8:30-9:45                        | Long Thumb Muscles and Extensor Indices                                                           |
|                                 | 9:45-10:00                       | Break                                                                                             |
|                                 | 10:00-11:30                      | Hand Muscles                                                                                      |
|                                 | 11:30-12:30                      | FHL, FDL, Poplitues, Posterior Tibialis                                                           |
|                                 | 12:30-1:30                       | Lunch                                                                                             |
|                                 |                                  | Anterior and Lateral Compartment Lower Leg                                                        |
|                                 | 1:30-2:30                        | Foot Muscles: EDB, EHB, Abductor Hallucis, ADM, FDB, FA, adductor Hallucis, Dorsal and Interossei |
|                                 | 2:30-4:00                        | Interossei                                                                                        |
|                                 | 4:00-4:15                        | Break                                                                                             |
|                                 | 4:15-5:15                        | Masseter and Temporalis                                                                           |
| 5:15-6:15                       | Anterior and Posterior Digastric |                                                                                                   |
| 6:15-6:30                       | Group Practical Review           |                                                                                                   |
| <b>Day 2</b><br>8:00 am–6:30 pm | 8:00-10:30                       | Lecture Review: Review of Articles                                                                |
|                                 | 10:30-10:45                      | Break                                                                                             |
|                                 | 10:45-11:45                      | Scalenes and Longus Colli                                                                         |
|                                 | 11:45-12:45                      | Medial and Lateral Pterygoids                                                                     |
|                                 | 12:45-1:45                       | Lunch                                                                                             |
|                                 | 1:45-2:45                        | Corrugator, Procures, Occipito-Frontalis, Zygomaticus Risorius, Buccinator                        |
|                                 | 2:45-3:00                        | Break                                                                                             |
| 3:00-6:00                       | Lab Practical Review             |                                                                                                   |
| <b>Day 3</b><br>8:00 am–2:30 pm | 8:00-10:30                       | Theoretical Examination                                                                           |
|                                 | 10:30-11:00                      | Break                                                                                             |
|                                 | 11:00-End                        | Practical Examinations                                                                            |

## SCHEDULE (DN-2 NEW FORMAT)

*Note: Actual times may vary with each program at the discretion of the instructors. Coffee breaks are provided; meals are on your own.*

|                                 |                   |                                                                               |
|---------------------------------|-------------------|-------------------------------------------------------------------------------|
| <b>Day 1</b><br>7:30 am–6:30 pm | 7:30-9:30         | MFP and Sensitization lecture review (module 5-7)                             |
|                                 | 9:30-9:45         | Break                                                                         |
|                                 | 9:45-10:00        | Precautions and Needle Review Slides                                          |
|                                 | 10:00-11:00       | Teres Major and Minor                                                         |
|                                 | 11:00-11:45       | Coracobrachialis                                                              |
|                                 | 11:45-12:45       | Lunch                                                                         |
|                                 | 12:45-2:15        | Pronator Teres, Wrist Flexors and FPL                                         |
|                                 | 2:15-3:15         | Pectoralis Minor                                                              |
|                                 | 3:15-3:30         | Break                                                                         |
|                                 | 3:30-4:30         | Levator Scapulae                                                              |
|                                 | 4:30-5:30         | Supraspinatus                                                                 |
| 5:30-6:30                       | SCM Review        |                                                                               |
| <b>Day 2</b><br>7:30 am–6:30 pm | 7:30-8:30         | Clinical Aspects of MFP Review                                                |
|                                 | 8:30-10:00        | Posterior Cervicals including Cervical Multifidi and Cranial Attachments      |
|                                 | 10:00-10:15       | Break                                                                         |
|                                 | 10:15-11:15       | Oblique Capitis Inferior                                                      |
|                                 | 11:15-12:30       | Thoracic and Lumbar Multifidi and Lumbar Iliocostalis                         |
|                                 | 12:30-1:30        | Lunch                                                                         |
|                                 | 1:30-2:30         | Iliacus and TFL                                                               |
|                                 | 2:30-3:45         | Deep Hip Rotators                                                             |
|                                 | 3:45-4:00         | Break                                                                         |
|                                 | 4:00-5:15         | Abdominal Muscles                                                             |
| 5:15-6:30                       | Serratus Anterior |                                                                               |
| <b>Day 3</b><br>7:30 am–4:00 pm | 7:30-8:30         | Lower Trap, Mid Trap, Subscap (medial approach)                               |
|                                 | 8:30-10:15        | Rhomboids, Serratus Posterior Superior, Longissimus, and Iliocostalis Muscles |
|                                 | 10:15-10:30       | Break                                                                         |
|                                 | 10:30-12:00       | Serratus Posterior Inferior, Latissimus Dorsi and Pectoralis Major on Trunk   |
|                                 | 12:00-1:00        | Lunch                                                                         |
|                                 | 1:00-1:45         | Quiz and Review                                                               |
|                                 | 1:45-2:45         | Muscle Competency                                                             |
|                                 | 2:45-4:00         | Scar Tissue, Adhesions, Enthesopathies, and Tendinopathies                    |

*\*\* In addition, students will have 5 hours of home study modules to review prior to each course.*

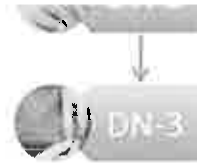
## SCHEDULE- D1

*Note: The actual times may vary with each program at the discretion of the instructors. Coffee breaks are provided; meals are on your own.*

|                                 |                                |                                                                                            |
|---------------------------------|--------------------------------|--------------------------------------------------------------------------------------------|
| <b>Day 1</b><br>7:30 am-6:30 pm | 7:30-8:30                      | Review of Intro Lecture                                                                    |
|                                 | 8:30-9:30                      | Palpation Lab                                                                              |
|                                 | 9:30-9:45                      | Break                                                                                      |
|                                 | 9:45-10:45                     | Needle Handling Lab                                                                        |
|                                 | 10:45-11:45                    | OSHA, Needle Precautions                                                                   |
|                                 | 11:45-12:45                    | Lunch                                                                                      |
|                                 | 12:45-2:00                     | Infraspinatus                                                                              |
|                                 | 2:00-3:15                      | Deltoids                                                                                   |
|                                 | 3:15-3:30                      | Break                                                                                      |
|                                 | 3:30-4:30                      | Biceps and Brachialis                                                                      |
| <b>Day 2</b><br>7:30 am-6:30 pm | 4:30-5:30                      | Triceps                                                                                    |
|                                 | 5:30-6:30                      | Upper Trapezius                                                                            |
|                                 | 7:30-8:30                      | Review of Intro to Pain Sciences                                                           |
|                                 | 8:30-9:30                      | SCM                                                                                        |
|                                 | 9:30-9:45                      | Break                                                                                      |
|                                 | 9:45-11:15                     | Latissimus Dorsi (axillary portion) and Pectoralis Major (axillary and clavicular portion) |
|                                 | 11:15-12:15                    | Subscapularis (lateral approach)                                                           |
|                                 | 12:15-1:15                     | Lunch                                                                                      |
|                                 | 1:15-2:45                      | Brachioradialis and Wrist Extensors                                                        |
|                                 | 2:45-3:45                      | Supinator/Anconeus                                                                         |
| <b>Day 3</b><br>7:30 am-3:30 pm | 3:45-4:00                      | Break                                                                                      |
|                                 | 4:00-5:15                      | QL and Psoas                                                                               |
|                                 | 5:15-6:30                      | Gluteus max/med/min                                                                        |
|                                 | 7:30-9:00                      | Adductor longus, brevis, magnus/gracilis                                                   |
|                                 | 9:00-10:00                     | Pectineus                                                                                  |
|                                 | 10:00-10:15                    | Break                                                                                      |
|                                 | 10:15-11:45                    | Quads and Hamstrings                                                                       |
|                                 | 11:45-12:45                    | Lunch                                                                                      |
| 12:45-1:45                      | Gastroc/Soleus                 |                                                                                            |
| 1:45-2:30                       | Post Quiz and Review **        |                                                                                            |
| 2:30-3:30                       | Muscle Competency Check Off ** |                                                                                            |

\*\* In addition, students will have 5 hours of home study modules to review prior to each course.

The **Foundations courses** consist of two three-day hands-on workshops to teach the techniques of trigger point identification and the concepts of dry needling with an emphasis on the most common muscles seen in clinical practice. The Foundations courses have to be taken in order.



Prior to the courses, students will receive several home study modules, consisting of videos of lectures, hand-outs and several scientific articles.

The DN-1 course included a brief historical review of myofascial pain, pain models and the neuro-matrix, an introduction to relevant pain sciences, inter- and intra-rater reliability, motor endplate dysfunction, elastography, and the characteristics of trigger points.

The DN-2 course includes a review of the scientific basis of myofascial pain, the chemical environment of trigger points, the role of botulinum toxin, the etiology of trigger points, and other theoretical hypotheses. In addition students will be introduced to various clinical aspects of myofascial pain, such as tension-type headaches, migraines, low back pain, planter fasciitis, carpal tunnel syndrome, and post-nastectomy. Much attention will be paid to peripheral and central sensitization and the consequences for clinical practice.

Students can review the lectures in the comfort of their home or office. During the initial course, the most pertinent aspects of the theoretical modules will be reviewed with time for questions and comments. Each teaching block consists of an introductory lecture and demonstration, followed by supervised hands-on practice in small groups. This is a learning program with immediate clinical applicability upon completion. The Foundations courses (DN-1 and DN-2) must be taken in order and are prerequisites for the Advanced Level course (DN-3). Each course includes a theoretical examination and a practical competency trial.

**DRY NEEDLING (DN) PROGRAM: ADVANCED DN-3**

Following successful completion of the foundations courses, students are encouraged to attend the Advanced Dry Needling course (DN-3).

The Advanced dry needling course will bring the clinician to the highest level of clinical proficiency in the management of patients with myofascial pain. Other dry needling topics include the treatment of scar tissue, entrapopathy, and tendinopathy. This is a two-day course followed by comprehensive theoretical and practical examinations on the third day.

Students will learn to examine and treat all accessible muscles in the body, while gaining a profound understanding of the scientific literature. We do not believe that there are any other course programs in the US that offer the same level of instruction and depth.

**DRY NEEDLING CERTIFICATION**

Immediately following the second day course of the DN-3 course, Myopain Seminars offers students the opportunity to demonstrate mastery of contemporary pain science insights and research by completing our comprehensive theoretical examination. The theoretical examination consists of 60 multiple choice questions. To pass the examinations a minimum score of 70% is required. Upon completing the theoretical exam, students continue with practical examinations, which consist of a demonstration of dry needling therapy for two randomly selected muscles. One of the muscles is on the chest wall, while the other muscles is selected from other parts of the body.



Successful completion of the theoretical and practical examinations allows graduates to use the CPTPT designation, which stands for "Certified Myofascial Trigger Point Therapist."

*"The Myopain Seminars dry needling courses are the best courses I have seen and I have taken them all. The instructors' professionalism, knowledge, and passion were evident and they were one of the reasons the courses were that great. I am now proud of my CPTPT credentials then any of my other credentials. I highly recommend this dry needling program!"*—Sam Anderson, PT, DPE, OCS, HTC, ATC/J, CPTPT, MMS, AZ

*"I have taken a basic and advanced Dry Needling course with another provider and have been practicing Dry Needling for 3 years. I recently took the first Myopain Seminars Trigger Point Dry Needling course because I wanted the perspective of Jan Travell, who has done an immense amount of writing and research on this technique. Myopain's approach is much more thorough, specific and relevant relative to what I had been exposed to. I know that my practice of this technique is more effective, and will definitely be that Myopain course and I plan on completing their full certification curriculum."*—Paul Wells PT, DPT ATC, Durham, NC

Select a course from the list below to see full information, including prerequisites.

- DN-1, Foundations I**
- DN-2, Foundations II**
- DN-3, Advanced**



- If you completed the old DN-1, DN-2, and DN-3, attend the new DN-3 course. There are no discounts for attending the new DN-3 course.

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## FACULTY

The Dry Needling courses are taught by **Myopain Seminars Dry Needling Faculty**, which includes:

- **Senior instructors:** Dr. Jan Dommerholt, Dr. Robert Gerwin, Dr. Tracey Adler, Dr. Michelle Layton, Dr. Johnson McEvoy, Dr. Robert Stanborough, and Mr. Erik Wijtmans;
- **Instructors:** Dr. Andrew Ball, Dr. Amanda Blackmon, Dr. Joe Donnelly, Dr. Savas Koutsantonis and Dr. Ralph Simpson;
- **Lab Instructors:** Dr. Carlos Berio, Ms. Erika Bourne, Ms. Anne Campbell, Dr. Jonathan Claude, Dr. Andrew Contreras, Dr. Jennifer Flage Hobson, Mr. Todd Hooks, Dr. Francis Jung, Mr. Mike Karegeannes, Mr. Andy Kerk, Dr. Aart Schulkopfer and Dr. Colleen Whiteford.

Myopain Seminars sets very high standards for its instructors. Did you know that all instructors of our dry needling courses, for example, have passed our certification examinations, have at least 10 years of clinical experience and have a combination of:

- A minimum of 5 years of clinical dry needling experience
- A PhD degree
- A transitional DPT degree
- Fellowship status in the American Academy of Orthopedic Manual Physical Therapists
- OCS certified
- A minimum of 5 years of teaching experience in a master or doctoral physical therapy program

## CORPORATE SPONSORSHIP

Myopain Seminars offers the Dry Needling courses as "open" or "host" courses, and "corporate" or "sponsored" courses for private companies. To explore bringing Myopain Seminars' course programs to your practice or hospital, please [contact us](#). [Click here to learn more about sponsoring a course or view our current Partners.](#)

## TAKING DN COURSES AS PART OF YOUR NXT GEN RESIDENCY OR FELLOWSHIP

Through an exclusive partnership with tXt Gen, the Myopain Seminars DN-1 and DN-2 courses can count as an elective track in the Next Gen Fellowship.

[Click here](#) for more information.



## ELIGIBILITY

The workshops are designed for licensed healthcare practitioners, who are allowed to use dry needling in their practice and jurisdiction, including physicians and physician assistants, dentists, veterinarians, physical therapists, occupational therapists, chiropractors, acupuncturists, athletic trainers, nurses, and nurse practitioners. Medical residents and physical therapy residents are eligible for these courses.

Massage therapists, bodyworkers, neuromuscular therapists, physical therapy assistants, and occupational therapy assistants are not eligible to attend the DN courses and are encouraged to attend courses offered through the **Myopain Seminars Manual Trigger Point Program**.

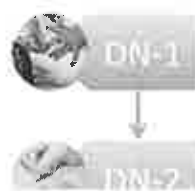
## PREGNANCY

Pregnant healthcare providers are welcome to attend the dry needling courses. Each individual practitioner can decide whether they want to be needled during the courses. While in clinical practice we recommend against dry needling during the first trimester, there are no known risks associated with dry needling during pregnancy.

Some acupuncture groups and individual acupuncturists have suggested that dry needling of so-called "trigger points" could be abortifacient, but multiple scientific studies have refuted this outdated concept. See for example the [review article by Carr published in Acupuncture in Medicine 2015;33:413–419](#).

## DRY NEEDLING PROGRAM: FOUNDATIONS I & II

Myofascial trigger points are a common feature of nearly all pain syndromes, including fibromyalgia, and are characterized by persistent pain, loss of function and movement impairments. Treatment may involve manual therapy techniques, including dry needling or injections, correcting biomechanical and postural dysfunction, and restoring normal movement patterns.



955-269-1832

Get the best results for muscle pain and pain science education solutions.



ABOUT COURSES FEES, DATES & REGISTRATION RESOURCES LOCATIONS CONTACT

## JANET G. TRAVELL, MD SEMINAR SERIES: DRY NEEDLING COURSES

### DRY NEEDLING COURSES

The Myopain Seminars Dry Needling course program consists of two Transition courses (DN-1 and DN-2) and one Advanced course (DN-3). The Myopain Seminars Dry Needling courses incorporate a strong pain science perspective.

There are currently two major schools of thought in the pain science literature. According to one school of thought, once pain becomes chronic, input from peripheral nociceptors contributes little or not at all to the ongoing pain. The second school maintains that even in chronic or persistent pain states, peripheral nociceptive input can activate and maintain the pain experience.



At Myopain Seminars, we maintain that the current scientific literature supports the notion that persistent peripheral nociceptive input contributes to chronic pain states. By removing this nociceptive input, clinicians can positively contribute to the well-being of patients with chronic pain problems. Our dry needling courses fit well within a biopsychosocial pain management approach and include so much more than just learning how to use needles. Our home study modules and lectures cover an in-depth review of chronic painful pain states.

According to the late Dr. Hong-Yun Ge, MD, PhD, "The importance of central sensitization is overestimated over the last decade by scientists. It gives a wrong guidance to the clinicians and researchers toward the brain and not to the peripheral nociceptors (DN). However, we can not ignore the importance of central sensitization in pain and motor dysfunction propagation, but it is still maintained by peripheral nociceptive inputs."

All courses include online lectures that students will complete in the comfort of their own home or office.

The textbook *Trigger Point Dry Needling: An Evidence and Clinical-Based Approach* by Jun Chonjjerhok and Cesar Fernandez-de-la-Peñas is the required course book for all Dry Needling courses. Students can purchase the book from Myopain Seminars or from any other vendor. In addition, all participants will receive a well-illustrated full-color course workbook and a reader with pertinent scientific research.

The Dry Needling courses are competitively priced at \$925 per course for the DN-1 and DN-2 courses and \$1,095 for the DN-3 course, which includes the course book fee. The Dry Needling courses feature excellent instructor-student ratios.

### TRANSITIONING FROM THE "OLD" TO THE "NEW" PROGRAM

- If you completed only the old DN-1, the best option is to attend the new **DN-1** at a 50% discount, followed by the new **DN-2** and **DN-3** courses.
- If you completed only the old DN-2, the best option is to attend the new **DN-1**, followed by the new **DN-2** at a 50% discount and the **DN-3** course. There are no discounts for attending the new DN-3 course.
- If you completed the old DN-1 and DN-2, attend the new DN-2 and DN-3 courses.

### CONTACT MYOPAIN SEMINARS

4406 East-West Highway, Ste. 404  
Bethesda, MD 20814-4536

955-269-1832

[info@myopainseminars.com](mailto:info@myopainseminars.com)

### MESSAGE MYOPAIN SEMINARS ANYTIME

Your Name\*

Your Email\*

Subject - Which Course Program?

Questions or Feedback

Provide Your Feedback (Optional)  
5+7=?

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ATTACHMENT G

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# Activities

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## ▼ Structure & Function Dry Needling

Effective Dates: Ongoing  
Practitioner Type: PT & PTA

**Record  
This  
Activity**

You can modify this activity in the next step.

### DESCRIPTION

In this 25-hour lab-based course, the clinician will learn a diagnosis-focused approach to dry needling. The clinician will learn fundamental skills necessary for safe and proper needle insertion and removal, as well as effective strategies to manage commonly encountered pathologies in orthopedic and sport rehabilitation. Safety considerations are emphasized. Current science and research will be presented, along with a vast amount of clinical experience and pearls, allowing immediate application of dry needling into the clinicians' professional practice. The use of cupping and intramuscular electrical stimulation will also be discussed, demonstrated and practiced in class.

### Info Sheet

**DURATION FEE CCUS**  
25.00 Hours \$1,295.00

**CERTIFICATION DATES** ProCert certified  
11/28/2016 –  
11/27/2017

**ACTIVITY TYPE**  
Workshop/Seminar

### Fees

### CCU Assignment

### Locations

### Additional Dates and Locations

### TOPICS

Sports  
Foot  
Shoulder  
Spine

**Instructors****Agenda****Objectives**

- Adhere to safe needling techniques, including universal precautions and bloodborne pathogen education per the CDC and/or OSHA given a specific case study\*
- Integrate surface anatomy palpation and layered anatomy application for safety considerations when inserting a dry needle into a patient given a specific case study\*
- List 5 contraindications and precautions for dry needling and intramuscular electrical stimulation application
- Master application of dry needling techniques for common orthopedic pathologies and sport related dysfunctions given a specific case study\*
- Master application of intramuscular electrical stimulation for the common orthopedic pathologies and sport related dysfunctions given a specific case study\*
- Master application of three different cupping techniques based on desired physiological or clinical outcome in a given case study\*
- Given a specific case study, correctly integrate dry needling and intramuscular electrical stimulation into the overall treatment program\*

\*Indicates higher level of learning

**Outline****Materials****Prerequisites****Activity Approvers**

Hip  
 Back  
 Leg  
 Hand  
 Knee  
 Musculoskeletal  
 Neck  
 Orthopedics  
 Rehabilitation  
 Myofascial Release  
 Cervical  
 Thoracic  
 Lumbar  
 Modalities  
 Diagnosis and  
 Evaluation  
 Documentation and  
 Billing  
 Evidence-Based  
 Practice  
 TMJ

**Vendor Details**

**SF Dry Needling**  
 2414 N. 38th Street  
 Phoenix, AZ 85008,  
 USA

[Visit Website](#)

**Phone** (602) 888-1998

**Contact** Ashley Rice

**Email**

info@structureandfunction.net

**Reviews** 0 Average from 0 Reviewers

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## Advanced Neurologic Dry Needling for Pain Management and Performance Enhancement

Effective Dates: Ongoing Practitioner Type: PT

Record This Activity

You can modify this activity in the next step.

### DESCRIPTION

This Advanced course will present the recent developments in evidence-based research for dry needling relating to treatment of community based patients and athletes. Emphasis is on acquiring a deeper understanding of the pathophysiology of soft tissue dysfunction and therapeutic physiology of dry needling. Clinical techniques for examination and management of peripheral nerve injury, neuromuscular dysfunction and biomechanical imbalance of the musculoskeletal system will be presented. This course is designed to provide information on how integrative dry needling can assist in maximizing human (athletic) performance by understanding the physiology of soft tissue healing and remodeling. Pre and post athletic event integrative dry needling treatments are an integral part of the comprehensive management of soft tissue recovery and ultimately physical performance. A considerable amount of lab time is focused on assuring safe and effective dry needling skills & clinical decision-making

### Fees

### Info Sheet

**DURATION FEE CCUS**  
27.00 Hours \$1,295.000

**CERTIFICATION DATES** Process certified  
7/15/2017 – 7/14/2019

**ACTIVITY TYPE**  
Continuing Education  
Coursework

**TOPICS**  
Neurology  
Musculoskeletal  
Inflammation  
Orthopedics

## CCU Assignment

### Locations

### Additional Dates and Locations

### Instructors

### Agenda

### Objectives

1. Independently identify a minimum of three peripheral neuro-trigger points in a given case study.
2. Independently integrate the physiological mechanisms into a treatment plan for a given musculoskeletal condition.
3. Independently evaluate peripheral nerve (soft tissue) dysfunctions relating to a given musculoskeletal condition and pain.
4. Formulate a strategy of prevention and management for adverse responses to dry needling based on OSHA requirements during a case study.
5. Independently choose the correct neuro-trigger point treatment sites for safe application of dry needling treatment during lab sessions.
6. Correctly defend the IDN system for treatment of musculoskeletal pain based on the unique neurology and physiology of neuro-trigger points.
7. Independently integrating the IDN system into the participant's physical therapy practice in relation to current clinical, legislative and billing barriers.

### Outline

### Materials

### Prerequisites

Attendance and successful completion of our Foundation seminar: Neurologic Dry Needling for Pain Management & Sports Rehabilitation.

Recommended reading: Dr. Ma's Neurologic Dry Needling.

## Vendor Details

Dr. Ma's Integrative  
Dry Needling Institute  
for Physical Therapists  
LLC  
7051 Navajo Trail  
Solon, OH 44139, USA  
[Visit Website](#)

Phone (410) 554-4221

Contact Frank Gargano

Email

[Frank@integrativedryneedling.com](mailto:Frank@integrativedryneedling.com)

Yun-tao Ma, (Lantern publishing, 2016)

This is the textbook for the course.

### Activity Approvers

**Reviews** 0 Average from 0 Reviewers

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## Neurological Dry Needling for Pain Management and Sports Rehabilitation

Effective Dates: Ongoing Practitioner Type: PT

Record This Activity

You can modify this activity in the next step.

### DESCRIPTION

Integrative Dry Needling is the culmination of Dr. Yun-tao Ma's 40 years of research and experience into a systematic approach to the application of the physiological mechanisms of dry needling. The Integrative Dry Needling (IDN) training program will develop the knowledge and clinical skills required to effectively diagnose and treat painful neuromuscular conditions in any region of the body. The IDN system integrates the older traditional treatment approaches to create an assessment and treatment system that drastically reduces the time spent on palpation, while improving clinical efficacy. As a result, course participants will develop a clinical protocol to allow immediate integration of dry needling into their clinical practice.

### Info Sheet

**DURATION FEE CCUS**  
27.70 Hours \$1,295.00

**CERTIFICATION DATES** Percent certified  
10/1/2016 – 9/30/2017

**ACTIVITY TYPE**  
Continuing Education  
Coursework

**TOPICS**  
Musculoskeletal

Fees

CCU Assignment

Locations

Instructors

Agenda

## Objectives

Learning Objectives:

At the end of this course, participants will be able to:

1. Develop the psychomotor skills necessary to effectively demonstrate and deliver dry needling treatment during the mastery lab sessions.
2. Acquire the knowledge and clinical skills necessary to evaluate and treat all types of myofascial pain and soft tissue dysfunction.
3. Describe the practical applications of the physiological mechanisms of needling during the mastery lab sections
4. Describe the neuroanatomy and physiology of trigger points, and the unique concepts of the IDN system during the case study portion of the course.
5. Provide safe and effective needling treatment, including preventing and managing adverse responses to needling and clean needling technique.
6. Integrate dry needling techniques into their physical therapy practice.

## Materials

### Prerequisites

Required reading: Biomedical Acupuncture for pain management, Integrative approach. Yun-iao Ma, Miia Ma, Zan Hee Cho (Elsevier, 2005)

## Activity Approvers

**Reviews** 0 Average from 0 Reviewers

## Vendor Details

**Dr. Ma's Integrative  
Dry Needling Institute  
for Physical Therapists  
LLC**

7051 Navajo Trail  
Solon, OH 44139, USA  
[Visit Website](#)

**Phone** (440) 554-4221

**Contact** Frank Gargano

**Email**

[Frank@integrativedryneedling.com](mailto:Frank@integrativedryneedling.com)



## Dry Needling Institute 12 Hour Certified Training Course



Sat 8:00AM – 6:00PM and Sun 8:00AM – 2:00PM

Dry Needling Institute's 12 hour certified training course results in immediate clinical applicability. Its purpose is to prepare health care professionals to utilize dry needling as a diagnostic and

treatment modality.

This course is meant for practitioners who desire improved clinical outcomes, improved patient satisfaction and increased referrals.

- Achieve great clinical outcomes in treating issues and tissues throughout the body.
- Complement your other treatment protocols with an evidenced based approach.
- Raise your practice profile.
- Generate additional internal and external referrals.
- Decrease the stress on *your* body!
- Requires minimal capital to implement.

### Training Course Fee

\$1200 All Attendees

PLEASE NOTE: 80% of the course fee is refundable if notice of cancellation is received by DNI up to 30 days before the course begins. Fees are nonrefundable within the last 30 days before the course.

**ATTACHMENT E**

### Course Objectives

Upon completion of this training the learner will:

- Understand the various theories and models that underlie dry needling technique.
- Know all safety and indication/contraindication parameters for needling services.
- Learn and demonstrate all dry needling procedures in all body areas to the instructor.
- Apply dry needling technique to various case scenarios presented by the instructor to demonstrate integration of the three previous elements.

Upon achieving these objectives the learner will be certified to deliver dry needling services safely and effectively to the public.

### Value-Added

- You receive a comprehensive 12 hour, two-day certified course.
- Class size is limited to ensure clinical competency.
- Participants receive a coursebook, educational materials, and a start-up supply of needles.
- Continental breakfast provided on all days, and healthy refreshments throughout.
- Free parking.

### Eligibility Requirements

- Open to all licensed health care practitioners whose scope of practice permits the use of dry needling.
- All participants must sign consent forms permitting the other participants to practice and perform dry needling on them and permitting the instructor to demonstrate dry needling on them.
- All participants must provide proof of adequate malpractice insurance.
- All participants must sign a waiver absolving the instructor of any liability in the event of injury.
- All participants must be prepared to dress down to shorts, and women should wear bras with rear closures to facilitate hands-on practice as part of the training.

### Course Overview



Current research, clinical trials, case studies, and my own personal experience all attest to the power of this evidence-based approach to treating soft tissue dysfunction.

With this powerful clinical tool, you can expand your scope of practice and contribute to the good of the public health by lessening the suffering of your patients, more efficiently and with longer lasting results.

This course has been audited by a representative of the Maryland State Board of Chiropractic Examiners and has been rated as "exceeding all expectations."

Participants will learn how dry needling theory is based on the same anatomic, neurologic and biomechanical principles they already use in their day-to-day practice. Participants will also learn how to apply their kinesthetic training and other skills to a technique that is increasingly recognized to be effective for diagnosing the source of myofascial pain syndromes, and for treating both acute and chronic pain.

Participants will learn how to perform dry needling using fine, thin, solid filament needles and they will practice what they learn on each other, in the workshop, under the direction of the instructor. Finally, participants will leave the workshop with a start-up supply of needles that they can use in their offices with their own patients.

## Dry Needling Institute

Training courses in the treatment and management of myofascial trigger points.

## DNI Courses Offered

12 Hour Course

12 Hour Connecticut Course

18 Hour Covington KY Course

Register & Fly Outline (Rockville

Only)

Course Schedule

## Course Times &

### Locations

12 Hour Course

Sat 8:00A - 6:00P, Sun 8:00A -

2:00P

American Academy of Manipulative Therapy (AAMT) Fellowship in Orthopaedic Manual Physical Therapy: Deposit for Fellowship Cohort that begins March 1, 2018

IASTM-1: Instrument-Assisted Soft-Tissue Mobilization Custom FRAMS (Fibrosis Release And Myofascial Stretching) TOOL SET for Spine & Extremity Conditions

[Register Online](#)

## Seminar Description

### **DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)**

No prerequisites are needed for this **three-day 27-hour course in dry needling**; however, registrants must be a licensed physical therapist, osteopath, medical doctor, naturopathic doctor or acupuncturist in their respective state or country. **Certification in Dry Needling™** (Cert. DN™) will be awarded upon successful completion (i.e. written and practical examination) of both the DN-1 & DN-2 courses, giving **54 hours of hands-on dry needling education** in total. Note: DN-2 may be taken before DN-1.

Participants will learn superficial and deep dry needling techniques for the treatment of lumbopelvic and lower extremity musculoskeletal conditions. This course does include, but is not limited to, needling of taut bands of muscle (i.e. trigger points) as originally introduced by Travell & Simons. That is, peri-neural needling and needle puncture of tendons, ligaments, musculotendinous junctions, teno-osseous junctions, and bone ("periosteal pecking") will also be taught as essential components of musculoskeletal needling practice. More specifically, peri-neural and peri-vascular needling will be instructed for the purpose of improving microcirculation and disrupting fibrosis in chronic neurogenic pain syndromes. Dry needling is certainly a lot more than sticking needles in trigger points!

Dry needling will be taught within the framework of western musculoskeletal diagnoses, not within the theoretical framework of traditional Chinese medicine (TCM), and not for the purpose of altering the flow of Qi or energy along traditional Chinese meridians. More specifically, the participant will learn evidence-based guidelines, recommended "point" locations, and dosages for the use of dry needling in the treatment of specific neuromusculoskeletal conditions (not just individual muscles!) including: mechanical low back pain, multifidus dysfunction, primary piriformis syndrome, acute lumbar radiculopathy ("sciatica"), hip dysfunction, knee osteoarthritis, patellofemoral pain syndrome, medial collateral ligament injuries, "shin splints", ankle "sprains", Achilles tendinosis, and plantar fasciitis. In addition, the most recent evidence underpinning the mechanical, hypoalgesic (central, segmental, peripheral), neurophysiologic, chemical, and hormonal effects of dry needling will be presented.

Brain imaging studies have demonstrated that needling of "key" distal points (not trigger points), that are not "onsite" with the patient's symptoms, stimulates the descending pain inhibitory systems or cortical areas of the brain that are involved in pain control. Furthermore, much of the literature that "dry needling" draws from uses the term "acupuncture" in its title, and many of these studies have used both traditional acupuncture points and myofascial trigger points in their treatment regimes. Thus, a foundational knowledge of the nomenclature and the location of several key traditional acupuncture points will be taught on this course to help the clinician understand and interpret the

existing biomedical acupuncture and dry needling literature within the context of neuromusculoskeletal conditions. However, this course in dry needling does not constitute training, of any kind, in the practice of traditional Chinese acupuncture or Oriental Medicine. More specifically, this course does not teach participants to needle acupuncture points on traditional Chinese meridians.

For the management of lumbopelvic and lower extremity pain syndromes, dry needling will be taught as one part of the treatment package, but not the only part. That is, there is high quality evidence that spinal manipulation has a clinically relevant effect on pain and disability in patients with acute and chronic low back pain (Rubinstein et al, 2011; Standaert et al, 2011; UK BEAM Trial, 2004); furthermore, patients with low back pain who do not receive lumbopelvic HVLA thrust manipulation as part of the treatment package are 8 times more likely to experience a worsening in disability than those patients who do receive spinal manipulation (Childs et al, 2007). Additionally, HVLA thrust manipulation of the sacrum has been found to increase the strength and basal tonus of the pelvic floor muscles (Almeida et al, 2010); and sacroiliac joint manipulation has been shown to improve the feed-forward activation timing of the transverse abdominus muscle (Marshall & Murphy, 2006). Nevertheless, within the emerging literature, the combination of spinal manipulation and dry needling is showing the most promise for "best practice" models in a variety of musculoskeletal conditions. This is the "Osteopractic" approach in essence—the combination of spinal manipulation (SMT-1, SMT-2, SMT-3 & SMT-4), extremity manipulation (EMT-1), and dry needling (DN-1 & DN-2) for the evidence-based treatment of neuromusculoskeletal conditions. Learn from the experts that are trained in all three by registering online now!

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doubleeeducation



## Dry Needling: A Tool for Physical Therapy Practice, Part 2



This 3-day 28-hour course in dry needling is a compliment to Course 1 in terms of evidence-based practice, safety, advancing the range of muscles needled, and practical employment of this treatment tool using clinical reasoning in more complicated cases. The purpose of this course is to refine and expand the clinician's skills in the utilization of dry needling in clinical practice. At the

end of this course, the clinician will have the foundation to move from a novice level regarding dry needling of trigger points to a master level of treating musculoskeletal disorders with a myofascial component. Clinical case reports/studies will be discussed and analyzed. Student cases will be presented and worked through with instructor and student feedback. Participants will advance palpation skills to effectively and safely identify trigger points and then learn the specific safety techniques over the thorax.

Students will learn how to integrate trigger point dry needling into a full PT evaluation and treatment plan resolve trigger points and restore function in the thoracic spine, hand, foot, and face for the treatment of musculoskeletal disorders.

### Course Objectives:

Upon completing this course, you'll be able to:

1. Understand why and how to employ dry needling within a full PT exam from history to differential diagnosis, from tests and measures to matching interventions, to the correlated home exercise
2. Understand the scientific underpinnings of the mechanisms of myofascial trigger points and dry needling
3. Discuss an overview of research literature on dry needling from 1979 to 2015 and understand how it pertains to PT clinical reasoning with each patient
4. Demonstrate excellence in safety of needle handling with regards to indications/contraindications, clean needle technique, OSHA needle safety standards,



and a knowledge of 3-dimensional anatomy

5. Demonstrate excellence in safety in any region and in particular when dry needling any muscles over the lung field via the rib block technique, the parallel-to-thorax technique, as well as other safety techniques
6. Demonstrate excellence in a variety of dry needle treatment techniques and paying close attention to patient assessment and reassessment during treatment
7. Integrate dry needling in a treatment program for various musculoskeletal conditions to include costochondritis, neck pain, headaches, TMJ, hand and foot pain, myofascial trigger points about the thorax, and other selected muscles

## Eligibility:

This course is designed for licensed physical therapists who are allowed to use dry needling in their practice and jurisdiction.

## Class size:

Between 20-30 students

## PT Continuing Education Approved Course:

North Carolina Board of PT Examiners 28 hrs

## Participation Policy:

Attendees must be able to fully participate in all lab activities, to include being the needling subject for all sections

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ACTIVITY TITLE

UNITS

**Structure & Function Dry Needling**

26.00

Type: Workshop/Seminar

Dates: 1/09/17 - 1/11/17; 1/13/17 - 1/15/17; 1/27/17 - 1/29/17; 2/24/17 - 2/26/17; 3/31/17 - 4/02/17; 4/21/17 - 4/23/17; 4/26/17 - 4/30/17; 5/06/17 - 5/07/17; 5/15/17 - 5/17/17; 6/02/17 - 6/04/17; 6/09/17 - 6/11/17; 6/29/17 - 7/02/17; 7/28/17 - 7/30/17; 8/11/17 - 8/13/17; 9/15/17 - 9/17/17; 9/22/17 - 9/24/17; 10/20/17 - 10/22/17; 12/09/16 - 12/11/16; Ongoing

Locations: Annapolis, MD; Atlanta, GA; Baltimore, MD; Bloomington, IN; Bowling Green, OH; Charleston, SC; Columbus, OH; Fairfield, NJ; Goodyear, AZ; Granville, OH; Houston, TX; Oklahoma City, OK; Phoenix, AZ; Portsmouth, NH; San Antonio, TX; Scottsdale, AZ; St. Cloud, MN; Tucson, AZ; USAF Academy, CO

Price Range: \$1295.00

Vendor: SF Dry Needling

**ProCert certified**

**Advanced Neurologic Dry Needling for Pain Management and Performance Enhancement**

27.00

Type: Continuing Education Coursework

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Certified: **ProCert Certified**

### Topics

- Musculoskeletal (3)
- Knee (3)
- Leg (3)
- Neck (3)
- [+ Show 32 more](#)

### Date

- Ongoing (9)
- Future (2)
- Past (2)

### Vendors

- Dr. Ma's Integrative Dry Needling Institute for Physical Therapists LLC (2)
- Ed4Online (2)
- Total Motion Release Seminars (2)

**ATTACHMENT I**

Dates: 8/25/17 - 8/27/17; 9/29/17 - 10/01/17;  
 11/03/17 - 11/05/17; Ongoing  
 Locations: Fairfax, VA; Hammond, LA; Phoenix, AZ;  
 Raleigh, NC; Solon, OH  
 Price Range: \$1295.00  
 Vendor: Dr. Ma's Integrative Dry Needling Institute  
 for Physical Therapists LLC

**ProCert certified**

**Neurological Dry Needling for Pain Management and Sports Rehabilitation** 32.00

Type: Continuing Education Coursework  
 Dates: Ongoing  
 Locations: cleveland, OH; Fairfax, VA; Glendale, AZ; Las Vegas, NV; Marietta, GA; Solon, OH; Vernon, CT; Winchester, VA  
 Price Range: \$1295.00  
 Vendor: Dr. Ma's Integrative Dry Needling Institute for Physical Therapists LLC

**ProCert certified**

**Master Dry Needling : Level -2** 29.00

Type: Continuing Education Coursework  
 Dates: Ongoing  
 Locations: Raleigh, NC  
 Price Range: \$995.00  
 Vendor: Total Motion Release Seminars

**ProCert certified**

**Master Dry Needling : Level -1** 27.00

Type: Continuing Education Coursework  
 Dates: Ongoing  
 Locations: Raleigh, NC  
 Price Range: \$1295.00  
 Vendor: Total Motion Release Seminars

**ProCert certified**

**Handling Aggressive Residents and Patients with Dementia** 1.00

Type: Online Course  
 Dates: Ongoing  
 Locations: Tampa, FL  
 Price Range: \$20.00  
 Vendor: Ed4Online

**ProCert certified**

**Physical Therapy and Safe Patient Handling and Mobility: Optimum Outcomes and Safety for Everyone** 2.00

Type: Online Course  
 Dates: Ongoing  
 Locations: Houston, TX  
 Price Range: \$99.00  
 Vendor: PhysicalTherapy.com

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20.00

Healthcare Academy (1)

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Type: Symposium/Conference  
 Dates: 4/10/17 - 4/30/17  
 Locations: Glendale, AZ  
 Price Range: \$175.00  
 Vendor: Tampa VA Research and Education Foundation, Inc.

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Type: Online Course    Dates: Ongoing  
 Locations: henderson , MN  
 Price Range: \$0.00  
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**ProCert certified**

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Type: Online Course    Dates: Ongoing  
 Locations: Tampa, FL    Price Range: \$20.00  
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3. Define trigger point, taut band, and neurological presentations of neuromuscular dysfunction.

4. Define and understand the concept of trigger points, their pathogenesis, and hypothetical constructs of Chad Gunn and Janet Travell.

5. Discuss and define attributes/features of trigger points and discuss the various interventions used in the treatment of trigger points.

6. Integrate understanding of appropriate use of trigger point dry needling within a clinical reasoning framework.

7. Perform trigger point dry needling and develop moderate proficiency using trigger point needling on select muscles of the spine, lower, and upper quadrant.

## Eligibility

This course is designed for licensed physical therapists who are allowed to use dry needling in their practice and jurisdiction.

## PT Continuing Education Approved Course:

North Carolina Board of PT Examiners 28 hrs

## Class Size:

Between 20-30 students

## Participation Policy:

Attendees must be able to fully participate in all lab activities, to include being the needling subject for all sections

doubleeeducation



## Dry Needling--a Tool for PT Practice, Course 1 Description:

### *Dry Needling--a Tool for Physical Therapy*

*Practice, Course 1* is a 3-day, 28-hour course delivered via on-site lectures and extensive hands-on lab/practical instruction using a regional approach in order to facilitate participant learning. The purpose of this course is to learn about trigger points and the different interventions used to treat them, focusing heavily on the



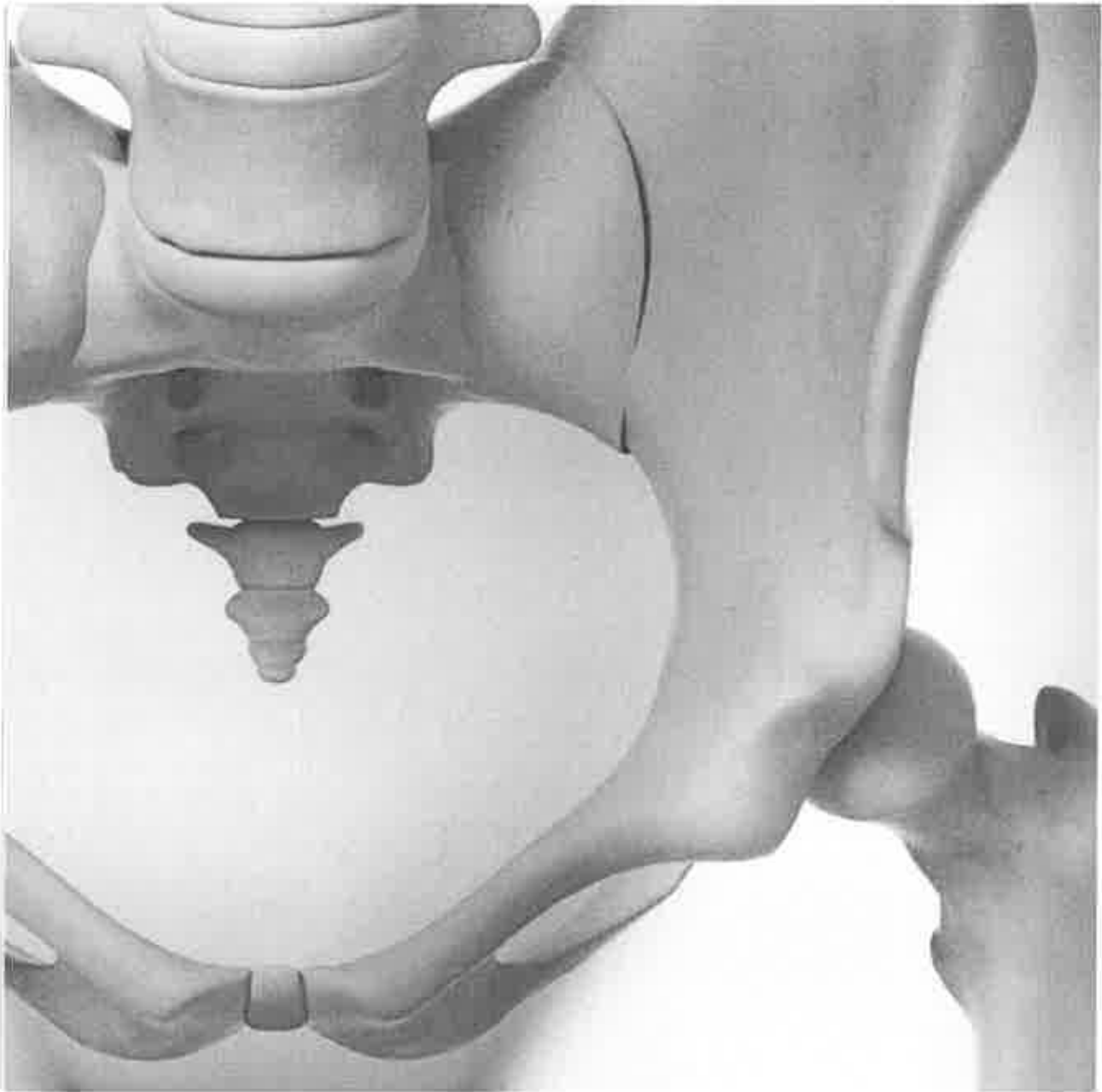
intervention of dry needling. While dry needling is emphasized in this course, it is presented as one intervention or tool that the clinician can integrate into his or her treatment program. The participants will learn palpation skills to effectively identify trigger points and then learn how to employ dry needling and their hands--to include evidence for soft tissue manual therapy--to resolve trigger points and restore function in the spine, lower, and upper quarter musculoskeletal disorders. This course will also investigate the emerging evidence/research regarding the treatment effectiveness, proposed mechanisms of action, and safety considerations for trigger point dry needling. Participants take a didactic test and a hands-on practical test that investigate the participant's palpation skills to accurately identify trigger points, correct hand placement for dry needling, knowledge of landmarks, safety considerations for various muscles, and correct and safe handling/disposal of needles. A heavy focus is placed on the integration of these techniques in clinical practice using clinical reasoning.

## Course Objectives:

Upon completing this course, you'll be able to:

1. Discuss the history of myofascial pain.
2. Review and define the concept of trigger points and supporting literature around this concept.

**ATTACHMENT F**



**\$1,000 USD**

Upcoming Courses (1)

September 30 – October 1, 2017

Functional Dry Needling Of The Pelvic Floor

(<https://my.kinetacore.com/RegistrationFormAccessCode.aspx?sType=1&sessfmt=True&sessid=4898>)

ASHBURN, VA

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## ▼ Master Dry Needling : Level - 1

Effective Dates: Ongoing  
Practitioner Type: PT & PTA

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This  
Activity**

You can modify this activity  
in the next step.

### DESCRIPTION

This course is intended as an introductory course to utilize DN in clinical practice and is open to Physical Therapists and Physical Therapy Assistants. Students of these disciplines are welcome as long as they are in the upper levels of their course work. It will begin with a history of dry needling and its contrast and comparison to acupuncture. It will continue with its use in trigger points and myofascial pain syndromes. Also included will be musculotendinous, tenoperiosteal and ligamentous applications.

### Info Sheet

**DURATION FEE CCUS**  
27.00 Hours \$1,295.00

**CERTIFICATION DATES** ProCert certified  
1/1/2019 – 12/31/2019

**ACTIVITY TYPE**  
Continuing Education  
Coursework

**TOPICS**  
Sports  
Foot  
Shoulder  
Spine

### Fees

### CCU Assignment

### Locations

### Instructors

### Agenda

### Objectives

## Objectives -

By the end of the course the participants will be able to -

1. Correctly explain using 5 main points, the efficacy of DN history and clinical applications.
2. Correctly list at least 5 normal and 5 abnormal muscle contraction physiology.
3. Correctly list the 10 precipitating and perpetuating factors in trigger point (TP) syndromes, as taught in class.
4. Correctly demonstrate the application of electrical stimulation to inserted needles as taught in class.
5. Correctly explain the muscle attachments and trigger points, by surface anatomy and muscle testing method.
6. Correctly describe at least 5 ligamentous and interosseous tissues by surface anatomy.
7. Properly insert needles into each tissue identified including depth and angle of penetration, as shown by the instructor.
8. Justify at least 5 uses of Neural Therapy concepts into treatment, as taught in class.
9. Justify the practical application of Total Motion Release concepts into the Dry Needling treatment as taught in class.
10. Correctly list at least 10 absolute and relative contraindications to Dry Needling therapy.
11. Analyze the findings of the one type of tissue encountered at the end of a needle, using "needle palpation."
12. Correctly utilize the different needling techniques and stimulation performed across the field, as per the given case scenario.

Back

Leg

Hand

Knee

Musculoskeletal

Arm

Neck

Myofascial Release

Cervical

## Vendor Details

**Total Motion Release**

**Seminars**

3500 Bush St., Ste. 101

Raleigh, NC 27609,

USA

[Visit Website](#)

**Phone** (919) 749-2106

**Contact** Tom Dalonzo-

Baker

**Email**

tmrs.sam@gmail.com

**Outline**

**Materials**

**Prerequisites**

State practice act that includes dry needling as being within scope of practice. Active malpractice insurance.

**Activity Approvers**

**Reviews** | 0 Average from 0 Reviewers

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## ▼ Master Dry Needling : Level -2

Effective Dates: Ongoing    Practitioner Type: PT

**Record  
This  
Activity**

You can modify this activity  
in the next step.

### DESCRIPTION

This course is a three day introductory course to enhance and expand upon the foundational principles offered in our 27-hour Level I course, Introduction to Dry Needling. While this course is still designed to place heavy emphasis on practical, hands-on training and practice, the attendee will be introduced to more detail of current research regarding DN efficacy, physiological effects, controversies and potential adverse effects.

### Info Sheet

**DURATION FEE CCUS**  
27.00 Hours \$995.00 0.00

**CERTIFICATION DATES** ProCert certified  
6/8/2018 – 8/7/2019

**ACTIVITY TYPE**  
Continuing Education  
Coursework

**TOPICS**  
Sports  
Shoulder  
Leg  
Knee

**Fees**

**CCU Assignment**

**Locations**

**Instructors**

**Agenda**

**Objectives**

**Outline**

This course is a three day introductory course to enhance and expand upon the foundational principles offered in our 27-hour Level I course, Introduction to Dry Needling. While this course is still designed to place heavy emphasis on practical, hands-on training and practice, the attendee will be introduced to more detail of current research regarding DN efficacy, physiological effects, controversies and potential adverse effects. Peripheral and central sensitization issues will be discussed. The participant will be familiarized not only with HOW to needle but also WHAT functional outcomes may be influenced by needling, which is WHY we needle. As always, an emphasis will be placed on patient and clinician safety and proper handling of potential blood-borne pathogens. While many of the tissues covered in the Level One course were larger and more common clinically encountered muscle groups, more complex anatomical regions such as the face, hand and foot intrinsic will be taught in Level II. Relevant regional and three-dimensional anatomy (utilizing state-of-the-art software programs) as well as pathophysiology of common disorders will be covered as the weekend progresses. Level II also dedicates more time of DN beyond trigger point techniques to other soft tissue applications in musculotendinous, periosteal and ligamentous tissues. The art of "needle palpation" will be emphasized, allowing the participant to correctly distinguish between normal and abnormal tissue in different body types. Pre and post DN functional assessments will be included. Prior to post-course proficiency testing, multiple case studies will be presented. Each attendee will be expected to sign a waiver and practice DN on a lab partner. Pregnant females are not allowed to participate in the course as all attendees are expected to needle lab partners.

### Materials

### Prerequisites

#### PREREQUISITES

\*State practice act that includes dry needling as being within scope of practice.

Musculoskeletal  
Neck  
Rehabilitation

### Vendor Details

#### Total Motion Release Seminars

3500 Bush St., Ste. 101  
Raleigh, NC 27609,  
USA

[Visit Website](#)

Phone (919) 749-2100

Contact Tom Dalonzo-Baker

Email

tmrs.sam@gmail.com

\*Active malpractice insurance.

\*Signed liability waiver by all attendees. Female attendees must sign to certify they are not pregnant.

\*Master Dry Needling Level I seminar or equivalent

### Activity Approvers

**Reviews** 0 Average from Reviewers

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**Summary of Public Comments Received on Proposed  
Regulations – Dry Needling**

## Board of Physical Therapy

### Public Comment on Proposed Regulations

#### Dry Needling

##### Comments received by Regular Mail

| Commenter                                                                | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| American Medical Society for Sports Medicine                             | <p>AMSSM is in favor of proposed regulation; fully-trained PTs should be allowed to perform dry needling. Dry needling is proven to be a safe and effective treatment for neuromusculoskeletal conditions, pain, movement impairments, and disability. Agrees with written referral and informed consent.</p> <p>Concern about lack of specificity for additional training; more clarity is needed as well as requirement for some portion of CE in dry needling.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Council of Colleges of Acupuncture & Oriental Medicine                   | <p>CCAOM opposes the proposed regulations for the following reasons: 1) dry needling is acupuncture; is an invasive procedure that uses acupuncture needles &amp; is part of the armamentarium of acupuncture; 2) acupuncture uses biomedical terminology so use of such language cannot be basis for defining dry needling as distinct from acupuncture;</p> <p>3) physical therapists are prohibited from performing surgery and dry needling is an inciseive procedure; 4) no national standard in PT for education and training in dry needling, so risk of public harm; 5) Attendance in dry needling courses not restricted to PTs who have a doctoral level degree; 6) PT regulators must specify training; 7) PT regulators must conduct adverse event monitoring through appropriate reporting; 8) PT in states where dry needling is allowed have exceeded the intended scope of practice</p>                                                                                           |
| American Academy of Medical Acupuncture                                  | <p>AAMA submitted its policy statement on dry needling. It is an invasive procedure using acupuncture needles that has medical risk. It should only be performed by practitioners with extensive training and licensure to perform these procedures, such as licensed medical physicians or licensed acupuncturists.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| American Academy of Physical Medicine and Rehabilitation                 | <p>AAPM&amp;R submitted its 2012 position paper which is basically identical to the policy statement of the AAMA.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Geller Law Group on behalf of the Acupuncture Society of Virginia (ASVA) | <p>ASVA opposes the proposed regulation and the practice of dry needling by physical therapists for the following reasons:</p> <p>1) It is an invasive procedure outside the scope of practice for PT; presents a public health and safety risk; and is an overstep of the regulatory authority of the Board. The practice of acupuncture is carved out of the practice of medicine and defined in statute. The AMA position is that the practice should be "performed by practitioner with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists." 2) Nothing in the statutory definition of the practice of PT extends the scope to include insertion of acupuncture needles; 3) the Board has overstep its authority by attempting to add the practice of acupuncture to the practice of PT. Included exhibits on AMA statement and claim report update from CNA on physical therapy liability.</p> |
| Brigitte Fox, L.Ac.                                                      | <p>Opposes the proposed regulations. States that: 1) dry needling is the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



|          |                                                                                                                                                                                                                                                                                 |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AcuWorks | practice of acupuncture; 2) requirements for licensure to perform acupuncture necessary to protect the public; and 3) proposed regulations lack any minimum training requirement. Practitioners should treat patients in accordance with their expertise and scope of practice. |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Comments received by Email

| Commenter                            | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Michelle Wright, L.Ac.<br>Naples, NY | Opposes dry needling by physical therapists, who are not legally and safely qualified to perform acupuncture. Dry needling is one style and technique in acupuncture. Standard for a physician to practice acupuncture is 300 hours of post-doctoral training, and PTs do not have same preparation for invasive procedures. No standard for training practitioner in dry needling and no means of assessment of competency for instructors, so the public is at risk. Dry needling by PT is an intentional misrepresentation to the public. Cites recent reports of serious injuries associated with non-acupuncturists practicing dry needling; lack of education and supervised clinical training could be a direct correlation to such injuries. |
| Joan Choi, L.Ac.                     | Acupuncture is a unique profession; dry needling by PT will injure acupuncturists. They need to get acupuncture license; need to protect acupuncture profession.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| David S. Groopman, M.D.              | Opposes dry needling by physical therapists. It is acupuncture, and extensive training & practice necessary to minimize incidence of adverse events. Weekend courses are no substitute for lengthy and comprehensive training. References the position of the American Academy of Medical Acupuncture (noted above)                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Jun Xu, M.D.<br>Greenwich, CT        | Dangerous to patient safety to expand PT practice. Reviewed training and education for medical and acupuncture profession and licensure. Unsafe and inadequate training puts patients at risk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Arthur Yin Fan, PhD L.Ac.            | Practice of dry needling just a rebranding of acupuncture. Weekend training is inadequate; education should match requirement for licensed acupuncturists.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Dianna Paulsen                       | Have gone to a licensed acupuncturist for procedures; would not want a PT without extensive training to practice dry needling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

### Comments received at the Public Hearing on February 7, 2017

| Commenter              | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Susan Ole (in favor)   | Had trouble breathing, voice, swallowing, and range of motion in shoulders, arms and neck after cervical surgery. Two months of therapy had no success, but dry needling worked "like a miracle". Voice returned, breathing relieved, neck had range of motion because of dry needling. Therapist was well qualified and did much more than muscle relaxers could. Most outstanding difference between dry needling and acupuncture was the way that acupuncture relates to energies, with no mention of muscles. Physical Therapist works with muscles and bones only. |
| Tom Bohanon (in favor) | Clinician and past president of the Virginia Physical Therapy Association. Physical therapists are highly educated and get trained at the doctoral level. Based on FSBPT study, 86% of clinical training for dry needling                                                                                                                                                                                                                                                                                                                                               |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | occurs at entry level program (clean and sterile techniques, anatomy with cadaver). Dry needling is a different modality than acupuncture. Physical therapists trained on treatment techniques to the neuromuscular and neuromusculoskeletal system, which trigger point dry needling is.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Blaze Williams (in favor)       | Faculty at VCU and current vice president of the sports section of the American Physical Therapy Association. Echo comments of Tom Bohanon. As a physical therapy educator, physical therapists educated in anatomy through gross anatomy, physiology, neuroanatomy, neurophysiology, kinesiology, and functional anatomy. More than ample education to receive additional training in dry needling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Erik Wijtmans (in favor)        | 30 years as licensed physical therapist, on teaching faculty at ODU, clinical instructor certified by APTA. Teaches dry needling courses to dentists, nurses, nurse practitioners, physicians, physician assistants, chiropractors and acupuncturists. Physical therapy education is at least 8900 hours (5400 in undergraduate, 3400 in graduate school). Dry needling not an entry level skill, taught in post graduate curriculum. Needles being used are solid filiform, specifically made for physical therapists to use in dry needling. Safety and accuracy paramount. Informally surveyed acupuncturists in his classes, they say ashi points are not the same as myofascial trigger points, same for chi response being different from needling response. Dry needling is a tool in the physical therapist tool box. Regulations state that therapist shall obtain full consent from patient; including disclosure that patient is not receiving acupuncture. |
| Dorthea Martin (in favor)       | Agree with previous gentlemen regarding education and continuing education. Previous physical therapists did exercises and manipulation, with no effect. Current one does dry needling, which has been life-changing. Aside from needles, completely different than acupuncture (trigger points, experience).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Judith Vaughn (in favor)        | After rectal surgery was in tremendous pain, unaided by physician or specialists. Manipulation also ineffective, but dry needling "literally saved my life". Dry needling has also helped her plantar fasciitis in both feet, frozen shoulder and rotator cuff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Amy Casdor-Gonzales (in favor)  | Pursued numerous modalities for physical pain, but nothing helped until myofascial release physical therapy enhanced by dry needling. Physical therapists who practice this are well trained, studied hard, and know what they are doing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Juanita Puffinbarger (in favor) | My recovery would not be possible without dry needling. When dry needling began she understood it was not acupuncture. What is in place is more than adequate. Patient care should be primary purpose, regulations should keep them informed and covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Ian Scott (in favor)            | Been all around the world and experienced numerous remedies and solutions, including acupuncture. Used dry needling as alternative to surgery and now pain free, with complete function.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Susan Stuart (in favor)         | Quality of life was poor, scared of needles, multiple pain management doctors. Directed to dry needles instead of opioids. Physical therapists explained procedures, showed exactly what they were doing and how muscles linked. Feels like physical therapists taught her more about her own body than Richmond's top neurosurgeon. Has gone in with level 10 pain and left after needling to go shopping, "miraculous".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Bruce Allen (in favor)          | Chronic pain in right hip, traditional physical therapy offered no relief. Two session of dry needling did more than all previous therapy combined.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yun Fan (opposed)          | Acupuncture and dry needling is the same as a person changing clothes, they look different, but underneath are the same thing. There is no difference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Rebecca Reynolds (opposed) | Nurse practitioner, also acupuncturist and certified in dry needling. Dry needling acupuncture effective modality. Regulation as they stand now are not adequate to become proficient in dry needling (don't discuss pneumothorax, forbidden points in pregnancy). Orthopedic acupuncture is close to dry needling, which covers item B in proposed changes. Proposing that dry needling is not acupuncture (item C) is an alternative fact, a majority of dry needling points are classis acupuncture points or ashi points. Saying dry needling is not acupuncture is like saying kinesiology is not physical therapy. Dry needling is trigger point localized acupuncture.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Arthur Fan (opposed)       | MD, PhD, RAC. Dry needling another name/form for acupuncture, according to WHO. Dry needling brought to Us by acupuncture researcher (Dr. Janet Travell) who used another name to attract more students. Indication and needling activity/techniques are the same as acupuncture. Education requirements are too low, allowing many other people to do it as well (nurse, MD, exercise trainer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Aubrey Fisher (opposed)    | Licensed acupuncturist. Commonwealth of Virginia defines acupuncture as "stimulation of certain points on or near the surface of the body by insertion of needles to prevent or modify the perception of pain or to normalize physiological functions..." Board of Physical Therapy defines dry needling as, "filiform needles to penetrate the skin and/or underlying tissues to affect changes in body structure and function for evaluation and management of neuromuscular conditions, pain, movement, impairments, and disabilities. This is a definition of acupuncture. Language used by Physical Therapists is same as what is already in acupuncture statutes. Acupuncture therapy includes treatment strategy of dry needling, including reactive points also known as hyperirritable loci or trigger points, to relieve musculoskeletal and connective tissue disorders. Acupuncture is more than energy flow and meridians, our channel systems are based on fascial, neurological, circulatory and muscular maps as they relate to body's anatomy and physiology,                                                                                                                                                                        |
| Stephanie Penum (opposed)  | Licensed acupuncturist in VA and AZ. Dry needling and trigger point dry needling is a term practiced by acupuncturists because it is a treatment strategy, not just a treatment modality. The North Carolina case, which was dismissed without prevalence, only occurred because the NC Board of Acupuncture did not exhaust all of their administrative processes; it was not a ruling in favor of dry needling for physical therapists. There is now another lawsuit pending against the North Carolina Board of Physical Therapy, as the Acupuncture Board has exhausted their methods. When the Texas Attorney General said it would most likely rule in favor of the Physical Therapy Board making trigger point dry needling within the scope of practice, which was an opinion not a ruling. These statements are misleading to the public and those reading the proposal. Adverse action reports have been sent out in other states, just not Virginia (Colorado- skier lung was punctured; Maryland- teachers nerve in leg was punctured; Arizona- needles were inserted through patients clothing and needles were disposed in public recycling bin; Georgia-dry needling was performed on a minor without consent from a parent/guardian). |
| Sarah Steed (opposed)      | National Board Certified Acupuncturist. Had patients come to her practice that were injured by dry needling done by a physical therapist, which needed several treatments to recover. Had other patients who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | were not helped by pain medication, physical therapy, dry needling or chiropractic. There are side effects to dry needling, we just never hear about them.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Bridget Fox (opposed)    | Registered Nurse turned acupuncturist. Specialization has occurred throughout human history, including subspecialties within professions. This is to benefit the patient. Physical therapy was borne out of this specialization, as an alternative to surgery. Good physical therapist should not have to do dry needling, rehab should not include needles. This regulation is grasping at another treatment option, "let me stick needles in him". Four years of acupuncture school only covers the tip of the iceberg, any less training is sad and will do more harm than good.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sarah Hung (opposed)     | Licensed acupuncturist. Dry needling is acupuncture, specifically a form of orthopedic acupuncture (taught in schools and has continuing education classes about). No minimum training standards in the regulations is a public safety concern, even though the American Medical Association recommends a minimum level for physical therapists similar to those for acupuncturists. Proposed courses also don't include clinical supervision. Medical doctors need 100 hours of clinical supervision to do acupuncture; it cannot just be a weekend course. I also support what everyone else on the opposed side has said.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Diane Lowry (opposed)    | Licensed acupuncturist. The insertion of FDA regulated acupuncture needles into trigger points for providing therapeutic relief falls under the purview of acupuncture, dry needling is not distinct. Dry needling presents a threat to public safety without adequate education, supervised clinical training and independent competency examination. Dry needling is not safe, and injuries range from pneumothorax to nerve damage. This has caused insurance companies to call it an emerging area of risk. Additionally the draft regulation has no minimum training standard, which is against the American Medical Association policy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Janet Borgess (opposed)  | Licensed Acupuncturist. Modality of dry needling is physical intervention that uses filiform acupuncture needles to stimulate points on the body. Where and how to insert the needle is supposedly based only on Western medical concepts, which was the original intent of Janet Travell. Valuable modality; we all want to help our patients. However, dry needling, motor point needling, myofascial needling, trigger point needling, and integrated dry needling are all styles of acupuncture. The only difference is the training and intent of practitioner inserting needle. Licensed acupuncturists practice all of these styles. Regulations as they stand risk intentionally putting public in danger by allowing physical therapists to independently decide if they have advanced procedural skill. Physical therapists have reportedly been doing dry needling since 2003, without a 100% safety record. Current draft may make it more convenient for Board of Physical Therapy to protect itself from public complaint, but it does not protect public safety. Further, to have a patient sign a disclosure that says they are not receiving acupuncture and then treating with acupuncture is confusing and deceptive. |
| Ian Hurdibaugh (opposed) | Abstained from comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pamela Howard (opposed)  | Licensed and board certified acupuncturist. In the last 4 years delivered over 10,000 treatments to over 1,000 patients. As a patient had great success with acupuncture to treat lateral epicondylitis. Continuing education classes for orthopedic acupuncture addresses motor points of the muscles of the body (class based on Dr. Janet Travell and Matt Calveston- an acupuncturist).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kelly Sherman (opposed)   | Board certified acupuncturist. Respect physical therapists scope of practice and the care they give their patients. Patient centered care to me is integrative care. That means I can refer patients to physical therapists for care and they can refer patients to me, to help in the form of trigger point therapy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Matthew Stanley (opposed) | Representing Acupuncture Society of Virginia. The Society is opposed to physical therapists practicing procedure called dry needling, as it falls under scope of practice of acupuncture, defined by Virginia Statute pursuant to section 54.12-900. Not been demonstrated how dry needling does not fit under such definition. No statute that provides legal authority for physical therapists or any other health practitioners to expand scope of practice via regulation to include dry needling. We believe Board of Physical Therapy is in violation of state law. Proposed regulation identifies it as an advanced procedure that requires advanced training but does not recommend or require any specific post graduate training hours (can be completed in as little as a weekend with no prior experience in the safe use of needles). Number of serious injuries from dry needling, which cause the American Medical Association to become critical of the lax regulation and nonexistent standards around this invasive procedure (need to meet standards required for acupuncturists and physicians to keep patients safe). Largest company insuring physical therapists called it an emerging area of risk. No provision of these regulations provides protections for patient safety. Acupuncturists in Virginia need at least 1,365 hours of acupuncture specific training, including 775 hours of didactic material specific to acupuncture and 660 hours of supervised clinical training. Even medical doctors with training in use of invasive medical devices need 300 hours of training in acupuncture (more than a weekend). No difference in training requirements for physical therapists without doctorate level degree and entry level physical therapists with less than two years of training. Virginia Department of Planning and Budget Economic Impact Analysis of the regulation state that "54 hours of professional training is required under the existing guidance, while the proposed regulation does not state a specific number of training hours". |

### **Comments posted on the Virginia Regulatory Townhall**

**Of the 2051 comments posted on the Townhall, there were 1786 unique comments (not duplicated by multiple entries).**

**There were 610 in support of the proposed regulation. Comments in support included:**

- Great clinical utility (important tool in “toolbox”)
  - Should be adjunct modality offered with additional continuing education and certification
    - More specific and effective than ultrasound in releasing chronic contracted muscles
    - Mandate reporting of any patient injuries to track whether training is sufficient

- Recognition of “open access” to a physical therapist’s treatment must be maintained
- Insurance will usually cover dry needling but not acupuncture
- Physical Therapists help people move better- dry needling provides relief of musculoskeletal/ nervous system deficits
- Not the same as acupuncture
  - Inactivate muscular trigger points; useful in pain control, muscle length/stretching, and neuromuscular re-education
    - Can be done without pain medication
    - Targeting only skeletal muscles
    - Helpful with fibromyalgia, myofascial pain,
      - Trigger points and myofascial dysfunction are muscle disorders. The experts in muscle anatomy, physiology, function, and pathology are physical therapists
  - Focus on hyperirritable loci in muscle tissue
    - Dry needling is an extension of manual stimulation of trigger points
    - Differs from acupuncture in clinical reasoning, technique and goal of treatment
    - Only similarity is needle being used
  - Trigger point dry needling focuses on targeting specific muscles that can lead to pain and looks to minimize the presents of active trigger points which have been associated with various types of pain. Acupuncture focuses on meridians and energy flow to restore balance within the body's system.
- Education requirement for certificate (50ish hours)
  - PTs know anatomy, physiology, neuromuscular re-education, soft tissue dysfunction
  - FSMB study shows 86% of KSA required for dry needling is obtained when graduating from accredited program
- Don’t let doctors dictate PT practices
  - Physician referral only adds to bureaucratic issues/red tape

**There were 1176 comments opposed to the proposed regulations. Comments in opposition included:**

- Educational requirements not strict enough
  - Not as strict educational requirements (20-30 hours vs MD education and 300 hours in acupuncture)
    - Outside scope of practice for physical therapist
      - Could damage internal organs (lungs, liver) along with nerves that PTs don’t have training in
      - Invasive procedure

- Need certification of clean needle techniques
    - Mixture of Eastern and Western Medicine (PTs have no eastern training)
      - Regulations have no minimum for training
    - Follow California's example
  - No independent, agency-accredited training programs for "dry needling," no standardized curriculum, no means of assessing the competence of instructors in the field, and no independently administered competency examinations
  - Give acupuncturist PT designation if dry needling is to fall under that scope of practice
- Comparison to acupuncture
  - Existence of trigger points as primary sources of pain has never been confirmed
    - Does not work beyond contextual effects (neurophysical phenomenon)
    - No animal model to study trigger points, can't confirm existence as local pathophysiology
  - Simplified acupuncture- same techniques, tools, indications, same points (just different names)
    - Trigger points are acupoints or ASHI points
  - WHO, AMA and AAPMR has clear definition that dry needling is acupuncture (non physicians should have 1500 hours training)
    - Constitutes acupuncture under VA and FDA law currently
    - [medicalacupuncture.org/Portals/2/PDFs/AAMADryNeedlingPolicyOct15.pdf](http://medicalacupuncture.org/Portals/2/PDFs/AAMADryNeedlingPolicyOct15.pdf)
    - <https://www.aapmr.org/practice/resources/positionpapers/AAPMR%20Documents/AAPMR-Position-on-Dry-Needling.pdf>
- Public safety risk having PT's do it (public confusion, lower quality of treatment)
  - Minimizes therapeutic value of acupuncture
- PTs trying to capture market share
- American Society of Acupuncturist position
  - Dry needling pseudonym for acupuncture that has been adopted by health providers who lack legal ability to practice acupuncture within scope of practice
  - American Academy of Medical Acupuncture set industry standard of 300 hours of postdoctoral training with examination at end by independent testing board

## **Sample of Comments on Training Requirements**





Leading Sports Medicine into the Future

February 24, 2017

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Dear Ms. Tillman Wolf:

Please accept these comments from the American Medical Society for Sports Medicine (AMSSM) on the proposed regulation 18VAC112-20, Regulations Governing the Practice of Physical Therapy (adding 18VAC112-20-121), as posted in the *Virginia Register of Regulations* Vol. 33, issue 9, dated December 26, 2016 on the topic of dry needling performed by physical therapists in the Commonwealth of Virginia.

The AMSSM is a multi-disciplinary organization of more than 3,000 sports medicine physicians dedicated to education, research, advocacy, and the care of athletes of all ages. AMSSM members are licensed, practicing specialty medical physicians, who have also completed a medical fellowship, and have an added qualification in sports medicine beyond medical school and residency education. Our members specialize solely in non-surgical sports medicine and serve as team physicians at the youth level, NCAA, NFL, MLB, NBA, WNBA, MLS and NHL, as well as with Olympic teams.

The AMSSM is in favor of the spirit of proposed rule. Fully-trained physical therapists should be allowed to perform dry needling as part of their practice. Dry needling is proven to be a safe and effective treatment for neuromusculoskeletal conditions, pain, movement impairments, and disability.

We fully agree that Sections (A), calling for a written referral, and (C), requiring informed consent, are important provisions that protect individuals that chose dry needling, both as patients and consumers.

However, AMSSM has concerns over the draft rule, specifically Section (B), which reads as follows:

**(B). Dry needling is not an entry level skill but an advanced procedure that requires additional training. The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.**

The original guidance (Guidance Document 112-9 dated August 26, 2010) called for 54 hours of advanced training. Yet in the proposed rule, the Virginia Board of Physical Therapy dropped that provision, stating: "One notable exception is that 54 hours of post professional training is required under the guidance while the proposed regulation does not state a specific number of training hours. This provision is not being added because **it is understood that all physical therapy educational programs now cover the practice of dry needling.**" (bold added for emphasis)

✓ AMSSM does not believe that physical therapy education programs sufficiently cover the practice of dry needling. We agree with the language included in the proposed regulation and the guidance document, which state, "dry needling is **not** an entry level skill, but an advanced procedure that requires additional training." We would point to a 2015 study by the Federation of State Boards of Physical Therapy (*Analysis of Competencies for Dry Needling by Physical Therapists Final Report*, July 10, 2015), which found that only four-fifths (86%) of what physical therapists need to know to perform dry needling is learned through entry-level education. That number seems high enough to ease some concern. However, it can be misleading because dry needling is meant to be part of a comprehensive treatment program, and much if the entry-level training was included in those other aspects of physical therapy treatment. More importantly, it is those knowledge areas most focused on properly performing the actual procedure of dry needling that require additional specialized education.

**Advanced or specialized training (e.g., dry needling course, residency program) is required for 16 of the knowledge areas needed for dry needling and these are almost solely related to the needling technique (e.g., selection, placement, and manipulation of needles; identification of contraindications). In addition, the psychomotor skills needed to handle needles and palpation of tissues specifically in regard to dry needling appropriately require specialized training. <sup>1</sup>**

✓ While there is no study declaring the proper number of hours, there is clear consensus of both the Virginia Board of Physical Therapy and state physical therapy boards across the country calling for some level of required additional training.

AMSSM asks for more clarity on the "additional training" called for in Section (B). AMSSM requests the addition of a clarifying statement requiring training to be done through a course that includes a competency assessment approved by the Virginia Board of Physical Therapy, either directly or through its approved training partners, such as the American Physical Therapist Association. We believe that gives flexibility for both training providers and physical therapists seeking training, while giving the Board of Physical Therapy the ability to further protect patient safety.

In addition to an advanced training course, AMSSM asks the board to recognize that maintenance of competency is also important to protect patient safety. AMSSM recommends that any physical therapist wishing to do dry needling use some portion of the 30 contact hours of continuing learning activities required biennially be devoted specifically to dry needling.

If you have any questions related to AMSSM's comments, please contact Michael O'Brien at [practicepolicy@amssm.org](mailto:practicepolicy@amssm.org) or 703.789.6447.

Thank you in advance for your time and consideration on this important matter.

Sincerely,

Katherine L. Dec, MD  
Professor  
Department of Physical Medicine and Rehabilitation  
Department of Orthopaedic Surgery  
Virginia Commonwealth University

First Vice President  
American Medical Society for Sports Medicine

cc: David E. Brown, D.C. Director, Department of Health Professions  
William L. Harp, M.D., Executive Director, Board of Medicine  
Elaine Yeats, Regulatory Analyst, Department of Health Professions  
Janet Borges, L.Ac

Analysis of Competencies for Dry Needling by Physical Therapists Final Report (July 10, 2015) Prepared for the Federation of State Boards of Physical Therapy. Prepared by Human Resources Research Organization. Authors: Joseph Caramagno, Leslie Adrian, Lorn Mueller, Justin Pur

<http://www.apta.org/uploadedfiles/APTA%20Advocacy%20State%20Issues%20Dry%20Needling%20Analysis%20Competencies%20for%20Dry%20Needling%20by%20PT.pdf#search=%22dry%20needling%22>

FEB 24 2017

DHP

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**Brigitte A. Fox, L.Ac., RN**

Licensed Acupuncturist, NCCAOM Certified  
Tax ID# 13-43576115

Public Comment re: Proposed Dry Needling Rules

Dear Board of Physical Therapy,

As the Board of Physical Therapy is considering proposed rule 18 VAC112-20-121 one must first consider what is dry needling? Dry needling is the insertion of needles through the skin in order to relieve pain. While some call it "dry needling" and others call it "aggressive trigger point therapy" others would call it acupuncture. If a person were blind-folded and a practitioner performed dry needling on one arm and acupuncture on the other arm the subjective experience of the patient on both arms would be the same. If we asked the person: which arm received "dry needling" and which arm received "acupuncture" the patient would say "it was the same on both arms". So dry needling is acupuncture, or at least appears to the patient as acupuncture. I would say it is a type of "guerilla acupuncture".

Who should do "dry needling".

It was not long ago (approx. 23 years in Virginia) that acupuncture was only allowed to be performed by physicians. Arguments varied widely from "it's a dangerous invasive procedure" to "it doesn't work" "it's placebo" to "acupuncturists are untrained persons who risk transmission of infectious diseases" etc.

In 1994 the Virginia Board of Medicine passed rulings that required a person to perform acupuncture to have a valid license, thus legalizing the practice of acupuncture in Virginia. At present the Virginia Board of Medicine requires an

acupuncturist to be NCCAOM certified, and in order to obtain a license to perform acupuncture in Virginia, the applicant is required to have not less than 1905 hours of training, not less than 1155 hours of didactic instruction, not less than 660 hours of clinical instruction, and a minimum of 3 academic years of training (90 semester credits or 135 quarter credits).

Why should anyone need a license to perform acupuncture or dry needling?

As humanity developed from Cave-man to modern existence, we gradually embarked on persons becoming experts in their trade. Some persons became skilled to work metal and became black-smiths, some persons became skilled to bake bread and became bakers, some persons learned the art of healing and became physicians. In the last 100 years this type of professionalization took on even more depth as we developed specialization within professions: lawyers specialized into family law, criminal law, tax law. Medical Doctors specialized into Cardiologists, Pediatricians, Pulmonologists, Neonatologists. Physical Therapy itself was born out of the need to re-hab patients with musculoskeletal concerns: frozen shoulders, Sciatica, post-rotator-cuff-repair re-habilitation. Gait re-training. Piriformis stretches. This is where physical therapists are experts. This is your domain because you are very, very good at it. And you have spent years learning about it. Acupuncturists spend years learning about Acupuncture. My own training involved 3000 hours of didactic training and 1200 clinical hours (4 years of schooling). The reason for professionalization is that the consumer, the patient receives professional services. We would all agree that an ENT doctor should not perform a C-section. Nobody in their right mind would walk into divorce court with a tax lawyer. I would not go to a podiatrist to get a new prescription for eye glasses. If I need cataract surgery I would definitely want an experienced Ophthalmologist. Even if I want a ceiling fan installed into my home I would call an electrician rather than hook up the wire myself. If "dry needling" is so easy that anybody can do it, why not just sell the needles on Amazon and then post a few U-Tube tutorials.

THE REASON for acupuncture licensing is PATIENT SAFETY.

Dry Needling/Acupuncture is an invasive procedure. Needles are inserted into the flesh through the skin. This procedure requires

- 1.) The practitioner to set up a sterile field.
- 2.) Disposal of Sharps according to BioHazard/Medical Waste Regulations.
- 3.) In-depth knowledge of anatomy (which Physical Therapists certainly possess).
- 4.) The complete presence of the practitioner to the procedure, as well as clear intention as to the desired outcome.
- 5.) In order to really be successful it requires an understanding of not only the physical body (trigger points and muscles), but it also an understanding of the bio-electric energy flow through the body and around the body (the flow of QI through the meridians). If you're only sticking needles into flesh (trigger points), then you're doing a type of "guerilla acupuncture" and while I believe that occasionally there are some physical therapists who do possess an intuitive perception about the body, mostly the puncturing of flesh will result in more harm than good. An occasional patient will say that dry needling helped, but overall the impression will be that dry needling is invasive and painful. Any professional Acupuncturist must see the practice of dry needling as an area of grave concern that will result in more harm than good.

The proposed rule 18VA112-20-121 on the practice of dry needling is not only haphazard, as it has no minimum training requirements (even MD's are required a minimum of 300 hours of training in order to perform acupuncture). I believe that it is in fact illegal for the Board of Physical Therapy to essentially give itself permission to perform dry needling.

Keep in Mind that the State of Oregon in 2014 outlawed the practice of dry needling as well as the practice of Chiropractors performing Acupuncture.

The State of Washington outlawed dry needling in 2014. The State of Tennessee also has outlawed dry needling. There are lawsuits pending in Iowa, North Carolina and Texas. Maryland is preparing to file a similar suit.

In conclusion I strongly protest the practice of dry needling for physical therapists. I believe this is a patient safety issue and Physical Therapists are currently practicing OUTSIDE their license.

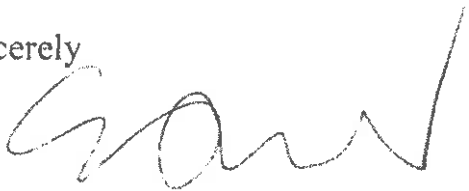
Before I close I would like to say that there is no doubt whatsoever that Physical Therapists are thoroughly educated in the area of Neuromuscular Therapy. And there is also no doubt that a good Physical Therapist is worth his or her weight in gold when a patient needs that type of intervention/education/training.

Physical Therapy and Acupuncture work very well (and in many instances better than surgery) when used in conjunction by the same patient.

Here is what I suggest: when a patient needs Physical Therapy I am happy to recommend them to one of our local Williamsburg PT offices. Great things happen when the right physical therapist works with the patient in the correct way. When a patient needs Acupuncture, let's refer them to a local acupuncturist. Great things happen when a patient receives good acupuncture. When a patient needs surgery or nerve blocks, or trigger point injections or spinal injections the let's refer them to the appropriate MD. This is how we best serve patients. When we all do our best, work within our field of expertise and encourage the patients to the appropriate referrals, then we all win.

Thank you for your time and your thoughtful consideration,

Sincerely

A handwritten signature in black ink, appearing to read 'B. Fox', written in a cursive style.

Brigitte A. Fox, RN, LAc., MAcOM  
362 McLaws Circle, Suite 2  
Williamsburg, VA 23185

# **Council of Colleges of Acupuncture and Oriental Medicine**

P.O. Box 65120 • Baltimore, MD 21209  
Telephone: 410.464.6041 • Fax: 410.464.6042

## **Written Statement to the Virginia Board of Physical Therapy (February 23, 2017)**

This statement is submitted by the Council of Colleges of Acupuncture and Oriental Medicine (Council) in opposition to the proposed regulation of the Virginia Board of Physical Therapy to expand the scope of practice for physical therapy to include “dry needling,” a treatment domain that is equivalent to acupuncture practice. The Council since 1982 has been the national membership association for accredited acupuncture colleges and programs in the U.S. ([www.ccaom.org](http://www.ccaom.org)). The Council’s membership currently consists of 57 such colleges in 21 states, all of which have been approved by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the national accrediting agency for acupuncture and Oriental medicine programs recognized by the U.S. Department of Education ([www.acaom.org](http://www.acaom.org)).

The Council opposes the proposed regulation for the following reasons:

### **1. Dry Needling is Acupuncture.**

Dry needling is an invasive procedure that uses acupuncture needles, is indistinguishable from acupuncture, and is part of the armamentarium of acupuncture. In its Position Paper on Dry Needling,<sup>1</sup> the Council, which consists of higher education faculty, active practitioners, and administrators, documented the collective work of scholars and physicians over centuries and the work of modern practitioners showing decisively that the claims by physical therapists concerning the alleged “differences” between acupuncture and dry needling do not exist and that acupuncture historically and scholastically/academically encompasses all dry needling.<sup>2</sup> This is especially true of the recent attempts by physical therapists to redefine acupuncture as based on “meridians” and “energy flows.” While some acupuncture locations are located on meridians, these are only one classification of acupuncture locations based on a single theory. Additional locations, commonly referred to as “extra points” are not located on meridians. Trigger points, referred to historically as “ASHI” points are fully included in historical and modern acupuncture theory and are also not on meridians. By superimposing a definition that is not comprehensive, physical therapists not only attempt to separate themselves from acupuncture regulation, they also seek to limit a profession over which they have no knowledge or jurisdiction.

<sup>1</sup> See [http://www.ccaom.org/downloads/CCAOM\\_Position\\_Paper\\_May\\_2011\\_Update.pdf](http://www.ccaom.org/downloads/CCAOM_Position_Paper_May_2011_Update.pdf).

<sup>2</sup> See Zhou, K, Ma Y, Brogan MS. *Acupunct Med* “Dry needling versus acupuncture: the ongoing debate.” Published Online First: 6 November 2015 doi:10.1136/acumed-2015-010911:

<http://aim.bmj.com/content/33/6/485.full?sid=b148da55-4902-4ec2-b4e7-4823a5cf8e05>; and Arthur Yin Fan and Hongjian He. Letter: Dry needling is acupuncture. *Acupunct Med* Published Online First: 15 December 2015 Doi:10.1136/acumed-2015-011010. <http://aim.bmj.com/content/early/2015/12/15/acupmed-2015-011010.full>

**2. Acupuncture uses biomedical terminology; therefore, use of biomedical language cannot be a basis for defining dry needling as distinct from acupuncture.**

The Council has taken the position that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language used to describe the procedure. Physical therapists have misled the public by attempting to claim that their use of biomedical terminology distinguishes dry needling from acupuncture practice. The curriculums of the Council's member acupuncture colleges make no such distinction. National acupuncture accreditation and certification bodies require the study of biomedicine, evidenced-informed practice, and bioscience courses such as anatomy and physiology as part of standard training for modern acupuncture practice. In addition, the national certification agency for the profession (NCCAOM) provides a national certification examination in biomedicine. The idea that acupuncturists use energetic language that is different from the biomedical terminology used by physical therapists, and that for this reason dry needling through the use of an acupuncture needle is not acupuncture, is false and has no correlation to actual standards of practice and education in the acupuncture field. It is therefore inaccurate and inappropriate that the Virginia Board of Physical Therapy makes any statements about any procedure or practice of acupuncture or attempt in any way to "declare" that dry needling is distinct from the practice of acupuncture.

**3. Dry needling may not be within the scope of practice for physical therapists in Virginia because as an incisive procedure, such needling may be prohibited surgery.**

The use of an acupuncture needle for purposes of dry needling or for any other purpose is an incisive procedure inasmuch as the documented presence of bleeding after acupuncture and the risk for nerve injury and pneumothorax indicate that acupuncture involves puncturing body tissues.<sup>3</sup> Accordingly, the inherently incisive nature of dry needling raises an issue whether the proposed regulation is consistent with Virginia statute § 54.1-3473, which prohibits physical therapists from using "surgical purposes." There is no indication in the current law that the Virginia legislature intended to allow physical therapists to insert acupuncture needles, an inherently invasive procedure. Therefore, the Physical Therapy Board lacks the authority to expand the physical therapy scope. A similar opinion has recently been released by the New Jersey Attorney General.<sup>4</sup>

**4. There is no national standard in the physical therapy profession for the provision of education and training for dry needling, and the lack of such a national standard has resulted in public harm.**

In the U.S., dry needling is taught to physical therapists in continuing education courses for which there is no regulation of content. Providers of continuing education for physical therapists are teaching techniques indistinguishable from what is commonly practiced as acupuncture, in some instances teaching acupuncture meridians and points, and renaming classical acupuncture points as "homeostatic points." Moreover, continuing education instruction for dry needling is usually carried out during a 24 or 27-hour weekend seminar with no supervised clinical time.

In view of reports of serious adverse events caused by physical therapists and other non-

<sup>3</sup> See Council of Colleges of Acupuncture and Oriental Medicine, *Clean Needle Technique (CNT) Manual - Best Practices for Acupuncture Needle Safety and Related Procedures* (7<sup>th</sup> ed. 2015), at 3-23.

<sup>4</sup> <http://www.thsu.edu/wp-content/uploads/2017/02/Dry-Needling-opinion-NJ-AG-2-9-17.pdf>.



acupuncturist providers performing dry needling, including pneumothorax,<sup>56</sup> the physical therapy board of Virginia must exercise its duty to protect the public by refusing to allow the practice until adequate educational standards are in place. A 2016 report from the physical therapy malpractice insurers documents a 500% increase in serious harm requiring surgery from dry needling from 2011 to 2015.<sup>7</sup> In published comments to the Virginia Regulatory Town Hall on Dry Needling Guidelines, acupuncture practitioners Janet Borges<sup>8</sup> and Jodi Knauer<sup>9</sup> report separate instances of pneumothoraxes occurring after dry needling in Virginia, and one of the cases is reported to be known to the Virginia Physical Therapy Board.

✓ Since the proposed regulations do not specify any standard for training, physical therapists in Virginia may engage in an invasive practice which has already demonstrated harm to the public with **no minimum training whatsoever**.

##### **5. Attendance in dry needling courses is not limited. A doctorate in physical therapy is not a prerequisite to taking a dry needling course.**

The physical therapy lobby claims that because physical therapists are trained at the doctoral level, they already have the competencies to learn invasive techniques such as dry needling. Only an estimated 32% of licensed physical therapists are trained at the doctoral level.<sup>10 11 12 13 14 15</sup> An expansion of scope on the basis of physical therapists' attainment of doctoral-level degrees does not apply to 68% of physical therapists in practice. Since dry needling education courses are not limited to doctorally-trained physical therapists, and less than a third of currently licensed physical therapists have attained doctoral level education, this advanced educational rationale cannot be used to support the proposed expanded scope expansion for all licensed physical therapists.

While new graduates are at the doctoral level, currently licensed physical therapists may be at the bachelor or masters level of education. However, because there is no regulatory requirement

<sup>5</sup> National Center for Acupuncture Safety and Integrity. 2015. *10 Facts You Should Know* [Brochure]. <http://acupuncturesafety.org/10-facts-you-should-know/>

<sup>6</sup> U.S. Food and Drug Administration. March 25, 2013. MAUDE Adverse Event Report: Acupuncture Needle, MDR Report Key 3122096. [http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/detail.cfm?mdrfoi\\_id=3122096](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/detail.cfm?mdrfoi_id=3122096)

<sup>7</sup> <http://www.thsu.edu/wp-content/uploads/2017/02/Dry-Needling-opinion-NJ-AG-2-9-17.pdf>, pages 19 and 22.

<sup>8</sup> <http://www.townhall.virginia.gov/l/viewcomments.cfm?commentid=47827>

<sup>9</sup> <http://www.townhall.virginia.gov/l/viewcomments.cfm?commentid=48189>

<sup>10</sup> This estimate was drawn from currently available statistics. The various state boards of physical therapy may keep an exact number of licensed DPTs, but this data is not readily available to the public. Between 2001-2014, there were 49,405 graduates of DPT programs. The Federation of State Boards of Physical Therapy (FSBPT) reports that 1% of graduates fail to pass licensing exams. Therefore the number of graduates who were eventually licensed can be reduced by 494 to 48,911. This number is reduced by 2.5% for attrition to an estimated number of currently practicing DPTs at 48,170. Added to this are the 15,000 graduates of tDPT programs for a total of 63,170. The American Physical Therapy Association estimates the number of licensed PTs at 198,000. Therefore the number of all licensed physical therapists who are doctorally trained would be 63,170/198,000 or 32%.

<sup>11</sup> <http://www.captionline.org/AggregateProgramData/Archive/>

<sup>12</sup> <https://www.fsbpt.org/FreeResources/NPTE/PassRateReports/NPTEGraduationYearReports.aspx>

<sup>13</sup> <http://www.apta.org/WorkforceData/>. The PT profession has not gathered statistics on attrition. They have used figures of 3.5%, 2.5% and 1.5% to calculate projections of surplus/shortage in projected workforce. The middle number was used here.

<sup>14</sup> <http://www.apta.org/PostprofessionalDegree/TransitionDPTFAQs/>. Number 13.

<sup>15</sup> <http://www.apta.org/WorkforceData/>

for dry needling education, dry needling continuing education programs for physical therapists do not restrict attendees to providers trained at the doctoral-level. Further, current education, upon which the guidance document underlying the proposed regulation is based, has failed to prevent practitioners from improperly needling through clothing or treating patients far beyond the defined scope of dry needling practice. Regular postings of needling through clothing and unsafe insertion of needles up to the handle are found on social media in the U.S.

✓ **6. Physical therapy regulators must specify adequate training.**

The Federation of State Boards of Physical Therapy commissioned the *Analysis of Competencies for Dry Needling by Physical Therapists*, which is also known as the HumRRO Report.<sup>16</sup> This document is cited by the board as its reason to eliminate any required training. The HumRRO Report is unusual in its non-disclosure that five of the seven Task Force members<sup>17 18 19 20</sup> used to develop the report have a financial interest as instructors or owners in for-profit providers of dry needling education for physical therapists. The report, and testimony by physical therapists in support of their continued use of inadequate weekend-length programs, concluded that 86% of the competencies needed to perform dry needling are competencies contained in existing physical therapy programs. These competencies involve the general evaluation and delivery of care and have no relevance to dry needling. As the ability to take a patient history and evaluate a patient for physical therapy does not confer knowledge or skill about needling therapies, the comparative statement that physical therapists lack only 14% of dry needling competencies is meaningless. Additional problems with the report include the following:

1. The basic definition of dry needling adopted by the report<sup>21</sup> is not restricted to trigger point therapy and could include every needling technique in acupuncture, including auriculotherapy and microsystems such as scalp acupuncture as long as they are defined in biomedical terms. Therefore, the definition of dry needling adopted by the report is overly broad and vague. It is impossible to define all the competencies needed under an overly broad definition because without a content standard, all the related job tasks and knowledge competencies cannot be reliably identified.
2. The report identifies 16 dry-needling-specific knowledge competencies that comprise the 14% of the additional competencies that must be gained in post-graduate coursework. It is important to note that when physical therapists are testifying that they already have within their programs 86% of the competencies needed, they have

<sup>16</sup> See

[https://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Dry\\_Needling/AnalysisCompetenciesforDryNeedlingbyPT.pdf](https://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Dry_Needling/AnalysisCompetenciesforDryNeedlingbyPT.pdf) [hereinafter cited as *HumRRO Report*].

<sup>17</sup> <http://myopainseminars.com/directors-faculty/>. Joe Donnelly and Michelle Layton are instructors for Myopain Seminars.

<sup>18</sup> <http://www.kinetacore.com/physical-therapy/Keri-Maywhort-PT-DPT/page233.html>

<sup>19</sup> <http://www.kinetacore.com/physical-therapy/JJ-Thomas-MPT-CMTPT/page287.html>

<sup>20</sup> <http://www.kinetacore.com/physical-therapy/Edo-Zylstra-PT-DPT-MS-OCS-IMSp/page240.html>

<sup>21</sup> *HumRRO Report* at 1.

completely left out any competencies related to the attainment of skills or supervised clinical experience necessary to perform dry needling. All of the deficient competencies are knowledge-based. In a single footnote, the report states that “although additional training is needed for the development of psychomotor skills...there does not appear to be widespread agreement regarding the minimum of practice hours necessary...Variation across individuals in terms of their aptitude, education, experience, and clinical specialization results in different rates of development.”<sup>22</sup> In other words, the report fails to identify ANY hours that are needed for skill attainment. With the insertion of 3-inch needles into a human body as the core skill being taught, the failure to identify the amount of clinical practice necessary underscores the inherent bias in the report.

3. The report is based on doctoral-level competencies. As discussed under item #5 above, only an estimated 32% of licensed physical therapists are trained at the doctoral level. Since dry needling education courses are not limited to doctorally-trained physical therapists, and less than a third of currently licensed physical therapists have attained the educational level upon which the report is based, the report cannot be used to support the proposed expanded scope expansion for all licensed physical therapists. The attainment of a DPT degree is not required for licensure in Virginia. Therefore, the Board must rectify the reality of current training of its licensees by mandating a minimum requirement to attain this advanced skill.
4. Independent certification bodies usually carry out the development of a job task analysis and competencies for professional practice in order to avoid bias. Since this report relies on for-profit vendor experts, avoids altogether the issue of a lack of an educational standard in the field, and fails to set any minimum hours for skills training, none of its conclusions can be depended upon for policy-making to promote public safety.

#### **7. Physical therapy regulators must conduct adverse event monitoring.**

In spite of documentation of life-threatening adverse events, the Council is not aware of a call within the physical therapy community to monitor adverse events through appropriate reporting. The Council believes the absence of such a call in the presence of known life-threatening injury calls into question whether the motivation in the proposed scope expansion is in the best interest of the profession and the safety of its patients.

#### **8. In many states where similar dry needling regulations have been adopted, physical therapists have practiced far beyond the intended scope of the regulations free from any disciplinary consequences.**

In Colorado, where regulations also define dry needling as a technique applied to trigger points, physical therapists have advertised services for cosmetic dry needling. Social media sites advertise treatment of headaches by using acupuncture points on the hand and dry needling treatment of sinusitis. Placing the responsibility on the physical therapist rather than on the board for proper adherence to scope of practice may lead to a similar breach of scope in Virginia.

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<sup>22</sup> *Id.* at ¶ 3.

The CCAOM is very aware that acupuncture is effective and that there are many patient benefits derived from acupuncture treatments. It is incumbent on the physical therapy profession, however, not to mislead the public when the profession seeks to expand its scope of practice, to seek appropriate legislative authority for an expansion of scope into a well-established domain of practice belonging to another profession, and above all to set appropriate training standards to protect the public.

Sincerely,

Valerie Hobbs, Dipl.O.M., L.Ac. Co-Chair, Legislative Committee  
Dennis Moseman, M.S., D.C., L.Ac. (Dipl. Ac. NCCAOM), Co-Chair, Legislative Committee  
Council of Colleges of Acupuncture and Oriental Medicine  
P.O. Box 65120  
Baltimore, MD 21209

9960 Mayland Drive, Suite 300  
Richmond, VA 23233

February 24, 2017

Ms. Wolf:

The Maryland Acupuncture Society ("MAS") writes to express our concerns regarding *Proposed Regulations 18VAC112-20-121. Practice of dry needling* submitted by the Board of Physical Therapy currently under review.

We OPPOSE these regulations as written and offer below amendments to the process.

The State of Maryland has recently undergo a similar rulemaking process to clarify the practice of dry needling; one which has been ongoing since 2009 when our Attorney General issued an opinion directing our Board of Physical Therapy Examiners that they must undergo the formal rulemaking process if the practice of dry needling were to carry legal effect.

Over the many years of this process, multiple draft regulations were proposed by the board and rejected because it was agreed by the Secretary of our Department of Health and Mental Hygiene that the insufficiencies of the regulations constituted a risk to public safety.

Having reviewed your current regulations, we have grave concern that your regulations as written will at best cause patients to receive ineffective treatment from undertrained professionals and at worst cause a significant increase in life-threatening injuries.

Dry Needling is a style of needling treatment within the greater field of acupuncture. The practice of "acupuncture" includes any insertion of an acupuncture needle for a therapeutic purpose. Anatomically, "trigger points" and "acupuncture points" are synonymous, and acupuncture has targeted trigger points for over 2,000 years. "Dry needling" is indistinguishable from acupuncture since it uses the same FDA-regulated medical device specifically defined as an "acupuncture needle," treats the same anatomical points, and is intended to achieve the same therapeutic purposes as acupuncture.

**As such, we feel that permitting physical therapists to perform an invasive procedure for which they do not receive education in their primary schooling constitutes a scope expansion that only the legislature, not the Board of Physical Therapy, has the authority to permit.**

We also feel that any such scope expansion that is permitted by the legislature must include certain safeguards which these regulations lack.

Such safeguards should include but not be limited to:

- **Minimal Training:** a minimal number of training hours which include both didactic classroom training and hands-on supervised practice should be specified in any regulations concerning the acupuncture practice of dry needling. It is our understandings that acupuncturists in Virginia are required to obtain a minimum of 1,365 hours of acupuncture-specific training including 705 hours of acupuncture-specific didactic material and 660 hours of supervised clinical training.

We strongly suggest that any legislature condoned scope expansion include regulations that specify minimum hours of training, all of which should be completed subsequent to completion of physical therapy schooling as the anatomy and physiology training a physical therapist completes in school is not sufficient for knowledge of performing invasive, internal procedures such as needling. The mechanical devices taught in physical therapy schooling are used either on the surface, and do not penetrate the skin barrier, or are used to remove dead tissue from the surface of the skin. None of their regular coursework includes intervention that breaks the skin barrier into live muscular and intramuscular tissue.

- **Adequacy of Training and Demonstration of Competency:** As the procedure of needling carries such risks as infection and organ and nerve damages, it is essential that training courses for the acupuncture procedure known as dry needling are accredited and offered by providers of an advanced skill level.

Over the many years that Maryland has worked to better regulate this procedure, we have witnessed "dry needling" classes that constitute less than 12 – 24 hours of large group lecture with little to no hands-on supervised practice. Class participants are then given needle packages at the end of the weekend and encouraged to immediately begin offering this service in their own clinics. These classes are often offered in the Washington DC metro area, and it is no doubt to us that your own licensees in the Northern Virginia area may be drawn to taking such insufficient training courses.

We suggest that your regulations include a requirement that coursework and practicum supervision be offered only through accredited programs; that instructors have practiced this procedure for a minimum length of time, and that examinations administered outside the required training hours be passed before any providers is permitted to perform this procedure.

- **Registration:** In Maryland, all health occupations, including physicians, wishing to perform any form of acupuncture needling are required to submit proof of completion of their training and passage of any required competency examinations to their respective board and specifically register for a certification in addition to the license they already have. This safeguards the public in two ways. First, it assures that providers are actually completing the necessary educational requirements before offering the service, and allows the board to penalize those providers who advertise this service without having completed the essential training. Secondly, it allows our licensing boards to better track injuries that occur as a result of this type of needling. With such information, the boards are better able to assess if

improvements to the standards for training are needed.

- **Restrictions:** As previously mentioned the procedure referred to as "dry needling" is identical to one specific form of acupuncture within the greater body of the practice of acupuncture and Chinese medicine. It is our contention that practicing one procedure of a medicine without knowledge or understanding of the greater body of knowledge will lead to unintentional consequences. We have witnessed youtube videos, conference lectures, and articles published in physical therapy journals encouraging physical therapists to *expand* the practice of "dry needling" beyond the acupuncture trigger points used in the procedure to the use of distal points that fall further along the nerve or muscle channels. These are described by the physical therapy community as points which are "linked" to the neuromuscular impairment, however we recognize them as traditional acupuncture points. As acupuncturists, we understand that these distal acupuncture points are effective because we have spent considerable time learning the entirety of the full body neuromuscular and central nervous system response that occurs when a particular point in the connective tissue is stimulated by a needle, and we therefore have advanced training in recognizing the "link" to neuromuscular impairment. However, such training is not included in the standard dry needling courses.

We therefore strongly recommend that your regulations restrict licensees from performing additional needling procedures that extend into the broader field of acupuncture. We ask that you redefine the definition of dry needling to more specifically restrict dry needling to only neuromuscular trigger points rather than anywhere "linked" to neuromuscular or musculoskeletal impairments.

As research continues to confirm the evidence based benefits of acupuncture needling procedures, so too will the desire of the health occupations wishing to offer this effective service to their patients grow. We have no doubt that you will receive multiple comments encouraging you to pass these regulations because the writer has experienced a benefit from "dry needling" because we know that dry needling is acupuncture; and we know that acupuncture works!

But it is critical to **protect the health and safety** of our citizens by assuring that anyone who offers acupuncture needling, by any name, is sufficiently trained to do so.

Thank you,

David Blaiwas  
President  
Maryland Acupuncture Society

Tracy E. Soltész  
Vice President of External Affairs  
Maryland Acupuncture Society

Commenter: Damon \*

2/24/17 10:47 am

**I have done both and they aren't the same.**

Just because people use some of the same tools doesn't mean that they do the same thing. For instance with Acupuncture, there is a weight loss program, improved memory program, and others that Dr. Phan can do. No one at PT will use dryneedling to help you improve memory or lose weight. At PT very specific issues are targeted and muscles are manipulated for a specific goal; for me that was pain management. In Eastern Medicine the idea is that "Acupuncture encourages the body to do what the body naturally does". That is not what is being done at a PT session; again specific manipulation for a specific goal.

I have seen <http://www.chinesemedicinedoctor.us> in Vienna. Dr Fan is AWESOME and I would recommend him to other people.

I have also had dry needling done at in Ashburn at Restore PT and Wellness. They are awesome and I would recommend them too.

Commenter: Dr. Lori Deutsch \*

2/24/17 10:52 am

**Dry Needling is not safe**

Dry needling training is entirely inadequate to protect public safety and consumers. And since dry needling is actually acupuncture, it will give a bad name to our legitimate profession. Certified and licensed acupuncturists learn this in-depth medicine over many years. People who do dry needling often take a couple weekend courses, or less. Please protect the public from this irresponsible practice. And please protect the livelihood of acupuncturists who deserve to reap the benefits of their labor. Thank you!

Commenter: Sokoloff Marthe \*

2/24/17 10:58 am

**Dry needling**

I felt immediate relief after one treatment, the night spasms improved, a week later or so I felt totally my old self.

## **Draft of Amendments to Proposed Regulations**

BOARD OF PHYSICAL THERAPY

Practice of dry needling

18VAC112-20-121. Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional [ , post-graduate ] training.

[ 1. ] The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

[ 2. ] The training shall consist of a minimum of ?? hours of in-person didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination.

3. The training shall be in a course certified by FSBPT or approved or provided by a sponsor listed in subsection B of 18VAC112-20-131.]

C. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or his representative. The informed consent shall include the risks and benefits of the technique [ and shall clearly state that the patient is not receiving an acupuncture treatment ] . The informed consent form shall be maintained in the patient record.



[ D. Dry needling shall only be performed by a physical therapist trained pursuant to subsection B and shall not be delegated to a physical therapist assistant or other support personnel. ]

DRAFT