
Call to Order – Arkena L. Dailey, PT, DPT, Board President

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Procedures

Approval of Minutes

- Board Meeting – May 16, 2019
- Public Hearing – June 27, 2019

Ordering of Agenda

Public Comment

The Board will receive public comment at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report

Presentations

- Presentation of Poster: “Another Prescription for Chronic Pain: Access to Licensed Physical Therapy Providers in Virginia’s Appalachian Region” – **Ashley Carter, Deputy for Analytics, Virginia Prescription Monitoring Program**
- Cannabidiol Oil and Vertical Pharmaceutical Processors – **Caroline D. Juran, Executive Director, Board of Pharmacy**
- Criminal Background Check Process – **Stephanie Willinger, Deputy Executive Director for Licensure, Board of Nursing**

Staff Reports

- Executive Director’s Report – **Corie E. Tillman Wolf, Executive Director**
- Discipline Report – **Kelley Palmatier, Deputy Executive Director**

Board Counsel Report - Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- FSBPT Leadership Issues Forum – **Arkena L. Dailey, PT, DPT**
- Board of Health Professions Report – **Allen R. Jones, Jr., PT, DPT**

Legislation and Regulatory Actions – Elaine Yeatts, Senior Policy Analyst

- Legislative Proposal – Reference to Compact Privilege in Disciplinary Provisions
- Update on Status of Regulations
- Adoption of Emergency Regulations for Physical Therapy Licensure Compact (18VAC112-20-10 et seq.)
- Adoption of Proposed Regulations from Periodic Review (18VAC112-20-10 et seq.)
- Adoption of Final Regulations for Dry Needling (18VAC112-20-10 et seq.)
- Guidance Documents
 - Adoption of Revisions to Guidance Document 112-1: By-Laws of the Board of Physical Therapy
 - Discussion and Possible Action on Guidance Document – Receipt of Verbal Order for Drugs by Physical Therapists

New Business

- Election of Officers

Next Meeting – November 12, 2019

Meeting Adjournment

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 2.2-3707 (F).

APPROVAL OF MINUTES

May 16, 2019

The Virginia Board of Physical Therapy convened for a full board meeting on Thursday, May 16, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Arkena L. Dailey, PT, DPT, President*
Elizabeth Locke, PT, PhD, Vice-President
Allen R. Jones, Jr., PT, DPT
Tracey Adler, PT, DPT*
Mira H. Mariano, PT, PhD, OCS*
Susan Palmer, MLS

BOARD MEMBERS ABSENT:

Rebecca Duff, PTA, DHSc

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Barbara Allison-Bryan, DHP Deputy Director
Erin Barrett, Assistant Attorney General, Board Counsel
David Brown, DC, DHP Director
Elizabeth Carter, PhD, Director Healthcare Workforce Data Center
Sarah Georgen, Licensing and Operations Manager
Yetty Shobo, PhD, Deputy Director, Healthcare Workforce Data Center
Michelle Schmitz, Director of Enforcement
Corie Tillman Wolf, Executive Director

OTHER GUESTS PRESENT

Trasean Boatwright, Board of Long-Term Care Administrators
Richard Grossman, Virginia Physical Therapy Association (VPTA)

**participant indicates attendance to count toward continuing education requirements*

CALL TO ORDER

Arkena L. Dailey, PT, DPT, Board President, called the meeting to order at 10:00 a.m. and asked the Board members and staff to introduce themselves.

With six members present at the meeting, a quorum was established.

Dr. Dailey read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Dailey provided reminders to the Board members and audience regarding microphones, sign in sheets, computer agenda materials, attendance for continuing education requirements and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINTUES

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted to accept the February 19, 2019 Full Board meeting minutes. The motion passed unanimously.

ORDERING OF THE AGENDA

Ms. Tillman Wolf stated that Yetty Shobo, PhD and Elizabeth Carter, PhD, Director of the Healthcare Workforce Data Center were present for the 2018 Workforce Reports. She also stated that Dr. Brown would assist her with the legislative report further in the agenda.

Upon a **MOTION** by Dr. Jones, and properly seconded by Ms. Palmer, the Board voted to accept the agenda with the proposed changes. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT

Dr. Brown announced that the Department of Health Professions (DHP) recently held an annual all agency training. He stated that the training was a success and said that the focus of the training was on a panel discussion on diversity and bias.

Dr. Brown announced updates to the DHP website, including the Board of Nursing webpage and homepage. He stated that the updates included a new format and will allow for easier use by the public and practitioners.

Dr. Brown requested that the Board members hold October 7, 2019 on the calendar for Board member training.

Dr. Brown announced that Dr. Carter with the Healthcare Workforce Data Center has hired a new Data Analyst, Rajana Siva, to help analyze performance and strategic measures to ensure a more data driven agency. He welcomed Ms. Siva to the agency.

Dr. Brown stated that the agency has been asked to give a presentation at the Council on Licensure, Enforcement & Regulation (CLEAR) conference later in the year on the Enforcement Division's caseload calculator.

Dr. Brown provided a brief overview of the Board of Pharmacy's approval of five vertical processors for CBD Oil and THC-A Oil.

Dr. Brown spoke about the enactment of regulations in regards to conversion therapy and noted that five DHP Boards were making progress to implement regulations, including the Boards of Counseling, Psychology, Social Work, Medicine, and Nursing.

Dr. Brown provided an update on the 2019 General Assembly, and briefly spoke about telemedicine. Dr. Brown spoke about the possible barriers of foreign applicants obtaining medical licensure in Virginia and stated that DHP was convening a workgroup to review regulations.

Dr. Brown stated that a workgroup has been formed to make recommendations on telemedicine and more information would be forthcoming. Dr. Locke and Dr. Dailey asked if other social media outlets are also being discussed in anticipation for future use towards providing patient care.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Ms. Tillman Wolf welcomed Trasean Boatwright to DHP as the Licensing Specialist for the Board of Long-Term Care Administrators. She also announced that Ms. Helmick would retire as the Deputy Executive Director effective June 1, 2019.

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of March 31, 2019.

Cash Balance as of June 30, 2018	\$1,101,620
YTD FY19 Revenue	\$1,326,980
<u>Less YTD Direct & In-Direct Expenditures</u>	<u>\$468,873</u>
Cash Balance as of March 31, 2019	\$1,959,727

Ms. Tillman Wolf updated the Board on the Physical Therapy Compact bill (SB 1006) that was signed by Governor Northam on March 8, 2019. She announced that the provisions for this bill would become effective on January 1, 2020. Ms. Tillman Wolf provided the status of the PT Licensure Compact nationwide. She stated that Board staff would be working on criminal background check (CBC) processes, would be working with the Compact Administrator on next steps, and continuing outreach to the VPTA for a webinar/training topic in the future.

Ms. Tillman Wolf announced that The Federation of State Boards of Physical Therapy (FSBPT) Board of Directors had decided to discontinue the aPTitude, oPTion, and ProCert products related to continuing competence with a plan to refocus resources. She said that an end date had not yet been announced. She stated that these changes would impact the Board's regulations for the self-assessment tool and changes to the regulations would be needed.

Ms. Tillman Wolf reminded Board members of upcoming FSBPT meeting dates to include the Leadership Issues Forum in Alexandria, Virginia from July 13-14, 2019; the Annual Regulatory Training for Board members and staff in Alexandria, Virginia from August 16-18, 2019; and the FSBPT Annual Meeting and Delegate Assembly in Oklahoma City, OK from October 24-26, 2019.

Ms. Tillman Wolf presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	February 13, 2019	May 14, 2019	Change +/-
Physical Therapist	7,877	8,024	+147
Physical Therapist Assistant	3,402	3,467	+65
Total PT's and PTA's	11,279	11,491	+212
Direct Access Certification	1,238	1,249	+11

Ms. Tillman Wolf presented the PT Exam Statistics from April 23, 2019 which included the following:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	223	204	197	7	19	15	4
Non-CAPTE Applicants	3	0	0	0	3	1	2
Total	226	204	197	7	22	16	6

Ms. Tillman Wolf presented the PTA Exam Statistics from April 4, 2019 which included the following:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	92	75	75	0	17	7	10
Non-CAPTE Applicants	0	0	0	0	0	0	0
Total	92	75	75	0	17	7	10

Ms. Tillman Wolf provided the following statistics regarding the Virginia Performs – Customer Satisfaction Survey Results:

- Q1 2019 – 97.2%
- Q2 2019 – 94.3%
- Q3 2019 – N/A

Ms. Tillman Wolf announced that the customer satisfaction statistics from the FSBPT show that Virginia's statistics are above the national average at 97.7%.

The remaining Board meeting dates for 2019 are:

- August 13, 2019 – 9:30 a.m.
- November 12, 2019 – 9:30 a.m.

Ms. Tillman Wolf provided reminders to the Board members changes in contact information. Ms. Tillman Wolf explained the new process for obtaining continuing education credit for attendance of Board meetings.

Dr. Jones inquired regarding if interest was incurred on the available cash balance of the Board's revenue. Ms. Tillman Wolf stated that she would consult with Charles Giles, Budget Manager, regarding the answer to this question.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf provided the Discipline report in Ms. Helmick's absence.

As of May 6, 2019, Ms. Tillman Wolf reported the following disciplinary statistics:

- 37 total cases
 - 1 in Administrative Proceedings Division
 - 2 in Formal Hearing
 - 2 in Informal Conferences
 - 7 in Investigation
 - 24 in Probable Cause (6 are ready for Board member review)
 - 7 in Compliance

Ms. Tillman Wolf reported the following Virginia Performs statistics for Q1 2019:

- Clearance Rate – 88% Received 8 patient cases and closed 7 cases
- Cases older than 1 year – 23% which represents 8 cases

Ms. Tillman Wolf reported the following Virginia Performs statistics for Q2 2019:

- Clearance Rate – 63% Received 8 patient cases and closed 5 cases
- Cases older than 1 year – 36% which represents 14 cases

Ms. Tillman Wolf reported the following Total Cases Received and Closed:

- Q2 2017 – 9/9
- Q3 2017 – 7/5

- Q4 2017 – 21/9
- Q1 2018 – 6/10
- Q2 2018 – 15/7
- Q3 2018 – 9/2
- Q4 2018 – 4/4
- Q1 2019 – 13/15
- Q2 2019 – 10/11

With no further questions, Ms. Tillman Wolf concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett updated the Board members on the status of *Myer v. Northam, et al.*

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report – Allen R. Jones, PT, DPT

Dr. Jones announced that he was elected as the Chair of the Board of Health Professions. Dr. Jones stated that the Board of Health Professions met on May 14, 2019 and that the meeting minutes from the February meeting were included in the agenda packet.

LEGISLATION AND REGULATORY ACTIONS

Update on Legislation – 2019 General Assembly

Dr. Brown updated the Board on the 2019 General Assembly legislation.

Update on Status of Regulations

Ms. Tillman Wolf provided a brief overview of the status of the current regulations and bills at the Secretary's office.

BREAK

The Board took a break at 11:14 a.m. and returned at 11:20 a.m.

BOARD DISCUSSION AND ACTION

Discussion and Possible Action on Guidance Document – Receipt of Verbal Orders for Drugs and Devices by Physical Therapists – Corie Tillman Wolf

Ms. Tillman Wolf provided an overview of the draft guidance document. The Board discussed the proposed information. Dr. Brown suggested adding the most pertinent information to the beginning of the guidance document, moving the reference to subsection (E) of 54.1-3408 to the beginning of the document, and to consider adding language that verbal orders should be directed to the appropriate practitioner. The Board members suggested removing "Home Health Setting" to simplify the verbal order language for all areas of practice.

Upon a **MOTION** by Dr. Jones, which was properly seconded by Dr. Mariano, the Board tabled the discussion of this document to the next meeting to allow time for structural and content changes. The motion passed unanimously.

Discussion and Initial Actions to Begin Implementation of Physical Therapy Licensure Compact – Corie Tillman Wolf

Ms. Tillman Wolf presented information to the Board of the discussion and initial actions to begin implementation of the Physical Therapy Licensure Compact. She recommended to the Board that the delegate should be the Executive Director of the Board.

Upon a **MOTION** by Dr. Locke, which was properly seconded by Dr. Jones, the Board designated the Executive Director as the Board designee representative for Virginia to serve on the Physical Therapy Compact Commission. The motion passed unanimously.

Upon a **MOTION** by Dr. Locke, which was properly seconded by Dr. Jones, the Board delegated authority to the Executive Director to make decisions on behalf of the Board as a representative authority through the Physical Therapy Compact Commission. The motion passed unanimously.

Ms. Tillman Wolf announced that Stephanie Willinger, Deputy Executive Director for the Board of Nursing, Licensing, would present information to the Board regarding the Criminal Background Checks (CBC) at the August 2019 Board meeting.

Ms. Tillman Wolf announced that, at the next Board meeting, the Board will consider emergency regulations regarding the fee to be charged for Compact Privilege; consider whether to permit a waiver of fee for active duty military, spouse, and veterans; consider whether to required Compact Privilege holders to notify the Board of their physical location where the individual is providing Physical Therapy services within the state; and consider administrative revisions regarding the definitions, incorporation of rules, and CBC for licensure applications.

Ms. Tillman Wolf also stated that revisions to the Bylaws would be necessary at the next Board meeting, as necessary, to ensure appropriate delegations of authority for implementation of the Physical Therapy Compact; delegation to the Executive Director of authority to carry out provisions of the Compact and serve as the Board delegate to the Compact Commission; and incorporate compliance with the policies and procedures of the Physical Therapy Licensure Compact as outlined in the current manual.

Ms. Tillman Wolf provided an overview of the staff implementation items necessary.

NEW BUSINESS

2018 Workforce Reports – Physical Therapist and Physical Therapist Assistant – Elizabeth A. Carter, PhD. And Yetty Shobo

Dr. Carter introduced the workforce report included in the agenda packet.

Dr. Shobo provided a presentation on the Physical Therapist and Physical Therapist Assistant workforce.

Dr. Carter reviewed the Virginia Workforce Connection information that was distributed at the meeting.

Upon a **MOTION** by Dr. Locke, which was properly seconded by Dr. Mariano, the Board voted to accept the 2018 workforce reports for Physical Therapist and Physical Therapist Assistants. The motion passed unanimously.

Overview of the DHP Enforcement Division – Michelle Schmitz, Director of Enforcement

Ms. Schmitz provided a presentation on the DHP Enforcement Division.

Designation of Delegates – FSBPT Annual Meeting – Corie E. Tillman Wolf

Ms. Tillman Wolf stated that the Board was required to designate an Alternate Delegate for the FSBPT Annual Meeting in Oklahoma City, Oklahoma from October 24-26, 2019.

Upon a **MOTION** by Dr. Jones, which was properly seconded by Dr. Mariano, the Board voted to designate the sitting President and Vice-President to be the voting delegate and alternate delegate at the upcoming annual meeting in Oklahoma City, Oklahoma. The motion passed unanimously.

NEXT MEETING

The next meeting date is August 13, 2019.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:58 p.m.

Arkena L. Dailey, PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

June 27, 2019

The Virginia Board of Physical Therapy convened for a public hearing on Thursday, June 27, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Hearing Room #3, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Tracey Adler, PT, DPT, CMTPT

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Corie Tillman Wolf, Executive Director
Elaine Yeatts, Sr. Policy Analyst

COURT REPORTER

Farnsworth and Taylor Reporting, LLC.

OTHER GUESTS PRESENT

Aubry Fisher, Acupuncture Society of Virginia
Janet Borges
Tom Bohanon, InMotion PT/Virginia Physical Therapy Association
Becky Bruers-Lanier, B2L Consulting

CALL TO ORDER

Tracey Adler, PT, DPT, CMTPT, Regulatory/Legislative Committee Chair, called the public hearing to order at 9:00 a.m.

CALL FOR PUBLIC COMMENT

Dr. Adler called for comment on the proposed regulatory action regarding dry needling.

PUBLIC COMMENT

One (1) comment was received in favor of the proposed regulations.

One (1) comment was received in opposition to the proposed regulations.

A transcript of the hearing is attached as Attachment A.

Dr. Adler reminded everyone that a public comment period will remain open until July 26, 2019.

ADJOURNMENT

With all business concluded, the public hearing adjourned at 9:07 a.m.

Tracey Adler, PT, DPT, CMTPT,
Regulatory/Legislative Committee Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

STAFF REPORTS



COMMONWEALTH of VIRGINIA


David E. Brown, D.C.
Director

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MEMORANDUM

TO: Members, Board of Physical Therapy

FROM: David E. Brown, D.C. 

DATE: May 22, 2019

SUBJECT: Revenue and Expenditure Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The adjustment can be either an increase or decrease.

The Board of Physical Therapy ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of \$1,101,620. Current projections indicate that revenue for the 2018 - 2020 biennium (July 1, 2017, through June 30, 2020) will exceed expenditures by approximately \$232,056. When combined with the Board's \$1,101,620 cash balance as of June 30, 2018, the Board of Physical Therapy projected cash balance on June 30, 2020, is \$1,333,676.

To reduce the Board's projected cash surplus we recommend a one-time renewal fee decrease. Please note that these projections are based on internal agency assumptions and are, subject to change based on actions by the Governor, the General Assembly, other state agencies and any unanticipated costs associated with participation in the Physical Therapy Licensure compact.

We are grateful for continued support and cooperation as we work together managing the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

cc: Corie E. Tillman Wolf, J.D, Executive Director
Lisa R. Hahn, Chief Operating Officer
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

Virginia Department of Health Professions
Cash Balance
As of June 30, 2019

	116- Physical Therapy
Board Cash Balance as June 30, 2018	\$ 1,101,620
YTD FY19 Revenue	1,391,240
Less: YTD FY19 Direct and Allocated Expenditures	595,153
Board Cash Balance as June 30, 2019	<u>1,897,707</u>

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11600 - Physical Therapy
 For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400 Fee Revenue					
4002401	Application Fee	164,775.00	159,125.00	(5,650.00)	103.55%
4002406	License & Renewal Fee	1,208,200.00	1,194,470.00	(13,730.00)	101.15%
4002407	Dup. License Certificate Fee	1,015.00	550.00	(465.00)	184.55%
4002409	Board Endorsement - Out	10,440.00	9,600.00	(840.00)	108.75%
4002421	Monetary Penalty & Late Fees	6,775.00	5,235.00	(1,540.00)	129.42%
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	100.00%
	Total Fee Revenue	1,391,240.00	1,369,015.00	(22,225.00)	101.62%
	Total Revenue	1,391,240.00	1,369,015.00	(22,225.00)	101.62%
5011110	Employer Retirement Contrib.	12,030.48	14,378.00	2,347.52	83.67%
5011120	Fed Old-Age Ins- Sal St Emp	6,370.66	8,135.00	1,764.34	78.31%
5011130	Fed Old-Age Ins- Wage Earners	-	796.00	796.00	0.00%
5011140	Group Insurance	1,165.77	1,394.00	228.23	83.63%
5011150	Medical/Hospitalization Ins.	32,102.38	43,248.00	11,145.62	74.23%
5011160	Retiree Medical/Hospitalizatn	1,042.02	1,245.00	202.98	83.70%
5011170	Long term Disability Ins	553.36	660.00	106.64	83.84%
	Total Employee Benefits	53,264.67	69,856.00	16,591.33	76.25%
5011200 Salaries					
5011230	Salaries, Classified	89,789.64	106,340.00	16,550.36	84.44%
5011250	Salaries, Overtime	249.86	-	(249.86)	0.00%
	Total Salaries	90,039.50	106,340.00	16,300.50	84.67%
5011300 Special Payments					
5011340	Specified Per Diem Payment	1,250.00	3,250.00	2,000.00	38.46%
5011380	Deferred Compnstn Match Pmts	13.50	960.00	946.50	1.41%
	Total Special Payments	1,263.50	4,210.00	2,946.50	30.01%
5011400 Wages					
5011410	Wages, General	-	15,100.00	15,100.00	0.00%
	Total Wages	-	15,100.00	15,100.00	0.00%
5011600 Terminatn Personal Svce Costs					
5011620	Salaries, Annual Leave Balanc	192.38	-	(192.38)	0.00%
5011640	Salaries, Cmp Leave Balances	87.13	-	(87.13)	0.00%
5011660	Defined Contribution Match - Hy	2.38	-	(2.38)	0.00%
	Total Terminatn Personal Svce Costs	281.89	-	(281.89)	0.00%
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	144,849.56	195,506.00	50,656.44	74.09%
5012000 Contractual Svs					
5012100 Communication Services					
5012110	Express Services	-	50.00	50.00	0.00%
5012120	Outbound Freight Services	0.19	-	(0.19)	0.00%
5012130	Messenger Services	12.47	-	(12.47)	0.00%
5012140	Postal Services	10,213.04	5,750.00	(4,463.04)	177.62%
5012150	Printing Services	102.44	600.00	497.56	17.07%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012160	Telecommunications Svcs (VITA)	297.81	1,000.00	702.19	29.78%
5012190	Inbound Freight Services	8.62	-	(8.62)	0.00%
	Total Communication Services	10,634.57	7,400.00	(3,234.57)	143.71%
5012200	Employee Development Services				
5012210	Organization Memberships	3,000.00	2,500.00	(500.00)	120.00%
5012240	Employee Training/Workshop/Conf	-	400.00	400.00	0.00%
	Total Employee Development Services	3,000.00	2,900.00	(100.00)	103.45%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	300.00	300.00	0.00%
	Total Health Services	-	300.00	300.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	22,253.49	18,000.00	(4,253.49)	123.63%
5012440	Management Services	312.74	4,000.00	3,687.26	7.82%
5012460	Public Infrmtnl & Relatn Svcs	200.84	-	(200.84)	0.00%
5012470	Legal Services	-	300.00	300.00	0.00%
	Total Mgmnt and Informational Svcs	22,767.07	22,300.00	(467.07)	102.09%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00	0.00%
5012530	Equipment Repair & Maint Srvc	1,025.67	600.00	(425.67)	170.95%
	Total Repair and Maintenance Svcs	1,025.67	625.00	(400.67)	164.11%
5012600	Support Services				
5012630	Clerical Services	-	19.00	19.00	0.00%
5012640	Food & Dietary Services	513.97	750.00	236.03	68.53%
5012660	Manual Labor Services	286.69	700.00	413.31	40.96%
5012670	Production Services	1,815.72	2,245.00	429.28	80.88%
5012680	Skilled Services	10,156.35	13,000.00	2,843.65	78.13%
	Total Support Services	12,772.73	16,714.00	3,941.27	76.42%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,824.65	3,500.00	675.35	80.70%
5012840	Travel, State Vehicles	-	500.00	500.00	0.00%
5012850	Travel, Subsistence & Lodging	253.40	1,500.00	1,246.60	16.89%
5012880	Trvl, Meal Reimb- Not Rprtble	186.75	300.00	113.25	62.25%
	Total Transportation Services	3,264.80	5,800.00	2,535.20	56.29%
	Total Contractual Svcs	53,464.84	56,039.00	2,574.16	95.41%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,421.91	1,000.00	(421.91)	142.19%
	Total Administrative Supplies	1,421.91	1,000.00	(421.91)	142.19%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	50.00	50.00	0.00%
	Total Manufctrng and Merch Supplies	-	50.00	50.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	2.71	-	(2.71)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5013530	Electrcal Repair & Maint Matr	0.69	15.00	14.31	4.60%
	Total Repair and Maint. Supplies	3.40	15.00	11.60	22.67%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	6.41	200.00	193.59	3.21%
5013630	Food Service Supplies	41.93	-	(41.93)	0.00%
5013640	Laundry and Linen Supplies	7.23	-	(7.23)	0.00%
5013650	Personal Care Supplies	5.91	-	(5.91)	0.00%
	Total Residential Supplies	61.48	200.00	138.52	30.74%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	2.94	10.00	7.06	29.40%
	Total Specific Use Supplies	2.94	10.00	7.06	29.40%
	Total Supplies And Materials	1,489.73	1,275.00	(214.73)	116.84%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	38.44	29.00	(9.44)	132.55%
	Total Insurance-Fixed Assets	38.44	29.00	(9.44)	132.55%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3.66	-	(3.66)	0.00%
5015350	Building Rentals	4.80	-	(4.80)	0.00%
5015390	Building Rentals - Non State	6,514.31	6,226.00	(288.31)	104.63%
	Total Operating Lease Payments	6,522.77	6,226.00	(296.77)	104.77%
5015500	Insurance-Operations				
5015510	General Liability Insurance	138.09	107.00	(31.09)	129.06%
5015540	Surety Bonds	8.15	7.00	(1.15)	116.43%
	Total Insurance-Operations	146.24	114.00	(32.24)	128.28%
	Total Continuous Charges	6,707.45	6,369.00	(338.45)	105.31%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	60.00	60.00	0.00%
	Total Educational & Cultural Equip	-	60.00	60.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	35.00	35.00	0.00%
	Total Office Equipment	-	35.00	35.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	22.30	-	(22.30)	0.00%
	Total Specific Use Equipment	22.30	-	(22.30)	0.00%
	Total Equipment	22.30	95.00	72.70	23.47%
	Total Expenditures	206,533.88	259,284.00	52,750.12	79.66%
	Allocated Expenditures				
20600	Funeral\LTCA\IPT	104,665.29	105,108.15	442.86	99.58%
30100	Data Center	79,962.91	72,856.16	(7,106.75)	109.75%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11600 - Physical Therapy
 For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
30200	Human Resources	6,301.27	14,363.36	8,062.10	43.87%
30300	Finance	49,879.31	64,537.87	14,658.57	77.29%
30400	Director's Office	22,779.01	25,703.22	2,924.21	88.62%
30500	Enforcement	58,397.47	61,158.83	2,761.36	95.48%
30600	Administrative Proceedings	29,862.57	17,173.44	(12,689.13)	173.89%
30700	Impaired Practitioners	855.87	1,650.52	794.65	51.85%
30800	Attorney General	5,666.86	12,118.43	6,451.57	46.76%
30900	Board of Health Professions	16,463.43	20,712.64	4,249.21	79.48%
31100	Maintenance and Repairs	7.63	2,069.06	2,061.43	0.37%
31300	Emp. Recognition Program	579.58	318.67	(260.91)	181.87%
31400	Conference Center	174.68	181.02	6.35	96.49%
31500	Pgm Devlpmnt & Implmentn	13,023.02	15,037.52	2,014.50	86.60%
Total Allocated Expenditures		<u>388,618.89</u>	<u>412,988.91</u>	<u>24,370.02</u>	<u>94.10%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ 796,087.23</u>	<u>\$ 696,742.09</u>	<u>\$ (99,345.14)</u>	<u>114.26%</u>

Physical Therapy Monthly Snapshot for June 2019

Physical Therapy has received more cases in June than closed cases. Physical Therapy has closed 2 patient care cases and 0 non patient care cases for a total of 2 cases.

Closed Cases	
Patient Care	2
Non Patient Care	0
Total	2

The department has received 4 patient care cases and 2 non patient care cases for a total of **6** cases.¹

Cases Received	
Patient Care	4
Non Patient Care	2
Total	6

As of June 31 2019, there are 30 Patient care cases open and 2 non patient care cases open for a total of **32** cases.

Cases Open	
Patient Care Cases	30
Non Patient Care Cases	2
Total	32

There are **13022** current Physical Therapy licensees as of July 1, 2019. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Direct Access Certification</i>	1257
<i>Physical Therapist</i>	8240
<i>Physical Therapist Assistant</i>	3525
Total for Physical Therapy	13022

There were **109** licenses issued for Physical Therapy for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Direct Access Certification</i>	5
<i>Physical Therapist</i>	83
<i>Physical Therapist Assistant</i>	21
Total for Physical Therapy	109

¹ The cases received and cases closed figures exclude Compliance Tracking Cases

From: Federation of State Boards of Physical Therapy
Sent: Thursday, July 18, 2019 12:52 PM
Subject: Discontinuation of aPTitude, ProCert, and oPTion



Promoting Safety and Competence

aPTitude, ProCert, and oPTion

Dear ,

As you have recently learned, the FSBPT Board of Directors has announced the discontinuation of aPTitude, ProCert, and oPTion. This News Flash provides an update to this decision.

aPTitude

The aPTitude system will be closing down **December 31, 2019**. Until **December 31, 2019**, board staff and licensees will continue to have access to aPTitude.

We are working with the states most impacted by this decision regarding alternatives to aPTitude (Georgia, Mississippi, and Nevada). If your jurisdiction also has questions concerning alternatives, please contact us at communications@fsbpt.org.

We are also working with all licensees who used aPTitude to ensure they are provided ample notice of this decision along with detailed instructions for how to access and retrieve all of their recorded data.

ProCert

For most member boards, this decision means the elimination of only one of several options for activity providers to obtain approval, certification, or recognition of their activities. We expect those providers to apply for activity approval from the other alternatives your jurisdiction identifies.

If you anticipate there will be a greater impact in your jurisdiction, we ask that you [reach out to us](#) so we can discuss your concerns and assist you with developing a strategy to manage activity approval/certification requests into the future.

All ProCert activities currently certified will retain that status until the certification term conclusion date. Many activities will have certification terms extending into 2020 with some extending through December 31, 2021. FSBPT staff is executing a plan to process and certify as many qualifying activity submissions “in the pipeline” as possible. As a result, there will be a supply of ProCert certified activities that your licensees can take for up to two years past the closure of the program.

FSBPT will issue periodic updates on this process through the end of 2019.

oPTion

FSBPT will continue to allow new oPTion registrations until September 1, 2019, and will allow current registrants to finish, provided they do so within the standard completion period of ninety days. All oPTion takers will be informed that they are permitted to access their performance report, feedback report, and completion certificate until December 31, 2019.

We are sensitive to the fact that in addition to awarding continuing competence credit, some member boards are using oPTion as either a re-entry to practice assessment tool, a practice remediation tool, or both. We ask that you reach out to [Leslie Adrian](#) or [Richard Woolf](#) so we can discuss your concerns and assist you with developing a strategy to address re-entry and remediation once oPTion is no longer available.

Please contact communications@fsbpt.org if you have any questions.

703-299-3100 | www.fsbpt.org



Federation of State Boards of Physical Therapy | 124 West Street South, Alexandria, VA 22314

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COMMITTEE AND
BOARD MEMBER
REPORTS

In Attendance

Lisette P. Carbajal, MPA, Citizen Member
Sahil Chaudhary, Citizen Member
Helene D. Clayton-Jeter, OD, Board of Optometry
Mark Johnson, DVM, Board of Veterinary Medicine
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Louis R. Jones, FSL, Board of Funeral Directors and Embalmers
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Trula E. Minton, MS, RN, Board of Nursing
Kevin O'Connor, MD, Board of Medicine
Martha S. Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member
John M. Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Wells, RPh, Citizen Member

Absent

Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, RPh, Board of Pharmacy
James D. Watkins, DDS, Board of Dentistry

DHP Staff

Barbara Allison-Bryan, Chief Deputy Director DHP
Elizabeth A. Carter, Ph.D., Executive Director BHP
Lisa Hahn, Chief Operation Officer DHP
Jaime Hoyle, JD, Executive Director for the Behavioral Sciences Boards
Laura L. Jackson, MSHSA, Operations Manager BHP
Leslie Knachel, Executive Director Boards of Optometry, Audiology & Speech-Language Pathology and Veterinary Medicine
Sandy Reen, Executive Director, Board of Dentistry
Yetty Shobo, PhD, Deputy Executive Director BHP
Corie Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long Term Care and Physical Therapy

Speakers

No speakers signed-in

Observers

Jerry Gentile, DPB
W. Scott Johnson, Hancock Daniel

Emergency Egress Elizabeth A. Carter, PhD

Call to Order

Chair: Dr. Jones, Jr. **Time** 11:00 a.m.

Quorum Established

Approval of Minutes

Presenter Dr. Jones, Jr.

Discussion

A motion to accept the meeting minutes from the February 25, 2019 Full Board was made by Dr. Stewart and properly seconded. All members were in favor, none opposed.

Public Comment

Presenter Dr. Jones, Jr.

Discussion

There was no public comment.

Directors Report

Presenter Dr. Allison-Bryan

Discussion

- Dr. Allison-Bryan reported that the Board of Nursing is the first to showcase the agencies webpage redesign.
- Agency Studies: SB1547 Music Therapist and Delegate Tran's request for review of Virginia's ability to utilize foreign trained providers.
- Dr. Allison-Bryan discussed that the Board of Pharmacy has approved five conditional permits for cannabidiol oil extraction. Regulations are still pending.
- Four telemedicine bills are in the process of review. DHP is to convene a workgroup to discuss the issues driving these requests.
- A new point-of-sale medication disposal drop box is a turnkey solution making it easy and affordable for locally owned pharmacies to provide their customers free, intuitive, point-of-sale medication disposal, which will help curtail the local crisis of addiction. The first independent pharmacy in the state to take delivery of the drop box is Market Street Pharmacy in New Castle, VA.

Invited Presentations

Presenter Megan Healy, Chief Workforce Development Advisor

Discussion

Dr. Healy provided a PowerPoint presentation regarding Virginia's workforce. She discussed the size of Virginia's labor pool; areas where there are skills gaps; and that many Virginians are underemployed.

Welcome New Board Member

Presenter Dr. Jones, Jr.

Discussion

Dr. Jones, Jr. welcomed new board member Sahil Chaudhary. All board members provided a brief introduction of themselves.

Legislative and Regulatory Report

Presenter Dr. Allison-Bryan

Discussion

Dr. Allison-Bryan advised the Board of updates to the laws and regulations that affect DHP.

Board Chair Report

Presenter Dr. Jones, Jr.

Discussion

Dr. Jones, Jr. discussed with the Board that plaques were no longer provided to outgoing Board Chairs as a cost saving factor a number of years ago. He stated that the Board now appears to have sufficient funding to accommodate the purchase of such plaques and that this practice should be reinstated. Mr. Wells moved that the Board should purchase a plaque for Dr. Clayton-Jeter, the most recent outgoing board Chair, and all board Chairs going forward. The motion was approved and properly seconded. All members were in favor, none opposed.

Executive Directors Report

Presenter Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating under budget.

Agency Performance

Dr. Carter reported that Ms. Siva continues to handle the Weekly Open Case report and is monitoring the boards' progress in addressing "old" open cases, and has posted the Q3 quarterly reports.

Legislative Proposal-Dietitians and Nutritionists

Dr. Carter discussed the necessary amendment of 54.1-2731, relating to the use of the terms dietitian and nutritionist. Item 6 under section B is to be stricken. After discussion, the board approved the requested change.

SRP Version 2

The initial focus will only be on the Board of Nursing update and also address cases closed with Advisory Letters and Confidential Consent Agreements. Dr. Carter will draft the work plan. On properly seconded motion, Mr. Wells moved for the Board to approve the work plan development with the work to begin in FY2020. All members were in favor, none opposed.

Communications

Ms. Powers requested that the Education Committee assist the agency with a new social media initiative. She stated that the agency is seeking ways to expand information outreach that drives people back to our website, while promoting transparency. A summer intern will be starting in June and will be assisting with this project. It is projected to take approximately two weeks to complete. Meetings will be held by phone. The motion by Ms. Minton to have the Education Committee assist DHP's Communications Director in this social media endeavor was approved and properly seconded. All members in favor, none opposed.

-Lunch Break at 12:27 p.m.

Board Mission Statement

Presenter Dr. Carter

Discussion

The discussion of revising the Board's mission statement was carried over from the February 25, 2019 meeting. After discussion, a motion was made by Dr. Stewart to table the discussion on the Mission Statement Guidance Document and form a Task Force to work out the details. The Task Force will meet telephonically and share information digitally. The motion was properly seconded with all members in favor, none opposed.

Healthcare Workforce Data Center (DHP HWDC)

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation. Attachment 1

Committee Reports

Presenter Mr. Wells

Discussion

Mr. Wells shared with the Board that the Regulatory Research Committee met at 10:00 a.m., prior to the Full Board meeting, to review the study draft work plan for the Need for Regulation of the Practice of Music Therapy in Virginia. He advised that the committee approved the work plan as presented. The next meeting is scheduled for June 24, 2019 with a review of the first draft of the report as well as a public hearing to receive comment.

Board Reports

Presenter Dr. Jones, Jr.

- **Board of Veterinary Medicine**

Dr. Johnson provided an overview of the Board since the last meeting. Attachment 2

- **Board of Social Work**

Mr. Salay provided an overview of the Board since the last meeting. Attachment 3

- **Board of Physical Therapy**

Dr. Jones, Jr. provided an overview of the Board since the last meeting. Attachment 4

- **Board of Audiology & Speech-Language Pathology**

Dr. King provided an overview of the Board since the last meeting. Attachment 5

- **Board of Psychology**

Dr. Stewart provided an overview of the Board since the last meeting. Attachment 6

- **Board of Medicine**

Dr. O'Connor provided information regarding applicant satisfaction; upcoming elections for the Board in June; his attendance at the April FSMB annual meeting held in Texas; licensing of international providers; and discussed different factors affecting late career practitioners.

- **Board of Optometry**

Dr. Clayton-Jeter provided an overview of the Board since the last meeting. Attachment 7

- **Board of Funeral Directors and Embalmers**

Mr. Jones provided an overview of the Board since the last meeting. Attachment 8

DRAFT

- **Board of Nursing**

Ms. Minton stated that the Board is very excited about the new website; she discussed probable cause review; NCLEX review; NP autonomous practice; DNR orders and mental health and substance abuse. Ms. Minton expressed that her term expires June 30, 2019 and that she has enjoyed her time serving on the Board.

- **Board of Long Term Care Administrators**

Dr. Carter provided an overview on behalf of Mr. Kendall. Attachment 9

- **Board of Dentistry**

Dr. Carter provided an overview on behalf of Dr. Watkins. Attachment 10

- **Board of Counseling**

Dr. Doyle was not present. No report was provided.

- **Board of Pharmacy**

Mr. Logan was not present. No report was provided.

New Business

Presenter Dr. Jones, Jr.

Dr. Jones, Jr. discussed the importance of wearing the Seal of Virginia lapel pin that is provided to each newly appointed board member. It was determined that several board members have not received a lapel pin and it was asked that Ms. Jackson determine how this matter can be resolved.

August 20, 2019 Full Board Meeting

Presenter Dr. Jones, Jr.

Dr. Jones, Jr. announced the next Full Board meeting date as August 20, 2019.

Adjourned

Adjourned 1:52 p.m.

Chair Allen Jones, Jr.

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

Board of Health Professions attachments can be found at
https://www.dhp.virginia.gov/bhp/bhp_calendar.htm

LEGISLATION AND REGULATORY ACTIONS

Department of Health Professions

2020 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia relating to refusal, suspension or other disciplinary action by the Boards of Funeral Directors and Embalmers, Physical Therapy and Veterinary Medicine.

Be it enacted by the General Assembly of Virginia:

That §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the *Code of Virginia* are amended and reenacted as follows:

§ 54.1-2806. Refusal, suspension or revocation of license.

A. The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant and may suspend a license for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes:

1. Conviction of any felony or any crime involving moral turpitude;
2. Unprofessional conduct that is likely to defraud or to deceive the public or clients;
3. Misrepresentation or fraud in the conduct of the funeral service profession, or in obtaining or renewing a license;
4. False or misleading advertising or solicitation;
5. Solicitation at-need or any preneed solicitation using in-person communication by the licensee, his agents, assistants or employees; however, general advertising and preneed solicitation, other than in-person communication, shall be allowed;
6. Employment by the licensee of persons known as "cappers" or "steerers," or "solicitors," or other such persons to obtain the services of a holder of a license for the practice of funeral service;
7. Employment directly or indirectly of any agent, employee or other person, on part or full time, or on a commission, for the purpose of calling upon individuals or institutions by whose influence dead human bodies may be turned over to a particular funeral establishment;
8. Direct or indirect payment or offer of payment of a commission to others by the licensee, his agents, or employees for the purpose of securing business;
9. Use of alcohol or drugs to the extent that such use renders him unsafe to practice his licensed activity;

10. Aiding or abetting an unlicensed person to practice within the funeral service profession;
11. Using profane, indecent, or obscene language within the immediate hearing of the family or relatives of a deceased, whose body has not yet been interred or otherwise disposed of;
12. Solicitation or acceptance by a licensee of any commission or bonus or rebate in consideration of recommending or causing a dead human body to be disposed of in any crematory, mausoleum, or cemetery;
13. Violation of any statute, ordinance, or regulation affecting the handling, custody, care, or transportation of dead human bodies;
14. Refusing to surrender promptly the custody of a dead human body upon the express order of the person lawfully entitled to custody;
15. Knowingly making any false statement on a certificate of death;
16. Violation of any provisions of Chapter 7 (§ 32.1-249 et seq.) of Title 32.1;
17. Failure to comply with § 54.1-2812, and to keep on file an itemized statement of funeral expenses in accordance with Board regulations;
18. Knowingly disposing of parts of human remains, including viscera, that are received with the body by the funeral establishment, in a manner different from that used for final disposition of the body, unless the persons authorizing the method of final disposition give written permission that the body parts may be disposed of in a manner different from that used to dispose of the body;
19. Violating or failing to comply with Federal Trade Commission rules regulating funeral industry practices;
20. Violating or cooperating with others to violate any provision of Chapter 1 (§ 54.1-100 et seq.), Chapter 24 (§ 54.1-2400 et seq.), this chapter, or the regulations of the Board of Funeral Directors and Embalmers or the Board of Health;
21. Failure to comply with the reporting requirements as set forth in § 54.1-2817 for registered funeral service interns;
22. Failure to provide proper and adequate supervision and training instruction to registered funeral service interns as required by regulations of the Board;
23. Violating any statute or regulation of the Board regarding the confidentiality of information pertaining to the deceased or the family of the deceased or permitting access to the body in a manner that is contrary to the lawful instructions of the next-of-kin of the deceased;

24. Failure to include, as part of the general price list for funeral services, a disclosure statement notifying the next of kin that certain funeral services may be provided off-premises by other funeral service providers;

25. Disciplinary action against a license, certificate, or registration issued by another state, the District of Columbia, or territory or possession of the United States;

26. Failure to ensure that a dead human body is maintained in refrigeration at no more than approximately 40 degrees Fahrenheit or embalmed if it is to be stored for more than 48 hours prior to disposition. A dead human body shall be maintained in refrigeration and shall not be embalmed in the absence of express permission by a next of kin of the deceased or a court order; and

27. Mental or physical incapacity to practice his profession with safety to the public.

B. For the purposes of this section, license shall include a registration or courtesy card.

§ 54.1-3480. Refusal, revocation or suspension.

A. The Board may refuse to admit a candidate to any examination, may refuse to issue a license to any applicant, and may suspend for a stated period of time or indefinitely or revoke any license or censure or reprimand any person or place him on probation for such time as it may designate for any of the following causes:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of physical therapy;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Unprofessional conduct as defined in this chapter;

4. Intentional or negligent conduct that causes or is likely to cause injury to a patient or patients;

5. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

6. Restriction of a license to practice physical therapy in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;

7. Conviction in any state, territory or country of any felony or of any crime involving moral turpitude;

8. Adjudged legally incompetent or incapacitated in any state if such adjudication is in effect and the person has not been declared restored to competence or capacity; or

9. Conviction of an offense in another state, territory or foreign jurisdiction, which if committed in Virginia would be a felony. Such conviction shall be treated as a felony conviction under this section regardless of its designation in the other state, territory or foreign jurisdiction.

B. The Board shall refuse to admit a candidate to any examination and shall refuse to issue a license to any applicant if the candidate or applicant has had his certificate or license to practice physical therapy revoked or suspended, and has not had his certificate or license to so practice reinstated, in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction.

C. For the purposes of this section, license shall include a compact privilege as defined in § 54.1-3486.

§ 54.1-3483. Unprofessional conduct.

Any physical therapist or physical therapist assistant licensed by the Board or practicing with a compact privilege as defined in § 54.1-3486 shall be considered guilty of unprofessional conduct if he:

1. Engages in the practice of physical therapy under a false or assumed name or impersonates another practitioner of a like, similar or different name;
2. Knowingly and willfully commits any act which is a felony under the laws of this Commonwealth or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude;
3. Aids or abets, has professional contact with, or lends his name to any person known to him to be practicing physical therapy illegally;
4. Conducts his practice in such a manner as to be a danger to the health and welfare of his patients or to the public;
5. Is unable to practice with reasonable skill or safety because of illness or substance abuse;
6. Publishes in any manner an advertisement that violates Board regulations governing advertising;
7. Performs any act likely to deceive, defraud or harm the public;
8. Violates any provision of statute or regulation, state or federal, relating to controlled substances;
9. Violates or cooperates with others in violating any of the provisions of this chapter or regulations of the Board; or

10. Engages in sexual contact with a patient concurrent with and by virtue of the practitioner/patient relationship or otherwise engages at any time during the course of the practitioner/patient relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive.

§ 54.1-3807. Refusal to grant and to renew; revocation and suspension of licenses and registrations.

The Board may refuse to grant or to renew, may suspend or revoke any license to practice veterinary medicine or to practice as a veterinary technician or registration to practice as an equine dental technician if such applicant or holder:

1. Is convicted of any felony or of any misdemeanor involving moral turpitude;
2. Employs or permits any person who does not hold a license to practice veterinary medicine or to practice as a licensed veterinary technician or registration to practice as an equine dental technician to perform work which can lawfully be performed only by a person holding the appropriate license or registration;
3. Willfully violates any provision of this chapter or any regulation of the Board;
4. Has violated any federal or state law relating to controlled substances as defined in Chapter 34 (§ 54.1-3400 et seq.);
5. Is guilty of unprofessional conduct as defined by regulations of the Board;
6. Uses alcohol or drugs to the extent such use renders him unsafe to practice or suffers from any mental or physical condition rendering him unsafe to practice; or
7. Has had his license to practice veterinary medicine or as a veterinary technician or his registration to practice as an equine dental technician in any other state revoked or suspended for any reason other than nonrenewal or has surrendered his license or registration in lieu of disciplinary action.

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of August 1, 2019)**

Board		Board of Physical Therapy
Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Periodic review</u> [Action 5228]</p> <p>NOIRA - Register Date: 5/13/19 Comment closed: 6/12/19 Board to adopt proposed regulations</p>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Practice of dry needling</u> [Action 4375]</p> <p>Proposed - Register Date: 5/27/19 Comment closed: 7/26/19 Board to adopt final regulations</p>

Agenda Item: Adoption of emergency amendments for implementation of Physical Therapy Compact

Included in your agenda package are:

A copy of the 2019 legislation authorizing the Compact

A copy of DRAFT emergency regulations

Board action:

Adoption of proposed regulations as presented in the attached or as amended.

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 300

An Act to amend and reenact §§ 2.2-3705.7 and 54.1-2400.2 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 34.1 of Title 54.1 a section numbered 54.1-3484 and an article numbered 2, consisting of sections numbered 54.1-3485 through 54.1-3496, relating to the licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact.

[S 1106]

Approved March 8, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-3705.7 and 54.1-2400.2 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 34.1 of Title 54.1 a section numbered 54.1-3484 and an article numbered 2, consisting of sections numbered 54.1-3485 through 54.1-3496, as follows:

§ 2.2-3705.7. Exclusions to application of chapter; records of specific public bodies and certain other limited exclusions.

The following information contained in a public record is excluded from the mandatory disclosure provisions of this chapter but may be disclosed by the custodian in his discretion, except where such disclosure is prohibited by law. Redaction of information excluded under this section from a public record shall be conducted in accordance with § 2.2-3704.01.

1. State income, business, and estate tax returns, personal property tax returns, and confidential records held pursuant to § 58.1-3.

2. Working papers and correspondence of the Office of the Governor, the Lieutenant Governor, or the Attorney General; the members of the General Assembly, the Division of Legislative Services, or the Clerks of the House of Delegates or the Senate of Virginia; the mayor or chief executive officer of any political subdivision of the Commonwealth; or the president or other chief executive officer of any public institution of higher education in the Commonwealth. However, no information that is otherwise open to inspection under this chapter shall be deemed excluded by virtue of the fact that it has been attached to or incorporated within any working paper or correspondence. Further, information publicly available or not otherwise subject to an exclusion under this chapter or other provision of law that has been aggregated, combined, or changed in format without substantive analysis or revision shall not be deemed working papers. Nothing in this subdivision shall be construed to authorize the withholding of any resumes or applications submitted by persons who are appointed by the Governor pursuant to § 2.2-106 or 2.2-107.

As used in this subdivision:

"Members of the General Assembly" means each member of the Senate of Virginia and the House of Delegates and their legislative aides when working on behalf of such member.

"Office of the Governor" means the Governor; the Governor's chief of staff, counsel, director of policy, and Cabinet Secretaries; the Assistant to the Governor for Intergovernmental Affairs; and those individuals to whom the Governor has delegated his authority pursuant to § 2.2-104.

"Working papers" means those records prepared by or for a public official identified in this subdivision for his personal or deliberative use.

3. Information contained in library records that can be used to identify (i) both (a) any library patron who has borrowed material from a library and (b) the material such patron borrowed or (ii) any library patron under 18 years of age. For the purposes of clause (ii), access shall not be denied to the parent, including a noncustodial parent, or guardian of such library patron.

4. Contract cost estimates prepared for the confidential use of the Department of Transportation in awarding contracts for construction or the purchase of goods or services, and records and automated systems prepared for the Department's Bid Analysis and Monitoring Program.

5. Lists of registered owners of bonds issued by a political subdivision of the Commonwealth, whether the lists are maintained by the political subdivision itself or by a single fiduciary designated by the political subdivision.

6. Information furnished by a member of the General Assembly to a meeting of a standing committee, special committee, or subcommittee of his house established solely for the purpose of reviewing members' annual disclosure statements and supporting materials filed under § 30-110 or of formulating advisory opinions to members on standards of conduct, or both.

7. Customer account information of a public utility affiliated with a political subdivision of the Commonwealth, including the customer's name and service address, but excluding the amount of utility service provided and the amount of money charged or paid for such utility service.

8. Personal information, as defined in § 2.2-3801, (i) filed with the Virginia Housing Development Authority concerning individuals who have applied for or received loans or other housing assistance or who have applied for occupancy of or have occupied housing financed, owned or otherwise assisted by the Virginia Housing Development Authority; (ii) concerning persons participating in or persons on the waiting list for federally funded rent-assistance programs; (iii) filed with any local redevelopment and housing authority created pursuant to § 36-4 concerning persons participating in or persons on the waiting list for housing assistance programs funded by local governments or by any such authority; or (iv) filed with any local redevelopment and housing authority created pursuant to § 36-4 or any other local government agency concerning persons who have applied for occupancy or who have occupied affordable dwelling units established pursuant to § 15.2-2304 or 15.2-2305. However, access to one's own information shall not be denied.

9. Information regarding the siting of hazardous waste facilities, except as provided in § 10.1-1441, if disclosure of such information would have a detrimental effect upon the negotiating position of a governing body or on the establishment of the terms, conditions, and provisions of the siting agreement.

10. Information on the site-specific location of rare, threatened, endangered, or otherwise imperiled plant and animal species, natural communities, caves, and significant historic and archaeological sites if, in the opinion of the public body that has the responsibility for such information, disclosure of the information would jeopardize the continued existence or the integrity of the resource. This exclusion shall not apply to requests from the owner of the land upon which the resource is located.

11. Memoranda, graphics, video or audio tapes, production models, data, and information of a proprietary nature produced by or for or collected by or for the Virginia Lottery relating to matters of a specific lottery game design, development, production, operation, ticket price, prize structure, manner of selecting the winning ticket, manner of payment of prizes to holders of winning tickets, frequency of drawings or selections of winning tickets, odds of winning, advertising, or marketing, where such information not been publicly released, published, copyrighted, or patented. Whether released, published, or copyrighted, all game-related information shall be subject to public disclosure under this chapter upon the first day of sales for the specific lottery game to which it pertains.

12. Information held by the Virginia Retirement System, acting pursuant to § 51.1-124.30, or a local retirement system, acting pursuant to § 51.1-803, or by a local finance board or board of trustees of a trust established by one or more local public bodies to invest funds for post-retirement benefits other than pensions, acting pursuant to Article 8 (§ 15.2-1544 et seq.) of Chapter 15 of Title 15.2, or by the board of visitors of the University of Virginia, acting pursuant to § 23.1-2210, or by the board of visitors of The College of William and Mary in Virginia, acting pursuant to § 23.1-2803, or by the Virginia College Savings Plan, acting pursuant to § 23.1-704, relating to the acquisition, holding, or disposition of a security or other ownership interest in an entity, where such security or ownership interest is not traded on a governmentally regulated securities exchange, if disclosure of such information would (i) reveal confidential analyses prepared for the board of visitors of the University of Virginia, prepared for the board of visitors of The College of William and Mary in Virginia, prepared by the retirement system, a local finance board or board of trustees, or the Virginia College Savings Plan, or provided to the retirement system, a local finance board or board of trustees, or the Virginia College Savings Plan under a promise of confidentiality of the future value of such ownership interest or the future financial performance of the entity and (ii) have an adverse effect on the value of the investment to be acquired, held, or disposed of by the retirement system, a local finance board or board of trustees, the board of visitors of the University of Virginia, the board of visitors of The College of William and Mary in Virginia, or the Virginia College Savings Plan. Nothing in this subdivision shall be construed to prevent the disclosure of information relating to the identity of any investment held, the amount invested, or the present value of such investment.

13. Financial, medical, rehabilitative, and other personal information concerning applicants for or recipients of loan funds submitted to or maintained by the Assistive Technology Loan Fund Authority under Chapter 11 (§ 51.5-53 et seq.) of Title 51.5.

14. Information held by the Virginia Commonwealth University Health System Authority pertaining to any of the following: an individual's qualifications for or continued membership on its medical or teaching staffs; proprietary information gathered by or in the possession of the Authority from third parties pursuant to a promise of confidentiality; contract cost estimates prepared for confidential use in awarding contracts for construction or the purchase of goods or services; information of a proprietary nature produced or collected by or for the Authority or members of its medical or teaching staffs; financial statements not publicly available that may be filed with the Authority from third parties; the identity, accounts, or account status of any customer of the Authority; consulting or other reports paid for by the Authority to assist the Authority in connection with its strategic planning and goals; the determination of marketing and operational strategies where disclosure of such strategies would be harmful to the competitive position of the Authority; and information of a proprietary nature produced or collected by or for employees of the Authority, other than the Authority's financial or administrative records, in the conduct of or as a result of study or research on medical, scientific, technical, or scholarly issues, whether sponsored by the Authority alone or in conjunction with a governmental body

or a private concern, when such information has not been publicly released, published, copyrighted, or patented. This exclusion shall also apply when such information is in the possession of Virginia Commonwealth University.

15. Information held by the Department of Environmental Quality, the State Water Control Board, the State Air Pollution Control Board, or the Virginia Waste Management Board relating to (i) active federal environmental enforcement actions that are considered confidential under federal law and (ii) enforcement strategies, including proposed sanctions for enforcement actions. Upon request, such information shall be disclosed after a proposed sanction resulting from the investigation has been proposed to the director of the agency. This subdivision shall not be construed to prevent the disclosure of information related to inspection reports, notices of violation, and documents detailing the nature of any environmental contamination that may have occurred or similar documents.

16. Information related to the operation of toll facilities that identifies an individual, vehicle, or travel itinerary, including vehicle identification data or vehicle enforcement system information; video or photographic images; Social Security or other identification numbers appearing on driver's licenses; credit card or bank account data; home addresses; phone numbers; or records of the date or time of toll facility use.

17. Information held by the Virginia Lottery pertaining to (i) the social security number, tax identification number, state sales tax number, home address and telephone number, personal and lottery banking account and transit numbers of a retailer, and financial information regarding the nonlottery operations of specific retail locations and (ii) individual lottery winners, except that a winner's name, hometown, and amount won shall be disclosed.

18. Information held by the Board for Branch Pilots relating to the chemical or drug testing of a person regulated by the Board, where such person has tested negative or has not been the subject of a disciplinary action by the Board for a positive test result.

19. Information pertaining to the planning, scheduling, and performance of examinations of holder records pursuant to the Uniform Disposition of Unclaimed Property Act (§ 55-210.1 et seq.) prepared by or for the State Treasurer or his agents or employees or persons employed to perform an audit or examination of holder records.

20. Information held by the Virginia Department of Emergency Management or a local governing body relating to citizen emergency response teams established pursuant to an ordinance of a local governing body that reveal the name, address, including e-mail address, telephone or pager numbers, or operating schedule of an individual participant in the program.

21. Information held by state or local park and recreation departments and local and regional park authorities concerning identifiable individuals under the age of 18 years. However, nothing in this subdivision shall operate to prevent the disclosure of information defined as directory information under regulations implementing the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, unless the public body has undertaken the parental notification and opt-out requirements provided by such regulations. Access shall not be denied to the parent, including a noncustodial parent, or guardian of such person, unless the parent's parental rights have been terminated or a court of competent jurisdiction has restricted or denied such access. For such information of persons who are emancipated, the right of access may be asserted by the subject thereof. Any parent or emancipated person who is the subject of the information may waive, in writing, the protections afforded by this subdivision. If the protections are so waived, the public body shall open such information for inspection and copying.

22. Information submitted for inclusion in the Statewide Alert Network administered by the Department of Emergency Management that reveal names, physical addresses, email addresses, computer or internet protocol information, telephone numbers, pager numbers, other wireless or portable communications device information, or operating schedules of individuals or agencies, where the release of such information would compromise the security of the Statewide Alert Network or individuals participating in the Statewide Alert Network.

23. Information held by the Judicial Inquiry and Review Commission made confidential by § 17.1-913.

24. Information held by the Virginia Retirement System acting pursuant to § 51.1-124.30, a local retirement system acting pursuant to § 51.1-803 (hereinafter collectively referred to as the retirement system), or the Virginia College Savings Plan, acting pursuant to § 23.1-704 relating to:

a. Internal deliberations of or decisions by the retirement system or the Virginia College Savings Plan on the pursuit of particular investment strategies, or the selection or termination of investment managers, prior to the execution of such investment strategies or the selection or termination of such managers, if disclosure of such information would have an adverse impact on the financial interest of the retirement system or the Virginia College Savings Plan; and

b. Trade secrets, as defined in the Uniform Trade Secrets Act (§ 59.1-336 et seq.), provided by a private entity to the retirement system or the Virginia College Savings Plan if disclosure of such records would have an adverse impact on the financial interest of the retirement system or the Virginia College Savings Plan.

For the records specified in subdivision b to be excluded from the provisions of this chapter, the

entity shall make a written request to the retirement system or the Virginia College Savings Plan:

- (1) Invoking such exclusion prior to or upon submission of the data or other materials for which protection from disclosure is sought;
- (2) Identifying with specificity the data or other materials for which protection is sought; and
- (3) Stating the reasons why protection is necessary.

The retirement system or the Virginia College Savings Plan shall determine whether the requested exclusion from disclosure meets the requirements set forth in subdivision b.

Nothing in this subdivision shall be construed to prevent the disclosure of the identity or amount of any investment held or the present value and performance of all asset classes and subclasses.

25. Information held by the Department of Corrections made confidential by § 53.1-233.

26. Information maintained by the Department of the Treasury or participants in the Local Government Investment Pool (§ 2.2-4600 et seq.) and required to be provided by such participants to the Department to establish accounts in accordance with § 2.2-4602.

27. Personal information, as defined in § 2.2-3801, contained in the Veterans Care Center Resident Trust Funds concerning residents or patients of the Department of Veterans Services Care Centers, except that access shall not be denied to the person who is the subject of the information.

28. Information maintained in connection with fundraising activities by the Veterans Services Foundation pursuant to § 2.2-2716 that reveal the address, electronic mail address, facsimile or telephone number, social security number or other identification number appearing on a driver's license, or credit card or bank account data of identifiable donors, except that access shall not be denied to the person who is the subject of the information. Nothing in this subdivision, however, shall be construed to prevent the disclosure of information relating to the amount, date, purpose, and terms of the pledge or donation or the identity of the donor, unless the donor has requested anonymity in connection with or as a condition of making a pledge or donation. The exclusion provided by this subdivision shall not apply to protect from disclosure (i) the identities of sponsors providing grants to or contracting with the foundation for the performance of services or other work or (ii) the terms and conditions of such grants or contracts.

29. Information prepared for and utilized by the Commonwealth's Attorneys' Services Council in the training of state prosecutors or law-enforcement personnel, where such information is not otherwise available to the public and the disclosure of such information would reveal confidential strategies, methods, or procedures to be employed in law-enforcement activities or materials created for the investigation and prosecution of a criminal case.

30. Information provided to the Department of Aviation by other entities of the Commonwealth in connection with the operation of aircraft where the information would not be subject to disclosure by the entity providing the information. The entity providing the information to the Department of Aviation shall identify the specific information to be protected and the applicable provision of this chapter that excludes the information from mandatory disclosure.

31. Information created or maintained by or on the behalf of the judicial performance evaluation program related to an evaluation of any individual justice or judge made confidential by § 17.1-100.

32. Information reflecting the substance of meetings in which (i) individual sexual assault cases are discussed by any sexual assault team established pursuant to § 15.2-1627.4 or (ii) individual child abuse or neglect cases or sex offenses involving a child are discussed by multidisciplinary child abuse teams established pursuant to § 15.2-1627.5. The findings of any such team may be disclosed or published in statistical or other aggregated form that does not disclose the identity of specific individuals.

33. Information contained in the strategic plan, marketing plan, or operational plan prepared by the Virginia Economic Development Partnership Authority pursuant to § 2.2-2237.1 regarding target companies, specific allocation of resources and staff for marketing activities, and specific marketing activities that would reveal to the Commonwealth's competitors for economic development projects the strategies intended to be deployed by the Commonwealth, thereby adversely affecting the financial interest of the Commonwealth. The executive summaries of the strategic plan, marketing plan, and operational plan shall not be redacted or withheld pursuant to this subdivision.

34. *Information discussed in a closed session of the Physical Therapy Compact Commission or the Executive Board or other committees of the Commission for purposes set forth in subsection E of § 54.1-3491.*

§ 54.1-2400.2. Confidentiality of information obtained during an investigation or disciplinary proceeding; penalty.

A. Any reports, information or records received and maintained by the Department of Health Professions or any health regulatory board in connection with possible disciplinary proceedings, including any material received or developed by a board during an investigation or proceeding, shall be strictly confidential. The Department of Health Professions or a board may only disclose such confidential information:

1. In a disciplinary proceeding before a board or in any subsequent trial or appeal of an action or order, or to the respondent in entering into a confidential consent agreement under § 54.1-2400;
2. To regulatory authorities concerned with granting, limiting or denying licenses, certificates or

registrations to practice a health profession, including the coordinated licensure information system; as defined in § 54.1-3040.2 and the data system as set forth in § 54.1-3492;

3. To hospital committees concerned with granting, limiting or denying hospital privileges if a final determination regarding a violation has been made;

4. Pursuant to an order of a court of competent jurisdiction for good cause arising from extraordinary circumstances being shown;

5. To qualified personnel for bona fide research or educational purposes, if personally identifiable information relating to any person is first deleted. Such release shall be made pursuant to a written agreement to ensure compliance with this section; or

6. To the Health Practitioners' Monitoring Program within the Department of Health Professions in connection with health practitioners who apply to or participate in the Program.

B. In no event shall confidential information received, maintained or developed by the Department of Health Professions or any board, or disclosed by the Department of Health Professions or a board to others, pursuant to this section, be available for discovery or court subpoena or introduced into evidence in any civil action. This section shall not, however, be construed to inhibit an investigation or prosecution under Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2.

C. Any claim of a physician-patient or practitioner-patient privilege shall not prevail in any investigation or proceeding by any health regulatory board acting within the scope of its authority. The disclosure, however, of any information pursuant to this provision shall not be deemed a waiver of such privilege in any other proceeding.

D. This section shall not prohibit the Director of the Department of Health Professions, after consultation with the relevant health regulatory board president or his designee, from disclosing to the Attorney General, or the appropriate attorney for the Commonwealth, investigatory information which indicates a possible violation of any provision of criminal law, including the laws relating to the manufacture, distribution, dispensing, prescribing or administration of drugs, other than drugs classified as Schedule VI drugs and devices, by any individual regulated by any health regulatory board.

E. This section shall not prohibit the Director of the Department of Health Professions from disclosing matters listed in subdivision A 1, A 2, or A 3 of § 54.1-2909; from making the reports of aggregate information and summaries required by § 54.1-2400.3; or from disclosing the information required to be made available to the public pursuant to § 54.1-2910.1.

F. This section shall not prohibit the Director of the Department of Health Professions, following consultation with the relevant health regulatory board president or his designee, from disclosing information about a suspected violation of state or federal law or regulation to other agencies within the Health and Human Resources Secretariat or to federal law-enforcement agencies having jurisdiction over the suspected violation or requesting an inspection or investigation of a licensee by such state or federal agency when the Director has reason to believe that a possible violation of federal or state law has occurred. Such disclosure shall not exceed the minimum information necessary to permit the state or federal agency having jurisdiction over the suspected violation of state or federal law to conduct an inspection or investigation. Disclosures by the Director pursuant to this subsection shall not be limited to requests for inspections or investigations of licensees. Nothing in this subsection shall require the Director to make any disclosure. Nothing in this section shall permit any agency to which the Director makes a disclosure pursuant to this section to re-disclose any information, reports, records, or materials received from the Department.

G. Whenever a complaint or report has been filed about a person licensed, certified, or registered by a health regulatory board, the source and the subject of a complaint or report shall be provided information about the investigative and disciplinary procedures at the Department of Health Professions. Prior to interviewing a licensee who is the subject of a complaint or report, or at the time that the licensee is first notified in writing of the complaint or report, whichever shall occur first, the licensee shall be provided with a copy of the complaint or report and any records or supporting documentation, unless such provision would materially obstruct a criminal or regulatory investigation. If the relevant board concludes that a disciplinary proceeding will not be instituted, the board may send an advisory letter to the person who was the subject of the complaint or report. The relevant board may also inform the source of the complaint or report (i) that an investigation has been conducted, (ii) that the matter was concluded without a disciplinary proceeding, (iii) of the process the board followed in making its determination, and (iv), if appropriate, that an advisory letter from the board has been communicated to the person who was the subject of the complaint or report. In providing such information, the board shall inform the source of the complaint or report that he is subject to the requirements of this section relating to confidentiality and discovery.

H. Orders and notices of the health regulatory boards relating to disciplinary actions, other than confidential exhibits described in subsection K, shall be disclosed. Information on the date and location of any disciplinary proceeding, allegations against the respondent, and the list of statutes and regulations the respondent is alleged to have violated shall be provided to the source of the complaint or report by the relevant board prior to the proceeding. The source shall be notified of the disposition of a disciplinary case.

I. This section shall not prohibit investigative staff authorized under § 54.1-2506 from interviewing fact witnesses, disclosing to fact witnesses the identity of the subject of the complaint or report, or reviewing with fact witnesses any portion of records or other supporting documentation necessary to refresh the fact witnesses' recollection.

J. Any person found guilty of the unlawful disclosure of confidential information possessed by a health regulatory board shall be guilty of a Class 1 misdemeanor.

K. In disciplinary actions in which a practitioner is or may be unable to practice with reasonable skill and safety to patients and the public because of a mental or physical disability, a health regulatory board shall consider whether to disclose and may decide not to disclose in its notice or order the practitioner's health records, as defined in § 32.1-127.1:03, or his health services, as defined in § 32.1-127.1:03. Such information may be considered by the relevant board in a closed hearing in accordance with subdivision A 16 of § 2.2-3711 and included in a confidential exhibit to a notice or order. The public notice or order shall identify, if known, the practitioner's mental or physical disability that is the basis for its determination. In the event that the relevant board, in its discretion, determines that this subsection should apply, information contained in the confidential exhibit shall remain part of the confidential record before the relevant board and is subject to court review under the Administrative Process Act (§ 2.2-4000 et seq.) and to release in accordance with this section.

§ 54.1-3484. Criminal history background checks.

The Board shall require each applicant for licensure as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding the applicant. The cost of fingerprinting and the criminal history record search shall be paid by the applicant.

The Central Criminal Records Exchange shall forward the results of the state and federal criminal history record search to the Board, which shall be a governmental entity. If an applicant is denied licensure because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation and the Central Criminal Records Exchange. The information shall not be disseminated except as provided in this section.

Article 2.

Physical Therapy Licensure Compact.

§ 54.1-3485. Form of compact; declaration of purpose.

A. The General Assembly hereby enacts, and the Commonwealth of Virginia hereby enters into, the Physical Therapy Licensure Compact with any and all jurisdictions legally joining therein according to its terms, in the form substantially as follows.

B. The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient is located at the time of the patient encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This Compact is designed to achieve the following objectives:

- 1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;*
- 2. Enhance the states' ability to protect the public's health and safety;*
- 3. Encourage the cooperation of member states in regulating multi-state physical therapy practice;*
- 4. Support spouses of relocating military members;*
- 5. Enhance the exchange of licensure, investigative, and disciplinary information between member states; and*
- 6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.*

§ 54.1-3486. Definitions.

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

"Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. §§ 1209 and 1211.

"Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.

"Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues.

"Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient/client is located at the time of the patient/client encounter.

"Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.

"Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege, and adverse action.

"Encumbered license" means a license that a physical therapy licensing board has limited in any way.

"Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them, by the Commission.

"Home state" means the member state that is the licensee's primary state of residence.

"Investigative information" means information, records, and documents received or generated by a physical therapy licensing board pursuant to an investigation.

"Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.

"Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant.

"Member state" means a state that has enacted the Compact.

"Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.

"Physical therapist" means an individual who is licensed by a state to practice physical therapy.

"Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.

"Physical therapy," "physical therapy practice," and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist as defined by § 54.1-3473.

"Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

"Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

"Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

"Rule" means a regulation, principle, or directive promulgated by the Commission that has the force of law.

"State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of physical therapy.

§ 54.1-3487. State participation in the Compact.

A. To participate in the Compact, a state must:

1. Participate fully in the Commission's data system, including using the Commission's unique identifier as defined in rules;
2. Have a mechanism in place for receiving and investigating complaints about licensees;
3. Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or of the availability of investigative information regarding a licensee;
4. Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with subsection B of § 54.1-3488;
5. Comply with the rules of the Commission;
6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission; and
7. Have continuing competence requirements as a condition for license renewal.

B. Upon adoption of this statute, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and shall submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C. § 534 and 42 U.S.C. § 14616.

C. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the Compact and rules.

D. Member states may charge a fee for granting a compact privilege.

§ 54.1-3488. Compact privilege.

A. To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall:

1. Hold a license in the home state;
2. Have no encumbrance on any state license;
3. Be eligible for a compact privilege in any member state in accordance with subsections D, G, and H;

4. Have not had any adverse action against any license or compact privilege within the previous two years;

5. Notify the Commission that the licensee is seeking the compact privilege within a remote state or remote states;

6. Pay any applicable fees, including any state fee, for the compact privilege;

7. Meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and

8. Report to the Commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

B. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of subsection A to maintain the compact privilege in the remote state.

C. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

D. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and

2. Two years have elapsed from the date of the adverse action.

F. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection A to obtain a compact privilege in any remote state.

G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

1. The specific period of time for which the compact privilege was removed has ended;

2. All fines have been paid; and

3. Two years have elapsed from the date of the adverse action.

H. Once the requirements of subsection G have been met, the licensee must meet the requirements in subsection A to obtain a compact privilege in a remote state.

§ 54.1-3489. Active duty military personnel or their spouses.

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

1. Home of record;

2. Permanent Change of Station (PCS); or

3. State of current residence if it is different from the PCS state or home of record.

§ 54.1-3490. Adverse actions.

A. A home state shall have exclusive power to impose adverse action against a license issued by the home state.

B. A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

C. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

D. Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in subsection D of § 54.1-3488 against a licensee's compact privilege in the state;

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. Joint investigations.

1. In addition to the authority granted to a member state by its respective physical therapy practice

act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

§ 54.1-3491. Establishment of the Physical Therapy Compact Commission.

A. The Compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission.

1. The Commission is an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent that it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, voting, and meetings.

1. Each member state shall have and be limited to one delegate selected by that member state's licensing board.

2. The delegate shall be a current member of the licensing board who is a physical therapist, a physical therapist assistant, a public member, or the board administrator.

3. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

4. The member state board shall fill any vacancy occurring in the Commission.

5. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;

2. Establish bylaws;

3. Maintain its financial records in accordance with the bylaws;

4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;

5. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

6. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;

7. Purchase and maintain insurance and bonds;

8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

9. Hire employees, elect or appoint officers, fix compensation, define duties, and grant such individuals appropriate authority to carry out the purposes of the Compact and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services and receive, utilize and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

11. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use any property, real, personal or mixed, provided that at all times the Commission shall avoid any appearance of impropriety;

12. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

13. Establish a budget and make expenditures;

14. Borrow money;

15. Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives and such other interested persons as may be designated in this Compact and the bylaws;

16. Provide and receive information from, and cooperate with, law-enforcement agencies;

17. Establish and elect an Executive Board; and

18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of physical therapy licensure and practice.

D. The Executive Board.

The Executive Board shall have the power to act on behalf of the Commission according to the terms

of this Compact.

1. The Executive Board shall be composed of nine members as follows:
 - a. Seven voting members who are elected by the Commission from the current membership of the Commission;
 - b. One ex officio, nonvoting member from the recognized national physical therapy professional association; and
 - c. One ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.
2. The ex officio members will be selected by their respective organizations.
3. The Commission may remove any member of the Executive Board as provided in bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:
 - a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any Commission Compact fee charged to licensees for the compact privilege;
 - b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
 - c. Prepare and recommend the budget;
 - d. Maintain financial records on behalf of the Commission;
 - e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
 - f. Establish additional committees as necessary; and
 - g. Perform other duties as provided in rules or bylaws.

E. Meetings of the Commission.

1. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in § 54.1-3493.
2. The Commission or the Executive Board or other committees of the Commission may convene in a closed, nonpublic meeting if the Commission or Executive Board or other committees of the Commission must discuss:
 - a. Noncompliance of a member state with its obligations under the Compact;
 - b. The employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation;
 - d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
 - e. Accusing any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - h. Disclosure of investigative records compiled for law-enforcement purposes;
 - i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or
 - j. Matters specifically exempted from disclosure by federal or member state statute.
3. If a meeting or portion of a meeting is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.
4. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

F. Financing of the Commission.

1. The Commission shall pay or provide for the payment of the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified immunity, defense, and indemnification.

1. The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing in this subdivision shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

§ 54.1-3492. Data system.

A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Nonconfidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason or reasons for such denial; and
6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. Investigative information pertaining to a licensee in any member state will only be available to other party states.

D. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

§ 54.1-3493. Rulemaking.

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and
2. On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least 25 persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording shall be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

§ 54.1-3494. Oversight, dispute resolution, and enforcement.

A. Oversight.

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities, or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, technical assistance, and termination.

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute resolution.

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

§ 54.1-3495. Date of implementation of the Interstate Commission for Physical Therapy Practice and associated rules, withdrawal, and amendment.

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act

prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

§ 54.1-3496. Construction and severability.

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence, or provision of this Compact is declared to be contrary to the constitution of any party state or the Constitution of the United States, or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

2. That the provisions of this act shall become effective on January 1, 2020.

3. That the Board of Physical Therapy shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Part I. General Provisions.

18VAC112-20-10. Definitions.

In addition to the words and terms defined in §§ 54.1-3473 and 54.1-3486 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"Assessment tool" means oPTION or any other competency assessment tool developed or approved by FSBPT.

"CLEP" means the College Level Examination Program.

"Compact" means the Physical Therapy Licensure Compact.

"Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

“Re-evaluation” means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient’s response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any licensee shall be validly given when mailed to the latest address of record provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

[NOTE: Pursuant to Rule 3.1(D) and Policy 1.11 of the Compact Commission, the Board may decide whether to require compact privilege holders to notify the Board of the physical location(s) where the individual is providing physical therapy services within the state as a remote state.]

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.
2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.
2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year.
3. A fee of \$50 for a physical therapist and \$25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.
4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.
2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
3. The fee for a returned check shall be \$35.
4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.
5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.

6. The state fee for obtaining [or renewing] a compact privilege to practice in Virginia shall be \$

Part II. Licensure Requirements.

18VAC112-20-60. Requirements for licensure by examination.

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;
2. The required application, fees and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and
3. Documentation of passage of the national examination as prescribed by the board.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada, may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U. S. jurisdiction;

2. The required application, fees, and credentials to the board, including a criminal history background check as required by §54.1-3484 of the Code of Virginia;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB);

4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years;

5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state; and

6. Documentation of active practice in physical therapy in another U. S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

b. Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-82. Requirements for compact privilege.

To obtain a compact privilege to practice physical therapy in Virginia, a physical therapist or physical therapist assistant licensed in a remote state shall comply with the rules adopted by the Physical Therapy Licensure Compact Commission in effect at the time of application to the Commission.

Part III. Practice Requirements.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;
2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by §54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18 VAC 112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

F. A physical therapist or physical therapist assistant practicing in Virginia on a compact privilege shall comply with all applicable laws and regulations pertaining to physical therapy practice in Virginia.

Part IV. Renewal or Relicensure Requirements.

18VAC112-20-130. Biennial renewal of license.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Physical Therapy Licensure Compact Commission in effect at the time of the renewal.

18VAC112-20-140. Traineeship required.

A. The traineeship shall be approved by the board, and under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

D. A traineeship shall not be approved for an applicant who has not completed a criminal background check for initial licensure pursuant to § 54.1-3484 of the Code of Virginia.

Part IV. Standards of Practice.

18VAC112-20-200. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted or free, for professional services that does not include the cost of all related procedures, services and products which, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee or holder of a compact privilege shall not use the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for his practice unless he holds certification in a clinical specialty issued by the American Board of Physical Therapy Specialties.

E. A licensee of the board or holder of a compact privilege shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.

F. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.

CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Part I. General Provisions.

18VAC112-20-10. Definitions.

In addition to the words and terms defined in §§ 54.1-3473 and 54.1-3486 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"Assessment tool" means oPTion or any other competency assessment tool developed or approved by FSBPT.

"CLEP" means the College Level Examination Program.

"Compact" means the Physical Therapy Licensure Compact.

"Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

“Re-evaluation” means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient’s response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any licensee shall be validly given when mailed to the latest address of record provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

[NOTE: Pursuant to Rule 3.1(D) and Policy 1.11 of the Compact Commission, the Board may decide whether to require compact privilege holders to notify the Board of the physical location(s) where the individual is providing physical therapy services within the state as a remote state.]

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.
2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year.
3. A fee of \$50 for a physical therapist and \$25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.
4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.
2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
3. The fee for a returned check shall be \$35.
4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.
5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.

6. The state fee for obtaining [or renewing] a compact privilege to practice in Virginia shall be

\$

Part II. Licensure Requirements.

18VAC112-20-60. Requirements for licensure by examination.

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;
2. The required application, fees and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and
3. Documentation of passage of the national examination as prescribed by the board.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada, may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U. S. jurisdiction;
2. The required application, fees, and credentials to the board, including a criminal history background check as required by §54.1-3484 of the Code of Virginia;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years;
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state; and
6. Documentation of active practice in physical therapy in another U. S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:
 - a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or
 - b. Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-82. Requirements for compact privilege.

To obtain a compact privilege to practice physical therapy in Virginia, a physical therapist or physical therapist assistant licensed in a remote state shall comply with the rules adopted by the Physical Therapy Licensure Compact Commission in effect at the time of application to the Commission.

Part III. Practice Requirements.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;
2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by §54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18 VAC 112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

F. A physical therapist or physical therapist assistant practicing in Virginia on a compact privilege shall comply with all applicable laws and regulations pertaining to physical therapy practice in Virginia.

Part IV. Renewal or Relicensure Requirements.

18VAC112-20-130. Biennial renewal of license.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Physical Therapy Licensure Compact Commission in effect at the time of the renewal.

18VAC112-20-140. Traineeship required.

A. The traineeship shall be approved by the board, and under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

D. A traineeship shall not be approved for an applicant who has not completed a criminal background check for initial licensure pursuant to § 54.1-3484 of the Code of Virginia.

Part IV. Standards of Practice.

18VAC112-20-200. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted or free, for professional services that does not include the cost of all related procedures, services and products which, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee or holder of a compact privilege shall not use the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for his practice unless he holds certification in a clinical specialty issued by the American Board of Physical Therapy Specialties.

E. A licensee of the board or holder of a compact privilege shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.

F. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.

Agenda Item: Adoption of proposed amendments for periodic review

Included in your agenda package are:

A copy of the Notice of Intended Regulatory Action (NOIRA)
(There were no comments on the NOIRA)

A copy of DRAFT proposed regulations

Board action:

Adoption of proposed regulations as presented in the attached or as amended.

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Physical Therapy

Chapter Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]

Action: Periodic review**Notice of Intended Regulatory Action (NOIRA)**

Action 5228 / Stage 8538

 [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Statement	2/21/2019	Upload / Replace
<input type="radio"/> Governor's Review Memo	4/22/2019	
<input type="radio"/> Registrar Transmittal	4/22/2019	

Status	
Public Hearing	Will be held at the proposed stage
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
DPB Review	Submitted on 2/21/2019 Policy Analyst: Jeannine Rose Review Completed: 2/28/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Governor's Review	Review Completed: 4/22/2019 Result: Approved
Virginia Registrar	Submitted on 4/22/2019 The Virginia Register of Regulations Publication Date: 5/13/2019 Volume: 35 Issue: 19
Comment Period	Ended 6/12/2019 0 comments

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CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Part I. General Provisions.

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (*CAPTE*).

~~"Assessment tool" means option or any other competency assessment tool developed or approved by FSBPT.~~

~~"CLEP" means the College Level Examination Program.~~

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Encounter" means an interaction between a patient and a physical therapist or physical therapist assistant for the purpose of providing healthcare services or assessing the [health/therapeutic] status of a patient.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Re-evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any licensee shall be validly given when **mailed sent** to the latest address of record provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

Part II. Licensure Requirements.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B.

B. The board shall only approve a credentialing agency that:

1. Utilizes the **current** FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, ~~based on the year of graduation,~~ and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;

2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and

3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.

2. A copy of the original certificate or diploma which has been certified as a true copy of the original by a notary public, verifying his graduation from a physical therapy curriculum.

If the certificate or diploma is not in the English language, submit either:

a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board *and based upon the current FSBPT coursework tool for physical therapist assistants*.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability, ~~or~~ mandatory military service, *or officially declared disasters*.

1. The traineeship shall be in accordance with requirements of 18VAC112-20-140.

2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada, may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U. S. jurisdiction or Canadian province;

2. The required application, fees, and credentials to the board;

3. A current report from the ~~Healthcare Integrity and Protection Data Bank (HIPDB)~~ National Practitioner Data Bank (NPDB);

4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction or Canada, or 60 hours obtained within the past four years;

5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state or Canadian province at the time of initial licensure in that state or province; and

6. Documentation of active practice in physical therapy in another U. S. or Canadian jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

~~a. S~~ successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; ~~or~~

~~b. Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.~~

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements of 18VAC112-20-140, shall terminate ~~two~~five working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination, provided he has registered to retake the examination. ~~A new traineeship shall not be approved for more than one year following the receipt of the first examination results.~~ A new traineeship may only be approved until he has passed the examination and been granted a license or for one year from the receipt of the first examination results, whichever comes first. An unlicensed graduate shall not be granted more than three traineeships within the one year following the receipt of the first examination results.

D. The unlicensed graduate who has taken and passed the national examination may be granted an additional traineeship after the termination required in subsection B until licensure is granted or for one year following the receipt of the passing examination results, whichever comes first.

Part III. Practice Requirements.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;
2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by §54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18 VAC 112-20-10.

D. A physical therapist assistant's ~~visits to~~ encounters with a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

18VAC112-20-100. Supervisory responsibilities.

A. A physical therapist shall be fully responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.

B. Support personnel shall only perform routine assigned physical therapy tasks under the direct supervision of a licensed physical therapist or a licensed physical therapist assistant, who shall only assign those tasks or activities that are nondiscretionary and do not require the exercise of professional judgment.

C. A physical therapist shall provide direct supervision to no more than three individual trainees or students at any one time.

D. A physical therapist shall provide direct supervision to a student in an approved program who is satisfying clinical educational requirements in physical therapy. A physical therapist or a physical therapist assistant shall provide direct supervision to a student in an approved program for physical therapist assistants.

E. A physical therapist shall provide direct supervision to a student who is satisfying clinical educational requirements in physical therapy in a non-approved physical therapist program that has been granted the Candidate for Accreditation status from CAPTE. Either a physical therapist or physical therapist assistant shall provide direct supervision to a student who is satisfying clinical education requirements in a non-approved physical therapist assistant program that has been granted the Candidate for Accreditation status from CAPTE.

18VAC112-20-120. Responsibilities to patients.

A. The initial patient ~~visit~~ encounter shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first ~~visit~~ encounter with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in §32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.
2. For patients in other settings, it shall be not less than one of 12 visits made to the patient during a 30-day period, or once every 30 days from the last reevaluation, whichever occurs first.
3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last reevaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

Part IV. Renewal or Relicensure Requirements.

18VAC112-20-130. Biennial renewal of license.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. The board may grant an extension of the deadline for completing active practice requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

E. The board may grant an exemption to the active practice requirement for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disaster, upon a written request from the licensee prior to the renewal date.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee

shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state, or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course;
- g. The National Athletic Trainers' Association; ~~or~~
- h. The Federation of State Boards of Physical Therapy;:-
- i. Providers approved by other state licensing boards for physical therapy; and*
- [j. National Strength and Conditioning Association.]*

One credit hour of a college course is considered the equivalent to 15 contact hours of Type 1 continuing education.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. *For purposes of this subdivision:*

- a. Type 2 activities may include consultation with colleagues, independent study, and research or writing on subjects related to practice.*
- b. Up to two of the Type 2 continuing education hours may be satisfied through delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services.*
- c. Up to two of the Type 2 continuing education hours may be satisfied by attendance at a meeting of the board or disciplinary proceeding conducted by the board.*
- d. Clinical supervision of students and research and preparation for the clinical supervision experience constitute Type 2 activities.*
- e. Classroom teaching of workshops or courses constitutes a Type 2 activity.*
- f. One contact hour of Type 2 activities may be granted for every 40 hours of clinical supervision or instruction.*

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

~~5. A physical therapist who can document that he attained at least Level 2 on the FSBPT assessment tool may receive five hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he attained at least Level 3 or 4 on the FSBPT assessment tool may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.~~

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters, upon a written request from the licensee prior to the renewal date.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee of \$70 for a physical therapist and \$35 for a physical therapist assistant, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in **another any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice** within the four years immediately preceding application for reactivation.

~~a. 3. If the inactive physical therapist or physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for reactivation of licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.~~

~~b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.~~

~~3. 4. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.~~

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in **another any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice** for at least 320 hours within the four years immediately preceding applying for reinstatement.

~~a. If a physical therapist or physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for~~

~~licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.~~

~~b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.~~

18VAC112-20-140. Traineeship required.

A. The traineeship shall be approved by the board, and *completed* under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

**Agenda Item: Board Consideration of Public Comment on Dry Needling
Proposed Regulations and Adoption of Final Regulations**

Included in your agenda package are:

A copy of the proposed amendments

A copy of the transcript of the public hearing

A copy of public comment

A summary of public comment

Board action:

Response to public comment

Adoption of final regulation

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 didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.

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.

4. The practitioner shall not perform dry needling beyond the scope of the highest level of the practitioner's training.]

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 of this section and shall not be delegated to a physical therapist assistant or other support personnel.]

Board of Physical Therapy

Summary of Comment on Proposed Regulations for Dry Needling

The Board published re-proposed regulations for the practice of dry needling on May 27, 2019 with a public comment period that closed on July 26, 2019. A public hearing was conducted on June 27, 2019.

At the public hearing, Janet Borges, a licensed acupuncturist, spoke in opposition to the proposed regulation because there is no standard respective to training, no continuing education requirements, and no competency standard to protect the patient. Dry needling potentially increases risk of harm. She cited requirements for physical therapists in Maryland and the hours of training for physicians to perform acupuncture; she also requested the Board to amend the regulation with greater specificity for competency and safety standards.

Tom Bohanon, a licensed physical therapist, spoke on behalf of the Virginia Physical Therapy Association in support of the regulation. He noted the due diligence of the Board in developing the regulation. The treatment modality of dry needling is within the scope of practice for physical therapists who have doctoral-level training in anatomy and physiology.

There were 852 comments recorded on the Virginia Regulatory Townhall. A number of commenters used multiple entries or duplicated their comments.

There were 484 persons who commented in opposition to the proposed regulation. Their primary argument was that dry needling constitutes the practice of acupuncture and allowing physical therapists to perform it dilutes and encroaches on their practice. The commenters noted the difference in training required for a license in acupuncture versus dry needling and commented that there were no accredited programs or educational standards for physical therapists. Several commenters cited cases of patient harm from performance of dry needling. Finally, there was objection to deleting the requirement in the re-proposed regulation that physical therapists disclose that dry needling is not acupuncture.

There were 244 persons who commented in support of the proposed regulation. They noted that physical therapists receive extensive education and training in the musculoskeletal system and anatomy but also receive post-graduate training in the safe and effective use of dry needling. Commenters stated that dry needling is an evidence-based modality of treatment, different from acupuncture in that its purpose is trigger point release and muscle activation. Several noted that they refer their patients for acupuncture since dry needling is not intended to replace that practice.

Also in support of the proposed regulations were 96 persons who specifically identified themselves as patients (or a family member of a patient) who had received dry needling treatment from a physical therapist. These patients noted the significant benefit they received as it alleviated severe pain, kept them off pain medication, restored functioning, and found it to be both safe and effective. Several commented that they had received both dry needling from a physical therapist and acupuncture from an acupuncturist and that they had very different methods and goals.

There were three comments received electronically or by hard copy. There were:

Michelle Lau, President of the American Alliance of Acupuncture and the Council of Acupuncture and Oriental Medicine Associations, commented that it was a public safety and consumer interest issue. Dry needling is acupuncture and requires an acupuncture license.

Matthew Stanley, identified as a former lobbyist for the Acupuncture Society of Virginia and board member of the National Certification Commission for Acupuncture and Oriental Medicine, but represented his own view of opposition to the proposed regulation. He commented that dry needling does fall under the scope of practice of acupuncture and presented three cases of patient harm. He also reiterated the position of the American Medical Association and the American Academy of Medical Acupuncture (AAMA) that dry needling is an invasive procedure that should be performed by practitioners with standards for physician acupuncturist or licensed acupuncturists.

David Groopman, M.D., commented as a Fellow of AAMA, and noted that dry needling demands clinical experience and acumen way beyond that of a physical therapist. He noted that physicians must have 300 hours to practice acupuncture.

1
2 VIRGINIA BOARD OF PHYSICAL THERAPY
3 THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
4

5 PUBLIC COMMENT
6 ON REVISED PROPOSED REGULATIONS
7

8 PRACTICE OF DRY NEEDLING
9

10 Department of Health Professions
11 9960 Mayland Drive, Suite 201
12 Richmond, Virginia
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16 July 27, 2019

17 9:00 a.m.
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APPEARANCES

BOARD MEMBERS:

Tracey Adler, P.D., D.P.T.; Chairperson;

STAFF MEMBERS:

Ms. Corie E. Tillman Wolf, J.D.; Executive Director;

Ms. Elaine Yeatts, Senior Public Analyst.

1 NOTE: The hearing commenced at
2 9:00 a.m. as follows:

3 DR. ADLER: Good morning. I'm
4 Dr. Tracey Adler, a member of the Board of
5 Physical Therapy. This is a public hearing
6 to receive comments on the proposed
7 amendments for practice of dry needling by
8 physical therapists. This is a re-proposed
9 regulation and the changes made by the board
10 are shown in brackets. Copies of the
11 proposed regulations are available on the
12 back table.

13 At this time I will call on
14 persons who have signed up to speak to the
15 proposed amendments. As I call your name,
16 please come forward -- or you can stay at
17 your seat -- and tell us your name and where
18 you are from. So first, Janet.

19 JANET BORGES: So you know, I timed
20 it and everything. So I wanted you to know I
21 tried to keep it down. And also --

22 DR. ADLER: Oh, you need you to say
23 who you are and what you do.

24 JANET BORGES: Janet Borges,
25 Licensed Acupuncturist in Richmond, Virginia.

1 I also brought a copy in case you need it. I
2 feel like I should stand.

3 DR. ADLER: You can do whatever you
4 want.

5 JANET BORGES: Good morning. My
6 name is Janet Borges, Traditional Chinese
7 Medicine Practitioner and Licensed
8 Acupuncturist in practice for 15 years. I
9 represent no other entity here.

10 The mandate for the Virginia
11 Board of Physical Therapy is to protect the
12 public. Presumably, this includes the
13 promulgation of regulations pertaining to
14 safety and the standard of care. As it
15 stands, this proposed regulation would allow
16 physical therapists to perform the dry
17 needling style of acupuncture with no
18 standard respective to training; clinical,
19 supervised or otherwise; no continuing
20 education requirement and no competency
21 standard. This Board is fully aware of the
22 national standards that my profession must
23 adhere to in order to become licensed in
24 Virginia.

25 All styles of acupuncturists

1 have very real risks. The style of dry
2 needling potentially increases those risks by
3 the manner in which it is done, often with
4 very deep needling with muscle fasciculation.
5 This style is also known as myofascial
6 trigger point acupuncture, motor point
7 needling, et cetera, as performed by licensed
8 acupuncturists across the country. We all
9 share the same risks. The exact same risks.

10 I know of cases in Virginia
11 including in my practice where patients have
12 been injured, not with a life-threatening
13 outcome like pneumothorax but with lesser
14 injury such as nerve damage. There is no
15 language in this proposed regulation that
16 sets a standard of training and competency to
17 protect the patient from these injuries.

18 There is no guidance for PTs
19 even in this proposed regulation as to what
20 courses would provide such training. At
21 present, it is all weekend or online courses,
22 all of which are for-profit endeavors with no
23 agreed-upon standard on training or clinical
24 supervision. Myo-pain courses are three days
25 for the level-one training. Even that is

1 three days longer than any specification in
2 this proposed regulation. Maryland requires
3 40 hours of didactic training and 40 hours of
4 supervised clinical training, which is all to
5 be done after graduation from a PT program.
6 That is 80 hours more than any specification
7 in this proposed regulation. Maryland
8 physicians complete a 200-hour program in
9 order to add acupuncture as a treatment
10 modality. Virginia physicians have 300 hours
11 of training to perform acupuncture.

12 This proposed regulation, which
13 identifies dry needling as an advanced
14 procedure that requires additional training,
15 essentially leaves it up to the practitioner
16 to decide if they are competent to do this.
17 Is this really how we want to protect the
18 public?

19 These facts have been presented
20 many times. Yet this Board has ignored
21 constructive input from my profession,
22 medical acupuncturists, the American Medical
23 Association and the American Association for
24 Physical Medicine and Rehabilitation. This
25 Board has opted to instead circumvent

1 legislative procedure and national
2 acupuncture standards in favor of proposing a
3 regulation that essentially protects only the
4 Board by giving it legal authority to hold
5 practitioners accountable should they injure
6 a patient. None of this protects the public.

7 In the interest of public
8 safety, please at the very least, amend this
9 proposed regulation with language that
10 identifies greater specificity regarding
11 competency and safety standards in order to
12 protect the patients that we all want to
13 serve.

14 MS. YEATTS: Thank you. Do you
15 have a copy we could have?

16 JANET BORGES: I do.

17 MS. YEATTS: Great. Thank you, so
18 much.

19 DR. ADLER: Okay. Next is Tom
20 Bohanon. Come on up, introduce yourself and
21 what you do.

22 MR. BOHANON: I'm Tom Bohanon. I'm
23 here -- I'm a lone practitioner in my own
24 private practice, but I'm here to speak on
25 behalf of the Virginia Physical Therapy

1 Association.

2 I rise to speak in favor of
3 these regulations, and we appreciate the hard
4 work the Board's put in and the due diligence
5 that's been done by multiple groups to get to
6 this point. We believe that this regulation
7 does accurately reflect both additional
8 training as well as the previous training
9 that we get as doctoral trained students
10 coming out of school, both anatomically and
11 physiologically. And we believe that this
12 modality, which is a treatment modality, is
13 well within the scope of our practice. And
14 we appreciate the effort by the Board to put
15 this through.

16 DR. ADLER: Thank you. Are there
17 any other people that would like to comment?

18 (No response.)

19 DR. ADLER: All right. If not, we
20 want to thank all of you who took the time to
21 come today to offer comments on these
22 proposed regulations. I also want to remind
23 everyone that electronic comments can be
24 posted on the Virginia Regulatory Town Hall
25 at www.townhall.Virginia.gov or sent by

1 email. Comments on these regulations may be
2 received until July 26, 2019. Comments
3 should be directed to Elaine Yeatts, Policy
4 Analyst for the Department. All comments
5 will be considered before the Board adopts a
6 final regulation at its meeting scheduled for
7 August 13, 2019.

8 Again, thank you for taking the
9 time to participate, and this concludes our
10 hearing.

11 NOTE: The hearing concluded at
12 9:07 a.m.

C E R T I F I C A T E

Commonwealth of Virginia,
Chesterfield County, to-wit:

I, Mary E. Aliff, a Notary Public
for the Commonwealth of Virginia at Large, do hereby
certify that these proceedings took place in the
above stated manner as specified in the foregoing
caption.

Further, that this transcript is, to
the best of my ability, a true and accurate record
of the proceedings.

Given under my hand this 10th day of July,
2019.

Mary E. Aliff

Mary -----

Virginia Notary Registration No. 270874

My commission expires
May 31, 2014

Virginia.gov Agencies | Governor


Agency Department of Health Professions

Board Board of Physical Therapy

Chapter Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]

Action	<u>Practice of dry needling</u>
Stage	<u>Proposed</u>
Comment Period	Ends 7/26/2019

 All good comments for this forum [Show Only Flagged](#)
[Back to List of Comments](#)
Commenter: Kim Nguyen

6/18/19 8:17 am

Opposition to dry needling by PTs
Commenter: Nada Acupuncture

6/18/19 6:01 pm

Oppositon to PT perform dry needling

PTs can performing dry needling only after they finish some shirt class. It is so unprofessional.

Commenter: Doug Erickson

6/19/19 9:14 am

In support of physical therapists performing dry needling

I fully support physical therapists performing dry needling. I would also like to see state regulations changed to drop the requirement that patients get a prescription for dry needling from a doctor in order to receive the treatment from a physical therapist. There have been many times over the last several years when I would have liked to have dry needling done by my PT, but could not due to the extra time and expense involved in having to have a doctor's appointment first in order to get the prescription. I don't believe this type of deadweight loss (both to me physically for forgoing the treatment and to my PT in lost business) is adequately accounted for in the Economic Impact Analysis.

Commenter: Brittany A

6/21/19 4:41 pm

For dry needling

Physical therapist are highly trained professionals that manage complex neuromusculoskeletal conditions. They are much more educated on anatomy, physiology, and medical screening than are acupuncturists and are thus more apt to dry needle safely and effectively. Much of the training is focused on safe and effective use of dry needling. Less continuing education is necessary for therapists because they are already so well educated in, and experts on, the musculoskeletal system. The actual technique of utilizing the needles is what is focused on and research presented during dry needling coursework. Therapists already have the expertise on anatomy unlike many other professions.

Commenter: Dr. Beth Scott, PT, DPT

6/27/19 10:22 pm

For PT's dry needling with sufficient training

The way the current regulations are written are still good guidance--PT's who wish to use dry needling should have multiple courses (many hours--I believe it is over 50 hours) of training and a

similar number of hours of practice prior to being able to use the modality in clinic and bill for it. It is also my understanding that PT's who wish to needle must have a minimum of 2 yrs of experience. I believe this is still good guidance as well. Having practiced PT for over 32 years and needed for approximately 5 years, I feel I can comment on what are wise guidelines. I have heard of PT's needling who did not follow protocol and/or used poor technique and follow-up around needling (usually due to time constraints in the clinic or overbooking). This gives therapists and needling by therapists a bad reputation and reinforces the concerns of other providers who utilize needles in their profession (acupuncturists). Reducing the training required will only contribute to the negative side of this equation. Thank you.

Commenter: Katie Clifton

7/5/19 1:51 pm

PT's Training for Dry Needling

I am against Physical Therapists performing dry needling. The current requirements for PT's is not sufficient to ensure safe needling practices and puts patients in danger of injury. There are other available options for dry needling without the risk.

Commenter: Alexandra Watkins

7/6/19 11:10 am

Concerns over dry needling for Physical Therapists

I do not think expanding the role of physical therapists to dry needling is in the best interest of the public. Their in-school training for invasive techniques is minimal, as is their licensing and oversight for anything that breaks the surface of the skin. Even with post-grad training, their education in needle technique & safety is a 10th of what is required for licensed acupuncturists which should be the bar. This lapse puts the public at risk of injury and infection, and is an inappropriate expansion of their scope of practice.

Commenter: Bruce Linnell

7/10/19 11:06 am

Support for new proposed training requirements for dry needling

As a patient who has received dry needling treatment for years, I am strongly in support for the new proposed training requirements for a PT to practice dry needling. I have also had acupuncture, and the two are totally different things, with different methods and different goals. A well-trained dry needler can affect changes to the body that an acupuncturist never could.

Commenter: Bryan Esherick, DPT

7/11/19 1:11 pm

In favor

Pt's should be required to take a course approved by the Board of PT. Courses offered cover more than enough in terms of needle safety, infection control (already part of graduate course work), palpation, and technique. The reason dry needling only requires one course, unlike acupuncture, is that the technique for dry needling is completely separate from acupuncture. PT's do not need to learn about energy flow, meridians etc., that is required with acupuncture. Having taken a course, I feel well prepared to use this technique for trigger point release and to improve muscle activation, which is the target of this therapy. Thanks!

Commenter: Evan Marcus

7/16/19 7:30 pm

Oppose PT learning Dry Needling

Physical Therapists should not learn Dry Needling because they do not have the right experience or education material. As a licensed Acupuncturist in the state of Florida, I had to pass 4 board examinations to become licensed, earn over 1,000 clinical hours of acupuncture experience in order to become an Acupuncturist, learn the correct needling depth for each part of the human body. More importantly, when to use needling or not depending on the situation.

Commenter: Rebecca Reynolds A-A-Acupuncture & Wellness

7/16/19 7:56 pm

Opposed to Regulations for PT Dry Needling/Please Veto!!!!

PTs are wonderful & powerful professionals that are widely accepted in Western Medical. They have coined the term "Dry Needling"; which is placing acupuncture needles into acupuncture points. In reality "Dry Needling" is trigger point acupuncture or orthopedic acupuncture. PTs are doing this very effective deep tissue needling with nearly no training 12-60 hours I think; as compared to the thousand of hours of training that an acupuncturist gets and 200 hours that MDs & Chiropractors are required to have before doing Needling. This PT " Dry Needling" regulation is not safe for the citizens of Virginia.

The PTs chose to do the regulation route because they knew that these requirements would not be able to get through a legislative process. I was in fact sitting in the PT board meeting when this choice was made.

My husband is a democratic party precinct captain in Northern Virginia, I appeal to the governor to veto this PT "Dry Needling" regulation.

Commenter: Behnam Goudarzi, MD, FCCP, Pulmonologist

7/16/19 9:30 pm

Dangerous dry needling

I have seen two pneumothoraces secondary to dry needling. just like other medical professions, the board should have higher standards in allowing invasive procedure to be done. Acupuncture is a rather invasive procedure that requires years of education and training not just a few days or weeks of courses. in the Right contest and in the hands of right people, acupuncture is very useful but dry needling usually is dangerous and usually has done by people who lack adequate training.

Commenter: Rozita Rouzbeh, DAC, Staywell Acupuncture

7/16/19 9:32 pm

Oppose PTs to perform Dry Needling.

Type over this text and enter your comments here. You are

Commenter: Keith Loop, Dr. of Oriental Medicine; The Healing Loop

7/16/19 9:53 pm

Opposition to Dry Needling done by PT

Dear Interested Parties,

As a prior lawyer and current Dr of Oriental Medicine and Licensed Acupuncturist, I oppose dry needling as performed by Physical Therapists. This is a blatant attempt to avoid the necessary training, degree and certifications required to perform this invasive and effective therapeutic intervention. It further diminishes public perception of acupuncture (which is based on a medical classics over thousands of years old) and dilutes its putative effect especially given the dearth of training and oversight in this procedure.

The primary concern involves public safety and welfare, as even MDs and Chiropractors must document over 300 hours of certified training to perform needling.

The American Medical Association (AMA) released a statement in 2017 asking that only practitioners with experience with needles be licensed to use them <http://www.asacu.org/wp-content/uploads/2017/06/AMA-Dry-Needling-Policy.pdf>. The AAMA has specific and clear national standards requiring 300 hours of didactic training, supervised clinical hours, and the passing of a third party national psychometric exam. The Current standards do not address even these basic concerns.

The language "certification" was used regarding one particular provider of dry needling training. It is imperative to understand the difference between a certificate program and true national certification. The National Commission for Certification in Acupuncture and Oriental Medicine (NCCAOM for acupuncturists and the AAMA for medical doctors both have Certifications requiring

specific numbers of didactic hours, clinically supervised hours and a third party national exam.
<https://www.nccaom.org/certification/board-examination-process/> <http://www.dabma.org/>

Secondly, it is a gross intersection into our scope of practice as needling is the core modality that defines acupuncturists as a profession. Other oriental therapies such as cupping, Gua She have already been implemented in many PT offices and it is unsafe and unfair to allow PT's to "take over" all modalities of our medicine without the proper training, guidance, testing and detailed supervision. This is not good for the public because it further dilutes the clinically proven effectiveness of acupuncture which is why PTs want to copy us in the first place. It is a great medicine but they should have requisite training to practice it.

Thirdly, the insurance industry grossly discriminates against acupuncturists in favor of PT's using dry needling for coverage and this further impacts our protected scope of practice and also endangers public safety. I have met many who equate dry needling with acupuncture and the public perception is not being helped by PTs using dry needling which is also unethical. I hold a medical doctorate in Oriental Medicine and I possess educational hours rivaling the doctorates in Physical Therapy. I personally have over 5000 hours in an in-residency doctoral program. Yet I am not covered by the majority of plans in Virginia, and PTs practicing Dry Needling get to routinely perform this with less than 60 hours of training. This is unethical, wrong and actually embarrassing.

It should be about education, public safety, and public awareness, integrity of practice and knowledge. Dry Needling is actually acupuncture and should be performed by acupuncturists. Calling it a different name is simply a "wolf in sheep's clothing." Common sense goes a long way here as "Dry Needling" is relatively new on the PT horizon and they have been using our tools (acupuncture needles) and CPT codes (until this past year) and evidential research to promote acupuncture by another name. The only reason this has been allowed to go on is because of big PT lobby that drowns out the voices of smaller acupuncture lobby. Furthermore, acupuncturists are not know for making waves or trying to be aggressive etc.; however, this is overt and unethical attempt to avoid the appropriate training and infringes on our established profession and hurts public awareness in choices that could relieve pain.

Thank you for your consideration.

Keith M Loop, JD, DSOM, LAC, LMT, CYT

Commenter: Bup Lee

7/17/19 12:27 am

Strong Opposition to Dry Needling done by PT

- Opposition to Dry Needling done by PT
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To become an acupuncturist, we go to school for 3 or 4 years!!!!
Needling is our scope. This is so unfair to let pt do needling. Dry needling is one of our scope.
Please stop stop stop letting pt do dry needling

Commenter: Victoria J Taylor, Lic Ac,

7/17/19 7:17 am

Please include educational standards for PT dry needling

While physical therapists may find benefit for their patients using dry needling techniques the current wording of the law does not clearly define dry needling, mandate educational hours or an independent body to oversee the education of such.

There is no requirement for any specific training. There are no independent, agency-accredited vetted programs for "dry needling," no standardized curriculum, no means of assessing competence of instructors in the field, and no independently administered competency exams.

Increased harm reduction, as well as patient expectations can be ensured by creating uniformity in the practice, as well as distinguishing it from the practice of traditional Oriental medicine.

Commenter: Xiong Chang

7/17/19 8:40 am

Against dry needling done by PT

Dry needling is part of Acupuncture and should be done by a licensed Acupuncturist.

Commenter: Yam zhang

7/17/19 9:21 am

We strongly against dry needling

Commenter: libiao jiao

7/17/19 9:29 am

We against dry needling.

We against dry needling.

Commenter: Keyvan Shahverdi

7/17/19 9:37 am

dry needling by PT

Strongly against dry needling done by PT.

Commenter: Toni Rittenberg

7/17/19 9:46 am

Dry IS Acupuncture

dry needling is Acupuncture. Just because someone decide to give a new name doesn't change the bottom line. The only reason they do that is because they new so little about what acupuncture is.

Commenter: Rong Wu, strongly against dry needling by PT

7/17/19 9:50 am

Needling must be performed by licensed Acupuncture

Commenter: The Association of Traditional Chinese Medicine and Acupuncture 7/17/19 9:56 am

Dry needling should never be allowed to practice by phototherapist

Dry needling is clearly comes from Acupuncture treatment techniques. It is used mainly for treating certain pain related illness. Acupuncturist spend long time to learn broad acupuncture knowledges and techniques, dry needling treatment is a small piece of technique from the idea of Ashi acupoint

treatment. If let physiotherapist use so called dry needling treatment, it is totally unfair for acupuncturist.

Commenter: Jianfeng Zheng

7/17/19 10:16 am

Dry needling is Acupuncture. PT need get training for Acupuncture if they want to do dry needling.

Commenter: Jianqin He

7/17/19 10:34 am

Oppose of Dry Needling Practice by PT, Dry Needling is part of Acupuncture

I am against Dry Needling by PT. Acupuncture education is at least 3 years, the regulation of PT training is not enough to practice needling treatment and puts patients in danger of injury.

Commenter: CHRITINA RIENTS

7/17/19 11:07 am

Dry needling is not physical therapy professional practice scope

To whom it may concern:

There is no difference between dry needling and acupuncture except in terminology. It is what is called a distinction without a difference.

The Centers for Medicare and Medicaid define acupuncture as; "Acupuncture, in the strictest sense, refers to insertion of dry needles as specially chosen sites for the treatment or prevention of symptoms and conditions." In their view, any insertion of a filiform needle into the skin is acupuncture, no matter what the terminology.

There are no physical therapy CPT codes that cover the use of filiform needles (dry needles). The only CPT codes that describe anything analogous to dry needling are acupuncture CPT codes.

Acupuncture needles are a Class II medical device that is regulated by the FDA. The "dry needles" used by physical therapists are unregulated and a health risk to the public.

Researchers have found that acupuncture points and trigger points, while discovered independently and labeled differently, represent the same phenomenon. The pattern of trigger points that are found in areas of pain, mirror the acupuncture channels or meridians.

I would also point out that physical therapists do not hold a plenary license and their scope of practice only includes external treatment modalities.

In contrast, NJ acupuncturists are required to have a minimum of 2,500 hours of training after earning a four-year Bachelor's Degree along with passage of National Boards and a NJ State Licensing Exam.

I would respectfully ask that you oppose this legislation.

Sincerely yours,

Christina Rients

Commenter: Yawye ltd

7/17/19 11:15 am

Must not delete the statement "clearly statement:dry needle is not acupuncture "

The whole difference between dry needling and acupuncture is safety issue. The acupuncture is systematically reducing risk of damages from needling. Dry needling is only used by certain situations such as emergency or there is no any other alternative safety treatment. For the above reason anyone practicing Dry needling should get clearly consent from the patient : dry needling is facing exposure of body damage and is not acupuncture which has much high level of body protection.

Commenter: Lavena Chen

7/17/19 11:20 am

Dry needling can only be done by licensed acupuncturists.

Physical therapists are under qualified to practice needling on patients. The lack of proper training and knowledge of proper needling would jeopardize patients' health. Let us all stand firm against all PTs who try to do dry needling without an acupuncture license. Let us educate the public that drying needling by PTs is unethical and dangerous.

Commenter: Xue Li

7/17/19 11:36 am

Dry needles is Acupuncture

Acupuncture has 5000years history. In New York Acupuncture is three years master degree . That mean they use three years to learn how to needles on human body, this is professional career . How about dry needles? Is it save? Is it effective? I against dry needles.

Commenter: Jiliang Xiao

7/17/19 11:41 am

Dangerous for dry needling

Please don't put Patients into a dangerous position for who is not a licensed acupuncturist to practice on patients , dry needling is out of scope to practice for any physical therapist who is not licensed acupuncturist!

Commenter: Kevin lu LAc CH

7/17/19 11:50 am

Stop PT use Acupuncture "dry needle"

Commenter: Yiming Lin, Lilburn Acupuncture Wellness Center

7/17/19 12:04 pm

Stop PT to do Dry needling, one kind of Acupuncture

Not enough time training for PT to do Dry needling, one kind of Acupuncture.

Commenter: Joe, MacEwan University

7/17/19 12:11 pm

Dry needling is a part of acupuncture

Dry needling is a part of acupuncture, it is dangerous for the public without acupuncture license. According to PT regulations, any technique passing the skin is out of PT's scope of practice!

Commenter: Gang Shi

7/17/19 12:32 pm

If preform dry needle without studying acupuncture will cause some problems to the patient,

Commenter: Hwan chang

7/17/19 12:41 pm

Object PT. Use dry needles

Dry needles is the one treatments of acupuncture, PT can not take over this treatment, this professional job is belong to acupuncturist, for career classification, we need respect acupuncturists, they are professional in all kind of acupuncture.

Commenter: Ruth Downey

7/17/19 12:44 pm

Opposition to Dry Needling

I oppose the introduction of dry needling to the practice of physical therapy because of the inadequate training required.

Commenter: Jean Haedrich

7/17/19 12:47 pm

Strong against PT Dry needles

Commenter: Amy May Fua

7/17/19 12:52 pm

I oppose the practice of performing dry needling, it should be performed by trained people

Commenter: Chin-Hwa Huang

7/17/19 12:53 pm

Opposition to dry needling

Commenter: Ying Lin

7/17/19 12:54 pm

No dry needling for PT

I do not think expanding the role of physical therapists (PT) to dry needling is in the best interest of the public. First of all, dry needling is part of acupuncture, it should be done by well trained licensed acupuncturists who has been training for 3-4 years on that. Secondly, dry needling is an invasive technique and PT training for invasive techniques is very minimal. Even with post-grad training, their education in needle technique & safety is less than 5% of what is required for licensed acupuncturists which should be the bar. This lapse puts the public at risk of injury and infection, and is an inappropriate expansion of their scope of practice. I strongly oppose PT to perform dry needling.

Commenter: Binghui Guan

7/17/19 1:02 pm

Against PT for dry needling practice

Dry needling with a short training period is dangerous. I oppose!

Commenter: Elaine Wolf Komarow

7/17/19 1:19 pm

Appropriate training should be specified in the regulations

The PT Board itself says that Dry Needling is not an entry-level skill and that additional training is needed. However, the regulations don't specify the amount of training. So as to insure the safety of the public, I encourage the Board to specify the minimum amount of training that would be required before PT's could perform this advanced technique. I would also ask that the definition of Dry Needling be limited to local treatments. Treating distally is no longer considered dry needling. Yet many people who have seen PT's for this technique tell me that points were used that were far from the area of their pain.

7/17/19 1:33 pm

Commenter: Zhendong Che.

Against dry needling for PT

Commenter: Zuobiao Yuan

7/17/19 2:09 pm

Dry needling is acupuncture

Dry needling is from acupuncture. They only want steal the idea instead of having enough training.

Commenter: Dan Dommell

7/17/19 2:44 pm

Dry needle

Dry needle is a dangerous practice. This only takes a couple weeks of training. You need better education to perform acupuncture.

Commenter: Lan Ma

7/17/19 3:41 pm

Nay to dry needling by PT's

Dry needling is very similar to acupuncture and to say it isn't is very negligent. One should be properly trained as an acupuncturist so as to get the proper benefits that this technique can give.

Commenter: Jenna Betterson

7/17/19 5:13 pm

Post dry needle

Without proper training it is dangerous to practice dry needling. I oppose to this law that is trying to be passed. The schooling is necessary for acupuncturist to have- 3-5 weeks is not enough training.

Commenter: Wan Qing Zhang

7/17/19 5:38 pm

I oppose dry needling, with only few weekends of training to practice.

Commenter: Peter SU

7/17/19 5:58 pm

Dry needling lack adequate training

Dry needling is from acupuncture. Acupuncture is a rather invasive procedure that requires years of education and training not just a few days or weeks of courses. Acupuncture is very useful but dry needling usually is dangerous and usually has done by people who lack adequate training.

Commenter: Bolin QIN

7/17/19 6:47 pm

Safety issue is very important to professional health service ! No dry needling for PT!

Dry needling does not have formal training, certifications and state licensure. It's a bigger risk for the patients, who are treated by the people using dry needling.

7/17/19 9:37 pm

Commenter: BBirchett, health patient

Dry Needling is Not Acupuncture - they BOTH work in different ways.

I have been in serious pain for 3 years, and before that have had other incidents that caused pain (torn ligaments, etc.). I have used both Acupuncture and Dry Needling (administered by a professionally trained PT) and can say without a doubt that they are not the same. Even when you simply reference each practice it explains the difference. Dry Needling releases deep pressure points that can not be reached manually. Acupuncture re-aligns the energy paths and flow through adjusting the electro-energy neurohormonal pathways. They BOTH work, but in different ways. Dry Needling is very important and I would not be in the final stages of recovery today if it were not for the ease-of-administration of dry needling by my PT. Only a trained PT knows when this procedure is needed, not an MD.

Commenter: Joe Calabria, Calabria Acupuncture

7/17/19 10:10 pm

Over 3000 years ago dry needling was invented. Aishi Needling is the true classical name.

I believe there are two answers. My first answer is Acupuncturists are trained specifically in proper needle manipulation. Especially for the difference between treating fibrous bands of muscle vs. local ischemia to benefit patients. What's great is Acupuncturists can work together with PTs as an integrated form of treatment.

My second answer is if you give PTs the ability to do acupuncture a.k.a. Dry needling... then add exercise therapy and manual therapy to Acupuncturists scope of practice. Also add a 200 hour course to allow adjustments for Acupuncturists.

Commenter: Dong, Edward

7/17/19 10:27 pm

Dry needle is belongs to Acupuncture

Commenter: Jun Hu, AACMA

7/17/19 11:19 pm

Dry needles originate from acupuncture, which is the undisputed fact

Dry needles are acupuncture, acupuncturists who need to train for 2000 to 3000 hours to treat patients, while PT only need to train dozens or hundreds of hours to use dry needles, this is irresponsible to patients.

Commenter: Hua Shu Shen, AACMA, AAPAS

7/18/19 12:24 am

PT want to do acupuncture but no license so they change the name to dry needle.

PT who want to practice acupuncture but they never have the education and training, so they can not obtain the license. In order to practice, they change the word of Acupuncture to Dry Needle, then they are able to practice acupuncture (dry needling) without a acupuncture license or certificate. If Dry needling (Acupuncture) is practiced by People such as PT who have not had enough schooling and clinic training will be very dangerous to the public. Therefore I must say no to PT who want to practice Dry Needling (Acupuncture).

Commenter: Wen Zhou Zhong, AACMA

7/18/19 1:15 am

FDA law, it's illegal to use acupuncture needle, a medical device, without an acupuncture license.

Dry needling just renamed the thousands-year-old concepts of acupuncture with modern anatomical terms. Studies showed that more than 92% of common trigger points are anatomically similar to acupoints, and they are both used to treat the same pain disorders. According to the Code of Federal Regulations 21CFR880.5580, it's illegal to use acupuncture needle with an acupuncture license.

Commenter: May Zhong, AACMA

7/18/19 1:44 am

oppose dry needling by PT

First it's illegal to practice acupuncture with acupuncture needle without an acupuncture license. Secondly it's unsafe to the public for PT to perform needling with seriously inadequate acupuncture training. And it's a disrespect and unfair to all the acupuncturists spent years and thousands hours of training to earn their acupuncture licenses.

Commenter: Don Chiu, AAVMA

7/18/19 1:58 am

Oppose PT use Dry Needling.

Dry Needling is a part of Acupuncture and PT received Dry Needling training only a limited short time, so unsafe for practice by PT.

Commenter: Don Chiu, AACMA

7/18/19 2:14 am

Opposition to Dry Needling by PT

Dry Needling is a part of Acupuncture, and PT received Dry Needling training only for a limited of short time, it is unsafe for practice by PT.

Commenter: Maung W Maung PhD

7/18/19 2:14 am

I strongly oppose dry needling by PT's with no LAc license & require TCM trainings.

Commenter: Jenny Ou, AACMA

7/18/19 2:26 am

Dry needling is acupuncture

Dry needle is one of the methods of acupuncture. Without an acupuncture license to dry needles, it is illegal to harm the health of consumers.

Commenter: Zhiwei Xu

7/18/19 3:06 am

Only licensed acupuncturist can do dry needling-acupuncture. PT can get extra education and passed t

If pT want to practice acupuncture-Dry needling, they can get more education and passed acupuncture license exam, and to help people safely. Professional scope of practice should not be changed because of little more money, or because of shortage of licensed acupuncturist in the State. Please!

Commenter: Sam Huang, AACMA

7/18/19 3:19 am

No license no practice acupuncture/dry needle

Dry needle is acupuncture, people want to practice acupuncture/dry needle who must complete 2000-3000 hours of systematic and rigorous study and clinical training, and pass the acupuncture license exam. Otherwise it will endanger the safety of the patient.

7/18/19 12:38 pm

Commenter: Rui Liu?Jing Ming Health Center

No Dry Needle use for PT. It's part of Acupuncture with Professional training!

Commenter: Rui Liu, Jing Ming Health Center

7/18/19 12:39 pm

No Dry Needle use for PT. It's part of Acupuncture with Professional training!

Commenter: Li Sparks

7/18/19 2:44 pm

By Law, anyone use acupuncture needle without Acupuncture License is illegal practice, please stop

Commenter: Joshua Bailey

7/18/19 2:51 pm

Dry Needling regulations are appropriate

The proposed regulations are appropriate and provide a necessary safeguard for the public. I am full support.

Commenter: Michael Gowen

7/18/19 3:15 pm

Dry Needling Regulations are Appropriate

The current regulations for dry needling are perfectly appropriate and safe. I am in full support.

The incidence of pneumothorax is extremely rare with this intervention. Using this as a backbone to argue against current regulations is ridiculous.

Commenter: Brice Bhalla

7/18/19 3:17 pm

The proposed dry needling regulations are appropriate.

The proposed regulations are appropriate and provide an important safeguard to the public. Dry needling is different from acupuncture, and is important to providing great care to patients!

Commenter: Erik Lineberry

7/18/19 3:18 pm

TDN Regulations Appropriate for PT

These regulations are appropriate to allow safe practice of Dry Needling by trained Physical Therapists. PTs have thorough training and understanding in human anatomy and the additional evaluation and safety training provided by current dry needling coursework allows for safe, effective, and appropriate treatment to be provided for patients that would benefit from this intervention.

Commenter: Tyler France

7/18/19 4:33 pm

Regulations Appropriate for PT

These regulations are appropriate to allow safe practice of TDN by a trained physical therapist. PTs have extensive training in human anatomy and the additional training in dry needling allows for safe implementation of TDN to help our patients. I am in full support of these regulations, as they help safeguard the public.

Commenter: Yan Fan

7/18/19 4:46 pm

L.A.c

Dry needling is acupuncture. If PT and other professions practitioner want to practice it, welcome! But for patients safety issues, they still owe 700 hours additional training course and need pass clean needle technique course and many more. Third party examination must be set up. PT take very little hours training course then through change acupuncture name as Dry needling to try to success to bypass acupuncture Law, then practice acupuncture/Dry needling that is very high risk for patients. According collected a information reported three serious case happened in Virginia. Following is case simple description: 1) In December 2013, Stewart J. a 50 years-old lady suffered a traumatic Pneumothorax from penetrating right lung related to Dry needling performed by a Physical therapist. she was hospitalized for two days. 2) In May 2015, Knauer J. a 30 years-old lady also suffered a Traumatic Pneumothorax from penetrating right lung related to Dry needling performed by a Chiropractor. she was hospitalized for six hours. 3) in 2016, Wes Jenkins, a 23 years-old a young man, suffered a Traumatic Pneumothorax from penetrating lung injury related to Dry needling performed by a PT. He was hospitalized for four days.

Commenter: Yan Fan

7/18/19 5:37 pm

L.A.c

Dry needling is acupuncture. If PT and other practitioner want to practice it, welcome! But for patients safety issues, PT still owe 700 hours additional training course and need passed clean needle technique. Third party examination must set up. PT just take very little hours course training then changed acupuncture name as Dry needling to try to bypass acupuncture Law to practice acupuncture/Dry needling that is high risk for patients. According a collected information shows three serious case happened in Richmond Virginia. 1) In December 2013, Stewart J. a 50 years-old lady suffered a Traumatic Pneumothorax from penetrating right lung injury related to dry needling performed by a Physical Therapist. She was hospitalized for two days. 2) In may 2015, Knauer J. a 30 years-old lady also suffered a Traumatic Pneumothorax from penetrating right lung injury related to Dry needling performed by a Chiropractor. She was hospitalized for six hours. 3) In 2016, Jenkins W. a 23 years-old young man suffered a Traumatic Pneumothorax from penetrating lung injury related to Dry needling performed by a PT. He was hospitalized for four days.

Commenter: Brian Britt

7/18/19 5:40 pm

Dry Needling Regulations Appropriate

The current regulations on dry needling are an important safeguard for patients and clients seeking services by setting the standards that physical therapist should meet *prior* to offering dry needling as an intervention.

Commenter: Nichole Muzina, MPT, OCS

7/18/19 5:44 pm

Dry needling is not acupuncture!

Dry Needling is NOT acupuncture! First of all Dry Needling is also known as myofascial trigger point dry needling. It is uses in Physical therapy to reduce chronic muscle pain by placing a small needle into a trigger point and causing a local twitch response, aka a muscle contraction. In medical terms it "... mechanical disruption of the integrity of dysfunctional endplates, alterations in the length and tension of muscle fibers and stimulation of mechanoreceptors, increased muscle blood flow and oxygenation, and endogenous opioid release affecting peripheral and central sensitization, among others.¹"

Acupuncture is by definition " a system of complementary medicine that involves pricking the skin or tissues with needles, used to alleviate pain and to treat various physical, mental, and emotional conditions. ²"

Secondly, physical therapist are medical professionals that are required 4 year of undergraduate course work in a medical field such as biology, exercise physiology or kinesiology. They are then required to attend 3 years of graduate school and graduate with a clinical doctors (DPT). Then they most pass a state board to be able to practice. Only after 2 years of practice can a therapist then decide to go through the extensive training for Dry needling and must pass a practical and written test to be a practitioner of Dry needling.

Acupuncturist only "Applicants to accredited acupuncture schools must first complete at least two years of study at the baccalaureate level, and many schools require a bachelor's degree. Acupuncture programs often welcome students from all educational backgrounds, so if you have not yet studied any form of medicine, you can still pursue this path. 3 "

So to recap, dry needling is not acupuncture. Dry needling is delivered by a highly trained medical profession that spent many years of school and in field of practice before being able to perform Dry needling. There is significant evident that proved the efficacy and benefit of dry needling. Acupuncture and dry needling are performed for complete different reasons and should not be categorized together.

1. <https://sciencebasedmedicine.org/dry-needling/>
2. <https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=acupuncture+definition&>
3. <http://www.howtobecome.com/how-to-become-an-acupuncturist>

Commenter: Arthur Yin Fan

7/18/19 10:48 pm

Dry Needling is Acupuncture. Education requirement is needed! (part II)

DN vs acupuncture training

Fan et al⁷ pointed out that a significant overlap in clinical practice between PTs and acupuncturists might be the origin of the DN debate. Before 2000, DN was mainly practiced and advertised by licensed acupuncturists in the US. Later, some acupuncturists developed commercial courses for continuing education and recruited a large number of PTs as students and customers. Other acupuncturists were hired by PT schools to introduce acupuncture to their students and faculty. Still others of these acupuncturist educators attended PT schools to gain doctoral degrees. It was acupuncturists, not dry-needlers or PTs, who taught most DN courses, at least in the early stages of the practice.

Fan et al⁷ also pointed out that the first person in the US, who used filiform needles (acupuncture needles) under the name of DN to treat patients was Mark Seem. Seem claims that he expanded the classical Chinese acupuncture approach via integrating the work of Travell in acupuncture needling for myofascial pain. He stated that he shared with Travell the classical acupuncture technique in treating a chronic, complex whiplash syndrome to release such TrPs.²⁴ Seem also authored *A New American Acupuncture*, which was published in 1993 and covers DN. He taught this acupuncture method (DN) internationally for over 25 years before his retirement.²⁴

Ma has published several books related to DN. Among these are *Scientific Acupuncture for Health Professionals*³³ and *Biomedical Acupuncture for Sports and Trauma Rehabilitation: Dry Needling Techniques*.³⁴ Ma, as a member of the Acupuncture International Standard Working Committee in the World Federation of Acupuncture-Moxibustion Societies, is a licensed acupuncturist, and he practiced DN under his acupuncture license in the US.

Even though he taught DN techniques to many PT students without any acupuncture education or background, Ma admitted that DN is the practice of acupuncture, using biomedical language for musculoskeletal pain management. Like Ma, other important authors in the field—including Giles Gyer, Jimmy Michael, and Ben Tolson—also indicated that DN is acupuncture; however, some of them insisted that DN was developed by PTs.² Ma did say "DN originated in traditional Chinese methods and has developed from the ancient empirical approach to become a modern, evidence-based practice."³⁴ Recently, he proposed another modern interpretation of acupuncture and called it "Ma's integrative dry needling."³⁵ It's clear that all of these DN-related terms are simply different translations of acupuncture, which is called *Zhen Ci* (??) in original Chinese text.

Seem²⁹ emphasized that Travell, in her seminars, indicated that "myotherapists ran the parallel training for PTs in the manual-therapy-technique sections of that course, where physicians taught the TrP injection techniques." He indicated that "according to Travell's discussions in her seminars, PTs—who are licensed to practice ischemic compression, which can be almost as effective as TrP

injections and much less risky than using thick 3-5 inch-long syringes—were very pleased with those powerful manual techniques that they are licensed to practice based on the same manuals (Current authors note: *Myofascial pain and dysfunction: the trigger point manual, two volumes*). Seem also stated that “Travell and Simons’ two-volume seminal text on PT practice provides options for a manual-therapy ischemic-compression technique. There is no reason for any ... physical therapist who takes such a 50-75 hour program practicing on peers to ever need to learn needling techniques. Travell didn’t favor needling techniques being taught to any medical professionals other than medical doctors, dentists, and osteopathic physicians, given the danger of hitting nerves and important organs when needling over the torso on the front, back, or side.”

Travell not only recognized DN as acupuncture,⁸ but she clearly stated her opposition to PTs performing DN in a letter to Steven J. Finando, dated November 11, 1991, saying: “I hope that the New York State Board will maintain its ban on the right of PTs to perform fine-needle insertion into TrPs (DN).”²⁵

Jin et al⁶ stated that “any modalities, as long as they apply needles to puncture certain locations at the body surface, belong to acupuncture, in spite of how and where the locations of stimulation are determined by either western neuro-anatomy or traditional Chinese medicine meridians.... The mechanism of DN and acupuncture are one and the same... (achieving) efficacy via neural reflex arcs.” Jin et al also indicate that “DN has de-meridian attributes, but it uses acupuncture needles and techniques; therefore it does not have de-acupuncture attributes. In other words, as long as DN applies filiform needles to stimulate TrPs, it’s in the scope of acupuncture.... To protect the public safety of patients seeking acupuncture, we refute the de-acupuncture claim by DN educators.” The current authors note that the term “de-meridian” identifies modalities that do not use the term “meridian” but use another term for the same factor, and acupuncture using “de-meridian” theory isn’t equivalent to “de-acupuncture”, because that kind of acupuncture still have all acupuncture characteristics^{5,6,19-21} mentioned by NIH,²⁷ CMS,²⁸ and WHO²⁹. A person who changed his cloth is still that person, is not another person.

Fan et al³² pointed out that most of the states in the US, when comparing the education required to practice needling for licensed acupuncturists, require students to attain an average of 3000 educational or training hours via an accredited school or program, such as one accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) before they apply for a license. Physicians or medical acupuncturists, after they get their MD licenses after western medical education and at least 3 years of residency, are required to get a minimum of an additional 300 educational hours in a board-approved acupuncture training institution—American Board of Medical Acupuncture (ABMA)—and have 500 cases of clinical acupuncture treatment to be certified in medical acupuncture. However, a typical DN education course runs only 20-30 hours, often over one weekend, and the participants may receive a DN certificate, without any examination or additional licensure.

The American Academy of Physical Medicine and Rehabilitation (AAPM&R)³⁶ states that “DN is taught in American acupuncture schools as a form of treatment for individuals using acupuncture needles.”

NCCAOM, the certifying board for licensed acupuncturists, reported an analysis in 2003 that documented the prevalence of DN techniques in the practices of licensed acupuncturists. Of the acupuncturists responding, 82% used needling of TrPs in patients that presented with pain. Of patients receiving acupuncture treatment, an estimated 56% presented with TrPs pain.⁴

WHO’s *Guidelines on Basic Training and Safety in Acupuncture*³⁷ mentions that nonphysician providers, to practice acupuncture, need a minimum of 1500 hours of training, including acupuncture theory, in which 1000 hours must be clinically supervised acupuncture practice and 500 hours must be biomedical courses.

DISCUSSION: USE BY NON-ACUPUNCTURISTS

Clearly, DN is a simplified form of acupuncture focused on limited myofascial conditions, is an invasive medical practice, and is not within the scope of PTs’ practice.^{7-10,22,38}

DN has been developed simply by rebranding acupuncture with another name and has been promoted by some traditional and medical acupuncturists, medical doctors, and researchers—with different purposes—who are not PTs.^{7,10} To promote their “own academic theory” based on a fascia hypothesis and their commercial courses and to obtain other objectives, DN educators have taught DN techniques to a large number of students, including PTs and other customers without acupuncture credentials in nonregulated seminars. The national organizations of the PT profession, such as APTA¹ and FSBPT¹³ started to support DN around 2010. Currently more PTs are involved in the teaching and practice of DN than are other professionals.^{39,40}

Not recognizing DN as a part of acupuncture, PT professionals nevertheless have made a great effort to promote DN practice in the past 10-15 years in the USA. While elevating its educational level to a doctoral degree, the PT profession probably wanted to expand their scope of practice and take over DN. APTA states that, "the physiological basis for DN treatment of excessive muscle tension, scar tissue, fascia, and connective tissues is not well-described in the literature."¹

As noted, DN educators in both continuing education courses and in schools are often licensed acupuncturists. DN has mainly been taught in continuing-education courses of 20-30 hours—proposed to increase to 54 hours in the future for some programs—although some states have specific requirements for training hours to practice while others have no minimum requirements.^{1,32,35,39,40} This lack of adequate professional training increases the risk of patient injury and can be a threat to public health and safety.

Some states don't regulate DN, nor do some regulations have minimum training and education requirements. Reports of serious injuries associated with DN or acupuncture by PTs aren't uncommon.⁴¹⁻⁴⁴ Under current healthcare regulations, a patient has no way to know if his or her DN practitioner has sufficient training and if he or she risks being injured when treated by dry needlers who have received minimal training. More often, patients don't know the practitioners' experience level when the DN technique is applied, nor do they know if the PT chooses to use needles for purposes beyond typical DN practice. David Simmons, a pioneer of TrPs, stated: "Your problem is largely one of semantics, so the simple answer is to change the playing field and the semantics that go with it. If you...use a different terminology, you leave the other side without an argument."⁴⁵

DN is an interpretation of traditional acupuncture focusing on musculoskeletal disorders by using one form of biomedical language. How can anyone who practices acupuncture under the name of DN say it is not acupuncture therapy? The public has a right to expect certain hard-earned standards of accredited education and licensing for those professionals who are using acupuncture needles on them therapeutically. For becoming a certified MD acupuncturist and licensed acupuncturist, strict requirements exist in acupuncture (needling) education, including studies in national accredited educational institutions and several hundred to thousands of educational hours in most states of the US.^{22,32,36} So far, no comparable requirements and regulations exist for PTs to study needling therapy and perform DN in the US.⁷

In addition to public risk, PT dry needlers' denial of acupuncture recognition has created tension between the acupuncture profession and PTs as well as among other professionals who are seeking to provide acupuncture by calling acupuncture by a different name. If lawmakers and regulators are to decide to allow PTs and others to provide acupuncture to citizens based on only 20-30 hours of training, they can certainly do that. The historic record shows, however, that these lawmakers should know that they are granting them the right to practice acupuncture with minimal training.⁷ Lawmakers should also pay attention to what both national and international health organizations have stated in terms of dry needling being under the scope of acupuncture and not to be practiced by those who are not licensed acupuncturists.

The evidence clearly shows that DN practitioners, at least in the U.S., intend to bypass the legal regulations required to practice acupuncture under the guise of DN.^{7,25} Finally, the position letter on DN from American Medical Association (AMA) states,

"DN is indistinguishable from acupuncture"; physical therapists and other nonphysicians practicing DN should—at a minimum—have standards that are similar to the ones for training, certification and continuing education acupuncture. It emphasizes that "for patients' safety, practitioners should meet the standards required for licensed acupuncturists and physicians."²²

CONCLUSIONS

Acupuncturists and physician acupuncturists must complete extensive acupuncture training in accredited programs and pass national examinations to become licensed or certified to practice acupuncture. However, a typical DN course runs only 20-30 hours, often over the course of one weekend, and the participants may receive a DN certificate without any national examination being required. For the safety of patients and professional integrity, the research team strongly suggests that all DN practitioners and educators should have to meet the same basic standards as those required for licensed acupuncturists or physicians.

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will be continued...

Commenter: Arthur Yin Fan

7/18/19 10:53 pm

Dry Needling is Acupuncture. Education requirement is needed! (part I)

Dry Needling: Is It Derived From Acupuncture? How did Non-Acupuncturists Start Using It?

ABSTRACT

Context: In the U.S. and other Western countries, dry needling (DN) has been a disputed topic in both the academic and legal fields.

Objective: The research team intended to examine whether DN is a technique independent from acupuncture and also how non-acupuncturists, like physical therapists (PTs), started practicing DN.

Design: The research team completed research, examined critical issues related to DN, and published a white paper in 2017 that discussed evidence and expert opinions from academic scholars, for healthcare professionals, administrators, policymakers, and the general public that demonstrate that DN is acupuncture. This article continues that endeavor.

Results: DN is not merely a technique but a medical therapy that is a simplified form of acupuncture practice. To promote DN theory and business, some commercial DN educators have recruited a large number of non-acupuncturists, including PTs, athletic trainers, and nurse practitioners, in recent years. PTs did not initiate the practice of DN and DN doesn't fit into the practice scope for physical therapists (PTs) because it's an invasive practice. The national organizations of the PT profession, such as the APTA and FSBPT, began to support the practice of DN by PTs around 2010. Currently, more PTs are involved in DN practice and teaching than any other specialty.

Conclusions: Acupuncturists and physicians must complete extensive acupuncture training in accredited programs and pass national examinations to become licensed or certified to practice acupuncture. However, a typical DN course runs only 20-30 hours, often over the course of one weekend, and the participants may receive a DN certificate without any national examination being required. For the safety of patients and professional integrity, the research team strongly suggests that all DN practitioners and educators should have to meet the same basic standards as those required for licensed acupuncturists or physicians.

In the USA and other Western countries, dry needling (DN) has been a disputed topic in both the academic and legal fields.¹⁻⁷ The American Physical Therapy Association (APTA) states: "Dry needling is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue

and to diminish persistent peripheral nociceptive input and reduce or restore impairments of body structure and function leading to improved activity and participation."¹

Yun-tao Ma, a licensed acupuncturist and DN educator, wrote: "DN was first developed... by Janet Travell, MD... DN, also known as biomedical acupuncture, is based on a modern understanding of human anatomy and pathophysiology and on modern scientific research, drawing heavily on leading-edge neurological research using modern imaging techniques, such as functional Magnetic Resonance Images (fMRIs) of the brain." However, he also argues that DN has its own theoretical concepts, terminology, needling technique, and clinical application and that (1) DN is not a practice of acupuncture, (2) DN has no relationship to acupuncture, and (3) the PTs developed it themselves.²

To resolve these conflicting statements, the current research team completed research, examined critical issues related to DN, and published a white paper in 2017.⁸⁻¹⁰ This paper discussed evidence and expert opinions from academic scholars, for healthcare professionals, administrators, policymakers, and the general public that demonstrate that DN is acupuncture.

This article continues that endeavor and examines whether DN is a technique independent from acupuncture and how non-acupuncturists, like physical therapists (PTs), started practicing DN.

RESULTS: A TREND OF INDEPENDENCE FROM ACUPUNCTURE

Evolution of DN

Simons, Travell, and others systematically summarized 255 trigger points (TrPs) in 144 muscles in their book, *Myofascial Pain and Dysfunction: The Trigger Point Manual*,¹¹ popularizing TrPs and DN. Travell admitted to the general public that DN is acupuncture when she stated in a newspaper that DN, "[in] the medical way of saying it is 'acupuncture.' (Current authors note: i.e. DN is a customary name of acupuncture while acupuncture is a formal, medical or academic term.) In our language, that means sticking a needle into somebody,"^{9,12} Also, in her book, "many practitioners of acupuncture use several TrP criteria to locate pain acupuncture points, and in fact, are successfully performing DN of TrPs that they call acupuncture therapy."¹¹

Dommerholt,³ a physical therapist, wrote: "DN is an invasive procedure in which a solid filament needle is inserted into the skin and muscle directly at a myofascial TrP. A myofascial TrP consists of multiple contraction knots, which are related to the production and maintenance of the pain cycle... DN also falls within the scope of acupuncture practice.... In contrast to most schools of acupuncture, DN is strictly based on Western medicine's principles and research."

The Federation of State Boards of Physical Therapy (FSBPT)¹³ stated, "The theoretical genesis of DN is attributed to the pioneering work of Travell and Simons, who used 0.22-gauge hypodermic needles to treat myofascial pain with TrP therapy, the needling of taut bands of muscle fibers. Over the past several decades, practitioners have adopted variations on the original approach, including superficial and deep needling techniques. Modern DN has largely abandoned hypodermic needles in favor of round tip, solid filament needles, ranging from 0.22 to 0.30 millimeters in diameter, because the beveled tip of hypodermic needles causes greater tissue damage. In addition, modern DN is used to treat a variety of conditions and dysfunctions of neuromusculoskeletal structures." The needle preferred today for use in DN by physical therapists is the same type of needle used by acupuncturists, unlike hypodermic needles, which were first used by physicians.

The above mentioned TrPs, aka reactive (painful) points for needling strategies, are clearly documented in the *Yellow Emperor's Inner Classic*—the *Huang Di Nei Jing*—compiled 2000 years ago in China,¹⁴ which states that "the painful point is the site for acupuncture." Simiao Sun (581-682 CE), a famous Chinese physician, formally coined the term *Ashi* point for these reactive (painful) acupuncture points.¹⁵

In the West as early as 1821, James M. Churchill published *A Treatise on Acupuncture*, using the information gathered from Japan and China. John Elliottson published a paper on acupuncture in 1827. Baldry indicates, "Neither of them employed the complex procedures, techniques, meridians, and other theories of traditional Chinese acupuncture because they were trying to avoid the rejection of acupuncture by the medical doctors of the time."¹⁶ Instead, they employed the simplest strategy in acupuncture for the treatment of disease or other conditions, including musculoskeletal pain, by needling reactive (painful) acupoints, now commonly known as TrPs. This oversimplified strategy in acupuncture is now commonly known as DN.

The pioneers of DN, Gunn et al¹⁷ in 1976 proposed introducing a new system of acupuncture locus nomenclature. In their publications, the researchers used the term motor points as a synonym for TrPs and DN as a substitute for the terms acupoints and acupuncture.¹⁸ Said more clearly, a new modality was not developed and used; instead, acupuncture was used but given a different name to gain popularity and acceptance in the mainstream healthcare systems of the West.

Comparison of DN and Acupuncture

As thoroughly demonstrated and discussed previously in the current research team's white paper,^{8,9} Zhou et al,⁵ Peng et al,^{19,20} and Zhu and Most²¹ reviewed DN history and a large amount of literature since 1941 and identified the features of DN. They used these features to compare DN and acupuncture. The features included: (1) needles used, (2) targeted stimulation points and their distribution patterns, (3) action mechanisms, and (4) therapeutic effects.

Zhou et al⁵ concluded that DN is a kind of Western acupuncture for treating myofascial pain. Peng et al^{19,20} concluded that DN is TrP acupuncture, belonging to the category of *Ashi*-point acupuncture, which is one of the major acupuncture schools in traditional acupuncture. Traditional acupuncture encompasses an abundance of methods and techniques in acupuncture practices and has been widely used and studied for the management of a variety of disorders. Zhu and Most²¹ selected the above-mentioned 4 technical and biological features for a comprehensive analysis and concluded that DN is but one type of acupuncture when solid filiform needles are used.

The researchers concluded that DN uses the same needles; the same stimulation points, although with different names; and many of the same needling techniques. They also concluded that DN involves the same biological mechanisms as acupuncture. Furthermore, they found that DN focuses on treating myofascial disorders, while acupuncture encompasses myofascial disorders as well as much broader treatment indications. However, because of a lack of adequate training and appropriate regulation, the safety of DN practice by PTs has been called into question.^{5,8,9,19-21}

As the American Medical Association (AMA) policy on DN states, "DN is indistinguishable from acupuncture."²²

As demonstrated and discussed previously by the current research team's white paper,⁸⁻¹⁰ the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)⁴ states: "DN has resulted in redefining acupuncture and reframing acupuncture techniques in Western biomedical language... these treatment techniques are the *de facto* practice of acupuncture, not just the adoption of a technique of treatment."

DISCUSSION: INDEPENDENCE TREND FROM ACUPUNCTURE

DN is clearly not just a technique on how to insert a dry needle—filiform, hypodermic hollow-core needles, or other injection needles, without an injection—into the skin, muscle, and fascia. It's a complex medical therapy and a form of acupuncture practice, including using a diagnostic procedure with patients, identifying therapeutic indications, choosing the proper types of needles, determining the specific stimulation points or areas, and applying various techniques that involve an invasive procedure as well as testing theories and exploring the possible mechanisms.^{5,8,11,23}

Statements from related authors and analyses from independent scholars, as discussed above, all indicate that DN, in the West, does use acupuncture points and the same therapeutic tools as acupuncture; it applies some of the same techniques as acupuncture; and it has the same therapeutic indications when treating neuromusculoskeletal pain. While DN promoters redefine it as myofascial pain, it is indistinguishable from acupuncture in the mechanism of action.

DN looks like a rediscovery of traditional acupuncture, considering that the phenomena of DN arose much later than did that of acupuncture. DN promoters are themselves either acupuncture professionals or researchers—such as Gunn et al,^{17, 24} Baldry,^{16, 24} Hong,²⁴ and Ma et al,^{2, 24, 34, 35} and Travell is a clinical researcher involved with acupuncture work who participates in the planning of acupuncture conferences.^{12, 25} The sole difference comes from the fact that these individuals use the term DN to replace acupuncture, to brand their TrPs hypothesis,^{7, 8, 17, 18, 26} to promote DN as a novel technique,^{7, 8, 26} and to help reveal the reasons and factors for the start of DN.^{7, 8, 26} In fact, Ma's claim that "DN... (draws) heavily on leading-edge neurological research using modern imaging techniques such as fMRIs of the brain"² may discredit his own statements about the existence of a difference between acupuncture and DN, because this claim was taken from a study on the mechanisms of acupuncture.⁸⁻¹⁰

In addition, Travell admitted to the general public that DN is acupuncture,^{9, 12, 25} and that acupuncture professionals do practice DN as acupuncture therapy and use several criteria in the acupuncture profession to locate TrPs as acupoints.¹¹

DN is an oversimplified version of acupuncture derived from traditional Chinese acupuncture except that it emphasizes biomedical language when treating neuromuscular skeletal pain.^{8, 9} Related definitions and descriptions from the National Institutes of Health (NIH),²⁷ Centers for Medicare and Medicaid Services (CMS),²⁸ and the World Health Organization (WHO)²⁹ all indicate that DN is a form of acupuncture.

It's clear that DN came from renaming acupuncture, simply by using biomedical terms based on the fascia hypothesis to replace the original acupuncture terminology.

Results: USE BY NON-ACUPUNCTURISTS

Practice Scopes

As demonstrated and discussed previously in the current research team's white paper,⁸⁻¹⁰ Ma has taught many PT and other non-acupuncturist students in his commercial DN seminars.^{2,7,26} He has clearly stated that DN was first developed by Travell, and has identified DN as a form of acupuncture using biomedical language. He also has made contradictory statements, indicating that "DN is not practicing acupuncture"; "DN has no relationship with acupuncture"; and DN was "developed by PTs themselves."²

FSBPT has been trying to include DN in the PT practice scope and has published a report, "Analysis of Competencies for Dry Needling by Physical Therapists."¹³ It stated that "DN is a procedural intervention used by PTs to treat pain, functional impairments, and disabilities. The technique involves the insertion of solid filament needles into the skin and underlying tissue to disrupt pain sensory pathways and relax contracted fibers."

Mark Seem,²⁴ a known acupuncturist and the founder of Tri-State College of Acupuncture in New York, stated in his "Comments to practice of dry needling in Virginia" submitted online to Virginia State Town-hall on Dec. 30, 2015 that "after (Dr. Robert) Gerwin (current authors note: Dr. Gerwin is a neurologist and DN promoter, once worked with Dr. Travell and Dr. Simons in DN seminars in 1990) heard Travell and her colleague report on the similarity in efficacy of my one acupuncture session (current authors note: Dr. Seem demonstrated DN to Dr. Travell and her colleagues with thin acupuncture needles instead with injecting needles) to TrP injection, and he saw the thin short Japanese Serein needles that I used, he found an osteopathic resident trained in such acupuncture release of TrPs. (current authors note: Dr. Seem's student, an osteopathic resident, demonstrate DN to Dr. Gerwin with thin acupuncture needles and Dr. Gerwin saw thin acupuncture needles do release TrPs.) Subsequently, he met and partnered eventually with a PT (current authors note: around 1998) who claimed to have learned such needling with acupuncture needles in the Netherlands. I taught that technique to PTs, who were the main licensed providers in the Netherlands (current authors note: in Netherlands the law only allows physicians to perform acupuncture. As that limitation, Dr. Seem taught classical acupuncture under the name of DN to PTs, who were major student population of Dr. Seem's seminars at that time.), together with physicians in my classical acupuncture seminars for the Anglo-Dutch Institute's comprehensive acupuncture and traditional Chinese medicine program. I also taught it to PTs and physicians in rehabilitative medicine in the UK. All of them concurred that no one should do acupuncture treatment of such myofascial conditions without proper acupuncture training. They also agreed that DN—the use of an empty syringe with no medication—was nonsensical, even though Hong, an acupuncturist, who like Gunn became a physical and rehabilitation medicine physician, dropped any reference to his earlier acupuncture training. This same thing was done by Baldry in the UK and Ma in Colorado, to cover up their original comprehensive acupuncture training."

The curriculum of PT schools is quite different from that of acupuncture schools. The current graduate level of PT education is about 1888-2080 hours (118-130 credits).^{30,31} Until 2015, none of the accredited PT schools offered DN courses,¹³ and many nonregulated DN courses, ranging from 20-30 hours, have targeted PTs at a continuing-education level.³² In contrast, most acupuncturists must obtain around 3000 hours—although the national examination agency, the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), requires a minimum of 1905 hours—at a master's degree level.³² Doctorates in acupuncture are now available as well as legal requirements for acupuncturists to pursue additional education and training.

(Will be continued in part II)

Commenter: Arthur Yin Fan

7/18/19 10:56 pm

Dry Needling is Acupuncture. Education requirement is needed! (part III)

Dry Needling: Is It Derived From Acupuncture? How did Non-Acupuncturists Start Using It?

(Continued from part II)

CONCLUSIONS

Acupuncturists and physician acupuncturists must complete extensive acupuncture training in accredited programs and pass national examinations to become licensed or certified to practice

acupuncture. However, a typical DN course runs only 20-30 hours, often over the course of one weekend, and the participants may receive a DN certificate without any national examination being required. For the safety of patients and professional integrity, the research team strongly suggests that all DN practitioners and educators should have to meet the same basic standards as those required for licensed acupuncturists or physicians.

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Commenter: Alexander Liu, Acupuncture & Chinese Medicine Healing Center 7/18/19 11:24 pm

Stop Dry Needle!!!

Commenter: Yu Yu,

7/19/19 12:31 am

Dry needling is Trigger point Acupuncture. 7 states prohibit physical therapists from practicing it

Dry needling is also called Trigger point Acupuncture. Yun-tao Ma, a licensed acupuncturist and DN educator, wrote: "DN was first developed... by Janet Travell, MD.... DN, also known as biomedical acupuncture, is based on a modern understanding of human anatomy and pathophysiology and on modern scientific research, drawing heavily on leading-edge neurological research using modern imaging techniques, such as functional Magnetic Resonance Images (fMRIs) of the brain."

Dry needling, aka trigger point acupuncture, uses Acupuncture needles. Points PTs taken are largely overlapped with Acupuncture points. Nowadays I learnt from my patients that some Physical Therapist even put electrodes on the needles, which is exactly same as Electro-acupuncture. Just because the performer explain the mechanism with another way, by labeling with a new name for the technique, then Acupuncture become something else?

Acupuncturist needs 3600 CLINICAL hours to perform this invasive treatment method.

7 states prohibit physical therapists from practicing it!

Commenter: Jake Tanner, PT, DPT

7/19/19 7:02 am

In favor

The proposed regulations are appropriate for the physical therapy profession.

7/19/19 7:18 am

Commenter: Jennifer Ke

oppose PT practice dry needling

Dry needling belongs to acupuncture. PT do not have enough training to safely practice.

Commenter: Haven A Lineberry

7/19/19 7:44 am

In favor of PTs using TDN

Commenter: Dr. Amanda Miller, PT, DPT, WCS Progress PT - Midlothian

7/19/19 9:54 am

In favor of PTs utilizing TDN

TDN and acupuncture are dissimilar with variant goals and uses. With post-graduate training, PTs are highly qualified to address myofascial dysfunction with TDN.

Commenter: Janie Schneider

7/19/19 12:03 pm

In favor of Dry Needling

I am in full support of these necessary regulations that are in place for dry needling by trained physical therapists. Physical therapists that are trained in dry needling have extensive education on human anatomy, safety education and as well as possess high level clinical reasoning skills.

Commenter: Christopher J. Pilong

7/19/19 2:48 pm

In favor of Dry Needling for PT's in Virginia.

These regulations help to promote a standard of excellence across the state for dry needling by trained physical therapists. DN is an evidence backed intervention that has been shown to be significantly helpful for many varying impairments, and needs to continue to be a method of treatment at the trained PT's disposal.

Commenter: Ashley will

7/19/19 4:37 pm

Please stop dry needling!

The American Medical Association states that dry needling/acupuncture should only be performed by licensed medical doctors and acupuncturists. I don't know how in some states PTs and Chiropractors are allowed to practice with minimal to no training. This is absurd and dangerous for the public. I attended five years of training with over 3000 didactic hours, sat for three national boards, complete clean needle safety training certification and got licensed by the board of medicine to practice acupuncture and some practitioners are changing the name so they can sneak practicing acupuncture without going to acupuncture school. In my practice alone I've seen multiple injuries from dry needling and have had to educate the public on the difference between the two labels. I've seen puncture lungs and femoral arteries, a pneumothorax and a woman induced a month early in her pregnancy due to uneducated PTs practicing watered down acupuncture. Not only is it dangerous, it's not nearly as effective as acupuncture. Same needles, no philosophy and inadequate training. Please protect the public and put an end to dry needling and require PTs to go to acupuncture school if they want to add on this kind of therapy to their practice. I would have to go get my masters in physical therapy if I wanted to add on physical therapy or chiropractic adjustments to my practice. Why is this any different? Because their lobbyists have more money and clout? Please do what's right here. This has nothing to do with ego or hurting our business. I have a thriving practice and am a respected practitioner in my community. This is 100% a matter of ethics and safety. Thank you.

Commenter: Esther Moux LAc

7/19/19 4:58 pm

Dry needling is Sports Acupuncture

Dry needling is sports acupuncture. We needle trigger points or "ashi" points to fasciculate muscles using filiform solid needles. However, Acupuncturists train for 2000-3000 clinical hours under DIRECT supervision of a master teacher/licensed practitioner. We then must take a rigorous licensing exam to practice. PT can train over a weekend and needle patients. If Government is in the business of keeping consumers protected, this would be negligence. I strongly oppose this measure.

Commenter: Evan Marcus, Five Actions Oriental Medicine LLC

7/19/19 5:41 pm

Dry Needling is Acupuncture, not for PT's

Acupuncturists has to earn up to 1,000 hours of clinical experience of Acupuncture and Oriental Medicine in order to become licensed Acupuncturists. We had to learn the correct depth, needling technique, clean needle form, and be supervised until we reached the required hours. It is impossible to learn Dry needling in a few weekend courses.

Commenter: Dr. Jayne Dabu

7/19/19 5:51 pm

Opposition to Dry Needling

I OPPOSE dry needling by Physical Therapists. They are practicing out of scope of what their industry calls for. I have 8 years of training. I have my Masters and my Doctorate of Oriental Medicine. I have done about 3000 didactic hours in my Master's program of 4 years with close to 1000 hours of clinic training. First, Physical Therapists do not have the foundations of Chinese Medicine in which to form a proper diagnosis, assessment and evaluation to treat the patient. Before you treat with needles, you must first assess, evaluate and properly diagnose a patient. I have seen first hand in my practice, miscarriages, pneumothorax, emotional trauma because of dry needling, changes to a patient's perfectly normal physiological state and many more due to dry needling. These Physical Therapists are training without ANY UNDERSTANDING of WHY, WHERE, HOW etc. It is a —ized version of knowing a little bit to be dangerous. They do not understand Chinese Medicine principles and foundations at all. You all are putting the public at risk to allow PT's to do this. How is this any different if I went ahead and did a 60 hours of CEU class in Chiropractic and then I tell my patients, let me crack your neck for you? How about Surgery? Would you allow someone to do surgery on you with minimal training? This is an outrage! Acupuncture or insertion of needles should stay within the scope of Chinese Medicine and Acupuncture Physicians, not Physical Therapists who do not understand or nor do they have had to sit on 4 board of exams for Acupuncture. Stay within your own scope and stop encroaching upon another practitioner's scope. If PT doesn't work, then perhaps PT's may need to reassess their own methods of healing a patient completely in addition to trying to find more ways to make money from insurance. This is unethical and irresponsible if PT's will be allowed to insert ANY NEEDLES in a patient. There will open a whole new level of lawsuits, malpractice and iatrogenic harm if they allow PT's to do dry needling.

Commenter: Biorient Integrative Clinic/dr Csoka

7/19/19 6:04 pm

No "dry needling" by uneducated and untrained individuals/PT:s, DC;s and so on...

If someone does not have the proper education, training in TCM, their needling is ineffective at least and potentially harmful. One has to understand much-much more than just technicalities. We, L.Ac.:s use prescriptions/combinations of points according to Eastern medicine diagnosis.

Commenter: Soo Ouk Kim L.Ac.

7/19/19 6:18 pm

Stop copying acupuncture.

Acupuncture has been developed and practiced over several thousands of years on the east Asian region. In order to practice acupuncture, we have to start from its profound philosophy such as Yin and Yang theory or five elements and then apply it to a patients symptom(s) and then pull out a

proper diagnosis. That's the reason why we are primary care doctors because we diagnose. Where is the diagnosis for dry needling? Trigger points? That's already one of our technique developed long time ago. Also, it's just technique - not diagnosis based approach. Just taking out the 'needling' part and renaming it doesn't meet the adequate quality of treatment. Again, it has to be treatment based on diagnosis, not technical manipulation, and even the technical part is a copied version of acupuncture.

Commenter: Willard Sheppy

7/19/19 6:51 pm

Dry needling is not different than Acupuncture

Dry Needling and acupuncture are the same modality. It doesn't matter the paradigm

If I prescribed physical therapy exercises but said I wasn't doing physical therapy because physical therapists look at muscles and acupuncturist look at energy it would working outside my scope of practice.

This is exactly what physical therapists are doing they're saying dry needling is different than Acupuncture because dry needling focuses on the muscles and Acupuncture focuses on energy.

Regardless of what you're looking at the techniques are exactly the same.

Commenter: Amelia Harris

7/19/19 7:03 pm

Dry needling

I have had numerous acupuncture treatments and feel that this is a procedure that should be done by a professional who is knowledgeable in the effects not as an after thought of a physical therapy person.

Commenter: Rodger Zeng

7/19/19 10:02 pm

Opposing Dry Needling

Dry needling is acupuncture under a different name. After approximately 20 hours of training, a physical therapist is to insert needles into a patient, it is an unsafe practice. Actually it's dangerous.

Commenter: DON E WETSEL

7/19/19 10:09 pm

Problems with Dry Needling Legislation

1. The current regulation fails to define dry needling. The vague nature of the term dry needling may allow physical therapists to practice beyond the technique of trigger point release and incorporate into treatments acupuncture points, acupuncture protocols, electro-stimulation, retention of needles, etc.
2. The Analysis of Competencies for Dry Needling by Physical Therapists to defend their position that dry needling is within the scope of practice for physical therapists. The Analysis defines dry needling as "using filliform needles to penetrate the skin and/or underlying tissues to affect change in body structure and function for the evaluation and management of neuromuscular conditions, pain, movement impairments, and disabilities."

The Commonwealth of Virginia defines the practice of acupuncture in Chapter 29 of Title 54.1, Section 2900 of the Code of Virginia as "stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of

certain ailments or conditions of the body..."

These definitions are almost identical. Physical therapists are not trained as acupuncturists and should not be given the same scope of practice.

3. The current proposed regulation states that "dry needling is not an entry level skill but an advanced procedure that requires additional training." However, there is no requirement for any specific training. There are no independent, agency-accredited vetted programs for "dry needling," no standardized curriculum, no means of assessing competence of instructors in the field, and no independently administered competency exams. No one should practice any form of acupuncture or dry needling without independent agency accredited program certification.

Commenter: Cecilia Ramirez

7/19/19 10:32 pm

Opposed Dry Needling

The state of Virginia must have proper guidelines and state mandated educational hours of training and required credentials from state or nationally accredited governing body. Medical professionals performing dry needling must be granted to medical professionals who are in compliance with the required hours of training and passing medical board exams like acupuncturist. I am opposed to PTs who have limited training in dry needling which requires expertise and extensive training. We cannot compromise the safety of the patients with such negligence of allowing PTs to perform such medical treatment as dry needling. Stay within their lane.

Commenter: Michelle Meng

7/19/19 11:12 pm

No dry needling

Commenter: Lisa Price

7/20/19 7:29 am

Dry Needling is Acupuncture

PT's have done an end-run around licensure requirements by re-branding acupuncture as dry needling. Their training is inadequate. The American Medical Association has issued a statement against the practice of acupuncture by unqualified health professionals, which they believe is a public health threat. Even medical doctors--who are already well-trained in needling and other surgical techniques--have set a standard for themselves of 300 hours of additional training in order to practice acupuncture.

"The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should — at a minimum — have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.

"Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians," AMA Board Member Russell W. H. Kridel, M.D."

Commenter: Jody Forman, MSW, L.Ac.

7/20/19 10:29 am

Oppose dry needling

The practice of acupuncture is complex and subtle. It takes years of training to hone the skills to become an effective practitioner. A few hours of "dry needle" training is woefully inadequate for those who want to just do "trigger point" therapy. For one, it is dangerous as unskilled practitioners can easily aggravate an existing condition with dry needling. Physical therapists do not have proper professional background and training to be let loose with a bunch of acupuncture needles. Patients are in danger.

Commenter: Andy Liningter

7/20/19 1:13 pm

substandard training in Dry Needling

I am opposed to the introduction of this substandard version of Acupuncture known as "Dry Needling" based on the substandard training and risk to the consuming public. It has been described as such in the historic literature of acupuncture and Asian Medicine. I have seen it in practice in mixed clinic settings and it is a ploy to increase billing opportunities and not to provide optimal patient care.

Commenter: Jennifer Dabu

7/20/19 2:29 pm

Acupuncture and dry needling should only be performed by fully trained acupuncturists.

Acupuncture and dry needling should only be performed by fully trained acupuncturists for the safety of patients. Licensed Acupuncturists require over 3,000 hours in training in needle location, needle safety (depth and angle), and have had very, very few patients with adverse reactions nationwide.

Allowing any health care practitioner to perform acupuncture or dry needling without proper training puts our patients and our profession at risk. If other health care practitioners, such as physical therapists, MDs, chiropractors, etc. would like to practice dry needling, I believe they should do a full 3-4 year training program with over 3,000 hours and apply for acupuncture licensure in their state.

Dry needling is acupuncture by another name. They both use fine filiform needles that are inserted into trigger points to relieve tension and pain. The practice of dry needling should follow the same rigorous training and licensing requirements as acupuncture.

Currently physical therapists in Virginia are only required 54 hours of training to perform dry needling. 54 hours versus 3,000 hours is a huge variance in training. Safety and effectiveness should be the most important part of this decision.

Commenter: Wunian Chen

7/20/19 4:31 pm

PT wants to do acupuncture, but not wants to pay it's training, not wants to follow it's regulation.

Dear officer s,

PT use acupuncture needles, but not get enough training as acupuncture. This is very dangerous to our patients and public. Their training is even less than MD acupuncture training.

Please re-think about PT drying deedleing for American regulatory reputations!

Sincerely!

Wunian Chen MD LAc

Commenter: Dr Hanna Schmittat, ND, LAc, Dipl Ac (NCCAOM)

7/20/19 4:53 pm

Opposing Dry-needling

I am a Licensed Acupuncturist in Virginia, and as such speak as a constituent, and a voice to my patients.

1) Many of my patients have come to me with hesitation due to painful needling experienced with dry-needling that did NOT resolve their pain. Be it due to lack of technique or clinical training hours, it appears majority of my patient's have had negative (nay, unnecessarily painful) experiences with dry needling. It is my concern that due to the lack of hours and technique in training, lack of standardization and lack of accrediting agency for Dry-needling, a poor, if not risky service is being provided. Acupuncturists receive 3-4 years of training with a minimum of 680 hours or more vs. the 50 or less hours of PT's dry needling courses. The current proposed

regulation states that "dry needling is not an entry level skill but an advanced procedure that requires additional training." If so, where are the advanced training hours matching the description for "advanced procedure"? Where are the separate board exams? Where are the measures and means of assessing such competency?

2) Similar definitions. The Analysis of Competencies for Dry needling by PT's, defines dry needling as "using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structure and function for the evaluation and management of neuromuscular conditions, pain, movement impairments, and disabilities."

The Commonwealth of Virginia defines the practice of acupuncture in Chapter 29 of Title 54.1, Section 2900 of the Code of Virginia as "stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body..." These definitions are almost identical, yet Physical Therapists claim that Dry Needling is not acupuncture. A clearer definition making a distinction needs to be provided.

Thank you.

Commenter: Sara Brown

7/20/19 7:46 pm

Harmful Risky Use or Dry Needling

As someone who relies heavily on acupuncture for hormonal balance and digestive well being, it concerns me that we are allowing physical therapists to use practices that mimic acupuncture without the proper medical training. I know first hand the complexity and sensitivity of acupuncture and I have to trust my doctor in their knowledge. However there are many patients who do not understand and are not told the implications that sticking a needle into a nerve point has. Chinese medicine is much older than western and works WITH western practitioners, there are centuries of research behind acupuncture and countless hours of training. To just hand this off to others who are not educated to give to those who don't know, is risky and dangerous.

Commenter: Yongping Chen, CAUA

7/21/19 12:39 am

Oppose PTs doing dry needling without Acupuncture license! Because dry needling is Acupuncture.

Commenter: PING XIE

7/21/19 1:07 am

PT Can not do acupuncture. Because Not enough training time?

Commenter: PING XIE

7/21/19 1:08 am

PT Can not do acupuncture. Because Not enough training time?

PT Can not do acupuncture.

Because Not enough training time?

Commenter: Shujuan Zhang

7/21/19 1:45 am

18VAC 112-20-121

dDry needling is not an entry level skill but an advanced procedure that requires admitted additional " post-graduate " training.

Commenter: Dong Lim Kim

7/21/19 7:12 am

Oppose dry needling

Oppose dry needling. It is dangerous to let undertrained people doing an invasive treatment.

Commenter: Andrew Jackson Tatom III

7/21/19 9:57 am

Practice of Dry needling

The proposed regulations for Dry Needling are appropriate and provide an important safeguard to the public.

Commenter: Mona Yuan

7/21/19 12:58 pm

Dry Needling - a Public Safety issue!

Hi, My name is Mona Lee-Yuan and I am a Licensed acupuncturist as WELL as a licensed Physical therapist.

Commenter: Mona Yuan

7/21/19 1:29 pm

Dry Needling - a Public Safety issue!

My name is Mona Lee Yuan and I hold dual licenses in both physical therapy and acupuncture. I **COMPLETELY OPPOSE ANY BILL THAT WILL ALLOW PHYSICAL THERAPISTS TO PERFORM ANY KIND OF NEEDLING TO THE PUBLIC.** As a dual licensed professional, I KNOW the level of training that is necessary to perform ANY kind of needling. And as a licensed physical therapist, I know the **LACK of training a physical therapist has when they are attempting to perform dry needling.** Despite what physical therapists claim, they DO NOT HAVE THE TRAINING NECESSARY TO NEEDLE ANYONE! This is NOT a matter of turf wars, it is a matter of PUBLIC safety and physical therapists are ignoring their oath of "DO NO HARM". **According to the Virginia State Board of Physical Therapy, physical therapists are ONLY allowed to "perform EMG diagnostic needling under the direction of a physician, podiatrist, dental surgeon, chiropractor provided the physical therapist had post graduate specialized training."** Yet to perform dry needling, there are NO post graduate specialized training requirements.

In addition, Physical therapists claim that the DN is different from acupuncture which is false, 99 percent of the motor points they are using coincide with acupuncture points, therefore, they are performing acupuncture with no training.

I am also a professor and teach acupuncture in a college, every year, I have quite a few students who are licensed physical therapists who are enrolled in the Master's Program of acupuncture and taking the **correct route** to becoming a licensed professional. These physical therapists will be qualified to needle patients after they have completed the program and **passed their state board exam.** These physical therapy students confess to me, they never realized the difficulties of needling a patient until now. I have no issues with physical therapist's performing needling, **PROVIDING** they have the didactic (Over 300 hours) and clinic training (Over 900 hours under direct supervision of a licensed acupuncturist) that it takes to perform this skill.

Commenter: Don Thompson

7/21/19 2:41 pm

Dry Needling Perspective

I am an acupuncturist with over 20 years of clinical experience, and I have some concerns about Physical Therapist performing 'dry needling.' First, public safety is paramount. I have had several patients come to me after seeing a PT for dry needling and talked about how painful it was and how there was no benefit, or temporary at best. Acupuncturist have a vastly different training from PT's doing dry needling. Most acupuncturists have trained 3-4 years for the bare minimum

knowledge of the use of needles to help pain and other health conditions. Would physical therapist think that an acupuncturist with 55 hours in training in physical therapy would be trained sufficiently to practice physical therapy as well as bill insurance companies for physical therapy services rendered by an acupuncturist?

Another concern is that if a patient has dry needling with a physical therapist and receives no help, they will have the idea that acupuncture doesn't work, and therefore won't seek help from a qualified acupuncturist for their pain or other health concern.

I appreciate the idea that physical therapists want to help their patients feel better. But, at the end of the day, if they want to practice acupuncture (and call it whatever one wants to call it, but it's acupuncture), then go to acupuncture school and train to be an acupuncturist. And if I want to practice physical therapy in my acupuncture practice, then I'll go to physical therapy school. Again, if I go to nursing school for 55 hours, can I practice nursing..even a little bit? If I get 55 hours in medical school, can I practice some medicine and surgery? Licensing boards exist to protect the public, which has no idea of what training most health care professionals have. It's the responsibility of the Boards to protect the public. In my opinion, granting full dry needling privileges to physical therapists does not meet those responsibilities.

Commenter: Joanie Stewart, LAc

7/21/19 2:43 pm

Stop Dry Needling now!

I am a Licensed Acupuncturist in Virginia who has seen first hand the dangerous consequences of Dry Needling by PTs.

A patient of mine suffered a pneumothorax after a so-called "qualified" PT inserted 10 needles deeply into her back at a perpendicular angle.

No matter how much they deny it, I believe what PTs are doing is Acupuncture without a license. They should be stopped now!

Commenter: Aiden C.

7/21/19 2:53 pm

Opposing PT dry needling

If the state of Virginia allows PT to perform any kinds of "needling", then I'm not quite sure why they even offer / grant acupuncture licenses.

Whats the point of holding a state acupuncture license if the state allows other profession(s) to practice the same scope of practice (needling)? The state of Virginia should not have / grant / offer an acupuncture license if this is the case, OR they should not have PTs to use "needles" without extra training. Its either or, not both.

Had I known that the state of Virginia allows PTs to utilize "needling" without extra training, then I would've gone to a PT school.

Is this mean that licensed acupuncturists may use injections such as vaccines, etc with additional western medicine training in the future?

Let's use common sense here. Let's have politics aside and think about the public safety first. Public safety means the patients.

Commenter: Warren Schuteker

7/21/19 3:22 pm

Dry needling should be done by acupuncturists only

Injuries and infections can happen with inadequate training and improper technique. Physical therapists have many tools to help their patients develop strength and deal with pain. Dry needling should not be one of these tools. Only acupuncturists have the necessary training and skills to perform dry needling without potential harm to the public.

Commenter: Charles Steadman

7/21/19 3:55 pm

Reflections and regulations

Ever since I first learned about dry needling about 10 years ago, I was impressed with the power of the technique and its ability to make significant changes/improvements in impaired tissue. When I recognize that I have a muscular injury, I am grateful that I have fantastic physical therapists that can perform dry needling as part of my treatment plan.

I am a physical therapist that has been certified in dry needling and practicing daily for over five years. Dry needling is a fantastic technique that has allowed me to help numerous patients with lingering musculoskeletal impairments and dysfunctions. It is just one part of a plan of care where many other techniques are also utilized appropriately to help the patient heal/recover.

There is certainly a large body of knowledge that is needed in order to perform this technique safely and effectively. In addition to the graduate level education that physical therapists earn there are also additional courses required to become certified. The courses that I chose had lecture, lab, written exams, practical exams, and oral exams to ensure correct technique, patient and provider safety, and competency.

I fully support The Physical Therapy Board providing increased regulations to ensure that qualified physical therapists continue to provide the highest quality of care to their patients when performing dry needling as a part of a plan of care. There do need to be regulations and standards in place to keep patients safe and maintain professional expectations of providers.

Commenter: Harry Zou. ANIAS

7/21/19 4:50 pm

Dry needling is Acupuncture! part one

Dry needling is Acupuncture!

Dry needling is Acupuncture!

Dry needling is one kind piercing of Acupuncture!

First, about 2500 years ago the Chinese doctor already has only piercing muscular tissue methods.

The book "Huang Di nei jing" work is generally dated by scholars to between the late Warring States period (475-221 BC) and the Han dynasty (206 BCE-220 CE).

Huang Di nei jing su wen??An Annotated Translation of Huang Di's Inner Classic – Basic Questions??in the Chapter 51?Discourse on the restrictions of Piercing.¹

Huang Di asked:

"I should like to hear about piercing the shallow and the deep sections."²

Qi Bo responded:

"When piercing the bones, do not harm the sinews. When piercing the sinews, do not harm the flesh. When piercing the flesh, do not harm the vessels. When piercing the vessels, do not harm the skin.³ When piercing the skin, do not harm the flesh.

When piercing the flesh, do not harm the sinews. When piercing the sinews, do not harm the bones."⁴

Huang Di:

"I have not yet understood what that is to say. I should like to hear its explanation."

Qi Bo:

" 'When piercing the bones, do not harm the sinews,' [warns against the following:]

the needle reaches the sinews and is withdrawn; it does not approach the bones.⁵

'When piercing the sinews, do not harm the flesh,' [warns against the following:]

[the needle] reaches the flesh and is withdrawn; it does not approach the sinews.

'When piercing the flesh, do not harm the vessels,' [warns against the following:]

[the needle] reaches the vessels and is withdrawn; it does not approach the flesh.

'When piercing the vessels do not harm the skin,' [warns against the following:]

[the needle] reaches the skin and is withdrawn; it does not approach the vessels.

as for the so-called ' when piercing the skin, do not harm the flesh,' the disease is in the skin.⁶

Insert the needle into the skin; do not harm the flesh.

'When piercing the flesh, do not harm the sinews,' [warns against the following:]

[to insert the needle] beyond the flesh and to hit the sinews.

'When piercing the sinews, do not harm the bones,' [warns against the following:]

to insert [the needle] beyond the sinews and to hit the bones.⁷ This would be called acting contrary to [what is appropriate]."⁸

Original references:

- [1] yao shaoyu: "¿is ?; that is, the piercing follows definite principles. one must not exceed and one must not stay short [of the necessary]." Hu Tianxiong: "¿is ?? . ??refers to an amount (see Zhou li, Tian guan, Heng ren ??, ??, ??); in the present context, it refers to the degree of depth. When the Ling shu 9 states ?????????, ?????????, then this is the meaning of ¿here. yao shaoyu was wrong when he identified the present ¿as the ¿pronounced in the even tone." Ma shi: "¿is identical with the ¿, 'prescription,' of later times. Piercing requires 'prescriptions' in the same way as prescriptions are written out for medicinal drugs. Hence, the name of this treatise."
- [2] Wang Bing: "That is to say, the sections of the skin, the flesh, the sinews, the vessels, and the bones."
- [3] Gao shishi: "That is to say, when it is appropriate to pierce into the depth, one must not apply shallow [piercing]; if one applies shallow [piercing], then [one hits] the wrong section."
- [4] Gao shishi: "That is to say, when it is appropriate to apply shallow [piercing], one must not pierce into the depth; if one pierces into the depth, then [one hits] the wrong section." 1114/41: "This is to explain, the most important criterion for [determining] the depth of piercing is the location of the disease-evil. When the disease is in the depth, one pierces into the depth. When the disease is near the surface, one pierces near the surface."
- [5] Gao shishi: "When it is said 'When piercing the bones, do not harm the sinews,' that is to say: if the needle reaches the sinews and is withdrawn and does not approach the bones, then this harms the sinews. etc."
- [6] Wang Bing: "all this is to say [how] one misses the evil. now, since the sinews are affected by cold evil, the flesh is affected by wind evil, the vessels are affected by dampness evil, and the skin is affected by heat evil, [these evils] are missed as is [described in the text]. The so-called 'evil' is always an attack by an improper qi." Zhang Jiebin: "When the disease is in the bones, one must pierce the bones directly and one must avoid harming the sinews. When the needle reaches the section of the sinews, pulls out qi [there] and is withdrawn again, but does not approach the bones, one harms the sinews because no disease is in the liver and by [piercing the sinews] one does not attack an excess there." In contrast, Ma shi: " 'When piercing the bones, the sinews are not harmed,' is: when the needle reaches the sinews and is withdrawn and does not approach the bones, then the disease in the bones heals by itself and the sinews are not harmed. 'When piercing the sinews, the flesh is not harmed,' is: when the needle reaches the flesh and is withdrawn and does not approach the sinews, then the disease in the sinews heals by itself and the flesh is not harmed. ... all these therapies take a 'not approaching [the location of the disease]' as their main [principle]."
- [7] Cheng shide et al.: " 'When piercing the bones do not harm the sinews' is by no means to say that the needle is to be withdrawn when it has reached the section of the sinews, so to avoid that by reaching into the depth of the bones one harms – contrary [to one's intentions] – the qi of the sinews. rather one should 'pierce the bones directly, without harming the sinews.' "
- [8] Mori: "The first section of this text outlines four [types of piercing] that do not reach their destination; the latter section of the text outlines three [types of piercing] that exceed their proper limits. Hence, all [seven] are called 'acting against [what is appropriate].' "

Above References:

Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic – Basic Questions: 2 volumes
 Paul U. Unschuld, Hermann Tessenow
 University of California Press, Jul 28, 2011 - Social Science - 737pages

This Submit essay collated and organize by Harry Zou. Lac., O.M.D., from ANIAS.

Commenter: Harry Zou. ANIAS

7/21/19 4:56 pm

Dry needling is Acupuncture! part two

Dry needling is Acupuncture!

Dry needling is Acupuncture!

Dry needling is one kind piercing of Acupuncture!

Second: Local muscle twitching is just one type of "De-qi (energy arrival)" of reacting during acupuncture, Chinese medical doctors started to use it 2,500 years ago.

De qi is an important traditional acupuncture term used to describe the connection between acupuncture needles and the energy pathways of the body. De qi" is the traditional acupuncture term used to describe the connection between acupuncture needles and the energy pathways of the body. It is a central concept in Traditional Chinese Acupuncture. Traditionally, de qi refers to the excitation of qi through the acupuncture channels/meridians by means of needle stimulation. According to Traditional Chinese Medicine (TCM), both the administering acupuncturist and the patient may be able to detect signs of de qi. Typically, the acupuncturist would perceive de qi as heaviness or tenseness about the needle he or she is stimulating, and in response to being punctured, the patient would perceive de qi as soreness, numbness, heaviness, and distention at the site of needle placement, though these sensations may spread to other parts of the body as well.

De qi's fundamental role in TCM acupuncture cannot be overstated. Its significance was first mentioned circa 100 B.C., in the Neijing (The Yellow Emperor's Classic of Internal Medicine). (This ancient text is recognized as the first major compilation of Chinese Medicine and continues to serve as the canonical acupuncture text to the present time. The Neijing is divided into two books: Su wen (Plain Questions), which mainly describes Chinese medical theory and

Ling Shu (Spiritual Pivot), which focuses on acupuncture more specifically). Much can be revealed about the historical roots of acupuncture and de qi by consulting this text. or example, in Ling Shu (chapter 9) it is advised that: "The acupuncturist should devote all his/her concentration to the needle, keep the needle on the surface and move it gently until the qi has arrived (qizhi)." A more famous saying from this text Ling Shu (chapter 1) reads, "For acupuncture to be successful, the qi must arrive (qizhi). Acupuncture's effects come about like the clouds blown away by the wind." Ling Shu (chapter 3) states, "The acupuncturist must obtain the qi (de qi). If qi has arrived, fastidiously hold it and do not lose it." As indicated by the above excerpts, the earliest sources clearly viewed de qi as fundamental to acupuncture treatment.

During the Ming dynasty (1368–1644), in the famous acupuncture poem, Jin Zhen Fu (Ode to the Golden Needle), recorded in Zhen Jiu Da Cheng (Great Compendium of Acupuncture and Moxibustion), it is written: "If the qi comes quickly, the effect will be quick. If the qi comes slowly, the effect will be slow. If it does not arrive at all—it is a fatal sign, for sure." Here, de qi signified not only effective treatment but also indicated the speed of and potential for recovery. Most contemporary TCM doctors still seek de qi and regard it as a sign of efficacy.

At different points, the Neiijing seems to indicate that the acupuncturist, patient, or both are to feel the de-qi sensations. Suwen (chapter 25) states, "During acupuncture, [the acupuncturist] should concentrate on the changes of qi and blood after the needle is inserted. Usually, the changes are too subtle to be felt, and sometimes [for the acupuncturist], the arrival of qi may feel like a bird flying.

One important depiction of the acupuncturist's perception of de qi comes from the Biao You Fu (Ode to Clear Obscurity) recorded in Great Compendium of Acupuncture and Moxibustion (Zhen Jiu Da Cheng), which was originally written in the Yuan Dynasty (1271–1368). This text states, "The acupuncturist may feel as though the needle is being firmly grabbed and moving roughly when qi arrives, but only loosely grasped and moving smoothly if qi does not arrive. Qi arrival feels like a fish biting a hook and bobbing in the water. Another way to judge the arrival of the qi is explained by Li Yan in Medial Abecedarium (Yi Xue Ru Men), which was composed during the Ming Dynasty (1368–1644). Here it is written: "When the acupuncturist feels the needles getting heavy and full, there is de qi. . . . When the acupuncturist feels the needles getting hollow and loose, there is the absence of de qi." These texts describe the experience of de qi from the perspective of the acupuncturist and depict the sensations as tense, heavy, tight, and full.

Above Reference from THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE Volume 13, Number 9, 2007, pp. 000–000 © Mary Ann Liebert, Inc. DOI: 10.1089/acm.2007.0524.

"Acupuncture De Qi, from Qualitative History to Quantitative Measurement" by JIAN KONG, M.D., M.S., RANDY GOLLUB, M.D., Ph.D., TAO HUANG, M.D., Ph.D., GINGER POLICH, B.A., VITALY NAPADOW, Ph.D., KATHLEEN HUI, M.D., MARK VANGEL, Ph.D., BRUCE ROSEN, M.D., Ph.D., and TED J. KAPTCHUK.

In addition, write came from the book of "Nanjing" which not later than the period of the Eastern Han dynasty. Write about "When stabbing, press the point of the needle with your left hand first, flick and push it, claw and drop it, hen its qi comes, such as artery The shape,..." that all talking about "Local muscle twitching".

"The father of contemporary acupuncture research in China", professor of Gansu University of traditional Chinese medicine. Zheng kuishan (1918-2010)?said that when "Deqi" impulses coming that can cause muscles to jump, we call "Zatiao".

Now, 80 percent of acupuncturists in China has mastered the technique of "Zatiao(LMT)"; Ninety percent of Chinese acupuncturists in the United States has mastered the technique of "Zatiao(LMT)", that very thanks to the promotion of master Zheng Kuishan and his disciple doctor Lu Biao.

This Submit essay collated and organize by Harry Zou. Lac., O.M.D., from ANIAS.

Commenter: Laura Bertoncini AP

7/21/19 7:56 pm

Against dry bc I have seen the negative outcome first hand

I worked with a MD that had only 2 weekend courses versus my 4 year program. She was very unsure where to place the needles on her patients. She was constantly asking for my help on where to place the needles. After I started treating her patients they didn't want her to treat them again. They said the treatments were painful without any positive results. She didn't have a clue regarding Traditional Chinese Medicine theory. We need to stay in our scope of practice. How would PTs feel about us if we started competing to treat their patients with our limited knowledge of PT? I refer my patients to PT not discouraged them or convincing them I could treat them instead.

Commenter: Xiaoyan Wang

7/21/19 9:46 pm

Dry needling need more training

Dry needling is a part of acupuncture. Acupuncture is a rather invasive procedure that requires years of education and training not just a few days or weeks of courses. Acupuncture is very effective but dry needling usually is dangerous and usually has done by people who lack adequate training.

Commenter: Jasmine Cunanan

7/21/19 10:07 pm

I oppose dry needling for Physical Therapists.

Commenter: Yarong Baker

7/21/19 10:39 pm

If dry neele

Commenter: Yarong Baker

7/21/19 11:44 pm

If dry needling is not acupuncture, spaghetti is not pasta!

Dear Governor Ralph Northam:

The people who said dry needle is not acupuncture don't understand what acupuncture is. Acupuncture points are not only meridian points, but also A-shi Acupressure Points that are special points just in muscle. The man who first came up with the term "dry needling" is an acupuncturist from Taiwan. He came to America took "Ashi points" as well as theory renamed it "dry needling" in order to sell it to Americans to make money.

Physical Therapists could do dry needling (acupuncture) if they get proper acupuncture training, and not say "dry needle is not acupuncture" in order to avoid the necessary training and take a potentially dangerous short cut.

Before you sign, pledge for the safety, responsibility, for the sake of American patient.

Sincerely

Yarong Baker

Yarong Baker

Commenter: Bill Whiteford PT, DPT

7/21/19 11:45 pm

PT's are well qualified to perform dry needling with present model of training.

This continues to be a story of battling for turf instead of treating patients. There is no reason to reiterate the training that goes into a doctoral degree for a physical therapist with appropriate post graduate training for dry needling. The public should have the ability to make a choice to pursue a provider qualified in performing this skill set. Dry needling is not acupuncture and is performed very differently. Most Acupuncturists I know appreciate this however some continue to focus on turf instead of patient care. Few procedures including acupuncture are completely whole. When used with the proper body of knowledge, dry needling offers the consumer significant change in myofascial restrictions. PT's have the appropriate body of knowledge to help make this change.

Commenter: Thomas Bohanon

7/22/19 7:34 am

Support Dry Needling By Physical Therapists

Trigger Point Dry Needling is with in the scope of practice for Physical Therapists. It is not the practice of Acupuncture nor does performing it constitute practicing As an Acupuncturist or practicing Acupuncture. Trigger Point Dry Needling is a single treatment modality that is with in the scope of practice of a Physical Therapist. The education of a Physical Therapist covers the training a Physical Therapist needs to perform the technique of Dry needling with the addition of

the added training specified in the new regulation. I support the passage of this new regulation to govern the practice of Dry Needling and appreciate the work the Board work group has done to formulate this regulation.

Commenter: Kristen Hicks, Orthopedic Physical Therapy

7/22/19 8:03 am

Support regulations for dry needling

I would like to write in **support** of the proposed regulations by the board of physical therapy for dry needling to be performed by physical therapists. The proposed regulations would protect patients and provide structure for physical therapists whom are qualified and educated to perform this valuable service to provide pain relief due to muscle pain.

Commenter: Katherine Maloney, SPT

7/22/19 10:12 am

Trigger Point Dry Needling is in the scope of practice of Physical Therapists

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

As a student about to graduate next month I can attest that after a 3 year doctoral program we are well educated and in order to become dry needle certified you have to go to continuing education and submit a lot of practice hours.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

Dry needling is in our scope of practice and I support this regulation being passed.

Commenter: Natalie Kryza, DPT

7/22/19 10:17 am

Dry Needling falls within PT Scope of Practice

Dry needling is not acupuncture. Unlike acupuncture dry needling focuses on targeting the specific myofascial restrictions, and often results in immediate palpable changes in myofascial tension and requires extensive education on human anatomy to perform which physical therapists possess. With participation and completion of credentialed continuing education courses for dry needling, a physical therapist (having already completed a 3 year doctorate degree with extensive background on human anatomy/physiology) should be qualified to perform dry needling on patients with written physician referral and signed consent. Just like any other continuing education course, the therapist is obtaining an additional set of skills for which to treat patients.

Commenter: Dr. Ed Schrank, Shenandoah University

7/22/19 10:23 am

I support Physical Therapist practice of dry needling

Physical therapists are well trained to perform dry needling. Physical Therapists complete a 3 year doctoral level program with extensive training in physiology and anatomy. The use of dry needling for helping patients with pain is natural extension of their skill set. The practice is supported by the the American Physical Therapy Association and by practice acts in almost every state (only 5 to my knowledge bar the practice). There is plenty of pain to go around. Limiting a technique to one specific group is unfair to the patient and restraint of trade to the other professions.

Commenter: Jill S Boissonnault

7/22/19 10:28 am

I support physical therapists doing dry needling

I am aware and believe that physical therapists are well trained to perform dry needling. Physical Therapists complete a 3 year doctoral level program with extensive training in physiology and anatomy. The use of dry needling for helping patients with pain is natural extension of their skill

set. The practice is supported by the the American Physical Therapy Association and by practice acts in almost every state. PTs must obtain additional training in dry needling to be certified to do it. It is not acupuncture; they do not call it acupuncture and the premise, practice, and outcome expectations are different.

Commenter: Makenzie Mazin, Valens Physical Therapy & Sports Performance, LLC

7/22/19 10:29 am

Trigger Point Dry Needling Regulation

I am writing to express support for the Virginia Board of Physical Therapy's language in regards to Dry Needling and the scope of the practice of Physical Therapy.

Clinician's who are trained in Trigger Point Dry Needling are aware that they are not performing acupuncture and they do not advertise it as such. The only similarity is the use of needles that are typically defined as acupuncture needles but the intent of treatment falls into the scope of practice of a credentialed Physical Therapist.

I believe the current language of the Board expresses the intent of the physical therapist in treating pain and movement based impairments.

Commenter: Melissa Wolff-Burke

7/22/19 10:32 am

Dry Needling

Dry needling is a technique; it is not a profession. PTs are introduced to the intervention during the undergraduate education, and are taught safe, and effective dry needling when they choose a certification course after graduation. Dry needling is one of many interventions used by PTs to alleviate pain and improve function for our patients.

Commenter: Zachery Lutz, Rehab Associates of Central Virginia

7/22/19 10:46 am

PTA SUPPORT for Dry needling

I wholeheartedly **Support** the approval of this. It will allow my colleagues and my direct supervisor to more accurately treat their hurting patient populations. Dry needling is well within the scope of practice of PT's.

Commenter: Benjamin Igwe, Inova Health System

7/22/19 10:51 am

I am in Support of Trigger Point Dry Needling for Physical Therapists

With the requirement for training and hours practicing before someone can actually perform dry needling I think this should remain in practice for Physical Therapists who meet the requirements. I have seen the benefits first hand of Trigger Point Dry Needling to patients and how much symptoms can improve after the procedure is performed.

Commenter: Sydney Sawyer, PT

7/22/19 11:03 am

Physical Therapist's use of Dry Needling

Physical therapists have an excellent understanding of anatomy and therapeutic interventions. They undergo additional post graduate training to to learn the techniques of trigger point dry needling, which they may include in their treatment plan. This is not acupuncture and is well within the scope of the physical therapy practice.

Commenter: Kim Holt/Roanoke Rehab and Wellness

7/22/19 11:03 am

Support of DN

I STRONGLY support DN for all PTs who have been trained and educated in benefits of DN (vs acupuncture). This technique is invaluable for many and if taken away would be a detriment to healthcare. This is not the first time Acupuncturists have tried to take DN away from PT (these are not equal treatments and one group should not be punished for fear of loss of monetary gains.)

Commenter: Lisa O'Regan, Centra

7/22/19 11:11 am

Dry needling is within scope of physical therapy and I support dry needling by physical therapists

Commenter: Casey Miller, Phoenix Physical Therapy

7/22/19 11:15 am

PT support fo DN

Dry needling is a very beneficial technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle. Dry needling is drastically different from acupuncture. While similar gauge needles are used, the clinical reasoning by the use and the treatment technique are drastically different. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific rigorous postgraduate education and training in order to obtain certification to perform dry needling.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists as much as soft tissue mobilization for the treatment of myofascial restrictions and trigger points. I support this regulation being approved.

Commenter: Eric Magrum

7/22/19 11:17 am

In Support of Physical Therapists utilizing Trigger Point Dry Needling

Physical Therapists are well educated in anatomy/physiology, medial differential diagnosis to determine when Trigger Point Dry Needling is the appropriate tool to utilize within a treatment plan. Practitioners are required to complete additional training to achieve certification to utilize this additional practice tool. TPND is a tool utilized in the Physical Therapy scope very differently than the theories of acupuncture. TPND and is well within the scope of Physical Therapy practice.

Commenter: Michele Wiley

7/22/19 11:19 am

In support of dry needling

Dry needling performed by physical therapists is an effective treatment. PTs have the requisite foundational knowledge to perform this intervention safely. The American Physical Therapy Association supports the practice and has deemed it within a PT's scope to perform. The rationale for the administration of dry needling differs from acupuncture. Limiting dry needling does not serve patients seeking relief from painful muscular conditions.

Commenter: Azita Nejaddehghan, Student in Shenandoah University's DPT Program

7/22/19 11:22 am

Support for Physical Therapists to practice Dry Needling

As a student in Physical Therapy school right now, I can attest to the fact that we undergo three years of extensive Doctoral Program education, including anatomy and physiology, musculoskeletal course, and exposure to Trigger Point Dry Needling. This is a single treatment modality which should not be limited to one profession. In reality, limiting the practice and use of this modality to one profession would be unfair to the public, especially considering the prevalence

of pain in society today. I support the passage of this new regulation to govern the practice of Dry Needling.

Commenter: Melissa Jennings, PT, Winchester Orthopaedic Associates

7/22/19 11:25 am

Dry Needling

Dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and We support this regulation being approved.

Commenter: Dr. Beth Rini Scott, PT, DPT

7/22/19 11:25 am

Support dry needling by appropriately trained DPT's.

Just because I pick up a pipe wrench, I do not become a plumber.

Just because I pick up a hammer, I do not become a carpenter.

Picking up an acupuncture needle does not make the work I am doing acupuncture!!!

Dry needling is a separately structured modality utilizing WESTERN Medicine concepts. We are legally required (in VA) to state we are NOT doing acupuncture and to explain the differences to our clients. We have many hours of education and experience required before we can perform dry needling. With our other education, we ARE trained enough to use this modality safely!

Commenter: Bonnie M Black, TIB Connecting

7/22/19 11:32 am

Support Dry Needling for Physical Therapist

I support the use of Dry Needling techniques by Physical Therapists with certification. This is not in competition with Acupuncture and should be allowed to be utilized by Therapist as another option for treatment.

Commenter: Meghan Stone

7/22/19 11:35 am

Support for Dry Needling as part of PT practice

Dry Needling is an intervention utilized by PT's to alleviate pain and maximize function in their patients. The proposed regulations support this. After a firm foundation of knowledge is obtained in graduate schools, PT's continue their training in performing this intervention based in research. Full support for this PT ability.

Commenter: Jeff Landy, PT, DPT, CMTPT

7/22/19 11:36 am

In support of dry needling performed by Physical Therapists

Dry needling, performed by properly-trained physical therapists, is a safe and effective form of treating myofascial dysfunction. It is distinct from acupuncture in that it is based on Western Medicine principles and modern research performed in part by the physical therapy community.

As part of their standard education, physical therapists are well-equipped to analyze and treat the anatomy of the human body. Therapists seeking to perform dry needling treatments additionally commit to supplemental post-graduate training enabling them to be safe and effective with this treatment.

Commenter: Matt Garber, US Army

7/22/19 11:38 am

Tissue Dry Needling

Tissue Dry Needling (TDN) is a treatment procedure used safely by physical therapists for many years. It is a very safe, effective, and practical modality to treat patients in pain and provides an excellent alternative to opioids and other medications.

TDN is not acupuncture. TDN is part of modern western medicine principles, not a traditional Chinese medical practice performed by acupuncturists.

As a site visitor for the accreditation of physical therapist education programs, and an instructor in multiple programs, including some in Virginia where I am a licensed PT, I can assure you that TDN is within the scope of practice of PT and part of PT education due to PTs strong academic preparation in anatomy and therapeutic procedures. PTs also get post-graduate education and training in TDN to support their extensive education in anatomy, biomechanics, physiology, therapeutic exercise, and manual therapies. As a military PT for over 27 years, we have used TDN extensively within the Military Health System as an effective alternative to opioids and a field expedient technique to decrease pain and improve military readiness.

Please support this regulation being approved as part of physical therapist practice.

Matt Garber

Commenter: Yuna Janvier

7/22/19 11:41 am

I do not support dry needle

Acupuncture is not dry needle inserting, and it is not just simply inserting some points to treat the pain. We as acupuncturist get over 2000 hours of training for different type of pain and disease treatment. It is not something you can cover for less than 50 hours. The patient is the one who will suffer and lose if the dry needle is approved by the state and handled by physical therapist instead of acupuncturist.

Commenter: Drew Petrucci, SPT

7/22/19 11:46 am

I support dry needling

Commenter: Aiden C.

7/22/19 11:48 am

Acupuncturists & PTs

Has anyone know of any PTs who oppose to PTs performing dry needling? I don't think so.

Has anyone know of any acupuncturists in favor of PTs performing dry needling? I don't think so.

This "forum" is unneeded. PTs want dry needling and acupuncturists do not want PTs to dry needle. Many acupuncturists are simply asking PTs to receive extra training in order to dry needle.

7/22/19 11:53 am

Commenter: Weidong Li

I oppose dry needling Dry needling is the invading the Acupuncture field stolen techniques.

Commenter: Dr. Michael Richardson, Rehab Associates

7/22/19 11:56 am

Dry needling regulations are appropriate

I agree with the proposed regulations and feel that they are appropriate for the safety and well being of our patients.

Commenter: Pinghe Liou

7/22/19 12:01 pm

I am against dry needles!

The dry needles is Acupuncture . Dry needles is also an insertion action. It needs years of professional training & practice to get it. If PT is allowed to do needling, it's an extremely irresponsible for patients.

Commenter: Chris Liu, VUIM

7/22/19 12:02 pm

Dry needling is basically a simplified version of Acupuncture, not within scope of PT

When we look at the history and nature of dry needling, it is pretty obvious that dry needling is basically a simplified version of acupuncture. There is no history of PT using needle puncture technique to treat diseases, but acupuncturist has done it for thousands of years. Dry needling is nothing but the acupuncture using the Ashi points. So, it apparently should not be within the scope of practice of PT.

Physical therapy is a very broad concept, and its scope should not be expanded at will. It can overlap with massage therapy, chiropractics, manual therapy and many other fields, and will cause lots of confusion and unprofessional behavior. Acupuncture requires tons of education, and any therapy using needle puncture techique should stay within the scope of practice of acupuncture.

Commenter: Ash Goddard, Doctor of Acupuncture & Chinese Medicine

7/22/19 12:05 pm

opposition to Dry Needling as proposed

I have been working with the State of Washington over the past several years on the issue of the procedure commonly referred to as "Dry Needling." The proposed language in Virginia brings up several concerns.

First, the definition of DN appears to come from "The Analysis of Competencies for Dry Needling by Physical Therapists." This definition appears to be very close to Virginia's definition of acupuncture. Hence, if two procedures are effectively the same, the training standards and licensing requirements should be thus as well.

Second, during a formal scope expansion (Sunrise review in WA) the aforementioned report was found problematic. The WA Department of Health stated: "HumRRO and FSBPT convened a task force with experts in dry needling to consolidate information and construct a final list of competencies. However, the task force only included representation of physical therapists. It did not include representation from other health care providers like EAMPs [acupuncturists], medical doctors, or nurses, who could have offered their expertise in topics like needle technique, physiological responses, and contraindications to assist with development of minimum training to ensure safe needle technique." Adding an invasive procedure such as DN should, at a minimum, require a formal scope expansion process to ensure public safety, and consulting other professions with expert training in needle-handling is essential.

The WA DOH also concluded, "HumRRO [the aforementioned report] acknowledges that there does not appear to be widespread agreement regarding the minimum number of practice hours necessary to perform dry needling, and that the acquisition of knowledge and skills is dependent on more than just the number of hours of deliberate practice." While the report outlined areas that need to be addressed in training, it did not define what that training might be. In fact, the very definition of DN is loosely defined and lacks standardization and consistency. As such, established training programs vary widely in content and instruction. No third-party competency exams exist. DN can be virtually anything and allows practitioners to go beyond their scope and utilize electro-acupuncture, acupuncture protocols, and so forth without the proper training to do so safely and effectively.

A clear definition of what DN is and is not should be to be clarified and training standards should be established and implemented prior to expanding the scope of a profession to perform this invasive procedure.

Thank you for your consideration on this very important matter.

Commenter: Heather Carr, One 2 One Physical Therapy

7/22/19 12:20 pm

Support of Physical Therapists Performing Dry Needling

Dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and We support this regulation being approved.

I have been safely performing dry needling for 9 years and it has been very effective in managing my patient's pain and dysfunction. To take this modality away would negatively impact my patient's.

Commenter: Yong Ming Li, HAC

7/22/19 12:28 pm

Opposition to dry needling without acupuncture licenses

Commenter: Cortney Herndon, DPT

7/22/19 12:43 pm

I support dry needling performed by trained PTs

As a dry needling PT, I can tell you that I have been well trained and in every circumstance let patients know that I am not trained in acupuncture. I am a firm believer that the patient comes first. I promote other professionals and their skill sets to my patients and have often referred patients for acupuncture when I felt it would be beneficial. If I am personally able shorten the duration of care while improving movement disfunction and improving their pain, It would be my hope that I be able to continue the practice of dry needling. With the cost of healthcare rising, why as professionals can't we choose to do what is most beneficial for the patient? I value other providers and do not feel threatened by their growing knowledge. PTs have extensive training in anatomy and take that a step further when training to become a dry needling provider. Lack of education and training in order to provide this treatment clearly aren't the issues here.

Commenter: Travis Stoner, PT, DPT owner Fusion Physiotherapy Associates, LLC

7/22/19 12:49 pm

I support the use of dry needling by doctors of physical therapy

Physical therapists are well trained to perform dry needling. Physical Therapists complete a 3 year doctoral level program with extensive training in physiology and anatomy. The use of dry needling for helping patients with pain is natural extension of their skill set. The practice is supported by the the American Physical Therapy Association and by practice acts in almost every state (only 5 to my knowledge bar the practice). There is plenty of pain to go around. Limiting a technique to one specific group is unfair to the patient and restraint of trade to the other professions.

Commenter: Samantha Chou, PT

7/22/19 12:55 pm

In support of PTs performing dry needling

I am in **support** of the proposed regulations by the board of physical therapy for dry needling to be performed by qualified physical therapists. Dry needling is a valuable tool that provides significant pain relief from muscle pain.

Commenter: Michelle Tinley, Rehab Associates of Central Virginia

7/22/19 1:00 pm

Dry Needling

I agree with the proposed regulations and feel that they are appropriate for the safety and well being of our patients.

Commenter: Vickie Webb /Previous patient of dry needling

7/22/19 1:02 pm

Practice of Dry Needling

It is my opinion that dry needling is nothing at all like acupuncture! **In order to practice dry needling an individual must receive a degree in Physical Therapy and complete 40 to 100 hours of additional training to be accredited. In dry needling the needle is injected deep into the myofascial trigger point to breakup the muscle tightness, spasm or scar tissue!**

What a relief when that needle enters the trigger point and the knot releases!!!

I have had chronic pain for 33 years. (neck and spine). After years of various PT, pills (ulcer) including 3 yrs on opioids and further damage from a nerve block, in 2003 I found the best ever PT!!! **She changed my life with her vast PT knowledge and the use of dry needling!!!**

Acupuncture is not a science!! It is simply an ancient Chinese method that is not based on scientific knowledge!!

I see acupuncture "clinics" pop up and close down everywhere. What type of training or certification is required? Are they required a college degree and additional dry needling training? It simply does not seem safe!!

Thank you, Vickie Webb

Commenter: Wei Qin

7/22/19 1:11 pm

Dry needling sure is one kind of acupuncture. If you know history,you will definitely understand it!

Dry needling sure is one kind of acupuncture. If you know history,you will definitely understand it!

For thousands of years, acupuncture has been using in China. Dry needling is one style of acupuncture! If you know any little bit of acupuncture, you will have no doubt about it.

Dry needling won't give patients enough benefits. To be an licensed acupuncturist need years training. In comparison with that, dry needling nearly no training. It is unfair to use dry needling and not safety for patient

Commenter: Victoria Patterson, PT, DPT

7/22/19 1:11 pm

Fundamental difference

The plight of our professions is to best serve our clients with the most up to date and effective techniques, not to play "turf wars" with interventions. Physical therapists, with the appropriate training and certification which is already required by the State Board, having the capability to safely and effectively utilize trigger point dry needling is integral to the treatment of pain and functional limitations in patients.

The historical and fundamental treatment differences between Trigger Point Dry Needling and Acupuncture are clear and distinct. Trigger point dry needling is used as an adjunctive intervention by physical therapists to promote release of trigger points. Acupuncture tends more toward releasing blocked energy flow to alleviate pain and symptoms. The only similarity is the type of needles used. Restricting a Physical Therapist's ability to use Trigger Point Dry Needling takes a minimally invasive, highly effective treatment option off of the table and negatively impacts the health outcomes of our clients.

Commenter: Kaitlin Dodi-Monk PT, DPT, GCS, CEEAA

7/22/19 1:19 pm

Board Certified PT in Strong Support of DN by PTs

As a physical therapist licensed in the Commonwealth of Virginia, I am in strong support of our use of dry needling in the treatment of pain and movement dysfunction. Prior to admission into a doctoral level program, we are required to complete an average of 45 credit hours combined of applied life sciences, physical sciences and mathematics. Additionally, completion of a bachelor's degrees is required. Our PT curriculum then consists of three full years of extensive training in human anatomy and physiology, pathophysiology, rehabilitation sciences, differential diagnosis and up to 50 weeks of hands on clinical training. The comprehensive curriculum completed by physical therapists combined with the post-graduate course work and training in dry needling are more than sufficient to allow for safe and effective use of dry needling as an adjunct to other physical therapy treatments.

Additionally, it is important to note that dry needling means there is a needle being inserted into tissue with medication and nothing else. Placement of the needles is based on the therapist's knowledge of anatomy and physiology, principles which are grounded in western medical principles and not traditional Chinese medicine. Therefore, this type of needle intervention is not acupuncture.

Our current proposed regulation suggests that PTs complete post-graduate coursework in dry needling to be able to perform this treatment. Additionally, it notes that needling should not be used outside of the scope of your most current level of training. As a PT who has recently taken a dry needling course and integrated it into my practice, I have used sound clinical judgement in choosing not to needle an area in which I was not instructed. Furthermore, these classes spend a sufficient amount of time educating therapists and other attendees (MDs, DOs, DCs, NPs, PAs, ATCs) in the dangers of pneumothorax and how to avoid. We also spent an ample amount of time on how to identify and avoid trauma to the kidney and neurovascular structures.

In summary, I fully support the use of dry needling in the treatment of pain and movement dysfunction by a physical therapist. I have full confidence that any PT adhering to the Code of Ethics and Guide to Professional Conduct outlined by the American Physical Therapy Association would make sound clinical judgements when choosing this treatment and refer to a specialist or other professional as indicated.

I appreciate the opportunity to comment and look forward to continued use of dry needling in my practice.

Commenter: Heidi Straz, PT, DPT, CMTPT

7/22/19 1:23 pm

Dry Needling is a skill like any other that is learned, it's not acupuncture, and PTs can do it!

Any medical practitioner can choose to take courses that teach them skills over and above what they have learned in their basic training in school which got them their license. Trigger point Dry Needling is one that is taught very skillfully and can be practiced by a licensed physical therapist. It is not acupuncture nor has any physical therapist ever said that it is acupuncture. There shouldn't be a problem here between the two professions as we are practicing two completely different techniques which are all meant to benefit the patient. PT's should be allowed to do dry needling.

Commenter: C. Yoos

7/22/19 1:38 pm

support for dry needling in the state of virginia

Dry needling has been incredible helpful for majority of my patients, myself, and my coworkers. It is not the same as acupuncture, for instance the depth of the needle and the structures the needles are being put into are different. Acupuncture is meant to be superficial in the dermis and epidermis, while dry needling is going deeper, past the layers of the skin and adipose tissue into muscle. As a PT our training of anatomy and the physiological effects of our treatments are much more in depth than that required most acupuncturists, then just reapplied as we learn to use the needles with dry needling instead of other techniques. Professions that disagree often are ignorant to the differences and feel a sense of competition and a threat with our field, making their argument more personal than professional.

Commenter: Brian Rouse

7/22/19 1:43 pm

Support Dry Needling by PT

I am a physical therapist who performs dry needling in Virginia under the current guidelines. I agree that formal training needs to be done prior to performing the procedure, proper handling of needles and safety precautions/contraindications of needling were not covered in my physical therapy schooling. I feel the current training requirements are sufficient.

However, physical therapists do have extensive knowledge of anatomy and its role in physical dysfunction. I see a needle as a tool, and in the hands of various people with differing skill sets, a tool can be utilized successfully for many different tasks. Needles allow licensed medical assistants to safely draw blood from a vein, or a registered nurse to administer a vaccine. An orthopaedic surgeon can aspirate fluid from a joint and nephrologist can take a biopsy from a patient's kidney, both safely using a needle within their field of knowledge. Physical therapists do not have training to perform acupuncture, and should disclose to patients that acupuncture treatments may provide a different benefit. But please let us continue to utilize a needle as a tool to safely treat patients who suffer from musculoskeletal conditions. Stethoscopes are not just for cardiologists, and solid filament needles can be used by safely by both acupuncturists and physical therapists.

Commenter: Dr. Paul Ellington, DPT OCS

7/22/19 1:44 pm

In Favor of PTs Dry Needling

Entry level physical therapists have been through an extensive amount of school based on evidence based research and are considered experts in the field of anatomy and biomechanics. In addition to a fundamental understanding of the human body they are also required to get post graduate level training in dry needling specifically before practicing dry needling. PTs are able to differentiate between patients who would and would not benefit from dry needling. Dry needling is a single tool of the many within any therapists "tool belt" and is well within our scope of practice.

Commenter: Sheri Finocchiaro, PT, CMT

7/22/19 1:50 pm

Support for Dry Needling by trained Physical Therapists

As a physical therapist of 26 years as well as a massage therapist of 20 years and as a patient recipient of highly effective dry needling I believe that it is an excellent and safe, highly efficient strategy to normalize localized muscle spasm. I agree with the requirement of advanced specific training in order to perform dry needling.

Commenter: Ghazaleh Joukar, PT, DPT

7/22/19 2:07 pm

In favor of Dry Needling

I received my dry needling certification after completing 54 hours of training which I think was more than enough. In addition to that, I have 1 year experience of human dissection. I have also been

trained thoroughly in the musculoskeletal system in my doctoral program's advanced anatomy classes. I don't see any reason why I should not practice dry needling on my patients since they all have been getting much better without me posing any threat to them. I believe dry needling should have a thorough certificate program such as the one I completed with Myopain Seminars.

Commenter: Zhisheng Sun

7/22/19 2:10 pm

It is dangerous for PT using dry needles.

It is dangerous for PT using dry needles. It is not safe and good for the patient because PT have no enough Education for using dry needle. In fact dry needle is acupuncture. If PT want to use needle they should get Acupuncturist license firstly.

Commenter: Jeff Farnsworth

7/22/19 2:13 pm

Dry needling is part of a PTs scope of practice.

My clinic has successfully used dry needling for years safely and with great success for our patients. Dry needling is accepted by most states.

Dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and I support this regulation being approved.

This should be a conversation about wording for the practice act, not if physical therapists should perform dry needling.

Commenter: Kimberly Tyborowski

7/22/19 2:18 pm

Dry needling safe and effective

Dry needling is a very safe and effective treatment. It has helped many of my patients and patients live the results. It is a great treatment tool to aid patient recovery in an efficient manner.

Commenter: Kevin M Cope PT

7/22/19 2:25 pm

Dry Needling is an effective form of treatment performed by Physical Therapist

Commenter: Yan Fan

7/22/19 2:26 pm

PT do Dry needling still Owe 700 hours Class Training, and need passed NCCAOM Examination

Dry needling is acupuncture. If PT and other professional practitioner want to practice it, it is well welcome. But for patients safety issues, PT still owe 700 hours additional course and need passed clean needle technique. And third party examination must set up. Now, PT just take 20 or 30 hours training then started Practice Acupuncture/Dry needling by changed acupuncture name as Dry needling to bypass Acupuncture Law, it put patients in high risk. According a collected rough information shows Three serious case occurred only in Richmond VA area. 1) In December 2013, Stewart J. a 50 years old lady suffered a Traumatic Pneumothorax from penetrating right lung

caused injury by the dry needling performed by a "High educated" Physical Therapist. She was hospitalized for two days. 2) In May 2015, Knauer J. a 30 years old lady also suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a Chiropractor. She was hospitalized for six hours. 3) In 2016, Jenkins W, a 23 years old young man suffered a Traumatic Pneumothorax from penetrating lung caused injury by dry needling performed by a PT. He was hospitalized for four days.

Commenter: Dr. Gloria Osorio, DAOM, L.Ac. / FullCircle Acupuncture HealthCentre

7/22/19 2:26 pm

Strongly Oppose "Dry" Needling

Governor Northam will understand the following analogy: A patient comes to see you (MD) and after the visit you write a prescription. The patient shows up some other time, but you're not there, so your assistant who has seen you write prescriptions before, writes one for the patient, because technically she knows how to write the prescription. Then the hapless patient gets in trouble because that was not the prescription he needed at that time; and it just so happened that the patient dies.

The above analogy applies in the case of Acupuncture vis-a-vie dry-needling. In order to get licensed in Acupuncture, after 3-5 years of graduate school, and having obtained a degree, the student must pass the Acupuncture and Western medical boards. To qualify for the boards the student must have 3,600 hundred hours of practice with patient contact (that's what makes 3 to 5 years of graduate school). You have to know everything about the body in order to apply needles safely and correctly.

"Dry" needling is achievable in a weekend seminar. These people are dangerous and one of these days someone's going to die when they insert needles where they're not supposed to. Just because somebody showed them how to insert the needles - akin to the MD's assistant writing a prescription- that shouldn't allow them to do it legally, given that this is a science that must be studied. It boggles the mind that they would be given a license to do this. They're a danger to the well-being of the community, and should be denied.

Commenter: Danny Lehnert PT, DPT, OCS

7/22/19 2:33 pm

Dry Needling Support

Dry Needling is a safe technique performed by licensed physical therapists across Virginia. It is one of our therapies that can help prevent injury and pain. I personally have utilized dry needling on many patients who otherwise needed opioids and other harmful medications to function throughout the day due to pain. Dry needling is safer than many practices currently performed by medical professionals and should be allowed for licensed physical therapists in Virginia.

Commenter: Diane T. Stroud, PT

7/22/19 2:45 pm

Dry Needling within scope of practice of PT

I am a PT with 40 years of experience and I have been using dry needling effectively for my patients for the past 18 months. It is an excellent adjunct to my practice. When dry needling is used in conjunction with other manual therapies and exercise the results are excellent. Dry needling is accepted by most states and has shown to be an effective and safe treatment.

Dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling as performed by physical therapists is a neuromuscular technique used to treat painful trigger points and is in no way related to acupuncture.

As part of the physical therapy entry level education, physical therapists are trained in advanced anatomy and palpation, necessary skills to pursue advanced training in dry needling.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and I support this regulation being approved.

Thank you,
Diane T. Stroud, PT, DPT

Commenter: Lance Kimble DPT, OCS, Astym Cert.

7/22/19 2:47 pm

In Support of PTs using Dry Needling

I feel Trigger Point Dry Needling is 100% within the scope of PT practice and as a profession PTs are very well qualified to perform it safely and effectively. Extensive training beyond schooling is required in VA to obtain certification as well and meet the required number of sessions for treatment.

Commenter: Thomas Fitzpatrick

7/22/19 2:51 pm

Patient supporting dry needling!

I am a patient who strongly supports the ability of a Physical Therapist to do dry needling! It has been performed on me for years by a qualified therapist.

Commenter: Deren Zhang

7/22/19 2:52 pm

Stop Dry needles

Commenter: Matthew Barnes, Owner, Optimal Motion

7/22/19 3:01 pm

Support Dry Needling by Physical Therapists

Dry Needling and Acupuncture can both be a beneficial and safe alternative to pain medication and surgical interventions to pain, allowing for improved function and satisfaction with a comprehensive rehabilitation plan.

Physical Therapists undergo up to 3 years of training and a board certification exam to demonstrate an advanced understanding of the human body before being allowed to take post graduate work of dry needling. The current training includes a heavy focus on clean needling technique and safety

The theory, methodology, and use of dry needling differs from and is unique compared to acupuncture. Dry needling is preferred and has better outcomes over acupuncture for some clients/patients, and is true vice versa. Limiting the options of treatment for patients for pain relief will be detrimental for the well-being of these patients.

I support the continued use of dry needling by physical therapists as it is uniquely different from acupuncture and provides another safe alternative to surgery and pain medication for the patients of the Commonwealth.

Commenter: Edward D Syrett, PT, DPT, OCS

7/22/19 3:05 pm

I Support Dry Needling by PT's

Dry needling is an effective, safe treatment. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists. This is not based on acupuncture principles. We as PT's have great knowledge of the body and of anatomy. PT's who perform dry needling supplement this knowledge and are able to safely and effectively deliver a dry needling treatment. This treatment is distinct from acupuncture in its scientific basis, its delivery, and its expected effects. Dry needling has affected my treatment positively and I have not had any adverse events. This treatment is well within the scope of physical therapists and I strongly support this regulation being approved.

Commenter: Julie Fuentes

7/22/19 3:06 pm

In favor of PT dry needling

I am highly in favor of qualified physical therapists performing dry needling. I have benefitted from this practice on numerous occasions. I had a neck issue that would not resolve and after three sessions of dry needling, I was good as new. It has helped shoulder issues for me also. The convenience of being treated by my physical therapist as part of my overall treatment plan is wonderful and so beneficial.

Commenter: Jerry Pumphrey, PT, DPT Progress Rehabilitation Network

7/22/19 3:12 pm

In Support of Dry Needling Regulations

I support the proposed regulations, they are entirely appropriate. Thank you

Commenter: Sharon Simmons

7/22/19 3:24 pm

Dry Needling by PT

As a patient that has had dry needling and acupuncture, it is my opinion that dry needling should stay with the Physical Therapist that has had the proper training. Acupuncture is nothing like dry needling and should be left to the PT's that are trained specifically in this technique.

Commenter: Vivian from VUIM

7/22/19 3:35 pm

Opposition to Dry Needling done by PT

Dry Needling is part of acupuncture , and it should be performed by acupuncturist. Without the proper training, guidance and supervision, PT couldn't done this invasive therapeutic intervention.

Commenter: Mallory Moore, PT, DPT

7/22/19 3:36 pm

In favor of PT Dry Needling

I am in favor of PTs dry needling as one of the many effective manual therapy or instrument assisted manual therapy interventions. I am not entirely opposed to additional educational requirements if necessary, but trigger point dry needling does not treat neuro-musculoskeletal pathologies according to acupuncture principles or methodology. Despite using similar tools to implement the intervention, I believe intention, methodology, and principles guiding practice can dictate scope of practice differences between licensed acupuncturists and PTs.

As long as PTs are providing a thorough explanation to the possible patient or client that the procedure they are performing is not acupuncture, there should be no issue. There are similar issues PTs have with Chiropractors providing physical therapy and/or exercises to patients without prior exercise physiology/mechanics or kinesiology education. Educating your client is absolutely essential and key to providing excellent care.

Commenter: Krysia Angle, DPT

7/22/19 3:59 pm

In Support of Dry Needling by Physical Therapists

Physical therapists have extensive training in human anatomy, and many techniques of trigger point release in order to positively aid patients in decreasing pain and restoring motion. Dry needling is NOT acupuncture, and it does not claim to be acupuncture. Dry needling is a separate technique specific to reducing painful and active trigger points in a muscle. There is a body of researched evidence to back up the efficacy of dry needling. Physical therapists are highly trained with at least 3 years of graduate school to receive a doctoral level degree, that includes a multitude of clinical work, and every physical therapist must pass the state board exam in order to practice.

Dry needling is another post-graduate certification that a physical therapist can obtain through many hours of additional training. Physical therapists are completely appropriate to administer dry needling as an intervention to a patient.

Commenter: Barrie Perrottino

7/22/19 4:00 pm

In favor of Physical Therapist Dry Needling

To compare acupuncture with dry needling because they use the same tool is absurd. I have had both modalities performed on me and they are in no way similar other than the mechanism of delivery. Acupuncture is directed at energy flow and typically is a needle placed just below the skin- this is based on meridians and chi. Dry needling is targeting a much deeper source. It is not intended to block, enhance or do anything else to the bodies energy flow. It is targeting muscle groups and is a very effective way to get the job done.

I am not a physical therapist, I am a patient and can speak very strongly to the benefits of both practices. I use acupuncture for anxiety and dry needling for the muscle issues that the anxiety causes.

Commenter: Dianne Bullach

7/22/19 4:17 pm

Supporting Dry Needlin by PT

As a supplement to manual release of tense muscles, I was grateful for the tool of dry needling to help me keep walking before hip replacement. Likewise, after hip replacement surgery, the use of combined manual scar release and dry needling for scar release diminished my pain quickly while simultaneously improving my range of motion. Frankly, I was amazed at the immediate effectiveness of this procedure, and would not hesitate to seek it if needed in the future.

Commenter: Laura Baldwin

7/22/19 4:20 pm

In favor of dry needling / intramuscular stimulation

As a physical therapist who practices in under-served rural areas, who also spent six years as a regulatory investigator for the Department of Health Professions, I am in favor of continuing the practice of dry needling by physical therapists and including the Commonwealth of VA among the jurisdictions of that practice for the following reasons:

At a time of opiod misuse crisis, our commonwealth should be availing ourselves of safe, opiod alternatives to chronic pain management including acupuncture and dry needling.

Overcoming healthcare access obstacles of cost and healthcare provider availability, especially in rural areas, demands that our healthcare professionals practice at the top of their license. This should not be impeded by professional turf battles that do not put the needs and safety of the patient first.

Claims of lack of qualification on the part of physical therapists by non-physical therapist licensees are particularly troublesome falsehoods because they invoke the logical fallacy that the many hours spent in dry needling courses are the only relevant education that physical therapists have. Such claims fail to consider the seven years of prior education including three professional years that include anatomy, physiology, infection control, wound care, and pain among other professional healthcare topics.

I am aware of testimonials of chronic pain sufferers being helped by dry needling performed by physical therapists, and no testimonials to the contrary.

Dry needling is not acupuncture by the Department of Health Profession's own definition. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

Thank you.

Laura Baldwin

Commenter: Sheltering Arms Rehabilitation

7/22/19 4:22 pm

DN

DN is an effective form of treatment by physical therapist. Deborah W. Marchese, PT, DTP, OCS

Commenter: Greg Stoner

7/22/19 4:23 pm

Highly recommend dry needling therapy

I have had dry needling therapy performed on me several times by a highly trained doctor of physical therapy, Dr. Travis Stoner of Fusion Physical Therapy in Fredericksburg VA. I had it performed, both pre and post knee surgery twice, with excellent results, especially with my recovery time. A couple of years ago I shuffled into Dr. Stoner's clinic with a high level of lower back pain. After just one treatment, I walked out feeling like a new man. I also think that one should be able to have this therapy performed without a medical doctor's prescription required. I highly recommend dry needling therapy and will continue to have this performed when necessary. My family physician and my orthopedic doctor have had absolutely NO problem prescribing dry needling therapy for me, but I would like to see this being a mode of therapy not requiring a prescription.

Commenter: Allison Simons, PT, DPT

7/22/19 4:29 pm

Support for Dry Needling by Physical Therapists

Physical Therapists have a strong background and understanding in anatomy which leaves us well suited to perform dry needling safely with advanced training. Dry needling is done for a different purpose than acupuncture and is well within the scope of PT practice.

Commenter: Victoria Appler, Shenandoah University Physical Therapy Student

7/22/19 4:36 pm

I am in favor of physical therapists implementing dry needling.

Not only do physical therapists spend 3 years in graduate school learning about all of the different systems in the body, but they also must take a certification class post graduation, spending >50 hours learning how to safely administer dry needling and practicing this using their peers. PT's have the knowledge-base to do this appropriately using information learned from their PT program and the certification class as well as their own clinical judgement. There is additionally much research that has been published in the last 10 years that reveals many musculoskeletal benefits of dry needling including but not limited to improvement in pain, range of motion, and tissue extensibility.

Commenter: Yuna janvier

7/22/19 4:37 pm

Enough medical background does not mean enough training to practice acupuncture

if all physical therapist want to practice acupuncture they must pass the board exam as the acupuncturist. If they think strong medical background is a support for their practice, then everyone in the medical field has the right to practice in other fields with minor training and without board certificate? This is very irresponsible for patients

Commenter: Robert Adler Patient

7/22/19 4:45 pm

agree with the proposed regulation

I have received dry needling as prescribed by a DR and administered by a trained Physical Therapist and agree with the proposed regulation

Commenter: Arash Zirakzadeh, INOVA

7/22/19 4:49 pm

For dry needling performed by physical therapists

Physical Therapists are the most eligible professionals to do dry needling.

Commenter: JoAnne Horne

7/22/19 4:50 pm

Dry Needling for Physical Therapy

For years I searched for a Therapist that could give me relief from spinal fractures that were a result of being hit by a car when I was 15 years old. I have had to deal with numbness and sharp nerve pain and the only 2 thing that gave me relief were, Kim Holt of Roanoke Rehab and Wellness and Dry Needling. So many people will not have the chance to experience a life free of constant pain if this modality is taken from the Physical Therapists that strive to help their patients. My hope...for myself as well as everyone else who has been physically compromised, is for Dry Needling to remain in the well qualified and trained hands of the Physical Therapist.

Commenter: Elsie Adler Patient

7/22/19 4:51 pm

agree with the proposed regulation

As a patient I have successfully been helped by dry needling and agree with the regulation

Commenter: Estefania Zuluaga Garcia

7/22/19 4:52 pm

Dry needling

I am in strong support of trained physical therapists being able to complete dry needling.

Commenter: Emily Salsberry, SPT

7/22/19 4:57 pm

I support PT practice of dry needling

I strongly support a Physical Therapist's right to practice dry needling so long as they have been properly trained and certified. I have both seen and personally experienced dry needling. There are some patients who could really benefit from physical therapy in combination with dry needling or dry needling on its own. Dry needling has been life changing for some patients. Keeping physical therapists from being able to practice dry needling can negatively impact patients who seek dry needling as opposed to acupuncture.

Commenter: Kara Prato, PT, DPT, CIDN

7/22/19 5:03 pm

SUPPORT dry needling by PTs

Dry needling has been a huge advancement for the profession of physical therapy as it pertains to helping patients reduce pain and improve function. So if we all have our patient's best interest in mind then why are people having issues with PTs performing this clinical skill. We are highly educated and with the proper training are able to perform dry needling safely and within our scope of practice. We do NOT claim to do acupuncture!! Yes we use the same mode of delivery ie: an acupuncture needle but the clinical reasoning behind why we do it is completely different and that is why dry needling and acupuncture require different types and timelines of schooling. Each side can not fully appreciate the "why" behind our treatment because we don't have the same educational background but that doesn't mean that PTs shouldn't be doing dry needling, I believe that's called ignorance people!!

7/22/19 5:05 pm

Commenter: Francine Noel-Ford, Back to Basics Family Physical Therapy

In Favor of Dry Needling by Physical Therapist

Being able to offer dry needling in my practice has helped tremendously on several fronts. First it allows me to save my hands and enhance results from other manual techniques by providing deeper release of trigger points. Patients are able to progress more rapidly through the reeducation phases. Since implementing dry needling into my practice about 15 years ago I have seen patients improve at a faster rate, requiring less visit to achieve goals.

Commenter: Darren Beilstein, DPT, OCS, FAAOMPT

7/22/19 5:15 pm

In support of DPTs use of dry needling

Dry needling has been used by physical therapists in Virginia for approximately 2 decades. Within that time frame, the profession of physical therapy has evolved to a doctor degree (DPT).

The foundation of a well trained physical therapist's education is in human anatomy, physiology and neurology. All physical therapy treatment methods are derived from this foundation. "Dry Needling" is a "method" by which physical therapists are able to help reduce pain and restore function.

In addition to the hours of education in anatomy, physiology and neurology, Virginia requires additional post-graduate training in the "method" of dry needling. This ensures safe application of dry needling techniques. The current additional hours of education for physical therapists are appropriate and warranted.

Americans view "acupuncture" as an eastern medicine approach. This is not disputed. Physical therapists are not practicing acupuncture, purporting use of eastern medicine, nor do they advertise or suggest in any way that they are performing "acupuncture." In accordance with Virginia State law, DPTs communicate verbally and in writing to all clients who receive dry needling that they are NOT receiving acupuncture.

Personally, I believe it would be a disservice to the health of the citizens in the community to remove dry needling from a DPTs scope of care, especially in light of the ongoing opioid epidemic. Studies have shown that the inclusion of dry needling during a course of physical therapy helps people use less pain medications and often recover more quickly. This fact should be taken heavily into consideration and suggest Virginia's current laws are adequate and do not require any further alterations.

Dry needling by physical therapists serves a useful purpose to the community and it is beneficial. The research and the numerous individuals who have receive dry needling care from a physical therapist, trumpet its benefits and can speak to its safety.

Thank you.

Darren Beilstein, DPT, OCS, FAAOMPT

Commenter: Daniel Beale

7/22/19 5:33 pm

In support of PTs using Dry needling.

Commenter: Kerri Kramer Webb, Fast Track Sports Medicine & Performance Center

7/22/19 5:34 pm

Support Dry Needling by trained Physical Therapists

Our PTs complete the full Dry needling coursework and have provided effective, safe treatments that have accelerated recovery for our clients, reducing overall number of sessions.

7/22/19 5:45 pm

Commenter: Li P Bartlett

Against PT practice the unprofessional acupuncture-Dry needling!

Dry needling is only a minor part of acupuncture which only involves the local acupuncture points (some one pain points). The practicality of allowing PT to practice Dry Needling is equivalent to allowing Nurses who are not qualified as MD to practice as a GP or surgeon. Consequently it has raised some safety issues and damaging the reputation of acupuncture. For the benefit of the general public, I am strongly against that Dry needling being separate from acupuncture and the PT practice of acupuncture is consequently half baked.

Commenter: Kerry - Advance Rehab

7/22/19 5:52 pm

Support for DN by PTs with proper training

I have been dry needling patients in VA for about 4 years now and can't give a number on how many patients it has helped! Usually - it's used as part of their physical therapy treatment plan. Sometimes, I see patients for dry needling only once they have completed a formal course of PT and see the most benefit from dry needling in order to maintain their desired functional level. If PTs in VA lost the ability to needle, I can think of MANY patients who would not be able to do the things they strive to - and some would even resort back to opioids for pain management! Say YES to dry needling by PTs!!

Commenter: All Natural Medicine Clinic

7/22/19 5:52 pm

Stop dry needle practice in the US!

Acupuncture practice in clinic over thousands year, with great results! I am so glad to see many people want to learn it for service patients! But that have to learn it well not just few hours that just like a people know how to cut chicken then do a surgery for patients!! So I need to say STOP it!!!

Commenter: Louis Jin

7/22/19 5:55 pm

Against proposed regulation, plz become a L.Ac first if you want to penetrate the skin with a needle

It is not difficult nor to become a L.Ac first if you really want to penetrate the skin with a needle. Please, be considerate about the safety of those that come to you needing help, they are last of the kind that need to be needled precariously without proper licensure in acupuncture and then rudely awakens to being seriously injured by a non-acupuncturist. This proposed regulation does nothing to enhance the confidence of the Virginians (this coming from a person with strong family ties to VA)!

Commenter: Sue Vaughn PT

7/22/19 6:14 pm

Dry Needling

Support Dry Needling by PT's with continuing education and regulations. I believe OT's should also perform dry needling in their specialty area for example Hand Therapy and UE conditions. Dry needling is NOT acupuncture. It is a specialty area for PT's and OT's.

Commenter: Hae-Ok Davenport, patient

7/22/19 6:15 pm

supporting dry needling as a patient!

I received dry needling because of my shoulder pain. At first I was afraid but I tried it due to pain being so severe. Afterwards my pain has gone down a lot and I feel much better. I really think it's working. PTs should definitely be able to do dry needling if they have the training for it.

Commenter: Comet Mekonen

7/22/19 6:23 pm

Dry Needling is not utilized like acupuncture. Dry needling is a technique utilized to address pain

Commenter: Comet Mekonen PT DPT OCS

7/22/19 6:28 pm

Acupuncture and dry needling have different concepts with dry needling an established ortho technique

Commenter: Jason Xin, Chinese Medicine of Australia Inc.

7/22/19 6:40 pm

PT do Dry needling still Owe 700 hours Class Training, and need passed NCCAOM Examination

Dry needling is a part of acupuncture. If PT and other professional practitioner want to practice it, it is well welcome. But for patients safety issues, PT still owe 700 hours additional course and need passed clean needle technique. And third party examination must set up. Now, PT just take 20 or 30 hours training then started Practice Acupuncture/Dry needling by changed acupuncture name as Dry needling to bypass Acupuncture Law, it put patients in high risk. According a collected rough information shows Three serious case occurred only in Richmond VA area. 1) In December 2013, Stewart J. a 50 years old lady suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a "High educated" Physical Therapist. She was hospitalized for two days. 2) In May 2015, Knauer J. a 30 years old lady also suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a Chiropractor. She was hospitalized for six hours. 3) In 2016, Jenkins W, a 23 years old young man suffered a Traumatic Pneumothorax from penetrating lung caused injury by dry needling performed by a PT. He was hospitalized for four days.

Commenter: Jordon Moore, PT, DPT, OCS, FAAOMPT

7/22/19 6:40 pm

Dry Needling is NOT Acupuncture

Dry Needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and We support this regulation being approved.

Licensed Physical Therapists have highly credentialed training in medical screening, evaluation and safe treatment of patients with a wide variety of musculoskeletal problems. Dry needling is **NOT acupuncture** and Physical Therapists, with our rigorous training and continuing education on anatomy, physiology and medical screening are arguably the safest profession to be performing dry needling. It is well within our scope of practice and is a valuable treatment to help our patients improve. It is backed by literature and proven to be a safe treatment.

Commenter: Jia Yu

7/22/19 6:49 pm

Against Dry Needling - Public Safety Issue + Ineffective

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 2 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it poses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. California requires 3,000 hours of training to become a licensed acupuncturist.

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Karli Gerwig

7/22/19 6:50 pm

In favor of dry needling

Dry needling is not acupuncture, they merely use the same needles. PTs have extensive education in anatomy and physiology, and are most definitely qualified to perform this skill on patients who would benefit from it.

Commenter: Robert Lee

7/22/19 6:50 pm

anyone do dry needling need acupuncture!

Anyone do Dry needling need acupuncture license

Dry needling is acupuncture. If PT and other professional practitioner want to practice it, it is well welcome. But for patients safety issues, PT still owe 700 hours additional course and need passed clean needle technique. And third party examination must set up. Now, PT just take 20 or 30 hours training then started Practice Acupuncture/Dry needling by changed acupuncture name as Dry needling to bypass Acupuncture Law, it put patients in high risk. According a collected rough information shows Three serious case occurred only in Richmond VA area. 1) In December 2013, Stewart J. a 50 years old lady suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a "High educated" Physical Therapist. She was hospitalized for two days. 2) In May 2015, Knauer J. a 30 years old lady also suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a Chiropractor. She was hospitalized for six hours. 3) In 2016, Jenkins W, a 23 years old young man suffered a Traumatic Pneumothorax from penetrating lung caused injury by dry needling performed by a PT. He was hospitalized for four days.

Commenter: Howard Yu

7/22/19 7:05 pm

Oppose the dry needle

As they are not well educated, pt should not use dry needles. They already make so many mistakes.

Commenter: Sheng Wang

7/22/19 7:10 pm

Opp. PT perform dry needle without enough training

Commenter: Heming Zhu, Maryland University of Integrative Health 7/22/19 7:19 pm

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses.

please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

Commenter: Katie Garland, PT, DPT, PT Solutions 7/22/19 7:28 pm

For DN in PT practice

For DN by PTs in as it is a beneficial adjunct treatment for appropriate patients when performed by trained professionals.

Commenter: Debi Stepien 7/22/19 7:29 pm

Continue dry needling

Dry needling is an absolute needed. It is done without medication and the long term effects are unbelievable.

Commenter: Joseph Judt, private citizen 7/22/19 7:39 pm

No to dry needling

The background of Dry Needling is based upon a study where hypodermic needles were used, not acupuncture needles. The underlying theory is based on acupuncture.

Physical Therapists are undertrained for procedures that pierce the skin, and the statistics show that they have caused pneumonia thorax injuries and other severe damage to individuals due to the limited training.

This is an attempt to move a medical modality from trained practitioners to undertrained physical trainers.

do not authorize dry needling in Virginia, it would be irresponsible.

Commenter: Nicholas Zimet 7/22/19 7:43 pm

The American Medical Association Opposes Dry Needling by PTs and so should you!

"Dry needling" is an attempt to re-brand an existing skill set and in doing so bypass all meaningful regulation and training requirements established by state and national norms. The American Medical Association states in its position that Physical therapists are not qualified to provide invasive procedures like it and adds "Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians." I have included information below to summarize my professional stance with data rather than simple opinion.

Dry Needling is an Invasive Procedure H-410.949

Topic: Practice Parameters	Policy Subtopic: NA
Meeting Type: Annual	Year Last Modified: 2016
Action: NA	Type: Health Policies
Council & Committees: NA	

Our AMA recognizes **dry needling** as an invasive procedure and maintains that **dry needling** should only be performed by practitioners with standard training and familiarity

with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.

FURTHER INFORMATION TO SUBSTANTIATE MY FEELINGS:

HISTORY

- **“Dry Needling”** was originally done **ONLY** by physicians using a **hypodermic needle** to stimulate a Myofascial Trigger Point **without** injecting a solution, like saline or lidocaine. Travell, Simons, & Simons, 1999, pp. 154–155
- Janet Travell was the first to use the term "dry needling" to differentiate between two hypodermic needle techniques when performing trigger point therapy. However, Travell did not elaborate on the techniques of dry needling; the **current techniques of dry needling were based on the traditional and western medical acupuncture**. Travell, Simons, & Simons, 1999, p. 156
- Myopain Seminars and other Dry Needling training companies have instructed students to use Seirin filiform needles, and to purchase them from Lhasa OMS.

DEFINED

“A skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments.

-American Physical Therapy Association

<http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/>

https://www.researchgate.net/publication/232397899_Trigger_Points_and_Classical_Acupuncture_Points

“Up to 93% of classical acupuncture points anatomically correspond with common myofascial trigger points, likely describing the same physiologic phenomena.”

DEFINED

A medical intervention performed by highly skilled, licensed acupuncturists or medical physicians that uses a thin filiform needle to penetrate the skin and stimulate neural, muscular and connective tissues for the prevention and management of pain and movement impairments.

ALSO KNOWN AS ACUPUNCTURE.

TRAINING & CREDENTIALING

Licensed Acupuncturist (L.Ac)	Medical Physician (MD, DO)	Chiropractic Physician (DC)	Other (Cert.DN)
STANDARDIZED TRAINING			
YES	YES	YES	NO
ACUPUNCTURE / DN TRAINING			
1365 Hours	300 Hours	100 Hours	0-27 Hours
SUPERVISED CLINICAL TRAINING			
660 Hours	100 Hours	0 Hours	0 Hours
ACUPUNCTURE / DN EDUCATION REQUIREMENTS			
Minimum of 2500 Hours 3-5 year Graduate Level Education Acupuncture & Biomedical Sciences	0 Hours	100 Hours	0 Hours
MEDICAL & SAFETY COMPETENCY EXAMINATIONS			
YES	YES	YES	NO
CONTINUING EDUCATION REQUIREMENTS			
60 Units	0 Units	2 Units	0 Units

EVIDENCE BASED MEDICINE

Scientific Literature

PUBMED

ACUPUNCTURE: 28,066

DRY NEEDLING: 370

DRY NEEDLING AND ACUPUNCTURE: 182

Using Biomedical Language

Strengthens the argument that acupuncture is dry needling

Enhance credibility and understanding within the medical community

DRY NEEDLING EXPERTS

THE POINTS

Myofascial Trigger Points (Ashi Points)

A sensitive area in the muscle/connective tissue that becomes painful when palpated

Motor Points

The most electrically excitable area containing the greatest concentration of nerve endings in the muscle

Eliciting a twitch releases lactic acid and calcium build up

TRAINING

FALL 2018 | MN

Lecture, Demonstration & Clinical Practice

Motor Point Location, Needle Techniques, EBM, Pt Education

PUBLIC SAFETY

The **National Institute of Health** warns that **use of FILIFORM needles** in treatment “**can cause serious adverse effects**, including

infections, punctured organs, collapsed lungs, and injury to the central nervous system.”

- Report all known DN adverse events
- Confirmed cases in MN of PTAs assisting PTs in treatments by removing needles

INSURANCE FRAUD

•Insurance Companies **DO NOT** Recognize “Dry Needling” as a Billable Charge.

•Educate and Instruct Patients on How to Report Possible Insurance Fraud

§If patients are **NOT** paying for “dry needling” at the time of service, it is likely that the provider is improperly billing the insurance company

Commenter: Dr. Ashish Kakar PT, DPT, CMTPT

7/22/19 7:44 pm

Trigger Point Dry Needling a Physical Therapy Treatment to treat patients in pain.

Trigger point dry needling is a physical therapy intervention utilized to treat patients with musculoskeletal symptoms. Trigger point dry needling is a effective alternative to treat patients with pain with minimal side effects. Physical therapist have doctorate degrees and are the experts in musculoskeletal conditions and understand when to utilize this treatment intervention.

Commenter: Jaymee Cruz

7/22/19 7:46 pm

Support of Therapeutic Dry Needling

In favor for dry needling due to benefits for rehabilitation process in conjunction with skilled therapeutic activity, exercises and neuromuscular activities.

Commenter: GAYLE KEITH

7/22/19 7:49 pm

Dry needling by qualified PT's

I have benefited by dry needling provided by registered PT, Kim Holt, and have found this to be an excellent and immediate means to pain relief. Release of muscle pain and ease of freedom of movement were quickly delivered to me by means of trigger point dry needling. I cannot imagine why anyone would consider denying this treatment protocol and certainly cannot imagine anyone providing with more skill and accuracy than a qualified Physical Therapist. Please don't deny this treatment but make sure that it is only provided by a PT especially trained in trigger point dry needling. I strongly believe that the knowledge and training that PT's have in anatomy and therapeutic treatment of all the body's aches and pains and limitations to movement and then the specific training that they receive in dry needling makes them absolutely the best qualified providers of trigger point dry needling.

Commenter: Spectrum Medical, Inc

7/22/19 8:07 pm

FDN

Dry needling has become an integral part of our practice. It has been proven to be safe technique for treating trigger points. It is also cost effective because it reduces the number of PT visits needed for the patient to return to baseline level of function.

Commenter: TC herbs and Health

7/22/19 8:11 pm

Dry needling is acupuncture, No PTs practice. Opp.!

Dry needling is an acupuncture, need professional acupuncture licenses.

Commenter: Jianchao zhang

7/22/19 8:13 pm

Strongly against dry needling by PT

Commenter: Caitlin Henning

7/22/19 8:15 pm

I support PT dry needling

Commenter: Jennifer Atkinson, patient of dry needling

7/22/19 8:30 pm

In favor of dry needling

I am in favor of dry needling. I have permanent, long term neck and shoulder injuries from a car wreck in 2002. Dry needling has been my lifesaver in pain relief, mobility, and decrease in debilitating headaches.

Dry needling and acupuncture are two completely different practices. To favor one over the other is unfair and ignorant. People are treated for different ailments and one treatment (dry needling) is better for that patient than acupuncture. And the reverse can be the same.

But to completely get rid of dry needling is taking a major step **backwards** in health care.

Commenter: Jacqueline O'Neil, SPT

7/22/19 8:31 pm

I support DN by a PT

I support DN by a PT

Commenter: Meirong Wang, Nova Acupuncture & Moxibustion Clinic

7/22/19 8:38 pm

Acupuncturist

Dry needling is **NOT Acupuncture**.

Commenter: Meirong Wang

7/22/19 8:40 pm

Dry needling is NOT ACUPUNCTURE

Commenter: H Sun L.Ac

7/22/19 8:54 pm

Dry needle user should go to school and get license just like acupuncturist

Commenter: Sandra Conran, Bodies in Motion Physical Therapy

7/22/19 8:55 pm

Dry Needling is an appropriate modality for Physical Therapy practice

I have been both a recipient and practitioner of Dry Needling. As a thirty five year practitioner of Physical Therapy, all in the Commonwealth of Virginia; I can state that the anatomy knowledge of Physical Therapists is exceptional. Dry Needling is distinctly different from acupuncture in science, intent, and application. It is an extremely useful tool to relieve pain and reset the nervous system response to injury. In the hands of a trained physical therapist, it is an extremely useful component of a rehabilitation program. As a patient; I can state the dry needling has been highly instrumental in my ongoing recovery from a tendon injury and the associated muscle pain.

Commenter: Danielle Mortorano

7/22/19 9:01 pm

In support of dry needling

Dry needling is an appropriate modality choice for physical therapists to utilize to address trigger points and pain.

Commenter: Mary Stewart Pierson

7/22/19 9:13 pm

I strongly support dry needling by DPT's.

Commenter: Keonte' Dennis

7/22/19 9:21 pm

I am very much in support of Dry Needling by PTs

Commenter: Jim Cribbs

7/22/19 9:32 pm

Dry needling by PTs

I very much appreciate the help that dry needling provided me.

Commenter: Yan Dong

7/22/19 9:36 pm

Against Dry Needling - Public Safety Issue + Ineffective

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For the following 2 reasons;

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I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Dan Han

7/22/19 9:37 pm

Dry needle is party of acupuncture, They don't know much knowledge of meridians it's not fare to th

Commenter: Jason Pelletier, DPT

7/22/19 9:47 pm

Physical Therapists have greater anatomical knowledge than PA's, NP's, Acupuncturists, and most GP's

You have nothing to be worried about with licensed PTs applying dry needling. They are likely to apply these needles more accurately and with evidence-based scrutiny than all these other providers who can puncture skin as part of their treatments.

The profession of PT is growing and changing. Keep up.

Commenter: Hongjian He

7/22/19 10:10 pm

Opposed to dry needling being performed by Physical Therapists with current Physical Therapy trainin

Physical therapists are NOT highly trained professionals who were taught to perform Dry Needling. There is no standard training, no standard curriculum and no standard test. There are no bench marks and no continuing education requirements. Physical Therapists performing Dry needling

have caused many cases of pneumothorax and nerve injuries. Licenced Acupuncturists perform dry needling much better. They are better trained with gentle and precise techniques. Many of my patients comment that my dry needling technique is much less painful and more effective than dry needling that they had received from Physical Therapists. Physical Therapists should obtain a minimum of 300 hours training if they want to perform dry needling. MD medical acupuncturists require at least 300 hours training. Acupuncturists require over 600 hours of supervised clinical training plus thousands more hours of classroom training. The palpating skills used in dry needling require many hours of training. Memorizing names of the muscles in our head is not equal to being able to palpate and identify the problem muscles, tendons, joints, fascia and nerves.

Commenter: Aiqiu Zhao

7/22/19 10:18 pm

Do not agree PT do dry needling because they don't get enough training about points and everything.

Needles can be only done by acupuncturist because they are trained for 5 years as a doctor and they have learned everything to be a doctor not only how to use needles. To be safe and to be more effective to patients, dry needles is the other way using needles should not be done by anybody else except acupuncturist.

Commenter: Grant Zhang

7/22/19 10:20 pm

Oppose dry needling by physical therapist Physical

Commenter: Songping Wang

7/22/19 10:28 pm

Don't agree PT do dry needles.

Don't agree PT do dry needles.

Commenter: Dongcheng Li

7/22/19 10:42 pm

Oppose to perform dry needling by Physical Therapist without acupuncture license

Dry needling belongs to acupuncture.

Dry needling is not manual therapy and technique. It is Acupuncture! It is unsafe for the public to do Dry Needling by physical therapists taught in a weekend course. If physical therapists want to do Dry Needling, they should go to acupuncture school to study, pass the national board exam, and then apply for state acupuncture license. This is common sense. If you want to perform surgery, please go to medical school to study and then get a medical license before you perform your skill to the public.

Commenter: Haihe Tian

7/22/19 10:57 pm

Opposite practice dry needling by PTs

Commenter: Zhaohui, Liang, York University

7/22/19 11:04 pm

PT should NOT do dry needle because they steal the reputation of acupuncture

The legislation of dry needle is unnecessary and baseless for this so-called "new therapy" pirates the reputation and evidence of effectiveness of traditional acupuncture. The Federal government has clearly defined the term acupuncture on the official website of National Center of Complimentary and Integrative Health (NCCIH) as a therapeutic method based on traditional Chinese Medicine or TCM. The long-term practice of acupuncture based on the TCM meridian theory is the cornerstone for this type of medical treatment techniques featured by needling. The

acupuncture therapy has gained its popularity since the 1970s with several waves of Chinese immigrants to North America. The dry needle is obviously a byproduct of acupuncture. It uses similar needle like acupuncture but the size is much bigger and the length is much longer in order to insert deeply into human body to destroy the so-called trigger points. The abnormal deep needle insertion is in high risk to penetrate important organs such as liver, kidney, or lung which will cause irreversible injuries. The PTs have little knowledge of traditional acupuncture and propose this bill just to extend their way to make money, but this imprudent move actually exposes the patients typically the residents of Virginia in high uncontrollable risk. Therefore, I strongly suggest reject this bill and we should categorize dry needle as a branch of traditional acupuncture. Any practitioner who wants to do dry needling must acquire a NCCAOM certificate at first.

Commenter: Amy Mager DACM, Lic.Ac.

7/22/19 11:10 pm

Please create Best Practices for the practice of dry needling

The CMS CPT code committee of the AMA equated dry needling and trigger point acupuncture in the language creating its new CPT code.

It is imperative to include in the regulations a specific definition of dry needling the echoes TrP, trigger point acupuncture as the insertion of a needle, manipulation of the needle and removal of the needle. No needle retention and no electric stimulation.

it is vital to clarify that a third party exam be passed by all practitioners of dry needling, not an exam given by the instructors of dry needling courses. Both medical acupuncturists and licensed acupuncturists must pass third party exams. I urge you to include the language "third party national exam" in your language.

To meet best practices, I implore you to include a 500 hour requirement of dry needling specific training. Medical acupuncturists who are licensed medical doctors who have experience in needling must take 300 hours of AAMA, American Academy of Medical Acupuncture, approved courses and pass a third party exam. Licensed acupuncturists who practice many styles of acupuncture including dry needling, must have 1,305 acupuncture specific didactic hours and pass 4 national psychometric exams. To meet similar standards, asking for 500 didactic hours and 100 supervised clinical hours will only protect patients.

Regulations must require an individual to attain and demonstrate the necessary knowledge, skills, and competence certified by an accrediting body not associated with the for-profit company providing the dry needling/trigger point acupuncture course. I am concerned that the general public is unaware of the vast difference in education and practice experience of persons performing such an invasive procedure. Often the person receiving care is in such discomfort that they don't ask about the practitioner's licensure, experience, or ability to perform needling/trigger point acupuncture in this manner. The individual trusts that their practitioner is competent and possesses the necessary training for the practice they deliver. It is up to our legislators, regulators and Governor to ensure that the Commonwealth remains a leader in progressive and safe medical care.

Please ensure that specific hours both for education and continuing education are specific and required by regulation and law.

Please ensure that a specific third party national exam be required both to demonstrate competency and the ability not to harm.

Please include language specifically stating that the practice of dry needling include the insertion of a needle, manipulation of a needle and removal of the needle.

When we expand scopes of practice, then we need to make sure they are within best medical practices to protect consumers of healthcare within the Commonwealth.

Respectfully,

Amy E. Mager DACM, Lic.Ac., FABORM

National Board Certified Acupuncturist

Vice Chair, American Society of Acupuncturists

Chair, Acupuncture Society of MA

Commenter: Dr. Heidi A. Lane

7/22/19 11:20 pm

Dry Needling

I have been receiving dry needling for several months now. It has given me relief from muscle pain that I was unable to obtain before without medication.

My physical therapist is highly trained and extremely knowledgeable about the human body and how dry needling affects the trigger points. In addition she uses other PT techniques to help me reduce the occurrence of trigger points.

I am 100 % supportive of the use of dry needling in well trained practitioners. I support any legislation that allows this practice to continue in VA and I support any legislator who votes yes to keep it in the state.

Heidi Lane

Senior Director Clinical Skills Assessment and Education

Virginia Tech Carilion School of Medicine

Commenter: Grace Murphy, DPT

7/22/19 11:23 pm

allowing PTs to dry needling

Acupuncture and dry needling are completely distinct from each other in terms of diagnostic criteria, palpation, selection, location, and needle manipulation.

There's a hole in the health care system's ability to offer people relief from myofascial pain. Given the huge need, the more practitioners there are to help fill that hole, the better. As a healthcare provider my goal is to provide quality care to my patients and dry needling offers that.

Commenter: Grace Murphy, DPT

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Commenter: Amy E. Mager, ASM, ASA

7/22/19 11:29 pm

I urge you to institute best practices and 3rd party examination, increase in didactic hours

The CMS CPT code committee of the AMA equated dry needling and trigger point acupuncture in the language creating its new CPT code.

It is imperative to include in the regulations a specific definition of dry needling that echoes TrP, trigger point acupuncture as the insertion of a needle, manipulation of the needle and removal of the needle. No needle retention and no electric stimulation.

It is vital to clarify that a third party exam be passed by all practitioners of dry needling, not an exam given by the instructors of dry needling courses. Both medical acupuncturists and licensed acupuncturists must pass third party exams. I urge you to include the language "third party national exam" in your language.

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I am concerned that the general public is unaware of the vast difference in education and practice experience of persons performing such an invasive procedure. Often the person receiving care is in such discomfort that they don't ask about the practitioner's licensure, experience, or ability to perform dry needling/trigger point acupuncture in this manner. The individual trusts that their practitioner is competent and possesses the necessary training for the practice they deliver. It is up to our legislators, regulators and Governor to ensure that the Commonwealth remains a leader in progressive and safe medical care.

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Please ensure that a specific third party national exam be required both to demonstrate competency and the ability not to harm.

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Respectfully,

Amy E. Mager DACM, Lic.Ac., FABORM

National Board Certified Acupuncturist

Vice Chair, American Society of Acupuncturists

Chair, Acupuncture Society of MA

Commenter: Yue Wang, LAP, Florida Acupuncture Association

7/22/19 11:31 pm

Opposing PT practice Dry Needling

Commenter: Kirsten Thompson

7/22/19 11:32 pm

Yes to Dry Needling!

In the hands of a trained PT dry needling has been life changing for those with chronic pain! Especially in light of the current issues with opioid addiction. PT's need to be able to continue Dry Needling.

Commenter: Brigitte Fox, AcuWorks Inc

7/22/19 11:34 pm

Would you let your veterinarian do your root canal?

As the practice of medicine becomes ever more complex and the breadth of medical practice ever more in-depth medicine has evolved into many sub-groups of specialization. This specialization has become necessary for example in the area of radiology: a regular x-ray tech does not know how to operate an MRI machine. If a patient requires IV contrast then it is not given by the regular x-ray tech but rather by a radiology nurse who understands the side effects and adverse reaction associated with the contrast material. This helps protect the patients well-being AND protects the hospital against law suits.

A orthopaedic surgeon would never do a hysterectomy.

A Gynecologist (though trained in surgery) would never do a heart valve replacement and a Cardiothoracic surgeon would never think of delivering a baby.

Veterinarians are well trained in tooth care. They regularly give anaesthesia to animals (large and small) and provide all sorts of dental care (cleaning, filing teeth and extractions). Yet none of us would consider allowing our veterinarian to perform a root canal or a tooth extraction on a human. If such a case ever happened we would all be outraged as we would clearly feel the veterinarian exceeded his SCOPE OF PRACTICE.

Physical Therapists in the State of Virginia are at this very moment expanding their scope of practice to include "Dry Needling" WITHOUT following the legislative process where dry needling would get a proper review by the people entrusted to protect public safety: the legislators.

Does this mean that in effect any professional group can just expand their scope of practice to include an invasive procedure of their choice by simply writing a few lines of text and adapting it into their practice guidelines.

Should hair dressers be able to expand their practice to include Scalp Hair Implants?

Should Beauticians expand their practice to include Skin Tag Removal?

Should Personal Trainers expand to include steroid injections?

Should Nurse Practitioners expand to perform C-sections?

Should Acupuncturists include setting bones? No. Definitely NOT. We are all bound by our scope of practice. As long as we practice within our training patient safety is protected. Not so in the case of the new Physical Therapy Regulation.

I believe the regulation is weak on several points:

1.) The Commonwealth of Virginia defines the practice of acupuncture in Chapter 29 of Title 54.1 Section 2900 of the Code of Virginia 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, including pain control, for the treatment of certain ailments or conditions of the body...." Dry Needling is insertion of needles to prevent or modify the perception of pain ... etc etc etc. DRY NEEDLING IS ACUPUNCTURE. Acupuncture, Myofascial Trigger Point Needling, Dry Needling is all the same thing. Anybody observing the two practices would readily have to admit that there is no difference between the two. Physical Therapists are wishing to perform Acupuncture by simply re-naming it. Secondly the legislation fails to define dry needling, therefore leaving the practice field WIDE OPEN to do whatever the Physical Therapist imagines he or she might include under dry needling.

2.) The proposed legislation states that "dry needling is not an entry level skill" but fails to specify how many hours of training are required. When I ask physical therapists at my local gym it seems that most dry needling courses are ONE WEEKEND LONG. 16 hours. Medical doctors are required to have 300 hours of additional training to perform Acupuncture. Chiropractors are required to have 500 hours of additional training to perform Acupuncture. The AAMA believes 300 hours of training are minimum. No doubt both Physicians and Chiropractors have vast knowledge in anatomy and Pathophysiology. Physical Therapists apparently get it done in one weekend. How is this possible?

3.) The assertion that "dry needling is not an entry level skill but requires post graduate training is really mis-leading and vague. It is my understanding that currently graduating Physical Therapists are trained at the doctoral level and thus are thought to have competencies to learn invasive techniques such as dry needling. Truthfully only an estimated 32% of licensed physical therapists currently in practice are trained at the doctoral level and 68% do not have this level of education. Dry needling courses are not limited to only doctorally trained physical therapists. Thus the wording in the proposed rules is entirely too vague. It fails to specify exactly what kind of training is required to perform this highly invasive procedure.

4.) PT's who wish to perform dry needling should be held to the same standard as acupuncturists when it comes to continuing education. At this moment in time Acupuncturists are required to attain 60 Acupuncture related CEU's per 4 year licensing period. Should we not hold Physical Therapists to the same standard?

5.) Patients should definitely DEFINITELY be clearly told that the Physical Therapist is not an acupuncturist and that the "dry needling" is limited only to the treatment of Trigger Points but does not and should never be mistaken for an acupuncture treatment. If the argument of PT's is "it's not acupuncture" then this should be clearly stated at the patient encounter and should be spelled out in the informed consent.

As a Registered Nurse with 15 years experience working in Hospitals and Trauma Centers I am puzzled how a group of professionals can expand their scope of practice to include a highly

invasive procedure without at the same time having to answer to the Virginia Board of Medicine. Massage Therapists are governed by the Board of Nursing as their work is so highly intimate. How is it that Physical Therapists can so drastically alter their scope of practice without coming under greater scrutiny? I really believe the proposed rules are vastly inadequate. The training requirements are laughable and while I understand that an intuitive physical therapist may benefit a patient by needling a trigger point we should at least call it what it is: Acupuncture without a license.

Sincerely

Brigitte Fox, RN, Licensed Acupuncturist

Commenter: Jessica Sylvanson, Acupuncture Association of Colorado

7/22/19 11:40 pm

"Dry needling"

As an acupuncturist who graduated from a four year Master's degree program in Acupuncture and Oriental Medicine and also took a three day course in "dry needling" out of curiosity, I can tell you that, just as the AMA has stated, they are "indistinguishable". "Dry needling is not a well regulated practice, and in many states, this invasive procedure can be practiced by a Physical Therapist after a weekend workshop. These workshops fail to adequately protect public safety and have produced practitioners that cause many serious and life threatening injuries to patients. Please see some of these injuries that have been documented at www.acupuncturesafety.org. I was appalled at the level of training and lack of safety standards at the "dry needling" workshop I attended. Even MD's who practice acupuncture do so after 300 hours of additional training only, and they already have routine use of many types of needles in their daily practice as well as extensive training in the contra-indications and dangers of invasive procedures. I urge you to protect the safety of patients in your state and stop the dangerous practice of "dry needling" from entering the scope of practice of Physical Therapists.

Commenter: Dr. Gretchen E. Seitz

7/22/19 11:43 pm

Oppose Dry Needling

Dry needling is an effort to rename acupuncture to allow PTs to practice outside of their scope. Establishing something called "dry needling" is a clever way to avoid attending an accredited 4 year doctoral program that provides proper training in acupuncture, which is what dry needling is. Regardless of the discussions about Qi, which is a distraction from the fact that PTs are trying to use skills that they are outside of their scope yet they are aware are very effective. The answer to this is to refer out just like all specialties. Dry needling proposes to be something else, which is an incredible absurdity and a huge insult to the entire profession of Traditional Chinese Medicine which includes orthopedic needling techniques, which dry needling supporters propose is not acupuncture. Furthermore, something called "dry needling" is not needed by the public, doctors of acupuncture and licensed providers are already filling this need. The correct course of action is to refer patients out to a specialist, not to attempt to be a jack of all trades.

This backdoor attempt to hijack acupuncture under a different name would allow PTs to simply add another CPT code to their list of billable codes and puts the public at risk. Increased incidences of pneumothorax already demonstrates the dangers of these practices. This practice is not only dangerous, so-called "dry needling" is acupuncture regardless of what these proposals suggest. This is a clever attempt to expand the scope of PTs in a completely manipulative and unconscionable fashion.

Do not let PTs take acupuncture and rename it so they can simply bill more codes. It is unethical and should be stopped.

Dr. Gretchen E. Seitz, DAOM, LAc

Commenter: Guorong Du

7/23/19 12:10 am

Dry needling is acupuncture

Dry needling is acupuncture. If the practitioner not having enough training, the practitioner will not know where and when certain points should not be used. If they accidentally used points. would put patient in dangerous situations.

Commenter: Ning Xi Fu

7/23/19 12:45 am

Against PT do dry needles

Commenter: Hunghung Ho

7/23/19 1:20 am

Against PT using dry needle

Commenter: Jesse Patton Rehab Associates

7/23/19 5:19 am

Yes to Dry Needling as skilled practice

I support that PTs who are properly certified should be able to perform dry needling as an intervention in the practice of physical therapy. PTs have doctoral degrees that determine they are skilled medical providers to treat anatomical disorders, and therefore, having further education on the safety of dry needling, which is not the equal of acupuncture, should be allowed.

Commenter: Daniel Lee

7/23/19 7:07 am

Yes for dry needling for PT

Physical therapist have a good working knowledge of anatomy and physiology and get professional education and proper techniques for dry needling. We specifically tell our patients that we do not perform acupuncture and refer out if that is what they are looking for.

Commenter: Jacqui Gooden, Rehab Associates of Central VA

7/23/19 7:53 am

Dry needling

The proposed regulations are appropriate and help to protect the public.

Commenter: Marcee Beilstein

7/23/19 8:01 am

Dry Needling

I have been a Physical Therapy patient over the years and dry needling has been a part of my therapy with very good results. I believe it is important that dry needling remain a procedure that can be used by Physical Therapists. It is very important to me that the Therapist has the ability to utilize whatever procedure provides the best result and that I do not have to go to another venue for a procedure. Thank you.

Marcee A Beilstein

Commenter: Anna Wilson

7/23/19 8:19 am

In Support of Dry Needling for PTs

I support that PTs who are properly certified should be able to perform dry needling, which is not the same as acupuncture, as an intervention in the practice of physical therapy. PTs have doctoral degrees that determine they are skilled medical providers and are the experts in musculoskeletal conditions who understand when to utilize this treatment intervention.

Commenter: Justin Geisler

7/23/19 8:31 am

I support dry needling in the physical therapy practice**Commenter:** Nadia Wahid

7/23/19 8:59 am

YES to PTs performing dry needling

Dry needling is in no way related to acupuncture and PTs are very careful to ensure patients do not confuse these. DPTs are highly skilled in palpation and anatomical knowledge and I am not sure that any other HCP would be more qualified to administer this treatment, we see significant benefit from it in our clinic.

Commenter: Kim Guinee, PT,COMT

7/23/19 9:09 am

Totally in support of Dry needling by a PT**Commenter:** Kathy Barton

7/23/19 9:16 am

Yes

yes to dry needling by PTs

Commenter: Samantha Chalker, Virginia Commonwealth University

7/23/19 9:19 am

In favor of PTs dry needling

The technique of dry needling is an important part of the treatment toolbox for many physical therapists. This technique, where a small needle without medication is inserted through the skin into the muscle, assists PTs in treating musculoskeletal pain. This technique is not the same as acupuncture. Physical therapists are well trained in human anatomy and physiology and those who use dry needling undergo extra training in this technique. Trigger point dry needling is well within the physical therapy scope of practice and this regulation needs to be approved!

Commenter: Raelyn Johnson

7/23/19 9:25 am

Yes! PTs should be able to!

Physical Therapists are trained medical professionals. Just like any other professional medical or not, if they are trained and proven competent they should be able to perform tasks. This is especially true in the medical field. Licensed therapists along with other medical professionals have a responsibility to their communities and this includes be able to offer as many services to as many people without prejudice as possible. I think it would be a setback to not only these

professionals but the community as a whole to not allow Physical therapists to perform dry needling.

Commenter: Deborah Oickle PT

7/23/19 9:28 am

Dry needling

Dry needling is not acupuncture and does nothing to limit or take away from that practice. It is simply a modality to address pain and dysfunction in the musculoskeletal system to allow therapist to move forward with the rehabilitation process.

Commenter: Jordan Watts

7/23/19 9:46 am

PTs should be able to dry needle!

Commenter: Fei Liu

7/23/19 9:50 am

Against Dry Needling - Public Safety Issue + Ineffective The practice of utilizing acupuncture sty

Commenter: Lyndall Hoback

7/23/19 10:04 am

Absolutely in favor of dry needling by PT

Commenter: Chartreuse Rogers

7/23/19 10:08 am

Can't we just all get along? Let the PT dry needle!!!! :)

I think PTs should be allowed to dry needle, and that acupuncturists should not be threatened by it. Acupuncture and dry needling are, by definition, two different practices. One is based on traditional medicine and the other is heavily research/science based. A lot of what I am seeing in these comments is acupuncturists worried about increased competition. I believe that in our *capitalist* society, increased competition provides the most benefit to the consumer and the more skilled professional. This should mean that professionals make better efforts to learn and grow within their disciplines -- regardless of which they practice.

There should instead be an increased effort to educate the consumer as to the similarities and differences between the two and let him or her make the educated decision.

Commenter: Yue Yang

7/23/19 10:21 am

No Dry Needle for PTs

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

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

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

inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

December 9, 2014
Updated February 2, 2016
Adopted unanimously
Board of Directors of AAMA

Retrieved from <https://www.nccaom.org/about-us/press/press-releases/aama-policy-on-dry-needling/>

Commenter: Jordan Giles

7/23/19 10:36 am

In favor of dry needling

Dry needling is an appropriate intervention to be performed by properly trained physical therapists when indicated for the best interest of the patient.

Commenter: Acupuncture & Herbal Center Inc

7/23/19 10:50 am

PTwho are practicing dry needles isn't safe to the public health. They don't have enough training

Commenter: Jian Shu

7/23/19 11:11 am

Against strongly. PT should have a acupuncture license in order to practice DN

Commenter: Hong Su

7/23/19 11:20 am

SAY NO to PT practicing Dry Needle without NCCAOM certificate

I am against PT without NCCAOM certificate to practice Dry Needle.

Commenter: Hong Lin, Bethesda-Hong Lin's Acupuncture Clinic

7/23/19 11:24 am

Oppose PTs without enough traing to do Dry Needling

Acupuncture is a well-regulated procedure, it requires practitioners to have enough training to insert a needle on a patient. PTs may not have enough training to understand that trigger points are the same concept as Acupuncture Arshi points, they pick up a part of Acupuncture procedure to practice. To be qualified to insert a needle, a practitioner needs to be licensed and undergo extensive training. A master degree acupuncturist will under 3 years or more of training, to learn how to identify symptoms, diagnose conditions and use correct techniques with needles. Extensive training to use needle ensures the safety and effectiveness of the therapy, to keep our patients safe is most important and basic concern. If PTs try to use needles, please make sure they have enough training under more formal regulations.

Commenter: Guanyuan JIN

7/23/19 11:30 am

Dry Needling is an contemporary style of Acupuncture

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

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

December 9, 2014
Updated February 2, 2016
Adopted unanimously
Board of Directors of AAMA

Commenter: Xiaoying xu

7/23/19 11:42 am

Oppose PT use dry needles

PT only receive minimal hours training to practice dry needles. They are not qualified to practice needles. If they want to practice dry needles, they should go to Acupuncture school and get Acupuncture license like other Acupuncturist.

Commenter: ACME Acupuncture & Herbs Clinic

7/23/19 11:55 am

Strongly Against dry needles

Against Dry Needling - Public Safety Issue + Ineffective

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 2 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it poses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. California requires 3,000 hours of training to become a licensed acupuncturist.

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Total care acupuncture clinic

7/23/19 12:24 pm

Oppose to dry needling by PT?

There have been recent reports of serious injury resulting from the use of acupuncture needles by PTs and other allied health professionals who lacked the education and training of licensed physicians or acupuncturists.

Commenter: Justin Graf, SDPT, University of Lynchburg

7/23/19 12:53 pm

Pro Dry Needling for PT's

Most common response I have found:

- Dry needling is acupuncture and it isn't fair/ dangerous because PT's only have to take a "minimal" amount of training to become certified, whereas acupuncturists go through years of training.

My response: Dry needling is NOT the same thing as acupuncture, and is in fact based on empirical evidence instead of eastern medicinal folklore. Saying that PT's don't go through the same amount of training and only take a few weeks or less of training is misleading and

intellectually dishonest. PT's are highly trained, in fact, experts of the human body and receive a number of intensive years of training on the human body and all its systems.

I am not opposed to Physical Therapists performing dry needling. It is crucial that training, and hours of supervision be established to standardize the practice and minimize health risks though. My home state allows it, and has provided numerous benefits to the patient population under the care of PT's qualified to perform this modality.

Commenter: Frank Zhao, Miracle Acupuncture PC

7/23/19 12:58 pm

Dry needle/ Dry needle for PT

Dry needle is good and it is acupuncture. Acupuncturist need about 3000 hours training in USA and about 6000 hours training in China. If PT want to practice Dry needle, they should receive at least 2000 hours training and pass the NCCAOM examination. Then they can apply for the Acupuncture license to treat the patient. In USA even MD need 300 hours training to obtain the Acupuncture license and most of the MD with Acupuncture license just hire the licensed Acupuncturist to work for them because their training is no enough to practise the acupuncture.

Commenter: Lei Zhang LAc

7/23/19 1:18 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Against Dry Needling - Public Safety Issue + Ineffective

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 3 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it poses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. **California requires 3,000 hours of training to become a licensed acupuncturist.**

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

3rd, Acupuncture needles only comes in dry form without any liquidity solution. It has been founded thousand years ago. Should only be administered by an License Acupuncturist.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Aiden C.

7/23/19 1:31 pm

OPPOSE to PT Dry Needling

Oppose Dry Needling

Dry needling is an effort to rename acupuncture to allow PTs to practice outside of their scope. Establishing something called "dry needling" is a clever way to avoid attending an accredited 4 year doctoral program that provides proper training in acupuncture, which is what dry needling is. Regardless of the discussions about Qi, which is a distraction from the fact that PTs are trying to use skills that they are outside of their scope yet they are aware are very effective. The answer to this is to refer out just like all specialties. Dry needling proposes to be something else, which is an incredible absurdity and a huge insult to the entire profession of Traditional Chinese Medicine

which includes orthopedic needling techniques, which dry needling supporters propose is not acupuncture. Furthermore, something called "dry needling" is not needed by the public, doctors of acupuncture and licensed providers are already filling this need. The correct course of action is to refer patients out to a specialist, not to attempt to be a jack of all trades.

This backdoor attempt to hijack acupuncture under a different name would allow PTs to simply add another CPT code to their list of billable codes and puts the public at risk. Increased incidences of pneumothorax already demonstrates the dangers of these practices. This practice is not only dangerous, so-called "dry needling" is acupuncture regardless of what these proposals suggest. This is a clever attempt to expand the scope of PTs in a completely manipulative and unconscionable fashion.

Do not let PTs take acupuncture and rename it so they can simply bill more codes. It is unethical and should be stopped.

Dr. Gretchen E. Seitz, DAOM, LAC

Commenter: Miana Bonds, LPTA Appalachian Agency for Senior Citizens

7/23/19 2:28 pm

Dry Needling by a licensed Physical Therapist in the state of Virginia

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

Commenter: Kelli Orr LPTA, AASC

7/23/19 2:35 pm

Dry Needling by PT in state of Va

Dry Needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Commenter: Dr. Amy Lewis, D.Ac., Dipl. Ac., President, Acupuncture Society of DC

7/23/19 2:50 pm

Dry Needling Training for PT's woefully inadequate.

PT's have, since the beginning of "Dry Needling", been able to circumvent adequate training and continuing education requirements. We have seen an increase in incidents of pneumothorax and nerve damage as a result. We have also seen an encroachment of "acupuncture as done by PT's" (recent advertisement- "allergy relief with dry needling"). We are not against the practice of dry needling being done by a trained and licensed professionals (acupuncturists and MD's who have certified in medical acupuncture) who must have clean needle certification, **hundreds of hours of clinical supervision**, and continuing education requirements. Even surgeons are **required** to have OVER 100 hours of clinical supervision to ensure needle safety (separate from the didactic education of acupuncture). The American Medical Association has a written a formal opinion recommending that PT's not be allowed to do dry needling because of the significant lack of training and no continuing education requirements nor oversight. We recommend that, due to significant public safety concerns, oversight by a board OUTSIDE the PT board is allowed to establish safety and continuing education requirements as well as narrowly defined scope of practice so that the public can be assured of competency and safety **before** PT's are allowed to add dry needling to their practices.

Commenter: Jackson Chau ?AACOM

7/23/19 2:52 pm

Dry needling is acupuncture.

Dry needling is acupuncture.

If PT and other professional practitioner want to practice it, it is well welcome. But for patients safety issues, PT still owe 700 hours additional course and need passed clean needle technique. And third party examination must set up. Now, PT just take 20 or 30 hours training then started Practice Acupuncture/Dry needling by changed acupuncture name as Dry needling to bypass Acupuncture Law, it put patients in high risk. According a collected rough information shows Three serious case occurred only in Richmond VA area. 1) In December 2013, Stewart J. a 50 years old lady suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a "High educated" Physical Therapist. She was hospitalized for two days. 2) In May 2015, Knauer J. a 30 years old lady also suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a Chiropractor. She was hospitalized for six hours. 3) In 2016, Jenkins W, a 23 years old young man suffered a Traumatic Pneumothorax from penetrating lung caused injury by dry needling performed by a PT. He was hospitalized for four days.

Commenter: Lowell Chaney

7/23/19 3:00 pm

I strongly support the use of Dry Needling by Physical Therapists.

I have have received dry needling treatment for acute pain & received instantaneous relief. It is very effective. My physical therapist was highly trained in the technique & I had no concerns about the safety of the procedure.

Commenter: Keith Holt

7/23/19 3:06 pm

I am in full support of dry needling.

Commenter: Jeanette Templeton

7/23/19 3:20 pm

dry needling

Dry needling by my PT has helped tremendously with my pain in my lower back and shoulder.

I think that a trained physical therapist who understands the body and has the knowledge to help alleviate pain and strengthen the body should be allowed to do dry needling.

PT should be allowed to do dry needling to alleviate pain. It works!

Commenter: Kevin

7/23/19 3:23 pm

Dry needling is Acupuncture, you CAN NOT practice unless you have Valid Acupuncture License.

Commenter: Noelle Ekonomou, One 2 One physical therapy

7/23/19 4:07 pm

PT's should do dry needling with the right training!

DRY NEEDLING most definitely falls within the scope of physical therapy practice. As DPT's, we have extensive training in anatomy and physiology and recognize the power of performing dry needling for the improvement in our patients pain and myofascial restrictions.

Dry needling is NOT acupuncture. I am VERY often referring out for "acupuncture" because I understand that these modalities are very different. As acupuncturists are using needles along a specific meridian line, often looking to open lines of "energy" in a body, including liver, gallbladder, etc., we as physical therapists are using dry needling specifically to release a myofascial trigger point.

With participation and completion of credentialed continuing education courses for dry needling, a physical therapist (having already completed a 3 year doctorate degree with extensive background

on human anatomy/physiology) should be qualified to perform dry needling on patients with written physician referral and signed consent.

I DO believe that physical therapists need extensive training and hours of practice prior to performing this procedure. We should most definitely be regulated, but to deny our right to perform this treatment modality would hinder patient care and outcomes. At this time, physical therapy is HIGHLY more accessible to patients. Physical therapy is widely accepted by insurance, whereas acupuncture is not. Physical therapy uses traditional western medicine for treating muscle restrictions with dry needling, whereas acupuncturist are using eastern practices to open up energy meridian lines. Please allow us to continue to use this modality for the greater good of our patients.

Commenter: Rebecca Goodman

7/23/19 4:12 pm

Dry needling support PT use

I support dry needling by trained PT. It has been a God send for me!

Commenter: Erin Holt

7/23/19 4:16 pm

PTs should be allowed to dry needle.

Commenter: Stephanie Hood

7/23/19 4:42 pm

100% FOR PTs to perform Dry Needling

It makes me angry this has become an issue. As someone who has benefited from Dry Needling I would be furious if this function was no longer available through my PT. Seems to me facilities providing acupuncture want to monopolize a practice they don't understand. Dry Needling is NOT acupuncture - the definitions and methods are different. PTs undergo more extensive training and have a far better knowledge of the anatomy than does the average acupuncturist. Step up your game acupuncturist and stop trying to steal other profession's business...

Commenter: Karen Harmony acupuncture

7/23/19 4:57 pm

Opposing dry needling in Virginia

PT law not allow invasive techniques. Dry needling performed by PT is against the law.

Commenter: Quansheng Lu, Wholelife Chinese Medicine & Acupuncture Center

7/23/19 4:58 pm

Only the providers with acupuncture license can practice acupuncture, including dry needling.

Commenter: Kayla Savoy, Wholelife Acupuncture

7/23/19 5:06 pm

We need the best provider with Acupuncture lessons. The dry needling is only one part of Acupuncture

Commenter: Dan Pearlston

7/23/19 5:12 pm

In support of PT needling practice

Really glad I've been able to receive treatment from Secili DeStefano at Optimal Motion PT!! Dry needling has been very helpful in my recovery from abdominal surgery and activating abdominal muscles that I have not been able to access using other methods.

Commenter: Andrea Bayne

7/23/19 5:13 pm

I support dry needling by PT's

I support dry needling by PT's.

Commenter: Lina Hu

7/23/19 5:26 pm

I'm firmly against dry needling

Commenter: Daohe Fang Eastern acupuncture center

7/23/19 5:33 pm

Against drying

Commenter: Lili He

7/23/19 5:49 pm

Needling including 'dry needling 'should be handled by a license acupuncturist, not PT!

Commenter: David Brewster

7/23/19 5:56 pm

In favor of dry needling performed by physical therapists

I cannot say enough positive things about dry needling performed by physical therapists. I have seen profound and dramatic improvements if not complete and total elimination of pain caused by myofascial trigger points within muscle tissue, usually requiring only one and sometimes two (rarely more) treatment sessions. The relief is almost always long-term if not permanent if the patient is also taught how to prevent trigger points from forming again and performs the things they learn during their treatment sessions. Once trigger points are eliminated, this facilitates the restoration of normalized blood flow, balanced pH, muscle function, performance of not only activities of daily living but more rigorous and demanding activities, not to mention pain relief! No one knows the musculoskeletal system better than physical therapists. As a physician who works in a pain clinic (and is also an acupuncturist) during a journal club meeting I attended some years ago stated, "Dry needling is trigger point therapy done right and there is nobody more well qualified the do it than physical therapists."

Commenter: May Hsia

7/23/19 6:00 pm

Against dry needle

Commenter: Dr. Jane Kim, DPT

7/23/19 6:02 pm

If I use a rolling pin to massage a muscle, am I baker?

The Practice of Acupuncture

Acupuncture is based on traditional Chinese medicine (TCM). In TCM, there are 4 diagnostic methods: inspection (focuses on the face and tongue), auscultation (listening to breath sounds) and olfaction (observing body odor),

questioning (focus on the "seven inquiries" related to fever, perspiration, appetite/thirst/taste, defecation/urination, pain, sleep, menses), and palpation (feeling for tender points and for pulse). None of these diagnostic methods include clinical testing of the musculoskeletal system as is done with dry needling.

Dry needling is based on scientific research methods of western medicine, for the treatment of the musculoskeletal system, and orthopedic based in diagnosis and treatment; it does not claim nor teach anything related to qi and meridians. Dry needling has shown to produce immediate physiological effects within a muscle, the PNS, and CNS. Particularly for the muscle itself, inserting a dry needle directly into a trigger point will increase acetylcholinesterase (Ache), which will in turn decrease acetylcholine (Ach) which are responsible for keeping bands of muscles contracted; this will also lead to a cascade of other reactions, including decreasing proinflammatory chemicals (e.g. bradykinin, CGRP, 5HT, prostaglandins), improving acidity levels, and increasing oxygen/blood flow within the muscle fibers.

Acupuncture Education

In the state of Virginia, there is 1 accredited school (Virginia University of Integrative Medicine); 1 school that was waiting on accreditation by March 2019 (Arirang University) but has not updated their website on whether or not they have received accreditation; and 1 school website that turns out to be fake with a bunch of pop ups (I may or may not have downloaded a virus because of that website...).

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Acupuncture vs Dry Needling Related Adverse Events

There are causalities related in any profession, however it is expected that the causalities and adverse effects are minimal and that there are safety precautions set in place to minimize harm—Physical Therapists, being western medicine, have taken an oath "to do no harm"... if there were not enough precautions in place or not enough training, the numbers would show it and as a profession we have the responsibility to change policies to protect our patients.

One acupuncturist on the forum quoted that there have been 3 cases of pneumothorax in Richmond, Virginia some years ago—no sources were stated by this professional. However, even if this were true, 3 cases is a very small number compared to how many patients are being needled on a daily basis in Virginia. Acupuncturist are not without fault either when it comes to pneumothorax, other serious adverse events, and even deaths. Between 2000 and 2009, one study quotes 95 cases of serious adverse events, including 5 deaths, from acupuncture (<http://www.dscience.net/Ernst-2011-AcupunctAlleviatePainRiskReview.pdf>). In another study, in 25 countries between 2000 and 2011, there were 294 adverse events from acupuncture reported—these included spinal cord injuries, brain injuries, peripheral nerve injuries, heart injuries, etc... potentially way more serious than just a simple pneumothorax (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616356>). Yet another study found 26 cases resulting in 14 deaths from cardiac tamponade after acupuncture (Cardiac tamponade caused by acupuncture: a review of the literature". *International Journal of Cardiology*. 149 (3). Then in 2013 a systematic review that found 31 cases of vascular injuries resulting in 3 deaths post acupuncture (<http://www.minervamedica.it/en/journals/internationalangiology/article.php?cod=R34Y2013N01A0001>).

Combating Ignorance

Reading the forum, many acupuncturists commenting appear to be misinformed—or uninformed rather—on many issues including: education level of PTs, what dry needling entails, how dry needling physiologically produces changes within the musculoskeletal system, etc. Many of their comments also appear to be related to the assumption that dry needling equates to acupuncture simply because we are using needles to penetrate the skin, therefore we should be held under the same acupuncture licensing standards. If I use a rolling pin to massage a muscle, am I baker that is baking? If an acupuncturist suggests a form of meditation or guided imagery while performing acupuncture, should have to go through the licensing standards of a cognitive behavior therapist? If a patient is advised to perform a kind of stretch or strengthening by a chiropractor, should they have to get their doctorate in Physical Therapy? No. All healthcare professions overlap at least a little bit and that should be okay—no one profession is able to treat the entire holistic person, which is why there are doctors of specialty.

I would encourage Acupuncturists to take dry needling courses in order to be more educated and familiar with what is actually taught and practiced instead of speculating and trying to limit adequate care for patients, especially in rural underserved areas and military bases.

Commenter: Nina J.

7/23/19 6:09 pm

100% against PTs to use dry needle !!!

whomever wants to puncture needles into a patient, please get a license!! Neither a MD or DO or LAC!!!

if you want to practice without a license and use the so called "qualified" less than 30 hrs class by FSBPT as sufficient training excuse. Sooner or later they will come up with some other training course to monopolize this health care field. Including chiropractor and acupuncturist and more! If FSBPT wants to add knife into their scope, one day they can be a surgeon . Yeah, they really think they can do everything

Commenter: JIE CHEN

7/23/19 6:13 pm

Dry needle is Acupuncture!

Commenter: Jane Huang

7/23/19 6:18 pm

Against Dry needles

Commenter: Stanley Zhang L,Ac

7/23/19 6:20 pm

Dry needling is one type of acupuncture.Opposition to Dry needling without acupuncture license.

Commenter: Serge L.

7/23/19 6:23 pm

Against du needle by PTs

Against dry needling by PTs!!

Against dry needling by PTs!!

Against dry needling by PTs!!

Commenter: Karisa Grudi, Towson Acupuncture Associates

7/23/19 6:36 pm

Strongly Oppose Dry Needling by PTs

As a licensed acupuncturist, I strongly oppose the practice of dry needling by PTs. This technique is a simplified version of acupuncture that, at its inception, was originally taught to PTs by an acupuncturist. The similarity for both dry needling and deep acupuncture insertion is that acupuncture needles are deeply placed and strongly stimulated into ashi points/trigger points. The key as a practitioner is knowing whether or not this technique is appropriate for the patient. The average licensed acupuncturist has ~2,000 hrs of needle training vs 20-50 hrs for a PT. I've experienced several patients coming to me with severe pain and worsening of symptoms after dry needling because the strong stimulation wasn't appropriate for them. I strongly recommend acupuncture needles be used solely by licensed acupuncturists.

Commenter: QiaoLi Lei

7/23/19 6:51 pm

"Dry needling " should not practice by Pt who do not have 3000hours acupuncture study .

Commenter: Thomas Lee, L.Ac., Ph.D., CAOMA

7/23/19 6:57 pm

Dry Needling is one of the techniques within the scope of practice in acupuncture!

Commenter: Ryan Webb

7/23/19 6:59 pm

I am in support of the proposed regulations for PTs performing dry needling.

Commenter: Brian Lee, California Oriental Herbal Association

7/23/19 7:07 pm

? Opposition to dry needling without acupuncture licenses ?

?

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

Commenter: Cynthia Pistulka

7/23/19 7:24 pm

In favor of dry needling

Commenter: Ming REN

7/23/19 7:49 pm

Opposition to dry needling without acupuncture license!

Clearly, dry needling is one of type of Acupuncture. It's necessary to take enough training and pass the examination of acupuncture license. Only taking few hours training of acupuncture, then practicing dry needling for the public, is it safe?

Commenter: Lisa Salsberry

7/23/19 7:50 pm

In favor of dry needling by physical therapists

Dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and We support this regulation being approved.

Commenter: Wenming Mao AACMA

7/23/19 7:57 pm

Dry needling is belong to acupuncture. Only Acupunturist is legally to do it.

Commenter: Gang Guo

7/23/19 8:09 pm

Dry needling is a form of acupuncture. Opposition to dry needling without Acupuncture license.

Commenter: Gwendolyn Gathers,PTA

7/23/19 8:18 pm

Dry Needling proposal

I support the proposal of Dry Needling treatment being provided by qualified Physical Therapist.

Commenter: Secili DeStefano

7/23/19 8:22 pm

Dry needling benefits patients

I support this regulation being approved as many of my patients over the last eight years since I was trained in dry needling have benefited from the use of this technique to optimize their movement and reduce their pain.

There is often confusion surrounding the differences between dry needling and acupuncture. The use of the fine filament needle in both professions does not define the profession, but rather entry-level education, post-graduate education and training define clinical practice. Physical therapists do physical therapy and acupuncturists do acupuncture based on specific education and training. Physical therapists are well educated in anatomy, physiology and therapeutic treatment for the body at the entry level. Physical therapists who perform dry needling do so after obtaining post-graduate education and training on dry needling to assist in achieving a vision for their patients to optimize movement to improve their experiences. Dry needling is in the scope of practice of physical therapists.

Using a paintbrush doesn't make you an artist. Using a spreadsheet doesn't make you an accountant. Using a knife doesn't make you a chef. And using a needle doesn't make you an acupuncturist or a physical therapist. The entry-level education, post-graduate education and training that medical providers put into their respective professions and the valuable tools they are appropriately trained to utilize does that.

Commenter: Hong zhao, Florida

7/23/19 8:22 pm

Dry needling is form of acupuncture, only performed by licensed acupuncturist.

Commenter: Yuying wang, Florida

7/23/19 8:27 pm

Dry needling should only performed by licensed acupuncturist.

Commenter: Xiaoping Sue Luo,

7/23/19 8:49 pm

Oppose PTs to perform Dry Needling

Against Dry Needling - Public Safety Issue + Ineffective

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 2 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it poses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. California requires 3,000 hours of training to become a licensed acupuncturist.

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body

part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Wendy Tian

7/23/19 8:50 pm

Against PT using needles to treat patients

Commenter: Qian Wang

7/23/19 8:51 pm

Opposition dry needling without acupuncture Licenses

Commenter: Xiaoping Sue Luo

7/23/19 8:58 pm

Oppose PTs to perform Dry Needling

Dry Needling is one type of acupuncture techniques. Against PTs to perform Dry Needling without proper trainings and acupuncture licensing.

Commenter: Qian wang

7/23/19 8:59 pm

Dry needling should only performed by licensed acupuncturist.

Commenter: Dr. Tyler Bowersock

7/23/19 9:06 pm

PT's are the best option for Dry Needling

Dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry needling is not acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Trigger Point Dry Needling is in the scope of practice of Physical Therapists and We support this regulation being approved.

Commenter: Michael McKnew

7/23/19 9:25 pm

Dry needling

Dry needling is effectively healing my torn rotator cuff.

Commenter: Thomas Leung

7/23/19 9:32 pm

Physical Therapy should be kept non-invasive

I have been a physical therapist for 35 years. Throughout all these years I have seen the development and advancement of our profession. One principle of physical therapy is that we

never do any treatment that is invasive or piercing through the skin. If we do not uphold this principle, we'll lose our direction of development. Just with twisting of explanation, this development may take us even further to minor surgery or injection. Eventually, it is not physical therapy anymore.

Secondly, the training of dry needling is so unregulated. The standard of training is very various in their level of credibility. Any under trained therapist will be a potential danger to their patients.

So, if we do not have any regulation on the training, or additional licensure or endorsement, it is not the time to allow any physical therapist to perform the dry needling treatment. Thank you.

Commenter: Julia

7/23/19 9:33 pm

Opposition to dry needling without acupuncture licenses

Commenter: Helen Liu

7/23/19 9:44 pm

Oppose PT uses acupuncture needles to perform so called "Dry Needling" without acupuncture licenses

Which ever medical professional uses acupuncture needles to conduct therapeutic procedure, state government regulatory requirements in acupuncture need to be implemented!

The state regulation needs to apply to PT as well when they use acupuncture needles to perform so called "Dry Needling" procedures.

Commenter: Ming dai

7/23/19 9:45 pm

Practice of dry needling

Commenter: Yongshu, Chen

7/23/19 9:52 pm

Acupuncture vs dry needle

Commenter: Yongshu Chen

7/23/19 10:02 pm

acupuncture vs dry needle

Dry needle belongs to the scope of acupuncture. It is safer and more effective to go to a licensed acupuncturist since he/she received lot more training than a PT person when it comes to acupuncture.

Commenter: Paul Dolan, Marymount University

7/23/19 10:11 pm

Dry Needling is not Acupuncture

Trigger point dry needling is a technique physical therapists use for the treatment of pain and movement impairments. The technique uses a "dry" needle, one without medication or injection, inserted through the skin into areas of the muscle.

Dry Needling is not Acupuncture. Acupuncture is a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles, and supported by research done in part by Physical Therapists.

As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training.

Acupuncture is in the scope of Acupuncturists. Trigger Point Dry Needling is in the scope of practice of Physical Therapists and I support this regulation being approved.

Commenter: Megan, ASRS

7/23/19 10:15 pm

Dry Needling is for PTs

I have worked in a PT clinic for 3 years now and have not only seen but experienced the benefits of dry needling by a PT. There is a difference in dry needling and acupuncture, and it should remain in effect that PTs have the ability to dry needle. As a LMT, there are scopes of practice for a reason, and I do not believe dry needling is in the scope of practice for an Acupuncturist. Keep it for PTs!!

Commenter: Carolyn Kennedy

7/23/19 10:21 pm

proposed regulations for dry needling

I am a patient of dry needling and I totally support all the proposed regulations for dry needling.

Commenter: Jane Hung

7/23/19 10:32 pm

Dry needling should only perform by licensed acupuncturist.

Commenter: Zhent Wu

7/23/19 10:45 pm

Dry needling is Acupuncture

Physical therapy is a non-invasive discipline that helps patients restore the body moments. To Insert needles into human body against PT's fundamental guidelines. So my concerns are can PT become MD someday ever since they try to take this dry needling treatment from acupuncturists? If the answers is no. Then can Acupuncturist does electrical stimulation or heat therapy or teach functional exercises to the patients? If the answer is still no. Then what If the Virginia Health Department allowed acupuncturists to do it and insurance companies pay for it, what's gonna happen?

I believe every speciality supposes to have their own borderlines. If everyone thinks they want to and they can do other's jobs better then their own, then someday, doctors are not doctors, therapists are not therapists. Because they knew to cross the border lines would be allowed and insurance companies would have to pay. Greed is endless

Commenter: Laura Thomas

7/23/19 11:05 pm

Support Dry Needling

Dry needling is an appropriate intervention performed by licensed physical therapists who have been properly trained to use on specific patients that may benefit from the intervention.

Commenter: Tami black

7/23/19 11:10 pm

Dry needling is part of PT/ it helps patients with therapy if needed

7/23/19 11:20 pm

Commenter: Christie Savage

Dry Needling in an Invasive Technique that Can Cause Serious Injury if not Performed Safely

I am an acupuncturist who has been practicing for over 12 years. I have taken classes in Trigger Point release (essentially what is done with Dry Needling) in acupuncture school and in Dry Needling in post graduate classes. Needling over organs must be done carefully to prevent injury. The lungs are especially vulnerable to pneumothorax. Many trigger points are located over the lungs. If not performed properly, the needle can slip between the ribs and injure the patient. Physical Therapists receive a comprehensive education on anatomy and physiology, including underlying organs, nerves, and blood vessels. However, safely needling over these structures requires many hours of practice.

In acupuncture school we needle each ourselves and classmates for more than one semester prior to needling patients. We spend an entire year as interns needling patients under supervision of licensed acupuncturists.

With the Dry Needling Regulations in Virginia, Physical Therapists who have no training in inserting needles into patients during their training, are able to needle the public after weekend classes.

I have had several patients come to me after dry needling by a PT, saying it was one of the most painful experiences they ever had. As an acupuncturist trained in many needling techniques, I oppose overly aggressive needling of a Trigger Point. I have been trained in many needling techniques. I do a thorough intake for each patient to determine the type of needling that is most beneficial for him or her.

This is an issue of public safety.

The scope of practice of Dry Needling needs to be better defined. It a technique to release Trigger Points. Any other "Dry Needling" that include acupuncture points, electric stimulation on needles along the spine, distal needling (needles placed a distance from the Trigger Point), or any other type of needling other than release of Trigger Points is an expansion on the original technique. This would require even more specialized training. From my comments on the last version of the Regulations (edited for clarity):

There are Physical Therapists in the U.S. advertising "Facial Rejuvenation" Dry Needling. This is beyond the scope of "therapy of muscle pain, including pain related to myofascial pain syndrome." The face is a sensitive area and patients tend to be more upset with facial bruising. Any facial needling should require more specialized training. Physical therapists are also advertising that they are treating sinusitis, an internal condition. Though sinuses can indeed be treated needling facial muscles, an acupuncturist would make a proper diagnosis to treat the underlying cause of the inflammation as well as give dietary and and lifestyle advise. A physical therapist treating facial muscles only would be circumventing proper medical treatment. A physical therapist was advertising treating headaches by needling the hand. This is using acupuncture while circumventing proper education. Chinese Medicine has over 2000 years of theory, practice, and research to ensure proper use of points. If the same points are used in Dry Needling, they should not be used by under-trained practitioners. Dry Needling, when using a solid filoform needle is an acupuncture technique.

Commenter: Wei hua Liao L. AC

7/23/19 11:46 pm

Dry needling is Acupuncture. Need to be perform by licensed Acupuncturist!

Commenter: Richmond Letterio PT, DPT

7/23/19 11:59 pm

PT Dry Needling

PTs receive extensive training in anatomy to safely use dry needling as a part of our practice. It is a tool that can be safely used in our settings to help our patients. The regulations are appropriate to maintain safety and I support the ability of PTs to use dry needling within them.

Commenter: Haiyan chow AACMA

7/24/19 12:50 am

oppose dry needling

Oppose to perform dry needling by physical therapist without acupuncture license.

Commenter: Maureen Godfroy

7/24/19 1:24 am

Dry Needling

I STRONGLY support 100% dry needling by Physical Therapists

Commenter: Maureen Godfroy

7/24/19 1:30 am

I STRONGLY support 100% Dry Needling by Physical Therapists

Commenter: Feifei

7/24/19 1:47 am

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Guohui Zhao

7/24/19 2:20 am

oppose dry needling

Commenter: Hong Qi

7/24/19 6:42 am

Dry needling is acupuncture

Commenter: Meghan Helvig

7/24/19 7:22 am

Support dry needling

Commenter: Sage Small

7/24/19 7:43 am

For Dry Needling

I am a physical therapist practicing and living in VA who is certified in dry needling. I, like many of my colleagues, have my doctorate and am an expert in human anatomy and physiology. Currently, dry needling is an additional certification in which you must take at least 50 hours worth of classroom lessons and practical experience in order to perform dry needling. This is a skill beyond the expertise that earning my doctorate in physical therapy afforded me, and builds on the education I already have which is why it is an additional certification. Since utilizing dry needling with my patients, I have been able to use it in conjunction with exercises in order to improve strength and reset and rebuild neural connections between the brain and muscles. I can use dry

needling to have an effect much faster and more efficiently than I can have with other modes of manual therapy, which allows me to spend more time with my patients teaching them exercises to improve their symptoms. Besides using the same size needles, there is little in common with acupuncture, and should not be confused with it as it uses completely different theories, depths and adjunct therapies in order to have the intended affect.

Commenter: Emily Driscoll, PT, DPT

7/24/19 8:13 am

Dry Needling IS NOT Acupuncture. Support DN by PTs

Dry needling is not the same as acupuncture. While on the surface, they may look similar, they are actually quite different. Dry needling is simply a tool used by physical therapists to stimulate myofascial trigger points and connective tissue for the management of neuromusculoskeletal pain.

Acupuncturists do more than just insert needles. Acupuncturists use needles to prevent or modify the perception of pain, to normalize physiological functions, and to treat ailments and conditions of the body. They also use the techniques of electroacupuncture, cupping and moxibustion. To say the two is equal is a disservice to both professions

Dry needling is an appropriate intervention to be performed by licensed physical therapists with the proper training to improve patient outcomes.

Commenter: Richard Jackson

7/24/19 8:16 am

Proposed revision of Dry Needling regulations

Advocating for PT's Right to Dry Needle Physical Therapy vs Acupuncture

The Practice of Acupuncture

Acupuncture is based on traditional Chinese medicine (TCM). They insert needles to change "chi"/"qi", which are basically what eastern medicine describes as "life force energies". Qi is believed to flow from the body's organs to the "superficial" body tissues of the skin and muscles through channels called meridians. There are 12 standard meridians and 8 extraordinary points that are related to organs and "storage vessels" respectively—not muscles. There is no scientific basis or proof for qi, meridian lines, or extraordinary points—it is based on ancient Chinese philosophy.

In TCM, there are 4 diagnostic methods: inspection (focuses on the face and tongue), auscultation (listening to breath sounds) and olfaction (observing body odor), questioning (focus on the "seven inquiries" related to fever, perspiration, appetite/thirst/taste, defecation/urination, pain, sleep, menses), and palpation (feeling for tender points and for pulse). None of these diagnostic methods include clinical testing of the musculoskeletal system as is done with dry needling.

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Commenter: David Weiss

7/24/19 8:28 am

Strongly Support Dry Needling

I strongly support the independent use of Dry Needling by Physical Therapists (PT). I am an RN and have been in nursing since 1977. I personally experienced dry needling by my PT and had remarkable results in reduction of muscle spasms, markedly reduced need for narcotics, muscle relaxants, and NSAIDS, with improved mobility. This was all directly related to dry needling.

I currently work in a surgical department with an attached Post Anesthesia Care Unit as well as In-Patient post -op care. Nurses are being trained in the similar Battlefield Acupuncture of the auricle and many have found this to be of significant benefit for patient pain control, earlier mobility, less narcotic requirements (with associated complications), and earlier discharge. This can be done without a physicians order in many locations.

PTs are a very educated branch of the medical profession and spend considerable "hands on" time with their patients. In most cases, much more than a physician. They are in the best position to determine the needs of the patient for the best prognosis. They should definitely be able to provide this level of care without a medical referral.

Appropriate certified training and initial should be a must for this procedure, but PTs should be allowed to work in the best interests of those in their care without additional layers of bureaucracy.

Commenter: Phil Ratliff, Jackson Clinics

7/24/19 8:31 am

Support of PTs with Dry Needling

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The Practice of Acupuncture

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enter your comments here. You are limited to approximately 3000 words.

Commenter: Brittany Cogbill

7/24/19 8:31 am

Dry Needling Support

Advocating for PT's Right to Dry Needle Physical Therapy vs Acupuncture

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Commenter: Tom Gallinaro

7/24/19 8:38 am

Support Dry Needling

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7/24/19 8:50 am

Commenter: Tiffani Hastings, Virginia Hospital Center

Support Dry Needling performed by Physical Therapists

Physical therapists receive significant training in anatomy and physiology in their doctorate programs, but also post graduate school specifically for Dry Needling. Dry Needling and Acupuncture are two different entities with completely different goals. I have found Dry Needling to be extremely effective in treatment of both acute and chronic patients, allowing patients to move better in a shorter time frame. Isn't our goal for our consumers/patients to have improved quality of life? We should work together to help our patients! Physical therapists are autonomous practitioners who will refer out to various healthcare professionals as appropriate; I personally have referred patients to acupuncturists.

Commenter: Dana Edwards

7/24/19 9:00 am

Support PT dry needling

PTs are excellent at dry needling due to high level of knowledge of anatomy.

Commenter: Megan Gretka PT DPT OCS

7/24/19 9:07 am

Strong support of Dry Needling for PTs

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Commenter: Shannon Dooley, Virginia Hospital Center

7/24/19 9:07 am

I support Physical Therapists dry needling

Commenter: Edward Bagliani

7/24/19 9:11 am

support of dry needling

I have had very strong benefit from dry needling. It saved me from chronic neck and back pain and kept me completely off PAIN KILLERS.....please support this therapy..

Commenter: Hayley Gillen

7/24/19 9:17 am

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There are casualties related in any profession, however it is expected that the casualties and adverse effects are minimal and that there are safety precautions set in place to minimize harm—Physical Therapists, being western medicine, have taken an oath "to do no harm"... if there were not enough precautions in place or not enough training, the numbers would show it and as a profession we have the responsibility to change policies to protect our patients.

One acupuncturist on the forum quoted that there have been 3 cases of pneumothorax in Richmond, Virginia some years ago—no sources were stated by this professional. However, even if this were true, 3 cases is a very small number compared to how many patients are being needled on a daily basis in Virginia. Acupuncturist are not without fault either when it comes to pneumothorax, other serious adverse events, and even deaths. Between 2000 and 2009, one study quotes 95 cases of serious adverse events, including 5 deaths, from acupuncture (<http://www.dscience.net/Ernst-2011-AcupunctAlleviatePainRiskReview.pdf>). In another study, in 25 countries between 2000 and 2011, there were 294 adverse events from acupuncture reported—these included spinal cord injuries, brain injuries, peripheral nerve injuries, heart injuries, etc... potentially way more serious than just a simple pneumothorax (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616356>). Yet another study found 26 cases resulting in 14 deaths from cardiac tamponade after acupuncture (Cardiac tamponade caused by acupuncture: a review of the literature". *International Journal of Cardiology*. 149 (3). Then in 2013 a systematic review that found 31 cases of vascular injuries resulting in 3 deaths post acupuncture (<http://www.minervamedica.it/en/journals/internationalangiology/article.php?cod=R34Y2013N01A0001>).

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Reading the forum, many acupuncturists commenting appear to be misinformed—or uninformed rather—on many issues including: education level of PTs, what dry needling entails, how dry needling physiologically produces changes within the musculoskeletal system, etc. Many of their comments also appear to be related to the assumption that dry needling equates to acupuncture simply because we are using needles to penetrate the skin, therefore we should be held under the same acupuncture licensing standards. If I use a rolling pin to massage a muscle, am I baker that is baking? If an acupuncturist suggests a form of meditation or guided imagery while performing acupuncture, should have to go through the licensing standards of a cognitive behavior therapist? If a patient is advised to perform a kind of stretch or strengthening by a chiropractor, should they have to get their doctorate in Physical Therapy? No, All healthcare professions overlap at least a little bit and that should be okay—no one profession is able to treat the entire holistic person, which is why there are doctors of specialty.

Commenter: Erin Burford DPT OCS

7/24/19 9:17 am

Strong support for dry needling.

Strong support of Dry Needling for PTs

Acupuncture is based on traditional Chinese medicine (TCM). They insert needles to change "chi"/"qi", which are basically what eastern medicine describes as "life force energies". Qi is believed to flow from the body's organs to the "superficial" body tissues of the skin and muscles through channels called meridians. There are 12 standard meridians and 8 extraordinary points that are related to organs and "storage vessels" respectively—not muscles. There is no scientific basis or proof for qi, meridian lines, or extraordinary points—it is based on ancient Chinese philosophy.

In TCM, there are 4 diagnostic methods: inspection (focuses on the face and tongue), auscultation (listening to breath sounds) and olfaction (observing body odor), questioning (focus on the "seven inquiries" related to fever, perspiration, appetite/thirst/taste, defecation/urination, pain, sleep, menses), and palpation (feeling for tender points and for pulse). None of these diagnostic methods include clinical testing of the musculoskeletal system as is done with dry needling.

Dry needling is based on scientific research methods of western medicine, for the treatment of the musculoskeletal system, and orthopedic based in diagnosis and treatment; it does not claim nor teach anything related to qi and meridians. Dry needling has shown to produce immediate physiological effects within a muscle, the PNS, and CNS. Particularly for the muscle itself, inserting a dry needle directly into a trigger point will increase acetylcholinesterase (Ache), which will in turn decrease acetylcholine (Ach) which are responsible for keeping bands of muscles contracted; this will also lead to a cascade of other reactions, including decreasing proinflammatory chemicals (e.g. bradykinin, CGRP, 5HT, prostaglandins), improving acidity levels, and increasing oxygen/blood flow within the muscle fibers.

Acupuncture Education

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Commenter: Brittany Walsh, Virginia Hospital Center

7/24/19 9:28 am

I support Physical Therapists dry needling.

I support Physical Therapists dry needling.

Commenter: Elaine Clark

7/24/19 9:31 am

dry needling

I support the practice of dry needling by Physical Therapists. It is within our scope of practice and it is not acupuncture.

Commenter: Mishael

7/24/19 9:55 am

Danger for the public to allow PTs using dry needle without LAC license

Marshall H. Sager, DO, FAAMA
Rey Ximenes, MD, FAAMA

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

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

Dry needling, like acupuncture, involves the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used by physicians and licensed acupuncturists for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not an holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. Regardless of the theory, it is incontrovertible that dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. It is critical to understand that dry needling, in the hands of minimally educated practitioners can cause extreme harm. Any invasive procedure has associated and potentially serious medical risks and is safe only if performed by a properly educated, trained and experienced health professional. The technique of dry needling frequently involves needling of muscular structures that may be deep and/or hidden under layers of other muscles and tissues and close to sensitive structures and organs including blood vessels, nerves and organs as, for example, the lungs. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Angle the needle incorrectly and, for example, the lung may be punctured. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient). In the worse case scenario, vital organs can be pierced, resulting in complex medical situations or even death.

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

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

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

December 9, 2014
Updated February 2, 2016
Adopted unanimously
Board of Directors of AAMA

Commenter: Claire Tallman PT, DPT - Virginia Hospital Center Outpatient Rehabilitation

7/24/19 10:25 am

I support trigger point dry needling treatment performed by certified PTs in the state of VA

Commenter: Jacqueline Winn

7/24/19 10:37 am

support PT performing dry needling

The Practice of Acupuncture

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I would encourage Acupuncturists to take dry needling courses in order to be more educated and familiar with what is actually taught and practiced instead of speculating and trying to limit adequate care for patients, especially in rural underserved areas and military bases.

Commenter: Terri Hurt

7/24/19 10:45 am

Dry needling

I support dry needling by physical therapist

Commenter: chengzao Wei

7/24/19 10:52 am

opposition dry needling without acupuncture licenses

Commenter: Kasey Ray, Appalachian Agency for Senior Citizens

7/24/19 11:07 am

Support for PT performing dry needling in VA

Dry needling is a technique used by physical therapists for the treatment of pain and movement impairments. Dry needling is NOT acupuncture, a practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is part of modern western medicine principles and supported by research done in part by Physical Therapists. As part of their entry level education, physical therapist are well educated in anatomy and therapeutic treatment of the body. Physical therapist who perform dry needling supplement that knowledge by obtaining specific, postgraduate education and training.

Trigger point dry needling is within the scope of practice for Physical Therapists and I support this regulation being approved.

Commenter: Samantha DeAlto, Progress Physical Therapy

7/24/19 11:14 am

support TPDN

support TPDN for physical therapists

Commenter: Aiden C.

7/24/19 11:22 am

STRONGLY OPPOSE to Dry Needling by PTs

As a licensed acupuncturist, I strongly oppose the practice of dry needling by PTs. This technique is a simplified version of acupuncture that, at its inception, was originally taught to PTs by an acupuncturist. The similarity for both dry needling and deep acupuncture insertion is that acupuncture needles are deeply placed and strongly stimulated into ashi points/trigger points. The key as a practitioner is knowing whether or not this technique is appropriate for the patient. The average licensed acupuncturist has ~2,000 hrs of needle training vs 20-50 hrs for a PT. I've experienced several patients coming to me with severe pain and worsening of symptoms after dry needling because the strong stimulation wasn't appropriate for them. I strongly recommend acupuncture needles be used solely by licensed acupuncturists.

Commenter: Huang Hongmei

7/24/19 11:28 am

Against dry needling

Commenter: Chih liu

7/24/19 11:42 am

Dry needle will scroll up acupuncture

Commenter: Angela Gordon, Advanced Kinetics Physical Therapy

7/24/19 11:49 am

Support of Dry needling

I am in full support of dry needling for Physical Therapist. Dry needling has been around for decades and was partly discovered by physiatrist who treated chronic pain using trigger point injections. They did studies to compare whether it was the mechanical stimulation by the needle into the trigger point or the fluid they injected into the trigger point the led to relief of pain for the patient. They discovered similar if not better results of just the mechanical stimulation. Then the practice of "dry" needling came to be.

Physical therapist Unlike Accupuncturist have extensive training on the body, anatomy and physiology. As part of our training we are required to dissect a human cadaver learning the whole system inside and out. Accupuncturist do not have this extensive knowledge or education of the

human body. They spend most of their training with a needle learning chinese medicine not learning how to clinically reason or learning the anatomy of the human body. It takes a PT's nearly 7 years to become licensed. Accupuncture education is less then 2 years. In addition a Physical therapist is required in VA to have either post education or in school course on differential diagnosis and clinical reasoning to be certified to see patients under direct access thus supporting the fact PT's have the skills to clinically reason what modality and treatments are appropriate for the patient.

Physical therapist are well educated in order to perform dry needling. What we do is way different then an accupuncturist and we as a profession could work well and compliment accupuncture practices if accupuncturist would take the time to understand and be more educated in exactly what we do!

Commenter: Ryan Helms

7/24/19 12:01 pm

Supporting Dry Needling by PTs

Tools to help people get better should never be "owned" by any one group of healthcare professionals. We are all in the healthcare field for the benefit of the patient. As part of their entry level education, physical therapists are well educated in anatomy and therapeutic treatment of the body. Physical therapists who perform dry needling supplement that knowledge by obtaining specific postgraduate education and training. Physical therapists are therefore well trained and educated to perform dry needling with no increased risk to the patient compared to other healthcare professionals.

Commenter: T. Michael Maher

7/24/19 12:17 pm

Support for Dry Needling by Physical Therapists

I support the practice of dry needling by PT's. I underwent sessions with my physical therapist, Kim Holt, the results of which were wonderfully successful in my treatment. I recommend dry needling to anyone I know that experiences symptoms for which the dry needling treatment would be appropriate. Thank you Kim.

Commenter: Emily Cobb

7/24/19 12:18 pm

Support PT dry needling

Commenter: Kiara Girkins

7/24/19 12:18 pm

I support the proposed regulations and PTs performing DN.

I support the regulations.

Commenter: G Chapman

7/24/19 12:25 pm

Dry needling by PTs, YES PLEASE!

I support the use of trigger point dry needling by Physical Therapists. Their level of training and expertise provides for the proper delivery of this therapy. Dry needling is a therapy distinct from acupuncture. I support this regulation.

Commenter: Sarah Amesbury, PT

7/24/19 12:31 pm

Dry needling by a PT is safe and effective

The only thing acupuncture and dry needling by a PT have in common is the tool. The assessment technique, treatment technique and intended outcomes of dry needling are completely different from acupuncture administered by a licensed acupuncturist.

As far as education and readiness, PTs have years of training regarding anatomy and physiology, and dry needling is completely safe following intensive training.

Commenter: QIN Yan, China Spring Acupuncture & Herbal Medicine

7/24/19 1:12 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Ming Su

7/24/19 1:15 pm

" I am AGAINST Dry needle by PT without NCCAOM certificate"

Commenter: Hongxue Yao

7/24/19 1:16 pm

Oppose pt practice dry needling.

Commenter: NWHC/ Debra

7/24/19 1:16 pm

Dry needles has not enough training to understand the theory of why how they are doing....

Commenter: Marcia Liu, Wholelife Chinese Medicine & Acupuncture Center

7/24/19 1:17 pm

No dry needle by PT without NCCAOM acupuncture certificate.

Commenter: Ting Huang, Wholelife Acupuncture

7/24/19 1:18 pm

I'm against dry needle by PT without acupuncture certification.

Commenter: Karen Jenks

7/24/19 1:22 pm

I support dry needling

Commenter: Gui Rong Jin

7/24/19 1:25 pm

Opposition to dry needling without acupuncture licenses .

Commenter: Christina Huang, Florida Acupuncture Association

7/24/19 1:40 pm

Opposition to dry needling without a valid acupuncture license.

Commenter: Cailong fang, Chandler's Ford Acupuncture centre,UK

7/24/19 1:45 pm

It is common sense to AGAINST Dry needle by PT without NCCAOM certificate

It is common sense to AGAINST Dry needle by PT without NCCAOM certificate, Patients will be suffering from the treatment and will be in danger as well. They need certificate.

Commenter: Yuna

7/24/19 1:51 pm

If PTs think they qualified, please pass the NCCAOM board exam and licensed!

like Most PTs here think they are qualified with strong background, please prove it! Pass the NCCAOM board exam!! Like everyone else!! NO discrimination!!

Commenter: Margaret

7/24/19 1:52 pm

Against PT practice dry needling without acupuncture License

Commenter: Matthew Lyons

7/24/19 1:52 pm

Support of Dry Needling

Dry needling is not the same as acupuncture as the needles are inserted directly into the muscle belly to relieve painful and dysfunctional trigger points. Physical therapists take continuing education hours to become proficient and practice in a safe manner.

Commenter: Tomas Lee

7/24/19 2:02 pm

Against Dry needle by PT without NCCAOM certificate

AGAINST Dry needle by PT without NCCAOM certificate

AGAINST Dry needle by PT without NCCAOM certificate

Dry needling is acupuncture. If PT and other professional practitioner want to practice it, it is well welcome. But for patients safety issues, PT still owe 700 hours additional course and need passed clean needle technique. And third party examination must set up. Now, PT just take 20 or 30 hours training then started Practice Acupuncture/Dry needling by changed acupuncture name as Dry needling to bypass Acupuncture Law, it put patients in high risk. According a collected rough information shows Three serious case occurred only in Richmond VA area. 1) In December 2013, Stewart J. a 50 years old lady suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a "High educated" Physical Therapist. She was hospitalized for two days. 2) In May 2015, Knauer J. a 30 years old lady also suffered a Traumatic Pneumothorax from penetrating right lung caused injury by the dry needling performed by a Chiropractor. She was hospitalized for six hours. 3) In 2016, Jenkins W, a 23 years old young man suffered a Traumatic Pneumothorax from penetrating lung caused injury by dry needling performed by a PT. He was hospitalized for four days.

Commenter: juanita puffenbarger

7/24/19 2:20 pm

i fully support these regulations. they are fair and much needed.

Commenter: Timothy Baker

7/24/19 2:33 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

If physical therapists think they are qualified to do acupuncture without a license, do we need license to do PT? I think we acupuncturists over qualified to do a physical therapist's job too!

Commenter: Dan Alcorn

7/24/19 2:48 pm

Full Support of the practice of Dry Needling by PT

The Practice of Acupuncture

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Dry needling is based on scientific research methods of western medicine, for the treatment of the musculoskeletal system, and orthopedic based in diagnosis and treatment; it does not claim nor teach anything related to qi and meridians. Dry needling has shown to produce immediate physiological effects within a muscle, the PNS, and CNS. Particularly for the muscle itself, inserting a dry needle directly into a trigger point will increase acetylcholinesterase (Ache), which will in turn decrease acetylcholine (Ach) which are responsible for keeping bands of muscles contracted; this will also lead to a cascade of other reactions, including decreasing proinflammatory chemicals (e.g. bradykinin, CGRP, 5HT, prostaglandins), improving acidity levels, and increasing oxygen/blood flow within the muscle fibers.

Acupuncture Education

Virginia University of Integrative Medicine (VUIM) is only accredited for masters of science in acupuncture, and not for any of the doctorate level studies it offers; whereas ALL the schools in Virginia with a Physical Therapy program are accredited doctorate programs—in fact, 100% of Physical Therapists graduating from PT school are doctors, whereas many acupuncturist appear to be misinformed that we are at a master's level as most of them are. On their website, their school catalog outlines their courses for the masters in acupuncture program. Their ~3 year program only requires 40 hours of "treatment of orthopedic disorders" (class AC510), which is a course that "provides applications to the diagnostic skills learned in Orthopedic and Neurological Evaluations of WM 540 class, and provides acupuncture treatments to the various disorders covered. This course covers treatment from a muscular and physiological perspective as well as a channel treatment perspective. This class provides practice in oriental medical approaches to athletic and other injuries, and refines students'ability to palpate anatomical structures." Upon further investigation, the WM 540 class is described as a course that "provides an introduction to the skills of history taking, physical assessment, and documentation. The student will demonstrate the skills to conduct a comprehensive health assessment including the physical, psychological, social, functional and environmental aspects of health. Effective communication, assessment, and documentation will be practiced in the laboratory setting. The student will become familiar with the techniques of physical assessment consisting of inspection, palpation, percussion". Physical assessment does not appear to incorporate any clinical musculoskeletal testing.

Acupuncture vs Dry Needling Related Adverse Events

There are casualties related in any profession, however it is expected that the casualties and adverse effects are minimal and that there are safety precautions set in place to minimize harm—Physical Therapists, being western medicine, have taken an oath "to do no harm"... if there were not enough precautions in place or not enough training, the numbers would show it and as a profession we have the responsibility to change policies to protect our patients.

One acupuncturist on the forum quoted that there have been 3 cases of pneumothorax in Richmond, Virginia some years ago—no sources were stated by this professional. However, even if this were true, 3 cases is a very small number compared to how many patients are being needled on a daily basis in Virginia. Acupuncturist are not without fault either when it comes to pneumothorax, other serious adverse events, and even deaths. Between 2000 and 2009, one study quotes 95 cases of serious adverse events, including 5 deaths, from acupuncture (<http://www.dcsceience.net/Ernst-2011-AcupunctAlleviatePainRiskReview.pdf>). In another study, in 25 countries between 2000 and 2011, there were 294 adverse events from acupuncture reported—these included spinal cord injuries, brain injuries, peripheral nerve injuries, heart injuries, etc... potentially way more serious than just a simple pneumothorax (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616356>). Yet another study found 26 cases resulting in 14 deaths from cardiac tamponade after acupuncture (Cardiac tamponade caused by acupuncture: a review of the literature". *International Journal of Cardiology*. 149 (3). Then in 2013 a systematic review that found 31 cases of vascular injuries resulting in 3 deaths post acupuncture (<http://www.minervamedica.it/en/journals/internationalangiology/article.php?cod=R34Y2013N01A0001>).

Combating Ignorance

Reading the forum, many acupuncturists commenting appear to be misinformed—or uninformed rather—on many issues including: education level of PTs, what dry needling entails, how dry needling physiologically produces changes within the musculoskeletal system, etc. Many of their comments also appear to be related to the assumption that dry needling equates to acupuncture simply because we are using needles to penetrate the skin, therefore we should be held under the same acupuncture licensing standards. If I use a rolling pin to massage a muscle, am I baker that is baking? If an acupuncturist suggests a form of meditation or guided imagery while performing acupuncture, should have to go through the licensing standards of a cognitive behavior therapist? If a patient is advised to perform a kind of stretch or strengthening by a chiropractor, should they have to get their doctorate in Physical Therapy? No. All healthcare professions overlap at least a little bit and that should be okay—no one profession is able to treat the entire holistic person, which is why there are doctors of specialty.

Commenter: John Zheng

7/24/19 2:51 pm

Opposition to dry needling without acupuncture licenses**Commenter:** Rebecca Wolfinger, Virginia Hospital Center

7/24/19 3:05 pm

strongly support PTs performing dry needling

'*Dry needling* is a procedural intervention used by physical therapists (PT) to treat pain, functional impairments, and disabilities. The technique involves the insertion of solid filament needles into the skin and underlying tissue to disrupt pain sensory pathways and relax contracted fibers (Dommerholt, & Fernández-de-las-Peñas, 2013). Clinical research suggests that dry needling helps reduce local and peripheral pain and sensitization, thereby hastening the restoration of muscle function and range of motion (Lewit, 1979; Dommerholt, 2011; Clewley, Flynn, & Koppenhaver, 2014). Dry needling (alone or with other physical therapy interventions) has been shown to be an effective treatment for neuromusculoskeletal diseases or conditions, including arthritis, tendonitis, carpal tunnel, and chronic pain (Dommerholt, 2004; Kalichman, & Vulfsons, 2010).

The theoretical genesis of dry needling is attributed to the pioneering work of Janet Travell, M.D. and David Simons, M.D. (Simons, Travell, & Simons, 1999) who used .22-gauge hypodermic needles to treat myofascial pain with trigger point therapy (i.e., needling of taut bands of muscle fibers). Over the past several decades, practitioners have adopted variations on the original approach including superficial and deep needling techniques (Gunn, 1997; Baldry, 2002; Ma, 2011). Modern dry needling has largely abandoned hypodermic needles in favor of round tip, solid filament needles ranging from .22 to .30 millimeters in diameter as the beveled tip of hypodermic needles causes greater tissue damage. In addition, modern dry needling is used to treat a variety of conditions and dysfunction of neuromusculoskeletal structures (Ma, 2011; Dommerholt & Fernández-de-las-Peñas, 2013; Dunning, et al, 2014).

The use of needles to treat health conditions is not unique to physical therapy. Needles of similar design are used by practitioners of Acupuncture and Oriental Medicine. However, the use of needles, per se, does not imply that one needling approach is equivalent to another or that one medical profession is infringing on the scope of practice of another. It is not the specific individual procedures or tools that define a profession, but the totality of the scope of practice (National Council of State Boards of Nursing, 2012).' Analysis of Competencies for Dry Needling by Physical Therapists Final Report

https://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Dry_Needling/AnalysisCompetenciesforDryNeedlingbyPT.pdf

Commenter: Sharlene Ni , pacific college of oriental medicine

7/24/19 3:09 pm

I am AGAINST Dry needle by PT without NCCAOM certificate"

Dear officer,

I am a student of acupuncture program.

I Haved been studied for 4 years, and need one more year to complete the program. I make huge effort to continue study, because Acupuncture can help regulate our human body, mental, and spirit. It is beneficial to everyone in optimize health status.

I am concerning about this "dry needle "will put the patients on risk.I hope patient only can be needed by NCCAOM certificates provides.

Thank you.

Best,

Sharlene Ni

Commenter: Shari Friedrichs

7/24/19 3:09 pm

dry needling

I appose the use and distinction of dry needling. It is by its very nature acupuncture, the use of acupuncture needles inserted into the body. This is only within the scope of practice of board certified Acupuncturists.

Commenter: Alex

7/24/19 3:10 pm

Dry needling is a form of acupuncture, giving it a new name does not make it different.

Commenter: Ming dai

7/24/19 3:12 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Wanzhu Hou

7/24/19 3:19 pm

stop dry needling if they have no acupuncture license !

acupuncture is a medical tool for treating diseases. Dry needle is using acupuncture to patients that belong to acupuncture, so that is the simple, practice dry needling MUST have acupuncture license!! Receive training of acupuncture!

Commenter: Joy Zhang

7/24/19 3:19 pm

Against PT practice dry needle without enough training and exam

Dry needling is a form of acupuncture, I against PT without enough training to practice Dry Needle, they need to pass NCCAOM exam. Even MD need to get 200 hours training if they want to practice Acupuncture, do you think PT just get 60 hours enough? It will put the public in risk conditions!

Commenter: Katherine Smethurst

7/24/19 3:24 pm

Dry needling for PT

dry Needling means inserting acupuncture needles without training g in appropriate physiology, pathology, diagnosis or treatment. Many studies of acupuncture have proven the ineffectiveness of needling with the appropriate knowledge and training. It is referred to in studies as "sham acupuncture" and is used as a control in double blind studies to determine the effectiveness of

acuij crude. Dry needling is ineffective, inappropriate and gives acupuncture a bad name as people will confuse its ineffectiveness with true acupuncture.

Commenter: Colleen Whiteford, Appalachian Physical Therapy

7/24/19 3:25 pm

In favor of PT DN

The proposed regulations are adequate and provide a necessary safeguard to the public.

Commenter: Ping Su

7/24/19 3:26 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Hui Chen

7/24/19 3:28 pm

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

Commenter: James

7/24/19 3:34 pm

High Risk for Public Health with so many Untrained unlicensed PTs do Dry Needle

acupuncturist is the best and most qualified practitioner to do the dry needle. Anyone else wants to practice it without enough training and proper license will put the public in big danger!!

just because they want to do it doesn't mean they can do it!! Please be licensed before try to needle a patient!!

Commenter: all natural medicine clinic

7/24/19 3:35 pm

stop dry needling if they have no acupuncture license !

acupuncture is a medical tool, without acupuncture license couldn't practice it, including dry needle!

Commenter: Michelle M Lau L.Ac., OMD. President of American Alliance of Acupuncture.

7/24/19 3:38 pm

Oppose No Acupuncture /Dry Needle education Standard ' PT performs Acupuncture/ Dry Needle for Patie

Commenter: Jonathan Cole, Appalachian Physical Therapy

7/24/19 3:42 pm

Dry Needling in scope of practice

Neighboring state, NC, found dry needling to be within the scope of physical therapy and safe for the public.

Commenter: Ben Tan, Wholelife Acupuncture

7/24/19 3:45 pm

Dry needling is one part of acupuncture. Must have acupuncture license to practice dry needling.

Commenter: Zhuojun Chen New England School Acupuncture

7/24/19 3:55 pm

Dry needling is one kind of Acupuncture. Lots trigger point have contraindication.PTs know nothing.

Commenter: Edwin Chen, ACM Health Center

7/24/19 4:00 pm

Dry needling

Dry needling should only be performed by licensed acupuncturists.

Commenter: Jessica L.

7/24/19 4:03 pm

PTs in NY get their LAC license if they do dry needling. And this shall apply to all states!

it is illegal to do dry needle in New York without LAC license. PTs do go back to school and get their LAC license to practice dry needling. And this shall apply to all states in America!

Commenter: MD Acupuncture & Herbal Medicine

7/24/19 4:14 pm

Dry needle is acupuncture, should only be practiced by an acupuncturist

Other professional who want to get acupuncture effective pain management should get proper acupuncture training before insetting a needle. Physical therapists and chiropractors should only keep practice in their own field, shouldn't use needles to penetrate human's skin under a fake name "dry needle".

Commenter: Darren Beilstein - PT Now

7/24/19 4:18 pm

Further support dry needling by PTs (evidence vs emotion)

It appears one of the primary arguments by acupuncturists (L. Ac.) against doctors of physical therapy (DPTs) using dry needling (DN) is "public safety." Yet, there is little to no evidence, beyond anecdotal comments by acupuncturists, to suggest in the 20+ year history of DPTs using DN in the public realm that DPTs are more likely to "cause a significant injury" versus acupuncturists. There is no research or evidence to support this claim.

I have read many acupuncturists comments in this forum about the risk of injury with use of needles over the lungs and other organs and they are correct. There is risk. DPTs are well aware of these risks and are appropriately educated about the risks during DN education. Furthermore, a detailed education in anatomy would appear to be the most logical and rational method of prevention against needle injuries to the organs. DPTs have a substantial education in anatomy and the education often includes cadaver dissections. The in depth anatomy education precedes DPTs post-professional education in dry needling.

The "professional" level anatomy education in any DPT program may likely be a higher level of anatomy education than acupuncturists receive, but I cannot speak accurately or intelligently to an acupuncturists anatomy education, as I am not an acupuncturist.

To that point, this conversation should be based on facts, not emotions. If DN is truly a "public safety issue" let's mention how removing DN from DPTs hands may be a disservice to the public health and safety. Research has shown DN used within a course of physical therapy plan of care reduced pain medication consumption and improved recovery. How would removing this treatment option favor "public health and safety?"

Ironically as a DPT who uses DN, I have referred clients to acupuncture care. There is no reason these two professions cannot co-exist for the best interest of the public's health and safety.

If "public health and safety" are truly the primary concerns, the only real question is - "How do we provide access to the highest level of care - to the greater number of people - to yield the best outcomes?"

Darren Beilstein, DPT, OCS, FAAOMPT

Commenter: Xiaoqin Zhao, DFCI

7/24/19 4:29 pm

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

r this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Ryan Kaplan

7/24/19 4:44 pm

Drying Needling is part of Acupuncture, should be only practice by Acupuncturist!!!

Commenter: Chris Liu

7/24/19 4:50 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Alex Chiahwang chen

7/24/19 4:51 pm

I am AGAINST Dry needle by PT without NCCAOM certification

I am against Dry needle by PT without NCCAOM certification.

Commenter: Alice Chen

7/24/19 4:52 pm

I am AGAINST Dry needle by PT without NCCAOM certification

I am AGAINST Dry needle by PT without NCCAOM certification.

Commenter: Lily

7/24/19 4:56 pm

Say NO to PT to do dry needle without NCCAOM certificate

Don't let PT do things they are not capable of!

Commenter: Guoping Zheng

7/24/19 5:01 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Angela S. Brooks, PT

7/24/19 5:04 pm

Dry Needling regulatory modifications

I am in support of the proposed modifications to the existing regulatory language regarding the practice of dry needling by physical therapists in Virginia.

Commenter: Morgan Kaplan

7/24/19 5:05 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Xiaoli Shang

7/24/19 5:06 pm

Say NO to PT to do dry needle without NCCAOM certificate!

Commenter: Connie

7/24/19 5:07 pm

Say NO to PT to do dry needle without NCCAOM certificate

Commenter: Jim Ye

7/24/19 5:11 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Steve

7/24/19 5:11 pm

I am AGAINST Dry needle by PT without NCCAOM certification

I am AGAINST Dry needle by PT without NCCAOM certification. Dry Needling is Acupuncture!

Commenter: Terri Lannigan, The Jackson Clinics

7/24/19 5:15 pm

In Support of PTs Performing Dry Needling

Differences in the practice of Acupuncture and Dry Needling

Acupuncture is based on traditional Chinese medicine (TCM). Needles are inserted to change qi, which are basically what eastern medicine describes as "life force energies". Qi is believed to flow from the body's organs to the "superficial" body tissues of the skin and muscles through channels called meridians. There are 12 standard meridians and 8 extraordinary points that are related to organs and "storage vessels" respectively—not muscles. There is no scientific basis or proof for qi, meridian lines, or extraordinary points—it is based on ancient Chinese philosophy.

In TCM, there are 4 diagnostic methods: inspection (focuses on the face and tongue), auscultation (listening to breath sounds) and olfaction (observing body odor), questioning (focus on the "seven inquiries" related to fever, perspiration, appetite/thirst/taste, defecation/urination, pain, sleep, menses), and palpation (feeling for tender points and for pulse). None of these diagnostic methods include clinical testing of the musculoskeletal system as is done with dry needling.

Dry needling is based on western evidence based medicine for the treatment of the musculoskeletal system. It is orthopedic based in diagnosis and treatment and does not claim nor teach anything related to qi or meridians. Dry needling has shown to produce immediate physiological effects within a muscle, the PNS, and CNS. Particularly for the muscle itself, inserting a dry needle directly into a trigger point will increase acetylcholinesterase (Ache), which will in turn decrease acetylcholine (Ach) which are responsible for keeping bands of muscles contracted; this will also lead to a cascade of other reactions, including decreasing proinflammatory chemicals (e.g. bradykinin, CGRP, 5HT, prostaglandins), improving acidity levels, and increasing oxygen/blood flow within the muscle fibers.

Acupuncture Education vs. Physical Therapy Education and Dry Needling Certification

In the state of Virginia, there is 1 accredited school (Virginia University of Integrative Medicine); 1 school that was waiting on accreditation by March 2019 (Arirang University) but has not updated their website on whether or not they have received accreditation; and 1 school website that turns out to be fake with a bunch of pop ups.

Virginia University of Integrative Medicine (VUIM) is only accredited for masters of science in acupuncture,

and not for any of the doctorate level studies it offers. On their website, their school catalog outlines their courses for the masters in acupuncture program. Their ~3 year program only requires 40 hours of "treatment of orthopedic disorders" (class AC510), which is a course that "provides applications to the diagnostic skills learned in Orthopedic and Neurological Evaluations of WM 540 class, and provides acupuncture treatments to the various disorders covered. This course covers treatment from a muscular and physiological perspective as well as a channel treatment perspective. This class provides practice in oriental medical approaches to athletic and other injuries, and refines students' ability to palpate anatomical structures." Upon further investigation, the WM 540 class is described as a course that "provides an introduction to the skills of history taking, physical assessment, and documentation. The student will demonstrate the skills to conduct a comprehensive health assessment including the physical, psychological, social, functional and environmental aspects of health. Effective communication, assessment, and documentation will be practiced in the laboratory setting. The student will become familiar with the techniques of physical assessment consisting of inspection, palpation, percussion". Physical assessment does not appear to incorporate any clinical musculoskeletal testing.

All Physical Therapy programs in Virginia and across the country with a Physical Therapy program are accredited doctorate programs. Education is based upon evaluation and treatment of musculoskeletal and neurological disorders affecting function and movement. Dry Needling is a certification obtained through post-graduate continuing education and requires extensive study and practice in order to receive certification. All of that education is directed toward using dry needling as one intervention method to address impairments identified by a full orthopedic musculoskeletal exam.

Acupuncture vs Dry Needling Related Adverse Events

There are casualties related to any type of medical intervention; however it is expected that the casualties and adverse effects are minimal and that there are safety precautions set in place to minimize harm—Physical Therapists, being western medicine, have taken an oath "to do no harm"... if there were not enough precautions in place or not enough training, the numbers would show it and as a profession we have the responsibility to change policies to protect our patients.

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Combating Ignorance

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Commenter: Katie morris, Rehab Associates

7/24/19 5:18 pm

IN FAVOR of PTs performing dry needling

The proposed regulations are appropriate and ensure safety for the public.

Commenter: Run Guo

7/24/19 5:23 pm

Dry needling is a part of Acupuncture theory, no one can do it without acupuncture certification

Dry needle is a part of Acupuncture theory, PT have to finish thousands hours official training and pass the acupuncture theory board tests before they practice needles on patients, otherwise, please Say NO to PT to do dry needle without NCCAOM certificate

7/24/19 5:23 pm

Commenter: Junxu

Say NO to PT to do dry needle without NCCAOM certificate

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Lillian Chen

7/24/19 5:25 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

I am AGAINST Dry needle by PT without NCCAOM certificate. Dry Needle is Acupuncture and should be regulated by NCCAOM Standard.

Commenter: Tao Sha Phalen

7/24/19 5:31 pm

Dry needs belongs to the acupuncture

Commenter: Tao Phalen

7/24/19 5:32 pm

Dry needles belongs to acupuncture

Commenter: Bishop Quigg Lawrence

7/24/19 5:35 pm

YES PT's should continue to Dry Needle

I have had acupuncture and Dry Needling.

Not the same

I also trust a Doctor of PT or any PT more than an "acupuncturist"

Please do not let the Acupuncturist lobby steal our treatment from the hands of the better educated and trained PT's

Commenter: Qing yu Liang

7/24/19 5:37 pm

Acupuncture/dry needle should be only administered by an acupuncturist.

Commenter: Scott Quesinberry

7/24/19 5:38 pm

In FAVOR of PT Dry Needling

As a PT patient who has received Dry Needling on at least Two occasions from my PT. It was done professionally and proved to be very effectively done with almost immediate results in my case. I trust a qualified PT to complete this in the future and would find it unnecessarily burdensome to force patients to go elsewhere for such service. Please continue to provide this service via PT community.

Commenter: Lee Ann Sigmon Farley

7/24/19 5:44 pm

I strongly support PTs performing Dry Needling!

As a Senior Citizen, being in the age group most needing relief from chronic pain, I would not choose to go to a acupuncturists, but would certainly feel more comfortable going to a doctor-approved physical therapists who is certified to perform Dry Needling. Why limit who can relieve human suffering? Think of the people in pain.

Commenter: Hong Xu

7/24/19 5:46 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses.

please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

Commenter: Fangling Liu RN

7/24/19 5:47 pm

Oppose dry needling, support Acupuncturist and TCM.

Commenter: Jiseon Park

7/24/19 5:57 pm

PTs perform dry needling.

Commenter: Yue Huang (VUIM)

7/24/19 6:00 pm

I am against Dry Needling by PT without license.

Dry Needling is one part of Acupuncture. Acupuncture is the Art of Qi balancing in human body. It's full of ancient wisdom. It's not simple skill. I am against Dry Needling by PT without license.

Commenter: Yw acupuncture PC

7/24/19 6:03 pm

I want to be PT without license! Against PT to be acupuncturist without license !

For the sefty side, all the professionals should get license for specialty. It doesn't matter how many school years you have. If PT did acupuncture without license, we should do PT without license also.

7/24/19 6:05 pm

Commenter: Eric Reichardt, SORVA (Physical Therapy Outpatient PT Clinic)

Dry Needling a must to help patients recover in physical therapy

Dry Needling in PT is vastly different than the practice of Acupuncture. PTs target the MS system and trigger points, NOT the energy meridians and holistic approach as is performed in Acupuncture. The ONLY similarity is the type of needle being used. We have performed thousands of dry needling procedures in our two clinics without "life threatening injuries" over the past 15 years resulting in thousands of people getting better faster which ultimately helps our local community and the state of Virginia in many ways. Let's not try to scare the public or legislators into limiting access to this amazing modality in physical therapy. **Each profession has a place for implementing needles to help their patients with various methods and we (physical therapists and acupuncturists) should unite to help one another and collaborate for improved outcomes for our clients rather than fight one another.**

Commenter: Ton Yang

7/24/19 6:17 pm

Say No to Dry Needling by PT without acupuncturist license

Say no to Dry Needling by PT without acupuncturist license.

Commenter: Runkel Yuan

7/24/19 6:27 pm

NO DRY NEEDLING!!! Would you let a hand surgeon perform cardiac surgery??

Physical therapists are using the argument that acupuncture is about "qi" and "energy". Well if they did some research instead of ASSUMING that acupuncturists do **NOT** only work with "energy". I **DO** perform motor point acupuncture on muscle bellies and have gotten great results for my patient, I **DO** perform orthopedic acupuncture as well as stretch my patients after wards. My training in orthopedic acupuncture is substantial and I can needle my patients safely. **I have over 3000 hours of training with over 900 hours of actual patient care handling needles, this far out does what a physical therapist gets in a weekend course.** And being an "expert" in anatomy **DOES NOT** make them experts in needling!! Physical therapists **DO NOT** answer to a third party testing even when they do take a weekend course, they have no certification process to prove that they are trained to handle needles. And I am sorry, a weekend course **DOES** not make you an expert in handling a needle with public safety in mind. As stated in my title above, would you want a hand surgeon performing your cardiac surgery?? All professions have a limit in their practice act which is what keeps the public safe from mishaps. When we cross the line and bite off more than we can chew, this is where the public has to suffer for it.

I am not opposed to ANY professional performing acupuncture, as long as they have the didactic training, even **MEDICAL DOCTORS require 300 hours of training and obtains a certificate.** **WHY** does a PT get to needle with less than 50 hours of training?

Commenter: vider su

7/24/19 6:35 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Lindsey Moon

7/24/19 6:43 pm

In Support of Dry Needling by Physical Therapists

I strongly support the practice of Trigger Point Dry Needling by trained physical therapists. I've been receiving this type of treatment by my highly skilled physical therapist for almost a year. I see a noticeable improvement from my back pain and increased functionality of my slow GI tract. There have been no negative effects observed so far.

I've had several rounds of acupuncture by different practitioners and saw little to no improvement. Unfortunately, one acupuncturist caused significant damage through the use of incense on the end of the needles that left my skin burned and led to an infection on my neck. This required antibiotics from my primary care physician and seven years later, I still have two large scars on my neck. Another acupuncturist I saw nine years ago was dismissive about my difficulty walking and said my

neurological symptoms were from eating too much meat. I had no noticeable improvement. A few weeks later I was diagnosed by a neurologist with motor neuron disease and foot drop (both cause difficulty walking and are very serious), based on several test results.

It is my opinion from my personal experience that there is more variation in the credentials of an acupuncturist than a physical therapist. These treatments are not the same and should not be regulated as such.

Commenter: Algus

7/24/19 6:54 pm

Dry Needling

I totally support Dry Needling as it is now!

Commenter: Connie Tice

7/24/19 6:57 pm

In favor of dry needling by PT's

Commenter: Lanli Ma, Ma's acupuncture

7/24/19 7:04 pm

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

Commenter: Wang Wendy

7/24/19 7:09 pm

Against PT using dry needle , only licensed acupuncturist can practice acupuncture, this is the saf!

Commenter: Andrew Chen

7/24/19 7:26 pm

Acupuncture/dry needle should only be administered by a License Acupuncturist.

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 3 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it posses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. California requires 3,000 hours of training to become a licensed acupuncturist.

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

3rd, Acupuncture needles only comes in dry form without any liquidity solution. It has been founded thousand years ago. Should only be administered by a License Acupuncturist.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Cathy liu

7/24/19 7:27 pm

No dry needles, please protect our public safety!!!

Commenter: edmund pan

7/24/19 7:33 pm

no dry needle for the people's well being

Commenter: Robin Li

7/24/19 7:34 pm

Dry needle is Acupunctune,PT cannot do without license!!!

Commenter: David Vincent

7/24/19 7:35 pm

NO dry needling WITHOUT acupuncture licenses

he practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 3 reasons;

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I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Autism Acupuncture

7/24/19 7:42 pm

I am AGAINST Dry needle by PT without NCCAOM certificate.

Commenter: Kevin Lu

7/24/19 7:47 pm

Oppose to dry needling being performed by Physical Therapists without NCCAOM certificate.

Commenter: Hea-Won Jin

7/24/19 7:48 pm

for dry needling

dry needling is Acupuncture. Just because someone decide to give a new name doesn't change the bottom line. Dry needling is part of Acupuncture and should be done by a licensed Acupuncturist.

Commenter: Alyce Shu

7/24/19 7:54 pm

No Dry Needling w/o Acupuncture License

Dry needling is a type of acupuncture and should only be administered by a licensed acupuncturist. Licensed acupuncturists must undergo a minimum of 1,000 hours of training and pass rigorous testing. Dry needling PT's do not. We cannot allow untrained, uneducated, and unqualified practitioners to undertake an invasive procedure that can put patients' health in jeopardy.

Commenter: Total care acupuncture clinic

7/24/19 7:57 pm

Acupuncture/Dry needling should only be operated by L.Ac

The practice of utilizing acupuncture style needles should be only by the state-regulated to only be allowed by L.Ac.

Commenter: Dr Jimmy Xu

7/24/19 8:15 pm

Dry needling is for acupuncturists

<https://townhall.virginia.gov/L/Comments.cfm?stageid=8144>

???

Opposition to dry needling without acupuncture licenses

????????

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

???Acupuncture/dry needle should only be administered by an License Acupuncturist.

???The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 3 reasons;

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????????

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Dr Jackie Gong

7/24/19 8:16 pm

Dry needling is acupuncture

<https://townhall.virginia.gov/L/Comments.cfm?stageid=8144>

???

Opposition to dry needling without acupuncture licenses

????????

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

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???The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

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I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

????????

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Tong Zhang

7/24/19 8:38 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Jin Bao

7/24/19 8:41 pm

NO dry needling WITHOUT acupuncture licenses

NO dry needling WITHOUT acupuncture licenses

he practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

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I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Kyle Feldman PT, DPT, OCS, CSCS, FAAOMPT

7/24/19 8:43 pm

Dry Needling FOR Physical Therapy

PT's have been applying dry needling for > 20 years. PT's have a doctorate education, strong knowledge of the human anatomy, and understanding of pathophysiology.

Dry needling is NOT acupuncture nor is it trying to be acupuncture. It is a different treatment rationale and purpose.

Artists and architects both use pencils. Just because an artist uses a pencil it does not make him an architect or assume he is one.

Just like manipulations are not chiropractic, needles are not acupuncture.

Commenter: sui Lui

7/24/19 9:07 pm

Opposition to dry needling without acupuncture licenses

I am against Dry needle by PT without NCCAOM Certificate.

Commenter: Qun Liu, Broadway Acupuncture PC

7/24/19 9:10 pm

Acupuncture/dry needling should be administered only by licensed acupuncturists.

Commenter: Amy Lin

7/24/19 9:12 pm

Opposition to dry needling without NCCAOM Certificate

I am against Dry needle by PT without NCCAOM Certificate.

Commenter: Dr. Tom Liu

7/24/19 9:17 pm

No dry needling without acupuncture license.

Commenter: Tyler Bowersock

7/24/19 9:17 pm

In favor of PT's dry needling

First PT's have advanced anatomical knowledge.

Secondly, it's a different philosophy. Acupuncturist's foundation is based on changing the flow of energy in a body. Dry needling by physical therapist address specific trigger points in muscle.

Commenter: Karen Stinson. Appalachian Physical Therapy

7/24/19 9:22 pm

Dry needling regulations

I agree that the proposed dry needling regulations are appropriate. An important safeguard is provided to the public.

Commenter: Karen Stinson. Appalachian Physical Therapy

7/24/19 9:23 pm

Approve of Dry needling regulations

I agree that the proposed dry needling regulations are appropriate. An important safeguard is provided to the public.

Commenter: Olivia Rutter

7/24/19 9:47 pm

Dry needling should only be administered by a licensed acupuncturist.

Dry needling is acupuncture. As a patient I would only feel comfortable if my practitioner were a licensed acupuncturist. Thank you

Commenter: Mike Randolph

7/24/19 10:03 pm

Against Draft Regulations 18 VAC 112 - 20

As a private citizen in the Commonwealth of Virginia, I have seen many medical practitioners, including MDs, DOs, physical therapists and licensed acupuncturists, during my lifetime; mostly related to congenital musculoskeletal issues that often cause me significant pain. Recently I was made aware of a very troubling development in Virginia healthcare relating to a proposed regulation: [18VAC112-20-121](#).

It is my understanding that, unless this regulation is revised, physical therapists will soon be able to legally perform acupuncture under the guise of "dry needling" without having undergone any defined standard of training or certification as it pertains to this very invasive treatment modality.

At present, it is not within the legal scope of physical therapists to perform invasive procedures on their clients. As I understand it, given the necessity of deeply inserting acupuncture needles to perform "dry needling", the risk of creating nerve damage or other serious complications is omnipresent. What is even worse, in spite of repeated requests from MDs in the medical acupuncture community, as well as licensed acupuncturists, it appears that Virginia has repeatedly failed to formulate common-sense requirements for PTs over the course of nearly five years, dating back to the McAuliffe administration.

As things now stand, Virginia is on the verge of institutionalizing a flaw in its healthcare system for the sole purpose of appeasing Physical Therapists' over-riding desire to add a therapy class for which it can bill, rather than add a therapy for which they are unquestionably qualified. While no one questions that patients properly and appropriately treated with acupuncture modalities (calling a treatment "dry needling" does not change the fact it is acupuncture) receive profound benefits, the slap-dash approach taken for competency qualification to allow PTs to effectively practice acupuncture shows that the desire to bill patients and insurance companies takes precedence over the health of Virginia citizens.

Seemingly unlike most of the commenters on this forum, I actually read the supporting documents because I was curious as to how the draft of this regulation came to be. A very disturbing aspect appears to be that a primary aim of the physical therapists appears to be economic. You need only to look to the minutes of the Regulatory Advisory Panel (RAP) meetings within the background materials. (See: http://townhall.virginia.gov/L/GetFile.cfm?File=meeting%5C133%5C26752%5CMinutes_DHP_26752_v1.pdf)

During the meeting in November, 2017 where competency requirements for PTs were either watered-down or altogether removed, Assistant Attorney General Erin Barrett put the PTs' interest in "dry needling" in stark commercial terms to the sole licensed acupuncturist on the Panel, stating "the assertion of unlicensed practice would be an antitrust issue, and the scope of physical therapy practice is not an issue." "Antitrust" issues are purely commercial and economic, not medical, and according to the minutes, Barrett framed the issue as such. My interpretation of this is that the Virginia physical therapy Board is effectively allowing a lawyer's opinion to dictate medical practice. According to those minutes, she made a none-to-veiled threat against licensed acupuncturists, who are the needling experts in this field, that opposition to watering-down competency requirements for PTs could result in litigation.

The duty of the Physical Therapy Board is to protect the public from harm. This regulation, as it is currently written, does not protect us. That all relevant agencies in Virginia appear to be abrogating their responsibility to demand strict training requirements in favor of expediency to appease the PT profession, many of whom are already practicing "dry needling", is both astonishing and disheartening.

In the interest of public safety, I urge you to draft specific and stringent training and competency requirements and articulate them within this regulation in order to clearly define a standard of care that should be expected upon walking into the office of ANY medical professional.

Commenter: Dr. Jia Bei Wang, University of Maryland

7/24/19 10:08 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Dry needle should be administered by licensed acupuncturist.

Commenter: Aden

7/24/19 10:18 pm

Patients DON'T want Downgraded DN services from PTs, they want the REAL ONE from LAC

Patients have the right to get the RIGHT medical services!!

No dry needle from unlicensed, untrained, unqualified PTs!!

if they know they have better options, than the 20 hours training PTs, they will choose LAC!! And the patients will be scared to be needled by those PTs!!

Against PT do the dry needle! This is acupuncturist's job!!

Commenter: Dr. Jerry V. Teplitz Jerry Teplitz Enterprises, Inc.

7/24/19 10:36 pm

Permit PT's to Dry Needle

Hi

I am an attorney licensed in Illinois on the inactive list. I also have a PhD in Holistic Health Sciences and I've written 9 books.

I have received both acupuncture and dry needling treatments. Other than both using an acupuncture needle they are complete different philosophies and approaches.

Acupuncture is a very complex system incorporating the meridian lines and Chinese philosophy into the practice.

Dry needling is simply looking for trigger points in the muscles to then use the needle to have the trigger point release.

They are both extremely effective approaches but completely different. Requiring dry needle practitioners to study acupuncture would serve no practical purpose. Therefore, I am in support of approving the dry needling regulations as presented.

Commenter: yuchen zhu

7/24/19 10:57 pm

against dry needles handled by anyone who doesn't have enough training and naccoom certificates

Commenter: Dr. Jun Xu AAPMR

7/24/19 11:13 pm

Dry needle performer must have acupuncture license.

If you want to do acupuncture needling patient, please take NCCAOM test and get acupuncture license.

Commenter: peter lui

7/24/19 11:21 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Ni-Fei Hsieh

7/24/19 11:25 pm

Against the dry needling by PT without NCCAOM CERTIFICATION

I'm against dry needling by PT who didn't have the adequate training to pass the NCCAOM certification to use the acupuncture needle for dry needling

Commenter: Amber Zainy, L.Ac

7/24/19 11:38 pm

dry needling is an invasive procedure that only a L.Ac is qualified to perform

Against Dry Needling - Public Safety Issue + Ineffective

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 2 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it poses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. California requires 3,000 hours of training to become a licensed acupuncturist.

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: Qing Ma, Alhambra Medical University

7/24/19 11:50 pm

Acupuncture / dry needle should only be administered by an Licensed Acupuncturist

Commenter: Daiyi Tang, FAA

7/25/19 12:45 am

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture.

Commenter: Dr. David Wang, Ohio State University

7/25/19 12:53 am

Dry needling is acupuncture, acupuncture license is required to practice dry needling

Acupuncture is the insertion of needles into the skin at specific points. These specific points are called acupuncture points. Trigger points or tender points are included in acupuncture points. Dry needling is the insertion of needles into the skin at trigger points (acupuncture points). So dry needling is acupuncture. Acupuncture license is required to practise dry needling (acupuncture)!!!

Commenter: Shuyu Cao

7/25/19 1:33 am

Don't gentrify medicine.

Dry needling is acupuncture. Dry needling hits pressure points. As a patient I would only feel comfortable if my practitioner were a licensed acupuncturist.

Commenter: Xin Lu

7/25/19 3:09 am

Acupuncture & dry needle should be only administrated by Licensed Acupuncturist.

Commenter: Jessica Olliges, Virginia Hospital center

7/25/19 7:19 am

I support physical therapists dry needling

Dry needling has helped my back pain immensely! I support dry needling.

Commenter: Min Lu

7/25/19 7:20 am

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses. please read a peer-reviewed article by Heming Zhu and Heidi Most, Dry Needling is One type of Acupuncture. Medical Acupuncture. 2016, 28(4): 184-193.

Commenter: Jiang Sun, North Shore Health Center

7/25/19 7:32 am

Against Dry needle treatment Using By PT..PT need to pass NCCA exam for acupuncture practices

Commenter: Audrey Comeau, VHC

7/25/19 8:27 am

support

I support Physical Therapists dry needling. Thank you.

Commenter: Aieden

7/25/19 8:42 am

I am AGAINST Dry needle by PT without NCCAOM certification

I am AGAINST Dry needle by PT without NCCAOM certification for obvious reasons.

Commenter: Dr. Kathryn Hayes PT, DPT

7/25/19 8:52 am

Dry Needling FOR Physical Therapy - inherently different intervention than acupuncture

The Practice of Acupuncture

Acupuncture is based on traditional Chinese medicine (TCM). They insert needles to change "chi"/"qi", which are basically what eastern medicine describes as "life force energies". Qi is believed to flow from the body's organs to the "superficial" body tissues of the skin and muscles through channels called meridians. There are 12 standard meridians and 8 extraordinary points that are related to organs and "storage vessels" respectively—not muscles. There is no scientific basis or proof for qi, meridian lines, or extraordinary points—it is based on ancient Chinese philosophy.

In TCM, there are 4 diagnostic methods: inspection (focuses on the face and tongue), auscultation (listening to breath sounds) and olfaction (observing body odor), questioning (focus on the "seven inquiries" related to fever, perspiration, appetite/thirst/taste, defecation/urination, pain, sleep, menses), and palpation (feeling for tender points and for pulse). None of these diagnostic methods include clinical testing of the musculoskeletal system as is done with dry needling.

Dry needling is based on scientific research methods of western medicine, for the treatment of the musculoskeletal system, and orthopedic based in diagnosis and treatment; it does not claim nor teach anything related to qi and meridians. Dry needling has shown to produce immediate physiological effects within a muscle, the PNS, and CNS. Particularly for the muscle itself, inserting a dry needle directly into a trigger point will increase acetylcholinesterase (Ache), which will in turn decrease acetylcholine (Ach) which are responsible for keeping bands of muscles contracted; this will also lead to a cascade of other reactions, including decreasing proinflammatory chemicals (e.g. bradykinin, CGRP, 5HT, prostaglandins), improving acidity levels, and increasing oxygen/blood flow within the muscle fibers.

Acupuncture Education

In the state of Virginia, there is 1 accredited school (Virginia University of Integrative Medicine); 1 school that

was waiting on accreditation by March 2019 (Arirang University) but has not updated their website on whether or not they have received accreditation; and 1 school website that turns out to be fake with a bunch of pop ups (I may or may not have downloaded a virus because of that website...).

Virginia University of Integrative Medicine (VUIM) is only accredited for masters of science in acupuncture, and not for any of the doctorate level studies it offers; whereas ALL the schools in Virginia with a Physical Therapy program are accredited doctorate programs—in fact, 100% of Physical Therapists graduating from PT school are doctors, whereas many acupuncturist appear to be misinformed that we are at a master's level as most of them are. On their website, their school catalog outlines their courses for the masters in acupuncture program. Their ~3 year program only requires 40 hours of "treatment of orthopedic disorders" (class AC510), which is a course that "provides applications to the diagnostic skills learned in Orthopedic and Neurological Evaluations of WM 540 class, and provides acupuncture treatments to the various disorders covered. This course covers treatment from a muscular and physiological perspective as well as a channel treatment perspective. This class provides practice in oriental medical approaches to athletic and other injuries, and refines students'ability to palpate anatomical structures." Upon further investigation, the WM 540 class is described as a course that "provides an introduction to the skills of history taking, physical assessment, and documentation. The student will demonstrate the skills to conduct a comprehensive health assessment including the physical, psychological, social, functional and environmental aspects of health. Effective communication, assessment, and documentation will be practiced in the laboratory setting. The student will become familiar with the techniques of physical assessment consisting of inspection, palpation, percussion". Physical assessment does not appear to incorporate any clinical musculoskeletal testing.

Acupuncture vs Dry Needling Related Adverse Events

There are causalities related in any profession, however it is expected that the causalities and adverse effects are minimal and that there are safety precautions set in place to minimize harm—Physical Therapists, being western medicine, have taken an oath "to do no harm"... if there were not enough precautions in place or not enough training, the numbers would show it and as a profession we have the responsibility to change policies to protect our patients.

One acupuncturist on the forum quoted that there have been 3 cases of pneumothorax in Richmond, Virginia some years ago—no sources were stated by this professional. However, even if this were true, 3 cases is a very small number compared to how many patients are being needled on a daily basis in Virginia. Acupuncturist are not without fault either when it comes to pneumothorax, other serious adverse events, and even deaths. Between 2000 and 2009, one study quotes 95 cases of serious adverse events, including 5 deaths, from acupuncture (<http://www.dcsience.net/Ernst-2011-AcupunctAlleviatePainRiskReview.pdf>). In another study, in 25 countries between 2000 and 2011, there were 294 adverse events from acupuncture reported—these included spinal cord injuries, brain injuries, peripheral nerve injuries, heart injuries, etc... potentially way more serious than just a simple pneumothorax (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616356>). Yet another study found 26 cases resulting in 14 deaths from cardiac tamponade after acupuncture (Cardiac tamponade caused by acupuncture: a review of the literature". *International Journal of Cardiology*. 149 (3). Then in 2013 a systematic review that found 31 cases of vascular injuries resulting in 3 deaths post acupuncture (<http://www.minervamedica.it/en/journals/internationalangiology/article.php?cod=R34Y2013N01A0001>).

Combating Ignorance

Reading the forum, many acupuncturists commenting appear to be misinformed—or uninformed rather—on many issues including: education level of PTs, what dry needling entails, how dry needling physiologically produces changes within the musculoskeletal system, etc. Many of their comments also appear to be related to the assumption that dry needling equates to acupuncture simply because we are using needles to penetrate the skin, therefore we should be held under the same acupuncture licensing standards. If I use a rolling pin to massage a muscle, am I baker that is baking? If an acupuncturist suggests a form of meditation or guided imagery while performing acupuncture, should have to go through the licensing standards of a cognitive behavior therapist? If a patient is advised to perform a kind of stretch or strengthening by a chiropractor, should they have to get their doctorate in Physical Therapy? No. All healthcare professions overlap at least a little bit and that should be okay—no one profession is able to treat the entire holistic person, which is why there are doctors of specialty.

I would encourage Acupuncturists to take dry needling courses in order to be more educated and familiar with what is actually taught and practiced instead of speculating and trying to limit adequate care for patients, especially in rural underserved areas and military bases.

Commenter: Jonathan Chen, USEPA

7/25/19 9:05 am

I am AGAINST Dry needle by PT without NCCAOM certificate.

Commenter: Sean Horne

7/25/19 9:11 am

Dry needling

I have Patella Alta and Trochlear Dysplasia in my knees as well as deterioration in my spine and dry needling from my PT has helped tremendously!

Commenter: Anne Gronos, PT, DPT - Virginia Hospital Center

7/25/19 9:27 am

I support PTs to continue using dry needling as a treatment option

I have obtained the IAOMPT certification and have been dry needling for almost 2 years now. I have noticed a significant, positive difference in my pts recovery from various injuries as a result of using it vs 8 years of previous practice without using it. It is inherently different from acupuncture (though using the same needles) and I still will refer pts to get acupuncture as needed. I support PTs being able to use dry needling as a treatment!!

Commenter: Geriann gallagher Connecticut

7/25/19 9:39 am

I am AGAINST PT's doing dry needling. I am an acupuncturist with a "masters degree in dry needling

Commenter: Shannon Hyatt

7/25/19 10:02 am

AGAINST dry needling by PTs who have less training than MDs

Dry needling is clearly a subset of acupuncture practice; it uses the same tools in the same modality. Even medical doctors, who have infinitely more training than PTs are required to have extensive training to practice acupuncture. Dry needling is an invasive and dangerous procedure, accompanied by inherent risks, including pneumothorax, permanent nerve damage and infection. If PTs are to expand their scope of work to using acupuncture needles, they should at least be held to the same training standards as medical doctors. The current draft of the regulation is reckless and puts the public at risk.

Commenter: A Hammond

7/25/19 10:22 am

In Support of PTs using Dry Needling

I am fully in support of PTs continuing to practice dry needling techniques. As a patient that occasionally requires dry needling in addition to my standard physical therapy, the benefits of having the procedure done in a professional office is extremely important to me. Physical therapists have taken many years of schooling and are licensed in the ways of manipulating the body for its healthiest and quickest healing process. This should include the dry needling process for releasing unhealthy knots and tension in combination with traditional therapy methods.

I've seen many comments on this board opposing PT's performing dry needling because they are not schooled in chi and body meridians. To refute this point, patients that are seeing a PT for dry needling aren't typically trying to realign their chakras. They're trying to get relief from tension and pain and regain proper body mobility. That's why they are seeing a physical therapist vs a acupuncturist or practitioner of Chinese medicine.

Dry needling should continue to be part of a PT's range of options for treatment where they can seamlessly transition their patient from one therapy to another within one office setting. The benefits of being able to use dry needling in combination with other PT techniques while the muscles and body are in a state of stimulation from movement and healing are substantial. While individual situations vary, if the patient were to receive physical therapy and then drive across town for acupuncture, their body would already be in "recovery mode", thereby making the acupuncture treatment less effective than if their body were in an active or stimulated state. **To be clear, I am not a professional, I am merely relating from my own experiences**

In conclusion, I fully support PT's being able to continue to using dry needling as part of their therapies.

Commenter: Laura Walsh

7/25/19 10:27 am

I support trained PTs continued use of Dry Needling

As a patient who has had both acupuncture and Dry Needling, I find that they are very different techniques. I am in support of trained PTs retaining the ability to use Dry Needling in their practices. My condition improved much more with the addition of Dry Needling to my therapy than without it. There is a synergy with Dry Needling of muscle Trigger Points and the various therapies performed/taught by PTs. Please do not take Dry Needling away from trained Physical Therapists!

Commenter: Chelsea Martin

7/25/19 10:35 am

PTs are highly trained in dry needling, which follows evidence based guidelines.

Commenter: Victor Chang

7/25/19 10:36 am

Dry Needle is from Acupuncture

The Dry Needle is part of Acupuncture! The Chinese people have been practicing the trigger points ever since Dr. Sun Simiao invented it in 652 AD. This long history of acupuncture is part of Traditional Chinese Medicine. Western Medicine just uses its own language and interpretation to change the content of Acupuncture into the Dry Needle. Acupuncturists should make a Copyright to protect themselves to prevent this type of infringement and clear up patients' confusions!

Commenter: Pamela RacineTot

7/25/19 11:01 am

Support dry needling

Commenter: Megan Chesek, Virginia Hospital Center

7/25/19 11:02 am

I support PTs using dry needling

PTs are highly trained in anatomy and physiology of the body and get comprehensive treatment for dry needling certification. I support their use in treatment of patients in need of physical therapy as they recover in a more timely fashion when used appropriately and it improves their quality of life.

Commenter: Charlene Lester

7/25/19 11:13 am

Supporting Dry Needling by Physical Therapists

Having experienced Dry Needling by a licensed and certified physical therapist I can attest that it is an excellent alternative to surgery or other therapies. I fail to understand why acupuncturist believe this can only be performed by them and not a physical therapist when my first-hand experience tells me otherwise. Physical therapists understand how the whole body works and what is needed to relieve pain through Dry Needling. Please do not remove this valuable tool from Physical Therapists as it is a help to so many who suffer agonizing pain and find relief through this practice.

Commenter: Lisa Rose

7/25/19 11:16 am

Keep dry needling at Physical Therapist Offices

Dry needling provided by our PT has been instrumental in our daughter's migraine pain management as well as aiding in recovery of injuries due to dance. Only a highly trained Physical Therapist would know how to use dry needling as a pain reliever and sports injury aid. Also, most insurance companies will cover PT visits but not acupuncture visits.

7/25/19 11:20 am

Commenter: LisaMarie Owens, PT, DPT / Virginia Hospital Center

I support physical therapists dry needling!

Commenter: Sarah Alemi

7/25/19 11:20 am

Support for IF Properly Regulated

I am a licensed acupuncturist and I am happy to see that other medical professionals also see the benefit of the use of acupuncture needles and want to incorporate needling into their patients' care. However, as needling is an invasive procedure, all those who perform any type of needling should have adequate training, education and regulation. I was required to have 3,000 hours in order to become licensed in Maryland as an acupuncturist and I needed additional testing to even apply for my acupuncture licensed in Virginia. We want to help patients, not leave them with increased pain or risk of adverse events, such as lung collapse.

As it stands, the current regulation for physical therapists to perform dry needling does not contain ANY MINIMUM REQUIREMENTS. Said differently, any physical therapist, even without any training or practice in needling, can perform needling. That directly puts the therapists' patients at risk of adverse events. Even other healthcare providers who needle have minimum training hours spelled out in their regulations and practice laws, such as primary care physicians and chiropractors.

Although the regulation does not state any specific minimum hours of training or practice, it also states that "dry needling is not an entry level skill but an advanced procedure that requires additional training." If it has been agreed upon, as other healthcare providers also agree with, that needling is an advanced procedure, then why not make sure to have specific requirements for what that additional training needs to be? As I have already mentioned, acupuncturists in Virginia and elsewhere are very tightly regulated and must meet certain criteria if we are to practice. Same with primary care physicians and other healthcare providers. Although a physical therapist may have plenty of education and additional training in their field, their focus has traditionally been on non-invasive therapies.

As it stands, this regulation would allow physical therapists to add to their scope of practice an invasive procedure that would not require any minimum or additional training on the part of the practitioner (outside of what they find acceptable), leaving public safety at risk. It would also allow the physical therapists to then tell patients (as some already do), that they can also "do" acupuncture and treat conditions outside of their traditional scope - again, without any additional training.

How can you expect to regulate a profession and the safety of the those receiving care if there are no guidelines to go by?

Commenter: The American Society of Acupuncturists

7/25/19 11:20 am

Opposition to Dry Needling - American Society of Acupuncturists

The American Society of Acupuncturists opposes the addition of "Dry Needling" to the practice of other professional groups on a number of grounds:

1. The practice is ill-defined, and there is no specific technique or curriculum which clarifies or directs this practice. Courses around the country are not standardized and no curriculum is approved. Many courses teach acupuncture points and techniques under the guise of "dry needling", and practices are essentially practicing acupuncture and using this packaging to avoid proper training and state law.
2. There is no independent, third party testing to assure minimal competency in practice.
3. The safety of acupuncture is known to be directly related to the training of the practitioner. The more inadequate the training, the higher the risk of patient injury. Training for "dry needling" is brief and non-standardized. This puts the public at risk. See: 4 Chan MWC, Wu XY, Wu JCY, Wong SYS, Chung VCH. Safety of acupuncture: overview of systematic reviews. Scientific Reports. 2017;7(1):3369. Published 2017 Jun 13. doi:10.1038/s41598-017-03272-0
4. Dry needling is clearly acupuncture. Claims to the contrary come from individuals with inadequate knowledge of the field of acupuncture, and this claim is used again to by pass state laws that have been put into place to assure public safety. Texts used in some "dry needling" classes include those such as "Biomedical Acupuncture" by Yun Tao Ma.
5. Around the country, physical therapists are expanding practice to include "dry needling" for sinus congestion, menstrual dysphoria, and other internal medicine issues. Oversight by physical therapy boards has been ineffective in managing the expansion of treatment into the domain of internal

medicine, thereby putting the public at risk. There is no reason to believe that the situation in Virginia will be different. <https://www.thephysiocompany.com/blog/physiotherapy-for-sinus-pain>, <https://www.kinetacore.com/about/news/clinical-pearl-desensitizing-the-migraine-functional-dry-needlingreg-approach/>, <https://waset.org/publications/10004906/dry-needling-treatment-in-38-cases-of-chronic-sleep-disturbance>, <https://integrativedryneedling.com/dry-needling-training/why-attend-integrative-dry-needling-courses/>

6. The only other professional group that has added acupuncture to its scope is Medical Doctors. The industry standard for this group, which is the most-highly trained of all medical professionals, is 300 hours. It is indefensible to presume a professional group with lesser training should be competent at only 27-54 hours. This puts the public at risk.

Commenter: Kirsten Burwell PT, DPT, OMTc

7/25/19 11:24 am

In favor of PTs dry needling

I am in favor of PTs dry needling per regulations listed! The use of dry needling by a physical therapist is based on science and has musculoskeletal indications for use. This is very different from the philosophical reasoning used by acupuncturists.

Commenter: Yanjuan Meng

7/25/19 11:47 am

Against PT dry needling

PT dry needling practicing provider should get NCCAOM certificate . They should not practice needling without be certified.

Commenter: Yuan yang

7/25/19 11:53 am

NO!! NO DN PT PLEASE!!

STOP DOING DN TO THE PUBLIC, PT!!

NO !!!

Commenter: Caroline Morris, PT, DPT, GCS Virginia Hospital Center

7/25/19 12:00 pm

Dry Needling is NOT Acupuncture

As a physical therapist who performs dry needling and a patient who receives acupuncture, I can firmly contest that these are two very different treatment interventions guided by different goals and training. I go to my acupuncturist for overall health goals. He determines the points based on his exam including pulse, tongue, symptoms, etc. I perform dry needling on my patients to release specific dysfunctional muscles to facilitate more normal movement patterns and reduce pain caused by trigger points. I find these points based on palpation, observation of movement, and measurement of loss of range of motion/flexibility. It is misguided to confound the two practices. Physical therapists do not perform acupuncture and do not claim so to do. PTs undergo extensive entry level education related to human anatomy and physiology as well as extensive continuing education to become certified in dry needling. Dry needling is a safe and appropriate tool to enhance patient outcomes.

Commenter: Colleen Rossier, Virginia University of Integrative Medicine

7/25/19 12:19 pm

Dry Needling should be recognized as a type of Acupuncture

Dry needling is one of a suite of practices that acupuncturists are trained in performing. It should be recognized as such.

If a Physical Therapist is to practice dry needling, they must understand what they are doing from both a Western and Eastern (e.g. Traditional Chinese Medicine- TCM) perspective which requires more training than most get currently. Dry needling should only be practiced by Physical Therapists who go through in-depth training on both Eastern and Western perspectives. They must

understand the difference between excess and deficiency patterns in TCM and when to apply rigorous stimulation. They must also understand nerve, muscular, and blood supply anatomy, and how not to cause damage to the patient - both via overstimulation of a deficient patient or via damage to physical structures. This is training that acupuncturists receive in their 3-4 year accredited Masters' programs.

Additionally, PTs practicing dry needling should not be able to claim that they are doing something "different" from acupuncture as the majority currently believe.

Dry needling is simply a specific type/application of acupuncture that uses "aashi" points (similar to trigger points) and deep stimulation. It is not something separate. This should be recognized, as this situates dry needling in the appropriate context of thousands of years of practice. It is not something new and different as is commonly - and mistakenly - believed by many.

Acupuncturists should be recognized as the experts on dry needling that they are, with physical therapists borrowing one of their tools. Not the other way around.

Commenter: Arthur

7/25/19 12:19 pm

Opposition to Dry Needling

Around the country, physical therapists are expanding practice to include "dry needling" for sinus congestion, menstrual dysphoria, and other internal medicine issues. Oversight by physical therapy boards has been ineffective in managing the expansion of treatment into the domain of internal medicine, thereby putting the public at risk. There is no reason to believe that the situation in Virginia will be different. <https://www.thephysiocompany.com/blog/physiotherapy-for-sinus-pain>,

<https://www.kinetacore.com/about/news/clinical-pearl-desensitizing-the-migraine-functional-dry-needlingreg-approach/>,

<https://waset.org/publications/10004906/dry-needling-treatment-in-38-cases-of-chronic-sleep-disturbance>, <https://integrativedryneedling.com/dry-needling-training/why-attend-integrative-dry-needling-courses/>

Commenter: Colleen Rossier, Virginia University of Integrative Medicine

7/25/19 12:23 pm

Further information to previous comment

For further information on some of the points outlined in previous comment, please see here: <https://www.nccaom.org/wp-content/uploads/pdf/AAPAS%20White%20Paper%20on%20Dry%20Needling.pdf>

Commenter: Jennifer Prodan

7/25/19 12:30 pm

Support PT dry needling

Commenter: Gabriella

7/25/19 12:35 pm

In support of PT dry needling

Commenter: Ping Chen

7/25/19 12:39 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Chuy Acupuncture

7/25/19 12:40 pm

Dry needling should only be done by licensed acupuncturists

Commenter: Hui P Chan

7/25/19 12:41 pm

Opposition to dry needling without acupuncture licenses

Commenter: Yuna jan

7/25/19 12:47 pm

No Dry Needle by PTs!

"DN is indistinguishable from acupuncture", physical therapists and other non-physicians practicing DN should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture. It emphasizes that "for patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians".

Reference : American Medical Association. Physicians take on timely public health issues. *AMA Wire*. Jun 15,2016. <http://www.ama-assn.org/ama/ama-wire/post/physicians-timely-public-health-issues>. Accessed Dec. 19, 2016.

Commenter: Paul Schellhammer M.D.

7/25/19 12:47 pm

I fully support dry needling by physical therapist. Dry needling has Consistently Provided pain reli

Commenter: Sarah Y

7/25/19 12:50 pm

Strongly in favor of PT dry needling

Dry Needling is well within the scope of physical therapy (more so than acupuncturists) and is undeniably helpful in restoration of musculoskeletal function. Taking away dry needling from PT would deny them a safe, useful, and highly relevant tool for rehab. For some patients this is key to recovery.

Commenter: Kevin Xiao CAUA-Acupuncturists Association

7/25/19 12:52 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Susan Killion

7/25/19 12:58 pm

The Important Benefits of Dry needling

I have been receiving dry needling for the past ten years. I have benefited in so many ways from the process. I first had the procedure through my doctor who has since retired. His name was Dr. William Teachey. He received training from the doctor in Bethesda, Maryland who wrote the book on trigger point therapy. He has written several articles in medical journals, been observed by doctors from other countries and done seminars at Harvard Medical School. He did the dry needling on my neck and cheek. Through this procedure, my drooping mouth from Bells Palsy was restored enough to closely resemble the other side. He also was observed by physical therapists at Innovative Therapy of Virginia Beach. I have also received great relief for my sciatic nerve pain from physical therapist, Sue Spring Parks, who has received extensive training in dry needling

techniques. I received relief through dry needling that I did not receive when I went to my neurologist who performed acupuncture on several visits.

Susan Killion

Commenter: Elaine Moninger

7/25/19 1:01 pm

I support PTs dry needling. This allows patients to be seen in appts. covered by insurance.

Commenter: Catherine Mar

7/25/19 1:03 pm

Do not practice dry needle for PT. Acupuncture should be done by licensed acupuncturist.

Commenter: Jennifer Cottle

7/25/19 1:04 pm

Fully Support Dry Needling by Physical Therapist

I fully support dry needling by a physical therapist. In the past, I have been treated with both acupuncture and dry needling at separate times. The dry needling by a therapist was far and above more effective in treating my chronic pain problems.

Commenter: QiaoLi Lei

7/25/19 1:05 pm

Opposition to dry needling with out acupuncture license.

Commenter: Jianyuan Jiang

7/25/19 1:07 pm

Dry needling belongs to one of the acupuncture techniques, so it has to be practiced by licensed acu

Commenter: Xiao (Michelle) Hu

7/25/19 1:08 pm

Opposition to dry needling without acupuncture licenses

Dry needling is one type of Acupuncture. Please read a peer-reviewed arrival by Heming Zhu and Heidi Most, Dry needling is one type of Acupuncture. Medical Acupuncture 2016, 28(4): 184-193.

Commenter: Jessica

7/25/19 1:09 pm

Strongly Against DN by PTs!!

unqualified , untrained, unlicensed, but want to keep the money in the pocket instead of treating patients!

"Results charges \$40 per dry needling session, which is in addition to the cost of the appointment. Insurance may cover dry needling in some instances, but typically it is an out-of-pocket expense."

reference:

<https://www.resultspt.com/dry-needling-frequently-asked-questions>

Commenter: ed

7/25/19 1:13 pm

support PT doing dry needling

I am a 100% disabled Vet with 26 years of service and I have been getting dry needling for over 4 years now, and I am not sure why people are saying only an accuputriest can do it. It is two completely differnt schools of work. Please stop messing with the way people get treated. This is all about money and this is not the right place for this. Let my PT do her job, if I want accupuntier I will go get that if I want dry needleing I will get that .

Commenter: Hui C

7/25/19 1:13 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Any treatment should be performed by a professional practitioner.

Commenter: Jin Sheng Wu

7/25/19 1:16 pm

**Dry needling is one kind of acupuncture. It should be used by trained licensed .
acupuncturists only****Commenter:** Tom Kline

7/25/19 1:20 pm

I am for dry needling!

Physical therapist should be able to dry needle. It has been a tremendous benefit to me.

Commenter: ER

7/25/19 1:21 pm

Support DT from PT

I looked at all the comment and it sfunny how many are from people that do not live in the state. DT is from the west and accupuntor is from China 500 years ago they are not the sam ething
DT is western AC is chines

Commenter: Eric Sanzone

7/25/19 1:24 pm

PT Dry needling is a huge help!

Two different PT's have really helped me through dry needling. Please don't take it away.

Commenter: Susan holton

7/25/19 1:29 pm

Opposition dry needling without acupuncture license . Go licensed acupuncturist !!!!**Commenter:** Jerry S, AMU California

7/25/19 1:38 pm

Against any kind of body needling by PT without systemic acupuncture training

In the US, there are a couple of thousand hours teaching and training requirements to become an licensed acupuncturist. If let Physical Therapists apply acupuncture needles on patients, apparently is not safe, responsible and professional.

Commenter: Rhonda Chris, Innovative Therapy and Wellness

7/25/19 1:40 pm

Save Dry Needling

Commenter: Lanna

7/25/19 1:43 pm

I Support dry needling by a physical therapist!

I have received dry needling by my (old) physical therapist, Annie, many times. It was a blessing for my muscles and neck/jaw pain! I had/have full confidence in Annie's training and her abilities. I had benefits from Annie, whereas, I didn't find any benefits from Jayne at Lotus Acupuncture.

Commenter: Miranda

7/25/19 1:47 pm

Dry needling and physical therapy

Physical Therapists should be able to perform dry needling in my opinion. I have suffered with having scoliosis my whole life which has lead me to have severe back pain and tight muscles that make it hard for me to move or function in daily living. It wasn't until I went to physical therapy and they did dry needling on me which changed my life forever. I was able to move again everyday without pain and after having dry needling done I have not had back pain for years. Physical Therapists are life changing people who have treatments such as dry needling that change people's lives. Don't take that away from them because that means I would still be living with pain. They have changed my life with that treatment. Thank you

Commenter: Salena Fortner

7/25/19 1:50 pm

Dry needling needs to be administered by properly trained and licensed acupuncturist

Commenter: Qingyang Sun

7/25/19 1:50 pm

again Dry needles

Commenter: Xuan Yi

7/25/19 1:55 pm

Dry needling needs to be administered by licensed acupuncturist.

Commenter: Steve Liu CAUA

7/25/19 1:55 pm

Dry needling is one kind of acupuncture. It should be used by trained licensed acupuncturists only

Commenter: pam thornton

7/25/19 2:05 pm

Dry Needling support

I support dry needling as a part of physical therapy due to insurance coverage

Commenter: Sharon Prescott

7/25/19 2:07 pm

Allow Physical Therapist to Dry Needle

Please **do not** take away this valuable therapy tool for Physical Therapist. I have greatly benefited from dry needling as part of my physical therapy for over 15 years for various problems. Dry needling allowed me to reduce or completely eliminate some drugs that I had been prescribed for pain. I tried acupuncture and it was not as effective as the dry needling treatment that I received as part of my physical therapy. Please allow physical therapist to continue to do dry needling.

Commenter: Rick

7/25/19 2:08 pm

For Dry Needling

Dry needling gave me relief from severe hip pain.

Commenter: Xiao Yan Jiang , ATCMS

7/25/19 2:12 pm

Against no license do acupuncture

For patient 's safety we strongly recommend that other practitioner shall meet the same requirement qualify for NCCAOM certifica and Acupuncture states License.

Commenter: Hanbiao Cao?AATCM

7/25/19 2:20 pm

Stop dry needling by PT? STOP against Acupuncture Law, with practice Acupuncture/dry needling with

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Sheryl Pyne

7/25/19 2:28 pm

Not only acupuncturists are qualified - Don't limit this practice; regulate it.

I believe qualified people should be able to administer dry needling. I would never have gone to an acupuncturist. I don't go to chiropractors any more. I went to people I trusted to fix my pain and they did. I resisted their advice for dry needling for years. When I finally did allow the procedure it helped. It's not my first choice - I hate needles. But there are instances when therapists at ITW helped me by using it.

I still would not ever go to an acupuncturist. I don't feel I trust the oversight given to them. There should be regulation for dry needling. I believe it can be poorly done and probably have seriously debilitating repercussions. I don't believe that only acupuncturist should practice it. But any one who does practice it should be thoroughly vetted and licensed.

Commenter: Laura Frick

7/25/19 2:32 pm

Allow Physical Therapists to Dry Needle

I frequently see physical therapists and acupuncturists and I have commented on this website on this issue several years ago. I can say with 100% certainty that acupuncture professionals DO NOT use their needles in the same manner or under the same principals as a physical therapist (PT). The PT palpates the tight muscle area or sore spot and inserts 'A' needle to invoke a muscle spasm to quickly relieve the muscle tension and pain. The needle is usually removed in a few minutes. An acupuncturist inserts MANY needles according to ancient meridians and does not move them around once inserted. Needles are left in place for a much longer period of time sometimes an hour. Acupuncturists practice to restore qi, balance energy and promote relaxation. I want skilled and educated PTs to have the right to use dry needling and I will go to an Acupuncturist when I want to be treated with the concept of qi.

7/25/19 2:47 pm

Commenter: Nelson Min

In support of dry needling

For physical therapists, the healing of the body occurs by its own internal processes and physiologic responses. The best way to facilitate this is to promote movement with exercise. The use of dry needling is then merely a modality for this goal as it can help loosen muscle, decrease pain and improve a contraction. It is a means to an end and never thought to heal in its isolated use.

The training of a physical therapist in the use of dry needling is also quite an extensive and thorough process. First an undergraduate degree is required to be accepted into an accredited 3 year program that focuses on human anatomy, physiology and medical training in the safety and appropriateness of a patient for physical therapy. It is only after this process can a PT now be able to be trained in the use of dry needling. With the formal education completed, the training of dry needling has extensive review and testing of human anatomy including arteries, nerves and veins. There are pedantic absolute rules to preserve public safety and any prevention of any adverse response.

Finally a PT has the ability to use a needle focusing on timeless, absolute, anatomical knowledge consistent across the countless anatomy and medical texts and references in existence. My limited understanding of acupuncture envisions identification of meridians, chi, or some other term used to target channels of energy that I have little knowledge. Dry needling is never an identification of any of these terms or entities associated with acupuncture.

I would further comment that the patient should be the focus here and that patient should be able to choose where to obtain treatment and in what form. Promote and advocate for your own profession and give the patient the education on what you are offering. My thought is that if dry needling is continued to be challenged as the same acupuncture then the patient has nothing to choose from. But if you promote your own profession, then the public gains from everyone's areas of expertise. We are all here for the benefit of our patients right?

Commenter: Ying Zhao

7/25/19 2:50 pm

You have to have acupuncture license to practice acupuncture

You need to have acupuncture license to practice acupuncture! Please don't play word games! Dry needling is acupuncture! Patient's safety is more important than anything else! 100% against PT practice acupuncture (dry needling whatever you call it)

Commenter: Qiuxia Sophie Cheng

7/25/19 2:53 pm

Acupuncture

You are limited to appr Because of its safety and effectiveness for acute or chronic pain management and opioid addition , acupuncture gets more and more popular in U.S.A, many of health care practitioner are interesting in practicing acupuncture.

Currently physical therapy tries to take only 30 or 50 hours training to practice acupuncture needling, It is far less than 300 hours for MD who want to practice acupuncture and 3000hours for license acupuncturist.

For patient's safety, we strongly recommend that other practitioner shall meet the same requirement, qualify for NCCAOM certificate and acupuncture state license.

Commenter: Heidi

7/25/19 2:53 pm

Support for PT's dry needling

I have greatly benefited from my Physical Therapist using a variety of techniques including dry needling to treat me for chronic pain. Dry needling has been extremely effective in my treatment plan. Please allow PT's to continue helping people by dry needling!

Commenter: Stephanie Marrero

7/25/19 2:53 pm

Against Dry Needling

I wouldn't let a PT perform Acupuncture on me because they are not licensed to do such. They wouldn't know as much as a license acupuncturist would.

Commenter: Jana Hubner

7/25/19 3:02 pm

In favor of dry needling

Dry needling has helped me tremendously and is much more beneficial than acupuncture from my experience. The needles go deep into muscles that are hard to manipulate by hand in order to release trigger points. I question why acupuncture are so against it. It appears that they are approaching this from a purely financial benefit to themselves. As someone dealing with chronic pain, all modalities should be available. Someone needs to recognize that acupuncturists are not looking out for the benefit of the patient but rather wanting to make more money themselves.

Commenter: Hunter

7/25/19 3:06 pm

Against dry needling!!!

I will not go to a physical therapist tomorrow to do needles! They didn't even learn it in school! Go get an acupuncture license if you think you know!

Commenter: Dr. Jodi Knauer, D.Ac., L.Ac., Dipl.Ac.

7/25/19 3:11 pm

Strongly Oppose Poor Definitions, Inadequate Training, and Health Risks in Regulations

Strongly Oppose Poor Definitions, Inadequate Training, and Health Risks in Regulations 18 VAC 112 – 20 for Dry Needling

Dear Board of Physical Therapy,

As a medical practitioner and a Virginia resident, I strongly oppose these regulations for dry needling in Virginia that grossly mislead the general public and present a grave risk to public health and safety. The new proposed regulations do not define dry needling, have no defined practice standards, and fall short of requiring any third-party testing of training competencies. These regulations as proposed will only increase the number of undertrained and poorly qualified dry needling practitioners in the state of Virginia.

Both the American Medical Association (AMA) and the American Academy of Physical Medicine and Rehabilitation (AAPMR) have acknowledged that "dry needling as an invasive procedure and should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists." (1, 2)

I am a board-certified Doctor of Acupuncture in the Commonwealth of Virginia and have been a Virginia resident for 20 years. I have a Bachelor of Science in Biology (Pre-Medicine), a Masters of Science in Acupuncture and a Doctorate in Acupuncture. I am legally allowed to practice needling in Virginia only because I have graduated from an accredited acupuncture school that required over 2,600 hours of clinical and didactic training, culminating in a year-long supervised clinical internship, a clean needling technique exam, and three separate national board exams to include point location, eastern medicine theory and western biomedicine. Over the past decade, chiropractors and medical doctors, including surgeons have had the option of taking 200/300 hours of training to legally and safely practice basic acupuncture techniques in Virginia. For-profit corporations with no agreed-upon competency standards are now offering weekend courses in dry needling, making the claim that allied health professionals can learn to safely needle patients in as short as a two-day weekend training course, also claiming that the practitioner can then "offer this to their patients the next day." It is ethically imperative that those making the regulatory decisions for 18 VAC 112 – 20 continue to disclose any direct vested interest in these for-profit dry needling companies as the proposed regulations continue to lean heavily towards supporting the dry needling companies who under these regulations are not required to adhere to any defined practice standards.

This minimal training approach has great potential to harm patients, and I have seen that harm firsthand. In May 2015, a chiropractor in Virginia who had completed a weekend dry needling course treated a corporate client of mine, a 30-year-old woman with dry needling. After the dry needling treatment, the patient experienced shortness of breath and called the practitioner to express concern that she could not breathe. The practitioner told the patient that she would be fine, but thirty minutes later called the patient back and told her to go to the emergency room. The patient experienced a penetrating right lung injury, which resulted in a traumatic pneumothorax. She was treated for the pneumothorax at the emergency department of Inova Fairfax Hospital in Falls Church, Virginia. She was admitted to the hospital that same day and was hospitalized for six hours. The practitioner told the patient that the collapsed lung was the patient's fault since her muscle "inappropriately jumped." The practitioner was never disciplined. Needless to say, the patient was emotionally and physically traumatized by her dry needling experience. She had a reasonable expectation that her health care provider was appropriately trained in safely inserting needles into the tissues of the body, and this expectation was clearly violated. This practitioner only completed a weekend dry needling course instead of the 200 hours required under their practice laws. That the practitioner could call it "dry needling" and thus circumvent the mere 200-hour acupuncture training required of chiropractors to become "qualified in acupuncture" is a stark warning call that illustrates the risks inherent in the ambiguity of this proposed regulation.

In addition to the aforementioned case, I am aware of two other reported cases of medical negligence by unqualified and undertrained therapists performing dry needling resulting in pneumothoraxes in Virginia.⁽³⁾ To my knowledge, none of these therapists were ever disciplined. I have also seen patients in my clinic whose dry needling experience was intensely painful, led to increased intensity of pain for a sustained duration, and caused nerve damage.

Internal injuries beyond nerve damage or organ puncture can occur by a dry needling practitioner with limited training. Human beings do not walk this Earth as muscles alone--the body functions as a whole. To presume that the muscular system is independent of the functioning physiological body when using an acupuncture needle is medical ignorance and a dangerous rationale. Physiological changes that occur at the muscular level and in the fascia during and after trigger point release affect the entire body. It is evident that physical therapists are beginning to realize this, and many have expanded beyond the intent of dry needling as a trigger point release therapy and are needling distal points on the body to treat allergies, headaches and sinus issues, using e-stim and retaining needles.

Dry needling is contraindicated in many circumstances for babies, children, pregnant patients, elderly persons, cancer patients, emphysematous, hydronephrosis, lymphedema, splenomegaly and hepatomegaly patients, and additional cases based on systemic effects of the needles that extend beyond the muscular system.

The AMA CPT committee on October 30, 2018 defined dry needling as indistinguishable from trigger point acupuncture. The new codes will become active January 1, 2020.⁽⁴⁾ Codes describing the procedure of needling with no needle retention are to be created and will be placed in the medical-surgical section of the code set.

Even surgeons are required to obtain an additional 300 hours of training in acupuncture beyond his/her surgical training per the American Academy of Medical Acupuncture (AAMA). Physical therapists should be held to a standard that exceeds the AAMA standard of care.

I am deeply disheartened that the physical therapy board has chosen to continue to ignore the recommendations of the professional acupuncture community as well as that of many in the medical community here in Virginia. These recommendations include the standardization of training hours, a definition of dry needling that is not identical to the scope of practice of acupuncture, and third-party psychometric testing to ensure safe, ethical and appropriate training for dry needling practitioners.

As highly trained medical professionals in our respective fields, we have an obligation to the public and to our patients to represent ourselves in a way that upholds state laws and educational standards within the boundaries of our respective professional licenses. The physical therapy board is fully aware of the national education and certification standards to utilize acupuncture in practice. The board's statements that "dry needling is not acupuncture" and their belief that this declaration suffices to meet acceptable practice standards is absurd. As it stands now, this regulation poses a grave, unacceptable risk to the public.

Sincerely,

Dr. Jodi Knauer, D.Ac., L.Ac., Dipl. Ac.

Doctor of Acupuncture

1. <http://www.asacu.org/wp-content/uploads/2017/06/AMA-Dry-Needling-Policy.pdf>
2. <http://www.asacu.org/wp-content/uploads/2016/09/AAPMR-Position-on-Dry-Needling1.pdf>

3. <https://www.acupuncturesafety.org>

4. <https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/september-2018-summary-panel-actions.pdf>

Commenter: Shi Yi Lu

7/25/19 3:26 pm

Against PT practice "Dry Needle"

Opposition to dry needling without acupuncture licenses. So call Dry Needle totally come from traditional Chinese Acupuncture, it is required long and good education, PT is not enough time for training; penetrating needle into the skin is beyond PT profession. Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Fei Wu

7/25/19 3:31 pm

Against dry needling!

It's really interesting that most the comments against dry needling are having their full name, and most the comments support dry needling are only have their fist name or initials! Wondering are they using their real name? If not? Why?

Commenter: L Chen

7/25/19 3:32 pm

STOP dry needling by PTs

Commenter: Xiao Yang

7/25/19 3:34 pm

Dry needling can only be performed by licensed acupuncturists

Commenter: Ben Foster, Jackson Clinics

7/25/19 3:43 pm

STRONG SUPPORT for PTs Dry Needling

Commenter: Suhong Ciao

7/25/19 3:45 pm

Only licensed acupuncturist can do acupuncture treatment!h

Commenter: Ben Foster, Jackson Clinics

7/25/19 3:46 pm

STRONG SUPPORT for PTs Dry Needling

Advocating for PT's Right to Dry Needle
Physical Therapy vs Acupuncture

The Practice of Acupuncture

?Acupuncture is based on traditional Chinese medicine (TCM). They insert needles to change "chi"/"qi", which are basically what eastern medicine describes as "life force energies". Qi is believed to flow from the body's organs to the "superficial" body tissues of the skin and muscles through channels called meridians. There are 12 standard meridians and 8 extraordinary points that are related to organs and "storage vessels" respectively—not muscles. There is no scientific basis or proof for qi, meridian lines, or extraordinary points—it is

based on ancient Chinese philosophy.

?In TCM, there are 4 diagnostic methods: inspection (focuses on the face and tongue), auscultation (listening to breath sounds) and olfaction (observing body odor), questioning (focus on the "seven inquiries" related to fever, perspiration, appetite/thirst/taste, defecation/urination, pain, sleep, menses), and palpation (feeling for tender points and for pulse). None of these diagnostic methods include clinical testing of the musculoskeletal system as is done with dry needling.

?Dry needling is based on scientific research methods of western medicine, for the treatment of the musculoskeletal system, and orthopedic based in diagnosis and treatment; it does not claim nor teach anything related to qi and meridians. Dry needling has shown to produce immediate physiological effects within a muscle, the PNS, and CNS. Particularly for the muscle itself, inserting a dry needle directly into a trigger point will increase acetylcholinesterase (Ache), which will in turn decrease acetylcholine (Ach) which are responsible for keeping bands of muscles contracted; this will also lead to a cascade of other reactions, including decreasing proinflammatory chemicals (e.g. bradykinin, CGRP, 5HT, prostaglandins), improving acidity levels, and increasing oxygen/blood flow within the muscle fibers.

Acupuncture Education

?In the state of Virginia, there is 1 accredited school (Virginia University of Integrative Medicine); 1 school that was waiting on accreditation by March 2019 (Arirang University) but has not updated their website on whether or not they have received accreditation; and 1 school website that turns out to be fake with a bunch of pop ups (I may or may not have downloaded a virus because of that website...).

?Virginia University of Integrative Medicine (VUIM) is only accredited for masters of science in acupuncture, and not for any of the doctorate level studies it offers; whereas ALL the schools in Virginia with a Physical Therapy program are accredited doctorate programs—in fact, 100% of Physical Therapists graduating from PT school are doctors, whereas many acupuncturist appear to be misinformed that we are at a master's level as most of them are. On their website, their school catalog outlines their courses for the masters in acupuncture program. Their ~3 year program only requires 40 hours of "treatment of orthopedic disorders" (class AC510), which is a course that "provides applications to the diagnostic skills learned in Orthopedic and Neurological Evaluations of WM 540 class, and provides acupuncture treatments to the various disorders covered. This course covers treatment from a muscular and physiological perspective as well as a channel treatment perspective. This class provides practice in oriental medical approaches to athletic and other injuries, and refines students' ability to palpate anatomical structures." Upon further investigation, the WM 540 class is described as a course that "provides an introduction to the skills of history taking, physical assessment, and documentation. The student will demonstrate the skills to conduct a comprehensive health assessment including the physical, psychological, social, functional and environmental aspects of health. Effective communication, assessment, and documentation will be practiced in the laboratory setting. The student will become familiar with the techniques of physical assessment consisting of inspection, palpation, percussion". Physical assessment does not appear to incorporate any clinical musculoskeletal testing.

?

Acupuncture vs Dry Needling Related Adverse Events

?There are casualties related in any profession, however it is expected that the casualties and adverse effects are minimal and that there are safety precautions set in place to minimize harm—Physical Therapists, being western medicine, have taken an oath "to do no harm"... if there were not enough precautions in place or not enough training, the numbers would show it and as a profession we have the responsibility to change policies to protect our patients.

?One acupuncturist on the forum quoted that there have been 3 cases of pneumothorax in Richmond, Virginia some years ago—no sources were stated by this professional. However, even if this were true, 3 cases is a very small number compared to how many patients are being needled on a daily basis in Virginia. Acupuncturist are not without fault either when it comes to pneumothorax, other serious adverse events, and even deaths. Between 2000 and 2009, one study quotes 95 cases of serious adverse events, including 5 deaths, from acupuncture (<http://www.dcscience.net/Ernst-2011-AcupunctAlleviatePainRiskReview.pdf>). In another study, in 25 countries between 2000 and 2011, there were 294 adverse events from acupuncture reported—these included spinal cord injuries, brain injuries, peripheral nerve injuries, heart injuries, etc... potentially way more serious than just a simple pneumothorax (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616356>). Yet another study found 26 cases resulting in 14 deaths from cardiac tamponade after acupuncture (Cardiac tamponade caused by acupuncture: a review of the literature". International Journal of Cardiology. 149 (3). Then in 2013 a systematic review that found 31 cases of vascular injuries resulting in 3 deaths post acupuncture (<http://www.minervamedica.it/en/journals/internationalangiology/article.php?cod=R34Y2013N01A0001>).

needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

3rd, Acupuncture needles only comes in dry form without any liquidity solution. It has been founded thousand years ago. Should only be administered by an License Acupuncturist.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

????????

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Ann Korsak

7/25/19 4:19 pm

Support Dry Needling at PT

I fully support the ability for Physical Therapists to perform dry needling on patients.

Commenter: Charlie Liu

7/25/19 4:25 pm

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Christina Liu

7/25/19 4:29 pm

I am AGAINST Dry needle practices by PT without NCCAOM certificate.

I am AGAINST Dry needle practices by PT without NCCAOM certificate.

Commenter: Charlie Liu

7/25/19 4:41 pm

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Susan Sepulveda

7/25/19 4:49 pm

Dry needling helped me during physical therapy. Acupuncture never helped me at all.

Commenter: Lei Zhang AIPM

7/25/19 4:53 pm

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: HAOR

7/25/19 4:53 pm

Against Dry Needling

They don't have licenses for Acupuncture!

Commenter: Shohi Sasaki

7/25/19 4:58 pm

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Luke young

7/25/19 5:00 pm

Dry needle no good

pt don't know dry needle

Commenter: Judith Rohn

7/25/19 5:00 pm

I Strongly Support Physical Therapists Performing Dry Needling

My mother, husband and I have all been treated with dry needling by qualified and trained physical therapists at Innovative Therapy and Wellness. They were knowledgeable, sterile and better qualified than my pain management MD in performing this technique correctly and successfully. I have not found acupuncture to be successful in the past and swear by my exceptionally well trained physical therapists, who have earned several advance degrees. I can't imagine any reason other than greed for accupunturists to be trying to stop qualified PTs from performing this procedure.

Commenter: Chloe

7/25/19 5:09 pm

Strongly against dry needling by PTs.

Dry needling by PTs is simply unethical and illegal.

Commenter: Kin leong

7/25/19 5:10 pm

Only licensed acupuncturists can perform dry needling

Commenter: E. Wise

7/25/19 5:28 pm

Dry Needling is a valuable tool for PT therapy that WORKS and is healing

Commenter: Kelly Tait

7/25/19 5:36 pm

Dry needling by PT's is beneficial... and is very different from Acupuncture!

I have been receiving extensive dry needling from several different PT's over the last 5 years and it has helped me heal from many injuries much quicker and alleviate the pain from those injuries. I have also had acupuncture over the last 5 years for very different reasons, and while it is helpful, it was not helpful for the injuries or any of my physical complaints. Dry needling was used on trigger points in my muscles. Acupuncture needles were used in my ears, feet, etc. where there were no injuries. However, it did make me feel good and help my nervous system but it did absolutely nothing for my pain in the muscles and joints.

My PT's had extensive knowledge of the muscles and anatomy and nervous system of the body. My licensed and California trained acupuncturist had extensive knowledge of energy flow and chi. Very different experiences.

Commenter: Frank Zhao, 2 & 9 Acupuncture PC

7/25/19 5:37 pm

STOP against Acupuncture Law/dry needling is Acupuncture only for LAC?

So call "dry needling" is exactly insert the acupuncture needle into the skin and it belong to Acupuncture. Therefore to practice dry needling need Acupuncture license. To obtain Acupuncture license usually need about 3 years, 3000 hours training and pass the NCCAOM or California Acupuncture Board exam first.

Commenter: Fiona Potts

7/25/19 5:44 pm

Strongly support dry needling by physical therapists

I strongly support physical therapists doing dry needling as they see fit. There's no reason to take away their ability to perform a therapy that they have been properly and adequately trained to do.

I receive dry needling from my physical therapist, and it has been an important part of my therapy that I otherwise wouldn't have had access to. I've tried other types of physical therapy, but dry needling has had the biggest impact on my recovery.

I trust my physical therapist and appreciate her medical background. I wouldn't feel as safe or comfortable going to an acupuncturist, and even if I did, I would not be getting the same treatment that my physical therapist administers.

It shouldn't be up to the acupuncture union to determine what treatments physical therapists can perform. The treatments I receive should be a matter for me and my physical therapist to decide, and no one else. If my physical therapist thinks dry needling is the best treatment, then she should have the freedom to provide it. In fact, to not provide might be considered a violation of her medical oath to do no harm. Not providing the right treatment would certainly harm me by delaying my recovery.

Commenter: Max

7/25/19 5:47 pm

Dry Needling Works

Physical therapists are well trained and professional, and they receive a lot of education before they practice. Dry needling requires specific knowledge and practice to complete, and it is not the same as acupuncture. Recently I have undergone dry needling for an ongoing injury; the practice really does work to alleviate pain/tightness/stress and it could not be done by someone who is not a trained professional.

Commenter: George Chen

7/25/19 6:09 pm

Against PT PRACTICING DRY NEEDLING.

Commenter: Xing wen

7/25/19 6:13 pm

Against dry needling practice without Acupuncture license

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Roberta Truxell

7/25/19 6:26 pm

Strongly agree with PT using dry needling

7/25/19 6:37 pm

Commenter: Weilun Fu

Opposition to dry needling without acupuncture licenses

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Kendal Hudson

7/25/19 6:41 pm

Strongly for Physical Therapists to be able to use dry needling.

Due to insurance my only access to dry needling is through PT, it's helped an insane amount. After 6 brain surgeries I've found something that helps muscle tightness. Without it I'll be lost.

Commenter: Dona Poole

7/25/19 7:05 pm

Pro Dry Needling

I am strongly for PT to perform dry needling. They go through extensive training to become PT's, actually having a doctorate degree. As a marathon runner, I have received much relief from dry needling. It should not be confused with acupuncture. It's not the same.

Commenter: Roger A Smith

7/25/19 7:13 pm

PT should be allowed to do dry needling

After lifelong pain in my back - and despite many attempts to successfully treat this - the pain was relentless. Luckily my physician recommended PT specialists that were trained in dry needling. Adding dry needling to the treatment made all the difference in my outcome. I can now function at a pain free level both in work and athletics. I highly recommend that this therapy be allowed in the treatment options the PT deems useful.

Commenter: Richard Cho, M.D.

7/25/19 7:17 pm

Dry needling as a highly effective PT modality

I am a full-time practicing neurologist with clinical experience for over 15 years. I regularly send my patients to physical therapy and have witnessed firsthand the clinical benefits of dry needle therapy. This is a safe and extremely effective form of physical therapy which I fully endorse and prescribe.

Commenter: Barbara Brunson

7/25/19 7:17 pm

Fully support Physical Therapist use of Dry Needling

The use of dry needling in Physical Therapist and Acupuncture address different needs and should be available to patients in both specialties. Dry needling as part of a comprehensive physical therapy regimen as prescribed by our orthopedic surgeon has proven extremely successful for muscle pain and range of motion for myself and my husband.

Commenter: Kathleen Smith

7/25/19 7:22 pm

Dry Needling

I had acupuncture several years ago for chronic pain behind my shoulder. Although I had 5 treatments with the insertion of multiple needles each time, it did nothing for my muscle pain. I haven't had dry needling but my husband has and had excellent results. I would not go back for

acupuncture but I would have dry needling if needed as long as it is included as a part of a PT plan of care.

Commenter: Minlin Liu, LAC

7/25/19 7:33 pm

Opposition to dry needling by PT without proper training and acupuncture licenses.

Dear Sir or Madam,

As a Licensed Acupuncturist, I oppose dry needling as performed by Physical Therapists without Acupuncture license.

This is a kind of attempt to avoid the necessary training, degree and certifications required to perform this invasive and effective therapeutic intervention. It further diminishes public perception of acupuncture (which is based on a medical classics over two thousands of years history) and dilutes its putative effect especially given the dearth of training and oversight in this procedure.

Dry Needling is one type of Acupuncture (Medical Acupuncture. 2016, 28(4): 184-193).

First involves public safety and welfare, as even MDs must document over 300 hours of certified training to perform needling.

The American Medical Association (AMA) released a statement in 2017 asking that only practitioners with experience with needles be licensed to use them <http://www.asacu.org/wp-content/uploads/2017/06/AMA-Dry-Needling-Policy.pdf>. The AAMA has specific and clear national standards requiring 300 hours of didactic training, supervised clinical hours, and the passing of a third party national psychometric exam.

Actually most of the MD with Acupuncture license can't perform the Acupuncture. They just hire the licensed Acupuncturist to do the Acupuncture treatment for them because the 300 hours training is obviously not enough.

The Current standards do not address even these basic concerns.

PTs practicing Dry Needling get to routinely perform this with less than 60 hours of training!!! This is unethical, wrong and actually embarrassing.

The National Commission for Certification in Acupuncture and Oriental Medicine (NCCAOM for acupuncturists and the AAMA for medical doctors both have Certifications requiring specific numbers of didactic hours, clinically supervised hours and a third party national exam. <https://www.nccaom.org/certification/board-examination-process/> <http://www.dabma.org/> Usually people need about 3000 hours (3 years) study in USA and 6000 hours (5 to 6 years) study in China to qualify for taking the examination of NCCAOM.

Secondly, it is a gross intersection into our scope of practice as needling is the core modality that defines acupuncturists as a profession.

Other oriental therapies such as cupping, Gua She have already been implemented in many PT offices and it is unsafe and unfair to allow PT's to "take over" all modalities of our medicine without the proper training, guidance, testing and detailed supervision.

This is not good for the public because it further dilutes the clinically proven effectiveness of acupuncture which is why PTs want to copy us in the first place. It is a great medicine but they should have proper training to practice it.

Thirdly, the insurance industry grossly discriminates against acupuncturists in favor of PT's using dry needling for coverage and this further impacts our protected scope of practice and also endangers public safety. I have met many who equate dry needling with acupuncture and the public perception is not being helped by PTs using dry needling which is also unethical.

It should be about education, public safety, and public awareness, integrity of practice and knowledge.

Dry Needling is actually acupuncture and should be performed by licensed acupuncturists. Calling is a different name is simply a "wolf in sheep's clothing." Common sense goes a long way here as "Dry Needling" is relatively new on the PT horizon and they have been using our tools (acupuncture needles) and CPT codes (until this past year) and evidential research to promote acupuncture by another name.

The only reason this has been allowed to go on is because of big PT lobby that drowns out the

voices of smaller acupuncture lobby.
If money can over the law and public safty, in future it will have bad results.

Thank you for your consideration.

Commenter: Sunny QIN

7/25/19 7:36 pm

Opposition to dry needling without acupuncture license!

Acupuncture/dry needling should only be administered by a licensed acupuncturist.

Commenter: Megan Lively

7/25/19 7:51 pm

Support physical therapists' performing dry needling

I strongly support physical therapists supporting dry needling. It is different completely from acupuncture and is a huge benefit to patients.

Commenter: Fiona Wong

7/25/19 8:06 pm

Opposition dry needling without acupuncture Licenses !!!

Opposition dry needling without acupuncture Licenses!!!

Commenter: J. Battaglia

7/25/19 8:24 pm

Dry Needling

Dry needling truly works. Physical therapists who use it are doing a great job, and don't need acupuncture training!

Commenter: RD Rohn

7/25/19 8:57 pm

Dry needling

Physical therapists should be allowed to continue to do dry needling. The physical therapists that I have had use this treatment on me have been well trained and do this well. Please do not thwart their continued ability to do this procedure.

Commenter: Kristen Landers

7/25/19 9:11 pm

In support of PTs right to dry needle

The Practice of Acupuncture

?Acupuncture is based on traditional Chinese medicine (TCM). They insert needles to change "chi"/"qi", which are basically what eastern medicine describes as "life force energies". Qi is believed to flow from the body's organs to the "superficial" body tissues of the skin and muscles through channels called meridians. There are 12 standard meridians and 8 extraordinary points that are related to organs and "storage vessels" respectively—not muscles. There is no scientific basis or proof for qi, meridian lines, or extraordinary points—it is based on ancient Chinese philosophy.

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Acupuncture vs Dry Needling Related Adverse Events

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Combating Ignorance

?Reading the forum, many acupuncturists commenting appear to be misinformed—or uninformed rather—on many issues including: education level of PTs, what dry needling entails, how dry needling physiologically produces changes within the musculoskeletal system, etc. Many of their comments also appear to be related to the assumption that dry needling equates to acupuncture simply because we are using needles to penetrate the skin, therefore we should be held under the same acupuncture licensing standards. If I use a rolling pin to massage a muscle, am I baker that

is baking? If an acupuncturist suggests a form of meditation or guided imagery while performing acupuncture, should have to go through the licensing standards of a cognitive behavior therapist? If a patient is advised to perform a kind of stretch or strengthening by a chiropractor, should they have to get their doctorate in Physical Therapy? No. All healthcare professions overlap at least a little bit and that should be okay—no one profession is able to treat the entire holistic person, which is why there are doctors of specialty.

Commenter: Winnie Lee

7/25/19 9:32 pm

NO to PTs' doing dry needling w/o NCCAOM certificates

I am against dry needling by PTs without NCCAOM certificates.

Commenter: Frederick Li

7/25/19 9:41 pm

PT needs Acupuncture license to practice dry needle for public safety!!!

Commenter: Teresa Thompson

7/25/19 9:43 pm

PT doing dryneedling

Dry needling gets deep into the muscle. It helps tremendously. Cheaper than acupuncture. My physical therapist is a specialist in this. I really hope physical therapist are allowed to keep doing this.

Commenter: Chao

7/25/19 9:46 pm

STOP Against acupuncture law. With practice acupuncture / dry needling without acupuncture license

Commenter: Clara li

7/25/19 9:48 pm

No dry needle for PT, or have acupuncture licensed PT to do so!!!

Commenter: Feng li

7/25/19 9:55 pm

Dry needle is acupuncture, not PT's scoop of practice !!!

Commenter: Yuna Jan

7/25/19 10:08 pm

Against Dry Needle by unqualified untrained unlicensed PTs!!

Around the country, physical therapists are expanding practice to include "dry needling" for sinus congestion, menstrual dysphoria, and other internal medicine issues. Oversight by physical therapy boards has been ineffective in managing the expansion of treatment into the domain of internal medicine, thereby putting the public at risk. There is no reason to believe that the situation in Virginia will be different. <https://www.thephysiocompany.com/blog/physiotherapy-for-sinus-pain>, <https://www.kinetacore.com/about/news/clinical-pearl-desensitizing-the-migraine-functional-dry-needlingreg-approach/>, <https://waset.org/publications/10004906/dry-needling-treatment-in-38->

cases-of-chronic-sleep-disturbance, <https://integrativedryneedling.com/dry-needling-training/why-attend-integrative-dry-needling-courses/>

Commenter: Nancy Hou

7/25/19 10:10 pm

Dry Needles is Acupuncture not PT'S Scoop of oration.

Commenter: Natalie Foret

7/25/19 10:14 pm

Strongly support PTs dry needling

PTs are more than qualified to perform dry needling, which is not acupuncture. Any attempts to limit the ability of physical therapists to provide dry needling services would be detrimental to the health and well being of the public.

Commenter: Nathan Pierce PT, DPT

7/25/19 10:16 pm

A needle is simply a tool. I support Physical Therapists and Dry Needling

At first glance, It may be convenient and almost logical to equate trigger point dry needling to acupuncture due to the tool being used; the needle. However, when you look deeper, you will quickly realize that this is not the case. A tool does not define a practitioner. Their training and knowledge base will define who they are as a practitioner. This is precisely why Physical Therapists do not claim, whatsoever, that they are performing acupuncture simply because they are inserting a fine monofilament needle into the patient's body.

Similarly, an Orthopedic Surgeon is not classified as a Neurosurgeon simply because of the instrument he or she uses to make the first incision. He or she is classified by their successful completion of their vast training, knowledge-base and board certification. They are both highly skilled and specialized in their own unique method of surgical intervention. The tool that they use to make the first pass in that patient's skin is simply to allow them access to that patient's body, which will ultimately allow them to perform their necessary duties as surgeons.

This is the same for acupuncture and dry needling. The similarity starts and ends with the tool; the needle. The needle simply allows us access to that patient's soft tissue so that we can deliver a more precise, targeted delivery of a neurophysiological reset to that tissue. This could be to improve range of motion, decrease pain, decrease neurological facilitation and hypertonicity (resting tension) of that muscle with an overall goal to improve their function. A physical therapist will use their very strong knowledge of anatomy, neurophysiology, cellular physiological responses and knowledge of relevant research/evidence-based practice/clinical prediction rules, etc as their guiding principles, which may lead them to the decision to implement dry needling in their patients treatment plan. These are well research-based standards of Western Medicine principles that any Health Care practitioner can appreciate and understand. At no time do we use Eastern Medicine or Traditional Chinese Medicine to help guide our thinking, thought process, diagnosis, or treatment.

Another example would be Physical Therapists performing wound care; specifically sharp debridement of a non-healing wound. In addition to dry needling, I have first hand experience in performing wound care as a physical therapist.

Wound debridement can be performed by using autolytic, enzymatic OR **SHARP** debridement. Sharp debridement of a wound is performed by using a **scalpel** or **scissors**. Just because we use a scalpel and/or scissors to eliminate nonviable tissue or to stimulate the wound bed, we are NOT classified as surgeons. In fact, this invasive procedure has been in our scope of practice since 1917 during World War 1!

I can tell you that I have had countless patients stop taking prescription drugs for migraine headaches and tension headaches after receiving trigger point dry needling. Many of these patients had tried everything, including botox **and** acupuncture.

Am I saying dry needling is superior to acupuncture or botox? Of course not. What I am saying is that they are very different.

I can also tell you that I have had many patients swear by acupuncture to alleviate seasonal allergies and has allowed them to get off of over-the-counter and prescription allergy medication.

Am I saying acupuncture is superior to dry needling? Of course not. What I am saying is that they are very different. In fact, I encourage patients to try acupuncture! Why? Because neither acupuncture nor dry needling (or any other medical practice) are a "catch all, cure all, silver bullet."

Lastly, I want to address the "lack of training," argument I have seen countless times on this forum.

I can only speak for the field of Physical Therapy. Physical Therapists undergo intense, rigorous training in gross anatomy, which includes **extensive** cadaveric dissection. For this reason alone, this more than qualifies us to be able to perform procedures like wound care and dry needling.

Our thorough understanding of three dimensional anatomy and the intricacies of vessels, nerves, organs and their locations is second to none. It is this knowledge that makes us very well suited to preserve public health and safety when performing dry needling. **But** even so, we are still required to undergo extensive and thorough post-graduate training **prior** to performing dry needling in our clinical practice. I think this is a good thing. We already have the anatomical knowledge; the post-graduate coursework/training is simply to teach needle manipulation skills. Therefore, the argument that Physical Therapists are performing dry needling after only "weekend courses" is **highly inaccurate** and **very misleading**. Physical Therapists have a minimum of a Master's Degree Graduate education while most now have their Doctorate.

I think it is very important to distinguish the two (acupuncture and dry needling). Each field should be advocating for their own profession so that the patient is well-informed regarding their treatment options. Because in the end, wouldn't you want your loved ones to have access to and the freedom to choose the treatment which fulfills their wants and needs?

For the detailed reasons cited about, **I strongly support physical therapists performing dry needling.**

Commenter: Teresa Graham

7/25/19 11:04 pm

In Support of Dry Needling by PT's

I am abundantly in support of dry needling by trained physical therapists. Dry needling is clearly a beneficial modality for trigger point therapy. My therapist was able to release my trigger points safely and efficiently with dry needling, giving me almost immediate relief of shoulder tension and migraine headaches. Time off from work is limited for most professionals. Being able to receive this type of treatment without having to make two different medical appointments is a time saver, as well as being cost efficient.

Please allow physical therapists who have sought out appropriate additional training to continue providing dry needling services to their patients.

Thank you!

Commenter: Karin Fleischman

7/25/19 11:06 pm

Support PT certified Dry Needling

I support Certified PT Dry Needling as another tool to healthcare. My insurance will cover procedure costs associated with a certified Physical Therapist but not an acupuncturist.

Acupuncture is viewed like Chiropractic care and not covered. Please don't take this valuable treatment away. We must have choices.

Commenter: Kathy L.

7/25/19 11:08 pm

A needle is not simply a tool, just like knife!! It can kill!! Against PT do dry needle!!

A needle is not simply a tool, just like knife!! It can kill!!

Strongly Against PT do dry needle!!

So irresponsible!!!

Commenter: Karen Pierce R.N

7/25/19 11:10 pm

Agree that physical therapists should do dry needling

Physical Therapists are very qualified to do dry needling. Their extensive knowledge of the human body including the musculoskeletal, and nervous system makes them the perfect practitioner to deliver this type of intervention to patients. As a healthcare professional I have experienced dry needling first hand. It has relieved pain and restored range of motion usually immediately after treatment or shortly thereafter. If a physical therapist can relieve pain and suffering with this type of treatment and actually stop the pain without medication, why shouldn't they do it? I think acupuncturists and physical therapists can work together on this. There are people that like going to acupuncturists and those that like going to physical therapists. There is room for both in healthcare and we are all there for the patient.

Commenter: Edward

7/25/19 11:25 pm

Opposition to Dry Needling

The American Society of Acupuncturists opposes the addition of "Dry Needling" to the practice of other professional groups on a number of grounds:

1. The practice is ill-defined, and there is no specific technique or curriculum which clarifies or directs this practice. Courses around the country are not standardized and no curriculum is approved. Many courses teach acupuncture points and techniques under the guise of "dry needling", and practices are essentially practicing acupuncture and using this packaging to avoid proper training and state law.
2. There is no independent, third party testing to assure minimal competency in practice.
3. The safety of acupuncture is known to be directly related to the training of the practitioner. The more inadequate the training, the higher the risk of patient injury. Training for "dry needling" is brief and non-standardized. This puts the public at risk. See: 4 Chan MWC, Wu XY, Wu JCY, Wong SYS, Chung VCH. Safety of acupuncture: overview of systematic reviews. Scientific Reports. 2017;7(1):3369. Published 2017 Jun 13. doi:10.1038/s41598-017-03272-0
4. Dry needling is clearly acupuncture. Claims to the contrary come from individuals with inadequate knowledge of the field of acupuncture, and this claim is used again to pass state laws that have been put into place to assure public safety. Texts used in some "dry needling" classes include those such as "Biomedical Acupuncture" by Yun Tao Ma.
5. Around the country, physical therapists are expanding practice to include "dry needling" for sinus congestion, menstrual dysphoria, and other internal medicine issues. Oversight by physical therapy boards has been ineffective in managing the expansion of treatment into the domain of internal medicine, thereby putting the public at risk. There is no reason to believe that the situation in Virginia will be different. <https://www.thephysiocompany.com/blog/physiotherapy-for-sinus-pain>, <https://www.kinetacore.com/about/news/clinical-pearl-desensitizing-the-migraine-functional-dry-needlingreg-approach/>, <https://waset.org/publications/10004906/dry-needling-treatment-in-38-cases-of-chronic-sleep-disturbance>, <https://integrativedryneedling.com/dry-needling-training/why-attend-integrative-dry-needling-courses/>
6. The only other professional group that has added acupuncture to its scope is Medical Doctors. The industry standard for this group, which is the most-highly trained of all medical professionals, is 300 hours. It is indefensible to presume a professional group with lesser training should be competent at only 27-54 hours. This puts the public at risk.

Commenter: Darrell Bryan

7/25/19 11:33 pm

Support PTs performing dry needling/support disclosing it is not acupuncture

I have personally benefited greatly from dry needling by my highly trained Doctor of Physical Therapy and fully support continuity of this type of care within the scope of a physical therapist's practice as an option for patients. Regarding the proposed deleted language: I am highly skeptical of the request by the acupuncturist on the RAP that the language disclosing that dry needling is not acupuncture be deleted from the patient disclosure. It appears a big issue nationally is that acupuncturists think dry needling should be exclusively within their purview. Also that the public is at risk of being deceived into getting dry needling, which acupuncturists say is acupuncture, from a non-acupuncturist, namely the PT. Since VA is, from a reading of this rule, allowing PTs to do dry needling and therefore finding it is within the purview of a properly trained PT's practice, why then should it not be disclosed to the patient that dry needling is not acupuncture, thereby avoiding confusion? The only reason might be that some action may be planned in VA, as in other states, by acupuncturists, to attempt to limit dry needling to acupuncturists. If this is eventually successful and disclosures don't state the current position that dry needling is not acupuncture, the PT runs the risk of being charged with having performed an acupuncture procedure outside the PT's practice area without disclosing this to the patient and therefore not having obtained informed consent. This is neither in the interest of the public nor of PTs. The acupuncture community seems committed to having dry needling preserved as part of their practice area to the exclusion of PT's, with the attendant economic benefit necessarily reserved for acupuncturists as the public becomes more aware of dry needling's benefits. I would therefore suggest that the distinction be made clear to the patient, thereby clarifying the current position that dry needling is a separate specialty within the practice of PT. This protects the public AND protects the PT. Such a clear disclosure also ensures that this regulation is about protecting the public's medical care and not the economic position of one field of practice.

Commenter: Jason

7/25/19 11:34 pm

OPPOSE dry needling for PTs!!

For obvious reasons both the acupuncturists and PTs are aware of.

Dry needle is acupuncture. No matter however you want to call it. It is acupuncture.

You will be practicing dry needling (acupuncture) without the acupuncture license. Not fair for the current state licensed acupuncturists.

Commenter: Aiden C.

7/26/19 12:03 am

OPPOSE to dry needling

Why does the state of Virginia even offer acupuncturist license (L.Ac.) if the state would allow PTs to practice acupuncture (dry needling)? Its within the same scope of practice. No matter what you call it, dry needling is acupuncture.

Commenter: Angelina ming

7/26/19 12:30 am

Against dry needle

Commenter: Liyun Ye

7/26/19 12:39 am

Opposition to dry needling without acupuncture licenses

Commenter: Keith Economidis, L.Ac.

7/26/19 12:39 am

'Dry needling' is Acupuncture & is out of scope for a PT. Pass the national Acupuncture exam 1st!

OPPOSE!

'Dry needling' is Acupuncture, & is out of scope for a PT.
Pass the national Acupuncture exam 1st!

If you want to insert a filiform needle into a patient, it's called Acupuncture. My training consisted of 4 years FULL time & 3200+ hours. How many hours do PT's get in Acupuncture? Pass the national Exam in Oriental Medicine & then you can have the honor.

Commenter: YM chen

7/26/19 2:06 am

PT dry needles

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Pui Seto

7/26/19 2:25 am

Opposition to dry needling without acupuncture licenses

Dry needling is a type of Acupuncture. The practice of utilizing acupuncture needles of any style should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training, and must passed the licensing exam.

Regards,

Pui Seto

Commenter: Si Z Lin

7/26/19 5:07 am

Against this bill

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Doug Tice

7/26/19 6:27 am

I support dry needling by PT's

Commenter: Ronald Pierce, MED

7/26/19 6:28 am

Support of Dry Needling by Physical Therapist in Va

Commenter: Tina Cadden The therapy Network

7/26/19 7:22 am

Dry Needling by PT

I support Physical Therapist Dry Needling. It has been incredibly helpful as a chronic pain/migraine patient. It has also let me assist so many as a chronic pain specialist.

Commenter: Chelsea Panfil, The Therapy Network

7/26/19 7:23 am

Dry Needling

I believe dry needling should continue. It works and our patients love and appreciate it.

Commenter: Lan Zheng

7/26/19 7:43 am

Against Dry Needling Done by PT

Dry needling uses acupuncture needles, so why do you have to rename it to "dry needling", because it is a scheme! No matter how you package it, it is Acupuncture.

If you want to call it dry needling, then just use hypodermic needle.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Coleman Lumpkin, The Therapy Network

7/26/19 8:16 am

Pro dry needling for PT

Dry needling has been a safe and effective tool for physical therapist to use to address myofascial dysfunction in patient with a variety of conditions and diagnosis. The patients benefit greatly and praise the technique as they are able to be move better, be pain free, and have an overall better quality of life. The technique is not acupuncture with vast differences in the philosophy, technique, research, examination, treatment and the treatment goals.

Commenter: Patti Fidler

7/26/19 8:31 am

Pro needling

I have been a patient of physical therapy for many years for pain and many surgeries. The needling procedure has helped me immensely, much faster than massage or regular therapy.

Please allow it to be used by physical therapists as I am very Pro needling. I was introduced to the concept from a friend in Charlotte who was also helped by needling. If I had not found a PT trained in this procedure, I would have suffered more and longer.

Commenter: Rob Beba, The Therapy Network

7/26/19 8:35 am

Pro Dry Needling

I have treated hundreds of patients with dry needling over the last 10 years and have had great success with its utilization.

Commenter: Victoria Cohn

7/26/19 8:43 am

Pro Dry Needling by a PT

As a first-time patient of dry needling, I have experienced tremendous relief in my neck and jaw muscles since my initial treatment. Dry needling directly addressed the real underlying problem in the muscles.

I cannot imagine acupuncture alone would correct these deep muscular problems as efficiently as the dry needling has. The physical therapy I receive, combined with the dry needling, has given me the greater benefits of improved movement and freedom from pain.

Having this treatment offered by a Physical Therapist has made it more accessible to me. His extensive knowledge of physiology combined with his skilled dry needling gave me the confidence to accept this treatment. His support through this whole process has been essential in my recovery.

I strongly support Physical Therapists being allowed to keep dry needling in their practice.

Commenter: Robert Maroon

7/26/19 8:44 am

Dry Needling

I am a PT who does NOT do dry needling. However I had a hip issue that I worked on for many years with out progress. I saw Ortho, Pain management, acupuncture, other PT approaches etc. Only after I had treatment with dry needling did it resolve and within 1 month. I have since sent many of my patients to PT who do dry needling and can tell you for the correctly selected patients, there is nothing like the help they get.

Commenter: Helen Wang

7/26/19 8:48 am

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Chunli cui

7/26/19 8:52 am

Acupuncture/dry needle should only be administered by an License Acupuncturist ko

Commenter: Lei Zhang LAc

Acupuncture/dry needle should only be administered by an License Acupuncturist.

The practice of utilizing acupuncture style needles should be regulated by the state to only be allowed by a licensed acupuncturist, with adequate hours of training.

For the following 3 reasons;

1st, is that it is a public safety concern. Without proper training and knowledge of the human body and anatomy it poses a danger to patients if an unqualified person administers an acupuncture type needle into the body. A minimum of at least 1,000 hours of training is required by most states in America. California requires 3,000 hours of training to become a licensed acupuncturist.

2nd, Effectiveness. Acupuncture is only effective when utilizing the theories and clinic methodologies of this medicine by a trained acupuncturist. It is not as simple as, this body part/muscle hurts and if I stick a needle in it the pain will go away. There is more at play when needing to resolve pathology in the body, from proper diagnosis of the problem to the acupuncture needle selection, placement and manipulation.

3rd, Acupuncture needles only comes in dry form without any liquidity solution. It has been founded thousand years ago. Should only be administered by an License Acupuncturist.

I urge members in legislation to request clinical studies that would compare the effectiveness of Acupuncture vs Dry needle techniques before making their decisions. Without sufficient evidence one is making an uneducated decision that would pose harm to the public.

Commenter: April Murphy, Adler Therapy Group

7/26/19 9:01 am

Dry Needling Certified DPT

I received my dry needling certification over a year ago from Myopain Seminars, after being successfully treated with dry needling as a patient. I had hip pain and muscle imbalance from a torn labrum which was not responding to other physical therapy. Full strength was restored using dry needling. After becoming certified I have been able to help countless patients- ranging from muscle tightness and tone in patients with MS to ROM restriction from arthritis. Most frequently I treat a more active population, treating orthopedic injuries. My co-workers regularly refer their patients to me when they are unable to successfully resolve their symptoms/impairments.

As the professional that regularly treats movement disorders and impairments, dry needling cannot be regarded highly enough. As physical therapists, we commonly treat patients manually and having the ability to dry needle only expands the number of conditions we can successfully treat. I have never had an adverse reactions and my patients continue to refer their friends and family for treatment. It would be disservice to our profession and patients should be our ability as PT's lose the ability to dry needle in Virginia.

Commenter: Jinhu Tang

7/26/19 9:05 am

All acupuncture treatments should be done by the licensed acupuncturists.

Commenter: Joanne Faulkner

7/26/19 9:07 am

Dry Needlingii

I am a patient of dry needling and have found this therapy to be very beneficial. I can not imagine my life without this treatment. It brings me great relief that other treatments did not.

Commenter: Innovative Therapy & Wellness

7/26/19 9:10 am

Support for Dry Needling by Physical Therapists

The Physical Therapists at our office have been performing Dry Needling for 8 years with out incident. We are all Doctors of Physical Therapy and we are all certified in Dry Needling through Myopain seminars. We were required to perform a written, oral and practical test to complete the certification. If the state of Virginia does not feel that physical therapist are performing Dry Needling safely then they may want to consider making everyone be certified instead of just requiring a certain amount of continuing education units. However, the certification process should be determined and regulated by the American Physical Therapy Association not by the Acupuncturist who have a financial interest in blocking physical therapist from performing Dry Needling. The current legislation that is proposed is not to protect the public it is purely political in nature. There are plenty of patients for everyone as evidenced by the Opioid Epidemic. The Acupuncturist may want to concentrate more on how they can help with pain management instead of spending their time fighting other health care professionals.

Commenter: Dianne Einhorn

7/26/19 9:17 am

Helped me personally so in support of

I recently underwent Dry Needling and it helped me with tension and muscle tightness. I am in support of Physical Therapist doing this procedure. If they are not permitted to do it, then we have to go to Physicians which COST more, takes more time and takes it harder to get the help needed to relieve the pain and discomfort.

Thank you.

Commenter: Meghan Hardman, OTD OTR/L

7/26/19 9:19 am

PT Dry Needling

As a practicing occupational therapist in an outpatient therapy clinic where I work alongside physical therapists, I have seen the tremendous outcomes of the patient who receive dry needling from our physical therapists who are certified in dry needling. Many of my occupational therapy clients also see our physical therapists for dry needling. Receiving dry needling services has greatly improved the functional outcomes in my patients and they have returned to their desired occupations sooner than traditional therapy alone. It would be a great disservice to clients everywhere to prevent physical therapists from dry needling. I believe that physical therapists should be further certified specifically to provide dry needling, but to prevent physical therapists from getting this certification would be a detriment to the field and client healing. Physical therapists are experts in movement and anatomy of the human body, and there is no other profession better suited to provide dry needling to our patients in need.

Commenter: Tracy Hernandez DPT

7/26/19 9:23 am

Strongly support Dry Needling by Physical Therapists

Doctors of Physical Therapy are more than qualified to perform Dry Needling.

Commenter: Betsey O'Neill

7/26/19 9:35 am

LPTA

- I strongly support the dry needling done by PT with their knowledge

Commenter: Li Lin

7/26/19 9:41 am

Dry needle should be done by A licensed acupuncture practitioner

Commenter: Carla Mauck

7/26/19 9:53 am

Dry needling by a physical therapist was the only relief I had to a herniated disk in my neck.

Commenter: Jackie

7/26/19 9:54 am

Pro Dry Needling by Physical Therapists

I support this regulation being approved as many of my patients over the last eight years since I was trained in dry needling have benefited from the use of this technique to optimize their movement and reduce their pain.

There is often confusion surrounding the differences between dry needling and acupuncture. The use of the fine filament needle in both professions does not define the profession, but rather entry-level education, post-graduate education and training define clinical practice. Physical therapists do physical therapy and acupuncturists do acupuncture based on specific education and training. Physical therapists are well educated in anatomy, physiology and therapeutic treatment for the body at the entry level. Physical therapists who perform dry needling do so after obtaining post-graduate education and training on dry needling to assist in achieving a vision for their patients to optimize movement to improve their experiences. Dry needling is in the scope of practice of physical therapists.

Using a paintbrush doesn't make you an artist. Using a spreadsheet doesn't make you an accountant. Using a knife doesn't make you a chef. And using a needle doesn't make you an acupuncturist or a physical therapist. The entry-level education, post-graduate education and training that medical providers put into their respective professions and the valuable tools they are appropriately trained to utilize does that.

Commenter: Ashley Kwon

7/26/19 9:54 am

Support Dry Needling by Physical Therapists

Dry Needling and Acupuncture can both be a beneficial and safe alternative to pain medication and surgical interventions to pain, allowing for improved function and satisfaction with a comprehensive rehabilitation plan.

Physical Therapists undergo up to 3 years of training and a board certification exam to demonstrate an advanced understanding of the human body before being allowed to take post graduate work of dry needling. The current training includes a heavy focus on clean needling technique and safety

The theory, methodology, and use of dry needling differs from and is unique compared to acupuncture. Dry needling is preferred and has better outcomes over acupuncture for some clients/patients, and is true vice versa. Limiting the options of treatment for patients for pain relief will be detrimental for the well-being of these patients.

I support the continued use of dry needling by physical therapists as it is uniquely different from acupuncture and provides another safe alternative to surgery and pain medication for the patients of the Commonwealth.

Commenter: Joanna

7/26/19 10:13 am

Dry needling need acupuncture license

Dry needling is a part of Traditional Acupuncture treatment, if an Acupuncturist need a license by law to practice in this area, why Dry needle can be excused? Doctors practice in different way, can you trust a PM be your surgeon?

Commenter: Koen Van Winckel

7/26/19 10:13 am

pro dry needling by physical therapists

Over the last 5 years, I have received regular dry needling by my physical therapist. The dry needling has been very beneficial to activate muscles causing foot, knee, hip, back and shoulder weaknesses.

Together with focused manipulation and dedicated exercises, dry needling is an integrated part of the PT care.

Koen Van Winckel

Commenter: Randall Gunn

7/26/19 10:16 am

Dry Needling

I was patient with severe sharp, intense pain. Medical doctors didn't understand it, and was referred to dry needling/myofascial trigger point therapy appointments which have greatly helped me through my cumulative medical disorders. I'm in favor for dry needling from trained physical therapists.

Commenter: Jeanette Templeton

7/26/19 10:25 am

Dry needling should be done by PT. This relieved pain in my lower back and shoulder

Commenter: Jian zhang

7/26/19 10:32 am

LAc.

Dry needle technic is stolen from Chinese medicine theory.

It is not a technic, which is not using in clinical practice. That will be hurt patients and bring new suffering to them. So I completely against this to use in further clinical practice.

Commenter: Kelli Sundeen

7/26/19 10:35 am

Dry Needling should be done by a licensed PT

I have been getting dry needled for 3 weeks. I can feel difference. I have a spinal cord stim device implanted over a year now. I have been able to have my machine off with no pain in my neck, with the help of dry needling from my PT. I highly recommend Dry Needling for any patient that needs in.

Commenter: Alvis Liu

7/26/19 10:45 am

Opposition to dry needling without acupuncture licenses.

Commenter: Americo Medina

7/26/19 10:51 am

Dry Needling

I have had chronic back pain for years, after three sessions of dry needling, my back pain has decreased immediately. I highly recommended it to others and in favor of trained physical therapists doing dry needling.

Commenter: Nathan Y

7/26/19 11:00 am

Against

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist

Commenter: Cindy

7/26/19 11:20 am

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Ray

7/26/19 11:22 am

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Yuna

7/26/19 11:24 am

Against PT do dry needle! Desperate and Greedy!!

The American Society of Acupuncturists opposes the addition of "Dry Needling" to the practice of other professional groups on a number of grounds:

1. The practice is ill-defined, and there is no specific technique or curriculum which clarifies or directs this practice. Courses around the country are not standardized and no curriculum is approved. Many courses teach acupuncture points and techniques under the guise of "dry needling", and practices are essentially practicing acupuncture and using this packaging to avoid proper training and state law.
2. There is no independent, third party testing to assure minimal competency in practice.
3. The safety of acupuncture is known to be directly related to the training of the practitioner. The more inadequate the training, the higher the risk of patient injury. Training for "dry needling" is brief and non-standardized. This puts the public at risk. See: 4 Chan MWC, Wu XY, Wu JCY, Wong SYS, Chung VCH. Safety of acupuncture: overview of systematic reviews. Scientific Reports. 2017;7(1):3369. Published 2017 Jun 13. doi:10.1038/s41598-017-03272-0
4. Dry needling is clearly acupuncture. Claims to the contrary come from individuals with inadequate knowledge of the field of acupuncture, and this claim is used again to by pass state laws that have been put into place to assure public safety. Texts used in some "dry needling" classes include those such as "Biomedical Acupuncture" by Yun Tao Ma.
5. Around the country, physical therapists are expanding practice to include "dry needling" for sinus congestion, menstrual dysphoria, and other internal medicine issues. Oversight by physical therapy boards has been ineffective in managing the expansion of

treatment into the domain of internal medicine, thereby putting the public at risk. There is no reason to believe that the situation in Virginia will be different. <https://www.thephysiocompany.com/blog/physiotherapy-for-sinus-pain>, <https://www.kinetacore.com/about/news/clinical-pearl-desensitizing-the-migraine-functional-dry-needlingreg-approach/>, <https://waset.org/publications/10004906/dry-needling-treatment-in-38-cases-of-chronic-sleep-disturbance>, <https://integrativedryneedling.com/dry-needling-training/why-attend-integrative-dry-needling-courses/>

6. The only other professional group that has added acupuncture to its scope is Medical Doctors. The industry standard for this group, which is the most-highly trained of all medical professionals, is 300 hours. It is indefensible to presume a professional group with lesser training should be competent at only 27-54 hours. This puts the public at risk.

Commenter: Jean Zhu

7/26/19 11:25 am

I strongly against Dry Needle by PT without NCCAOM certificate.

I strongly against Dry Needls by PT who without acupuncture professional trained and NCCAOM certificate.

Commenter: Jean Koch

7/26/19 11:28 am

Pro Dry Needling by Dr. of Physical Therapy

While I have not had dry needling, a family member and several friends have had this treatment given by doctors of physical therapy and have seen good results. They are pleased with the progress made with dry needling and the use of physical therapy as well. Thank you for consideration of this issue and finding in a positive way for continued dry needling practice by Doctors of Physical Therapy.

Commenter: Margherita Amaral

7/26/19 11:36 am

Pro dry needle

I am in favor for a PT to do dry needle therapy.

Commenter: Elizabeth Garfola, Pivot Physical Therapy

7/26/19 11:43 am

I Strongly am Pro PT Dry Needling

I am very pro-PT Dry Needling. As a level III certified PT, I have had appropriate training, and my patients benefit from this skill in my clinic. With this tool I have improved patients with Whiplash, Migraines (to the point that a patient with a 30 year migraine had none when I discharged her), as well as patients with chronic low back pain. This tool is very important in our field, and I have had many patients who come to me specifically to try this, as "traditional medicine" and "traditional PT" hasn't worked out the way they hoped.

Commenter: Karen B Robertson

7/26/19 11:51 am

Dry Needling by Physical Therapists

I am in total agreement that Physical Therapists need to keep doing Dry Needling. When used with standard PT, the relief of pain is amazing. Thank you

7/26/19 12:00 pm

Commenter: Louie Lu

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Commenter: Jay

7/26/19 12:01 pm

That is why they have Licensed Acupuncturist for!! NO PT dry needles!!

that is why they have acupuncturist for! To fix issues PTs' can't!

that is why I am against PT do Dry needles! They are unqualified untrained unlicensed!

Commenter: MATTHEW L STAMPE

7/26/19 12:05 pm

PT's should have same hours standard as acupuncturists

Acupuncturist have somewhere over 400 hours training. I'm not opposed to Dry needling (in Acupuncture we call Ashi style), as it has been shown effective, but PT's need to have Clean needle technique certification, 400+ hours, and learn all the precautions like pneumothorax and puncturing an organ, and other endangerment sites.

Commenter: Wang Wu

7/26/19 12:06 pm

I object to Dry Needle by PT without NCCAOM certificate.

Dry Needle is a kind of paradox thing. very similar to acupuncture which has long history and rich theoretical system. Acupuncture consist dry needle's function, why should dry needle delimit alone come out legislation?

Commenter: Brittney Kortz

7/26/19 12:40 pm

In support for dry needling by PT

Dry needling is not acupuncture. The only similarity is the "dry" needle but the technique and purpose of the treatments are different. The difference is that acupuncture treats for the purpose of altering the flow of energy along traditional Chinese meridians while dry needling follows evidence-based guidelines, recommended "trigger point" locations, and dosages with the goals of addressing neuromuscular conditions, reducing pain, and increasing range of motion.

Physical therapists have extensive knowledge in human anatomy and physiology that is acquired in their entry level education. This knowledge is supplemented with further post graduate education and training in dry needling. They are required to obtain a specific amount of hours per state regulations in order to use dry needling in practice. It is within the scope of PT practice to perform dry needling and I believe the regulations are appropriate.

Commenter: Scott Sikora

7/26/19 12:55 pm

Dry Needling

Dry needling has restored not only range and movement but pain free, drug free range and movement. Initial doctors prognosis was injections, drugs and then surgery, but with my PT's dry needling therapy NONE was necessary. Highly recommend this practice to continue and grow!

Commenter: Dr. Brian Maher

7/26/19 12:56 pm

PT Dry Needling: Evidence based, Safe and Effective

As a PT practicing in VA since 2013 I have had the chance to progress my treatment strategies through various courses and techniques. None of which as been more effective than dry needling. This treatment helps to relieve patient's pain, restore mobility and promote return to prior levels of function. It is research based, safe, and provides countless people with relief of their symptoms.

The fact that this discussion is even necessary is absurd. The vast differences in the technique and reasoning between dry needling and acupuncture make it clear that these are 2 completely different approaches. Each has it's own merit and value, and can coexist without one harming the other.

Commenter: Tamille

7/26/19 1:01 pm

Against dry needle by PTs for many reasons!! PTs please read before posting meaninglessly!!

Marshall H. Sager, DO, FAAMA

Rey Ximenes, MD, FAAMA

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

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

Dry needling, like acupuncture, involves the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used by physicians and licensed acupuncturists for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not an holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. Regardless of the theory, it is incontrovertible that dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. It is critical to understand that dry needling, in the hands of minimally educated practitioners can cause extreme harm. Any invasive procedure has associated and potentially serious medical risks and is safe only if performed by a properly educated, trained and experienced health professional. The technique of dry needling frequently involves needling of muscular structures that may be deep and/or hidden under layers of other muscles and tissues and close to sensitive structures and organs including blood vessels, nerves and organs as, for example, the lungs. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Angle the needle incorrectly and, for example, the lung may be punctured. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient). In the worse case scenario, vital organs can be pierced, resulting in complex medical situations or even death.

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

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

Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of

needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

December 9, 2014

Updated February 2, 2016

Adopted unanimously

Board of Directors of AAMA

Commenter: Jessica Bi

7/26/19 1:56 pm

I am AGAINST dry needle by PT without NCCAOM certificate.

Commenter: carl smith

7/26/19 2:04 pm

Dry Needling

Dry needling is a great modality.

It is the only treatment that works for me. I broke my neck 3 decades ago and when I don't have regular dry needling, I get daily headaches.

I have tried chiropractic, neck traction, deep muscle massage, medi cupping, dry needling and pain meds. The only things that help are dry needling and pain meds. Pain meds simply mask the issue. Dry needling relaxes the muscles thereby relieving the tension. I don't want pain meds.

My physical therapist is excellent at dry needling. I strongly wish that physical therapists would be allowed to continue providing dry needling.

They of course are trained and certified and the process does require an MD's referral.

Please feel free to contact me if more info is needed.

carl smith

csmith@blcpoa.org

Commenter: Jacob

7/26/19 2:14 pm

No for Physical Therapist - Dry Needling

I am a 3rd year student in TCM/Acupuncture and undergraduate in Kinesiology, previously pursuing Physical Therapy or Athletic Training.

Despite the argument of Physical Therapists stating their extensive background with anatomy. Dry needling should not be within a physical therapist's scope of practice. The integrity of the acupuncture medicine should be taken into account as the hours accumulated and theory discussed is integral to the well-being of the patient. If anyone is to practice with the insertion of needles, there needs to be NOT ONLY stricter regulation but understanding of the roots of the medicine. Examples could be multiple week/hour courses, practical testing, and extensive written exams...or Acupuncture School.

We enter a slippery slope where the regulations are quite minimal. We understand that as a physical therapist you go through multiple years/hours/courses for your profession but we the same for Acupuncturist. There are PT's I know that seek to integrate acupuncture, go to a university to get accreditation to insert needles. You may also get your previous extensive western science waived/transferred, which is valid due to your profession knowledge of anatomy. But understand, the clinical hours are necessary and we do not want to see the medicine simplified to ONLY musculoskeletal.

The same could be said for Acupuncturist to be Physical Therapist, we don't expect to simplify your medicine by going to a weekend CEU course. We expect the same standard and pride in your craft that you see with Acupuncture. Thank you.

Commenter: Ann Rolbin

7/26/19 2:29 pm

Dry Needling

Dry Needling is very, very, very helpful. My back pain is much better. I am able to go back to my normal activities thanks to dry needling. I think that dry needling is a very strong tool in PT. We should train more therapists in dry needling to help people like me. I'm in favor for dry needling from trained physical therapists and I strongly recommend dry needling to other patients. Before dry needling I tried other forms of therapy such as acupuncture for several years, but it did not help at all because the acupuncture needles could not reach as far as the dry needling. For more info feel free to call or e-mail me. (757) 460-4436, annrolbin@gmail.com.

Commenter: Susan Hu

7/26/19 2:34 pm

Opposing Drying Needling by PT

Any medical treatment without proper training is a risky for public health care. Why P.T. can't have proper training before they insert their needle to our people's body?! Not matter how they calling their needles. Same device same qualification!

Commenter: Min Yao

7/26/19 2:35 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Dr. Roger Gregory

7/26/19 2:40 pm

I FAVOR PHYSICAL THERAPISTS TO BE ABLE TO DO DRY NEEDLING

This should be done in the hands of a skilled and well trained therapist, such as Dr. Hernandez. I have had "dry needling" done on multiple occasions for sports related injuries and it have proven to be very beneficial. Stopping Physical Therapists from doing "dry needling" would be a profound dis-service to patients.

Please contact me if further information is needed.

Commenter: Debra

7/26/19 2:43 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Cindy Petersen

7/26/19 2:45 pm

Dry Needling

I have been injured twice through a car accident and once an injury with a frozen shoulder. All 3 times dry needling has assisted in pain reduction, increased timing with healing and overall long-term healing. It is a critical technique as part of physical therapy for which I would drive numerous hours to receive. It is also critical that PTs are trained and certified in this area of knowledge

Commenter: Janet L. Borges

7/26/19 3:00 pm

Proposed Regulation 18VAC112-20 Does Not Protect the Public

These are my opinions as a Virginia resident and licensed acupuncturist for the past 15 years. I represent no other entity with my comments that follow.

The mandate for the Virginia Board of Physical Therapy is to protect the public. The primary duty to carry out that mandate is the promulgation of regulations that would uphold a measurable standard of care; "measurable" meaning that it would outline specific training and certification standards that can be easily referenced to ensure a reasonable measure of safety for the public. The patient, who walks into the physical therapy practice, or for that matter into the licensed acupuncturist's practice, is unlikely to be an expert in the training and certification standards of their practitioner. Thus it is up to regulatory Boards and legislators to ensure the public safety. This regulation, as it is written, abjectly fails at achieving that goal.

Having been personally involved with this process for roughly a decade, nationally as well as here in Virginia, I am familiar with the timeline of events leading to the revision of this document. While I sincerely appreciate the time that the PT Board has taken to revise it over the course of the last 5 years, as written it does a disservice to the PT profession and endangers patients being served.

No one is denying that the dry needling style of acupuncture is an effective modality. Additionally, this is not a competition between two professions. The dry needling style of acupuncture is undeniably well within the scope of practice for licensed acupuncturists. That is not the point. As it is written, this regulation does not protect the public or the practitioner.

Why was the language in this regulation crafted to be so lacking in specificity? Two reasons come to mind. The first is that if you start defining dry needling in a regulation or scope of practice, you inevitably cross paths with acupuncture. Even a cursory search would identify that the origins of the modality originated with Janet Travell (and others') research into acupuncture treatment methods in light of myofascial trigger points. It is blatantly insulting to insist that "dry needling" is something that physical therapists recently invented on their own and that other practitioners, specifically licensed acupuncturists, are mysteriously wrapped up in modes of treatment that are not biomedical in origin.

Following this line of thinking, you would then have to grapple with the fact that there are already national acupuncture training and certification standards that have been on the books for decades. By failing to define dry needling in this regulation, the PT Board could skip all of that, circumventing the legislative process to change the PT scope, and instead craft a regulation, which is much less complicated and costly. Defining an invasive procedure that employs a deeply inserted acupuncture needle and only identifying it as an "advanced procedure that requires additional training" is hardly descriptive or sufficient.

The second reason, in my opinion, is that the current training offered for dry needling is by for-profit companies, such as Myopian Seminars, Integrative Dry Needling (note that this particular company was started by a licensed acupuncturist), and others. These companies are engaged in predatory marketing practices while competing for revenue from PTs, athletic trainers, and yes, --licensed acupuncturists, among others. The Federation of State Boards of Physical Therapy (FSBPT), referenced in the supporting documents for this regulation respective to a study regarding competencies for dry needling, has not defined what constitutes the advantage of one of these programs over another. This leaves it up to the practitioner to choose one, and then to decide afterward if they are competent.

Because these for-profit companies are competing with each other, they offer a very wide-ranging level of training, with no standard among them. Humans, being what they are, will obviously gravitate to the choice that costs the least amount of time and

money. So, if this regulation remains as written, your newly licensed PT can take an online course over the weekend, and then "practice" on the unwitting patient on Monday. Since there is no standard of training, competency, supervision or third party certification with these for-profit companies, both the patient and the practitioner are at risk.

What this proposed regulation DOES do is allow the PT Board to take action against the practitioner if they injure a patient, something that could not have been done via the guidance document that preceded it. This is appropriate, and what regulations are supposed to do. However, It is doubtful that most physical therapists are aware of what that means.

I have knowledge of multiple documented instances, reported to the Virginia PT Board during the last five years, of serious patient injury, including those patients being hospitalized. With only a guidance document in place, these complaints were virtually ignored. This is the reason that Governor McAuliffe required the Board of Physical Therapy to create regulations to replace the guidance document in 2015, after receiving a letter from the American Academy of Medical Acupuncture.

I have heard countless stories from my patients of sub-optimal outcomes as a result of dry needling from physical therapists as well as from chiropractors. Some examples are nerve damage, worsening of symptoms, and more than one story about a physical therapist insisting that they can help with symptoms that are clearly originating from internal medicine issues rather than musculoskeletal, as well as physical therapists advertising "dry needling for migraines", "facial dry needling" etc.

All styles of acupuncture, including dry needling, have very real risks, no matter who the practitioner is. This style of acupuncture, aka myofascial trigger point acupuncture, motor point needling, etc., is performed by licensed acupuncturists across the country, all of whom are aware of these risks and that this particular style, with a focus on needling that is designed to initiate deeper muscle fasciculation, potentially increases these risks. We all share the same risks by use of the acupuncture modality.

Despite repeated input along these lines since the inception of this regulatory process, this Board has ignored constructive input from my profession, medical acupuncturists, the American Medical Association and the American Association for Physical Medicine and Rehabilitation. This Board has instead opted to circumvent legislative procedure and national acupuncture licensure and certification standards in favor of proposing a regulation that essentially protects only the Board by giving it legal authority to hold practitioners accountable, should they injure a patient. None of this protects the public.

In the interest of public safety, I urge the Virginia Physical Therapy Board to amend this proposed regulation with language that clearly identifies specific training, specific third party measurements of competency, and proper regulatory language regarding safety standards in order to protect the citizens of Virginia.

Commenter: J Hutchins

7/26/19 3:10 pm

Pro PT Dry Needling

I have had dry needling administered to me by my Physical Therapist. This in combination with other treatment only a PT can do, have helped me immensely. Dry needling should be done by a PT who understands how the body works, which is what they are educated to do. Dry needling is in the scope of practice of physical therapists.

Commenter: Peggy Belmont, Physical Therapist

7/26/19 3:11 pm

Support to regulation for physical therapists doing dry needling

I and all physical therapists are well trained in anatomy and therapeutic treatment of the body to be sufficient to appropriately practice using the modality of dry needling. Physical therapists who perform dry needling know they must supplement their basic knowledge by obtaining specific postgraduate education and training in dry needling. These experts are instrumental to the health care practice of treatment of pain and neuromuscular facilitation of movement disorders. We are prepared and readily available to help Virginia citizens who suffer from pain or movement disorders.

We do not practice acupuncture, the Chinese medicine of practice based on traditional Chinese medicine and performed by acupuncturists. Dry needling is a part of modern Western medicine principles used for more than 50 years in health care professions including physical therapists and supported by research done by scientists, physicians, and physical therapists. This dry needling is not injection of medicine rather the use of small injections that change the chemical reactions of the body to foster normalization of movement and reduction of pain.

Please, in these days of opioid overuse, support this use of a physical therapy practice that is safer and more responsive to effective reduction of pain and the improvement of movement capabilities.

Commenter: Alexander Digges

7/26/19 3:21 pm

Dry Needling: IS NOT Acupuncture, Safe & Effective Modality used By Physical Therapists / Clinicians

To All Who Read This:

?This current open forum is a wonderful action. It is nice to read and see comments. American Democracy at its' finest.

I will start off by saying that as both a practitioner and a patient of Dry Needling, Dry Needling is both safe treatment & a beneficial modality performed & administered by Physical Therapists.

For a COMPETING Medical Group of Practitioners aka ACUPUNCTURISTS to lobby & state that Dry Needling is unsafe as performed by Physical Therapists is both Libel (make false and damaging statements about) & Unprofessional.

One, after performing a search PubMed.gov with the keywords of Dry Needling AND unsafe AND physical therapy, ZERO articles appeared. In my 10 years of practice, we have yet to see an injury from a Physical Therapist performing Dry Needling that required medical attention. But Acupuncturists claim it is unsafe for Physical Therapists which you can determine is unfounded, untrue and thus libel!

Two, Acupuncturists claim Physical Therapists are unsafe but the research shows otherwise as shown in the following 2 articles.

A 30-year review (1980–2009)³ of 115 published articles from Chinese literature cited 296 traumatic injuries, 150 vasovagal episodes, 9 infectious complications, and 14 deaths. PTX (n=201) was one of the most frequent adverse events. Other traumatic events included: subarachnoid hemorrhage (n=35), abdominal organ injuries (n=16), and spinal epidural hematoma (n=9).

And, similar findings were also noted in a separate 54-year review (1956–2010) of Chinese literature, which discussed 167 articles.⁴ Again PTX, 30% of the reported cases, was the most common traumatic adverse event. Over the last decade, Western literature has also reported numerous adverse events.^{5–18} A large-scale Western study involving 190,924 patients over a 6-month period found 0.024% (n=45) of these patients experienced death, an organ injury, or required hospitalization.

Finally, one competing group of practitioners, Acupuncturists, are trying to restrict medical treatment to the Commonwealth of Virginia inhabitants. Since Dry Needling was approved to be performed safely by Physical Therapists, the inhabitants of Virginia of been feeling better, moving

better, and able to return back to life.

So, after looking at the research, there is NO basis for the claim by Acupuncturists that it is unsafe for Dry Needling to be performed by Physical Therapists. ??! hope you will take time to consider these false allegations & accusations being stated and consider how much good and benefit Physical Therapists provide not only with Dry Needling but their treatment strategies as a whole.

Commenter: Patrick Graham

7/26/19 3:51 pm

No to PT Dry Needling. Dry Needling should be performed by a licensed acupuncturist

Dry Needling should be performed by a licensed acupuncturis

Commenter: Dale Van Eck

7/26/19 4:05 pm

Dry needling

I have had this procedure done by my physical therapist who is highly qualified to perform this procedure. I have had work done on my knees (found substantial relief in two visits) and back (substantial improvements immediately and long lasting). I have recommended dry needling to several colleagues who have also found relief for their particular issues. As with any procedure a patient must be diligent and research the techniques and practitioners to find the best qualified physical therapist to perform the work. I did so and am pleased with the results both the therapist and the results!

Commenter: You Liang Hu

7/26/19 4:34 pm

PT can't practice dry needling without Acupunture Licence

Strongly against PT practice dry needling

Commenter: Heather Millar, VCU

7/26/19 4:44 pm

Yes, yes, yes to dry needling!!!

Dry needling has literally changed my life after years of pain. I have suffered with severe back pain after a disc ruptured a several years ago. While the disc situation has improved over time, the muscular area became increasingly tight and debilitating to where I haven't been able to bend over in years without pain. I have had injections (did not help), regular PT (helps to a point) but nothing has helped me as much as dry needling and manual PT therapy.

Commenter: Weiwei zhou

7/26/19 4:46 pm

Against dry needling is totally based on common sense.

Commenter: Man Wolf

7/26/19 4:47 pm

Dry needling using acupuncture needles. Dry needling is acupuncture!!!

Commenter: Puichu leongluk

7/26/19 4:49 pm

PTs are not qualified to do any kind of needling.

I am writing to oppose PT perform dry needling without acupuncture certification.

Commenter: Xiao Yang

7/26/19 5:08 pm

Opposition To Dry Needling By PTs

Commenter: Hui Chen

7/26/19 5:11 pm

NO NO NO DRY NEEDLING BY PTs

Commenter: Li Ping licensed Acupuncturist in UK

7/26/19 5:12 pm

Against PT practice Dry Needling!

Commenter: Maria

7/26/19 5:13 pm

I Oppose PT Perform Dry Needling without Acupuncture Certification?

Commenter: David C. Chang

7/26/19 5:14 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Canhui Li

7/26/19 5:16 pm

I Oppose PT Perform Dry Needling without Acupuncture Certification

I oppose PT perform dry needling without acupuncture certification!

Commenter: Xiao Yang

7/26/19 5:18 pm

Against dry needling by PTs.

Commenter: Lan Deng

7/26/19 5:18 pm

I Oppose PT Perform Dry Needling without Acupuncture Certification?

o?? I Oppose PT Perform Dry Needling without Acupuncture Certification?

Commenter: Global Health

7/26/19 5:19 pm

Against dry needles

7/26/19 5:22 pm

Commenter: Kelli

Pro PTs for Dry Needling

I have suffered with migraine headaches for many years. I can take meds for days and it does not go away. Dry needling has been the only form of relieve I have found. I am treated by a physical therapist. He is far more experienced than other disciplines in our area. The treatments work 100% of the time. I would not even consider going to a acupuncturist. Most PTs have their doctorate degree. Those that have a Masters have many years experience, as it was not required many years ago. PTs have extensive knowledge of all muscles, nerves, and the entire human body and know the dangers involved. They are qualified more than enough to perform dry needling. I don't understand the grudge acupuncturist seem to have. There is more than one profession able to treat with this procedure.

Commenter: Lynn

7/26/19 5:25 pm

Against

I strongly oppose PT practice Dry Needling without NCCAOM certificate.

Commenter: Reyired

7/26/19 5:29 pm

Oppose Dry Needing by PT

Commenter: X Yang

7/26/19 5:34 pm

I opposed dry needling. Acupuncture License required.

Can you driving a car without a driver license? I hope you cure your patients not to murder your patients.

Commenter: Michelle Spencer, PT, DPT

7/26/19 5:36 pm

Support Physical Therapist performing dry needling.

Physical Therapists have performed dry needling safely and effectively for many years now. The research supports that dry needling does indeed work, and as the number of practitioners have increased there has been no upward trends in injuries or malpractice suits related directly to PT's performing this procedure. PT's are doctors of their profession, with extensive education in anatomy and neurology. PT's certified in dry needling have proven themselves to be safe, effective, and professional.

This is not the first time acupuncturists have attempted to thwart PT's from performing dry needling. Acupuncturists recently lost their suit in North Carolina.

Commenter: TCM Health Center, Minneapolis, Minnesota

7/26/19 5:39 pm

Oppose Dry Needing by PT

Commenter: Yifan liu

7/26/19 5:39 pm

Acupuncture

STOP against Acupuncture Law, with practice Acupuncture/dry needling without Acupuncture license?

Opposition to dry needling without acupuncture license.

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Fiona Li

7/26/19 5:40 pm

Acupuncture license is required to perform dry needling

Commenter: John Bartlett

7/26/19 5:40 pm

Against PT practice Needing without official recognition training

Commenter: X Chen

7/26/19 5:41 pm

I against dry needling

Commenter: Hui Wei, American TCM Association

7/26/19 5:44 pm

Oppose Dry Needling by PT

Commenter: Skyla Pauline

7/26/19 5:47 pm

Say NO to PT to do dry needle without Acupuncture License

Commenter: YuHong Chen

7/26/19 5:48 pm

Oppose Dry Needling by PT

Commenter: Mandan

7/26/19 5:50 pm

Oppose dry needle done by PT

Commenter: Aaron

7/26/19 5:52 pm

STOP Against acupuncture law, with practice acupuncture / dry needling without acupuncture licenses.

Commenter: Yuejuan Bian

7/26/19 5:56 pm

Oppose Dry Needling by PT

Commenter: Y Chen

7/26/19 6:06 pm

Against dry needling

Physical therapy, western doctors, nurses, do not find another excuse to wash out medical insurance. Family doctors will be easy to replace by a computer app. What do you know? You only know the big word referral! Do not murder your patients without acupuncture licenses.

Commenter: Cindy

7/26/19 6:21 pm

oppose PT practice DN

Commenter: Zheng Acupuncture, PC

7/26/19 6:21 pm

I am AGAINST Dry needle by PT without NCCAOM certificate"

Commenter: Jim Ye

7/26/19 6:23 pm

I am AGAINST Dry needle by PT without NCCAOM certificate

Commenter: Jennifer liu

7/26/19 6:24 pm

Oppose dry needling by PT !!

Commenter: Dazhi Chen

7/26/19 6:24 pm

Against PT practice Dry needling

Commenter: Hong Gao

7/26/19 6:25 pm

Oppose Dry Needling by PT.

Commenter: Yueshan

7/26/19 6:26 pm

Dry needling is acupuncture!!!;

Dry needling using acupuncture needles. Dry needling is acupuncture!!!; No PT should do dry needle without NCCAOM certificate.

Commenter: Susan

7/26/19 6:27 pm

Oppose Dry Needling by PT

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Deguang He? ATCMA

7/26/19 6:27 pm

Dry Needle is only practiced by acupuncturist

Commenter: Yueyang

7/26/19 6:28 pm

I am AGAINST Dry needle by PT without NCCAOM certificate; dry needling is Acupuncture!!!

Commenter: Zheng

7/26/19 6:33 pm

Dry needling is acupuncture!!!;

I am AGAINST Dry Needle by PT without NCCAOM certificate!!!

Commenter: Kelly

7/26/19 6:34 pm

I am AGAINST Dry needle by PT without NCCAOM certificate; dry needling is Acupuncture!!!

Commenter: Yueyuan

7/26/19 6:38 pm

Dry needling is acupuncture!!!;

I am AGAINST dry needle by PT without NCCAOM certificate. Dry needling is Acupuncture!!!

Commenter: Robert

7/26/19 6:40 pm

Dry needling is acupuncture!!!; I am AGAINST dry needle by PT without NCCAOM certificate!!!

Commenter: Kevin Wang

7/26/19 6:54 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Junfeng He, Dr. JF He Clinic of Acupuncture and Health

7/26/19 6:55 pm

Dry Needle is only practiced by acupuncturist

Commenter: Zeng P Wang

7/26/19 6:58 pm

Opposition to dry needling without acupuncture licenses

Commenter: Lois DuRant

7/26/19 7:01 pm

Dry Needling in the Scope of Practice for Physical Therapist

Dry Needling should be without a doubt in the scope of a trained Physical Therapist practice. Scott Roberts has been my physical Therapist for the past 11 years and I would dare say I was his first or at least one of his first patients to have dry needling performed on me in my physical therapy treatment. I would get immediate relief from dry needling, would not bruise like I did in manual therapy and I truly believe that if Scott had not performed dry needling on me my results would not have been anywhere near the results that we have seen. The process immediately releases the

trigger point and the result is immediate followed by reinforcement exercise. This is not acupuncture and if anyone tries to say that it is then perhaps they should be treated by a trained physical therapist to see the true difference. A doctor sends a patient to physical therapy in hopes of a treatment plan for their patient to have a better quality of life. They rely on the physical therapist after the physical therapist does a thorough exam to recommend back to them the treatment plan including dry needling as they do not have the skills to perform the actual treatment. The doctor in turn signs off on the treatment plan both as a belief in the plan and also so the insurance company will approve the treatment plan including but not limited to dry needling and in hopes of a better quality of life for their patient. I am living proof of dry needling. I am 75 years old and thanks to dry needling have been kept off the operating table when at one point it was recommended that the only way I would get relief was through surgery. Thank you Scott Roberts for the dry needling and the insurance company should be dancing in the street for all the money you have saved them in keeping me healthy and strong,

Commenter: Angela

7/26/19 7:06 pm

Opposed to PT s using dry needling

Commenter: Yurong liu

7/26/19 7:10 pm

Dry needle is acupuncture

I Oppose PT Perform Dry Needling without Acupuncture Certification?

Commenter: david gao

7/26/19 7:17 pm

Opposition to dry needling without acupuncture

Commenter: Dan Li

7/26/19 7:21 pm

I am against PT performing Dry Needle, it must be performed by a licensed acupuncturist.

First, the term "dry needle" implies the acupuncturists use something else, perhaps a "wet needle" or needles with medicine, but they do not, acupuncture needles are dry as well.

Second, proponents are using terms such as evidence based, etc. There is scientific evidence that acupuncture relieves pain. Many insurance companies now cover it for pain management. This is exactly why PT's want to be able to use needling techniques.

Third, If a Physical Therapist can not effectively treat their patients with PT, they must refer them to a licensed acupuncturist.

Proponents also say that acupuncture manipulates the Qui/Chi, and Dry needle is inserted into the muscle. Many acupuncture points are also in the muscle, and an acupuncturist may choose to treat pain that way.

Make no mistake, this whole argument is not about patient care but pure economics. Many acupuncturists patients are treated for pain. Acupuncturists pay over \$60,000 for the education, and licensing process. Allowing Physical Therapists to perform dry needling will significantly impact a licensed acupuncturists business. Many Physical Therapist practices employ acupuncturists. This is not about patient care. As stated earlier, a PT can refer a patient to a licensed acupuncturist if there physical therapy treatment is not effective.

I am an NACCOM certified acupuncturist and I am licensed in VA, DC, and MD.

7/26/19 7:33 pm

Commenter: Yue Jan

Against Dry Needle by PTs!!

case presentation:

A 27-year-old secretary presented to an orthopaedic outpatients department with a 1-month history of left wrist drop following dry needling.

The patient attended physiotherapy occasionally for deep tissue massage and dry needling for shoulder pain. On this particular occasion, as the physiotherapist inserted a needle, she reported that she felt spasms in her left hand followed by a wrist drop. The needle was inserted in the lateral aspect of her arm, approximately at the level of the junction of the middle and distal third of her left humerus. The patient reported that the needle was applied with equal vigour to other needles applied that day. A filiform needle 0.25 mm in diameter and 50 mm in length was used.

The patient attended the emergency department where an MRI scan of her arm showed no evidence of pathology at or around her left humerus.

reference: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5786962/>

Commenter: Yang x

7/26/19 7:38 pm

Against dry needle.

Commenter: SunnyLife

7/26/19 7:44 pm

**Dry needle is acupuncture without proper training! That ruins acupuncture reputation!
Against DN!**

Commenter: William S. Teachey, M.D.

7/26/19 7:49 pm

Physical Therapists with training in dry needling should be allowed to perform dry needling

Dry needling of muscles has little to do with the technique of acupuncture; dry needling is not a threat to those who wish to perform acupuncture. Also, I have never seen a physical therapist trained in dry needling have any interest whatever in performing acupuncture. Dry needling is not a threat to those who wish to perform acupuncture.

Dry needling requires a thorough knowledge of muscular anatomy, and musculoskeletal function and physiology- both for safety of the technique, and for efficacy; no discipline in medicine surpasses physical therapists in this regard. Dry needling by physical therapists who have qualified in dry needling, per extra training, have made hundreds of my patients' quality of life dramatically better, over many years. Almost all of these patients had tried many remedies previously, without success.

I also have personally had dry needling by physical therapists who have qualified in dry needling, on multiple occasions, and I have had uniformly excellent results.

Physical therapy is the clear and obvious medical discipline to perform the service of dry needling for our patients.

Wm. Teachey, M.D.

Commenter: Leslie

7/26/19 7:52 pm

I am against this

Commenter: Katie L

7/26/19 8:12 pm

PTs for dry needling! Aren't we all here to help people? Why are we fighting to limit each other?

- Acupuncture and dry needling is not the same. PTs who have performed advanced training are qualified to perform dry needling. Acupuncturists who are trained are qualified to perform acupuncture. We are splitting hairs over something that should be over already. We are both professions to claim to help people, but how does it help the public to keep fighting like this? PTs should continue to utilize dry needling to help their patients and acupuncturists should continue to use acupuncture to help their clients. It should not be an either/or situation, but a both professions shared knowledge situation. We need to stop acting like children.

Commenter: Steve Zhao

7/26/19 8:13 pm

Strongly oppose physical therapy practitioners to use acupuncture needles

I strongly oppose legalizing the physical therapists to use acupuncture needles to do so called "dry needling", because that is not responsible and professional to the public health safety. Since they don't qualify to do so once they only take 30 or 50 hours training to practice acupuncture needling compared to the licensed acupuncturist which must receive 3000 hours training and qualify for NCCAOM certification and acupuncture State license

Commenter: Dr. Kathy Pesavento, MSPT, DPT

7/26/19 8:29 pm

Passionately supporting PT's to continue to dry needle as we've been doing for years

I fully support the passage of the proposed regulations to ensure the safe practice of dry needling by licensed and appropriately trained physical therapists. Physical therapists have been safely performing the procedure of dry needling in Virginia for years. The incredibly thorough and comprehensive training I received through Myopain has enabled me to perform professionally skilled and safe, cautious technique *many thousands* of times since learning the technique 9 years ago.

This revived argument by acupuncturists that PT's are performing acupuncture when doing dry needling is absurd and exhausting already. Trigger point dry needling performed by physical therapists is but one technique we implement to release myofascial trigger points. The needles are simply tools we use to achieve our goal and merely serve as extensions of our fingers allowing us to penetrate through other tissues to directly "touch" and release the trigger points within the muscle belly. There is no similarity between acupuncture (Eastern medicine) and dry needling (Western medicine). We (PT's) palpate to locate randomly located trigger points and penetrate, deep into the muscle, one needle at a time. We do not place needles in precisely mapped out Meridian points with many simultaneous needles superficially placed for an extended period of time to restore the energy flow within the body-- that is acupuncture.

Physical therapists are experts in Myofascial trigger point release no matter what tools we use-- be it our fingers or needles-- thus dry needling is WELL within the scope of physical therapy. The fact that there are only a handful of states where dry needling is not allowed to be performed by PT's, as compared to the handful of states that allowed it 9 years ago when I was trained, is indicative that it is a widely accepted and legal physical therapy procedure.

Commenter: SunnyLife

7/26/19 8:32 pm

Physical therapy shouldn't use invasive therapy. Use DN is to invade acupuncture field!**Commenter:** Dr. Kathy Pesavento, MSPT, DPT

7/26/19 8:36 pm

Fully support PT's to continue to dry needle as we've been doing safely for many years

I fully support the passage of the proposed regulations to ensure the safe practice of dry needling by licensed and appropriately trained physical therapists. Physical therapists have been safely

performing the procedure of dry needling in Virginia for years. The incredibly thorough and comprehensive training I received through Myopain has enabled me to perform professionally skilled and safe, cautious technique *many thousands* of times since learning the technique 9 years ago.

This revived argument by acupuncturists that PT's are performing acupuncture when doing dry needling is absurd and exhausting already. Trigger point dry needling performed by physical therapists is but one technique we implement to release myofascial trigger points. The needles are simply tools we use to achieve our goal and merely serve as extensions of our fingers allowing us to penetrate through other tissues to directly "touch" and release the trigger points within the muscle belly. There is no similarity between acupuncture (Eastern medicine) and dry needling (Western medicine). Acupuncturists place needles in precisely mapped out Meridian points with many simultaneous needles superficially placed for an extended period of time to restore the energy flow (Chi) within the body. PT's palpate to locate randomly located trigger points and, using one needle at a time, penetrate deep into the muscle to release the nodule. It is no different than manual release-- it just uses a tool, the needle.

Physical therapists are experts in Myofascial trigger point release no matter what tools we use-- be it our fingers or needles-- thus dry needling is WELL within the scope of physical therapy. The fact that there are only a handful of states where dry needling is not allowed to be performed by PT's, as compared to the handful of states that allowed it 9 years ago when I was trained, is indicative that it is a widely accepted, legal, and safe physical therapy procedure.

Commenter: Lillian Huang

7/26/19 8:50 pm

Dr

Commenter: Lillian Huang

7/26/19 8:51 pm

Opposition to dry needling without acupuncture license.

Opposition to dry needling without acupuncture license.

Commenter: Fei Liu

7/26/19 8:52 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Juli Zhu

7/26/19 8:58 pm

Opposition to dry needling without acupuncture license.

Commenter: Boon Chee

7/26/19 9:04 pm

Opposition to dry needling without acupuncture license

Commenter: EB

7/26/19 9:11 pm

Against

against

Commenter: Tyler Bowersock

7/26/19 9:11 pm

Continue to support PT's performing Dry Needling as they have been doing safely for numerous years.

Physical Therapist have performing Dry Needling safely and effectively for numerous years. Plus the practices and beliefs are much different the Eastern Medicine.

Commenter: Ashley Brody, patient

7/26/19 9:28 pm

Fully support PTs performing dry needling.

I have had issues with my low back, hip, and - most recently - neck, since 2016, and dry needling has been a part of my physical therapy care for all my recovery tracks. I have received care from three different PTs for my various injuries, all using a combination of treatments, not just needling; I found needling in this application to be a godsend, speeding and easing my recovery each time. I had trust in the therapists' - given their clinical backgrounds - to provide the best combination of treatment options for my needs, and to use their extensive knowledge of anatomy & physiology to perform needling safely. I was never disappointed. I never had adverse effects from the treatments, and have seen dramatic benefit. For me, when dry needling was done with STEM, I saw great relief of the most acute symptoms for 24-72 hours, which enabled me to better perform my therapy exercises, speeding my recovery and returning my quality of life sooner.

Limiting or preventing PT use of needling practices needlessly limits patient treatment and recovery options, inhibits collaboration among providers with differing backgrounds that could further propel patient care discoveries, and - quite frankly - just seems ill-founded and silly.

Why do I say it's silly? Look at this through a different lens: would the Commonwealth tell a certified chef they can't use a meat cleaver because they weren't a butcher? What about telling a roofer they couldn't use a hammer because they weren't a carpenter? Of course not! In each example, you have an expert in their field; just because their backgrounds are different doesn't make one any more or less qualified than the other to apply the same tool using their specialized training and expertise.

Given my experiences and thinking about the level of training and experience of PTs, it is 100% my view that is in the best interest of the citizens of the Commonwealth to allow PTs to use needling in their practice.

Commenter: yuna janvier

7/26/19 9:34 pm

CASE AGAINST PT DOING DRY NEEDLE

"Dry needling is unsafe when performed by physical therapists.

Dry needling is safe when performed by qualified practitioners of acupuncture , such as physicians and acupuncturists, but it is unsafe when performed by physical therapists-due to inadequate and improper training in acupuncture- as evidenced by the following example:

In Colorado, a physical therapist punctured freaskier T. Y. W.'s right lung with an acupuncture needle, causing damage to the lung that led to a pneumothorax (an accumulation of air between the lung and the chest wall, causing the lung to collapse). He required surgery to treat the pneumothorax and was hospitalized for five days."

Reference:

https://m.facebook.com/paulobarrosmtc/photos/a.666077923531009/693083487497119/?type=3&_rdr

Commenter: DN is stealing acupuncture intellectual property! Against DN!

7/26/19 9:35 pm

SunnyLife

Commenter: SunnyLife

7/26/19 9:36 pm

DN is stealing acupuncture intellectual property! Against DN

Commenter: PT

7/26/19 9:46 pm

Fully support DN by PTs.

Commenter: Sandy Brody

7/26/19 9:47 pm

Fully support PT's doing dry needling

I had major spine surgery 13 years ago. For the past 3 years I have had sciatica, neck, and back pain. The physical therapist that was recommended was able to help me by doing dry needling.

Although acupuncture may help a lot of people, it did not help me. It should not take the place of dry needling by trained physical therapists.

Commenter: PCampbell

7/26/19 9:49 pm

Pro dry needling in PT

As someone with several lumbar spine conditions for which I have seen a DPT regularly over the last several years, I appreciate that my DPT has this treatment available to help alleviate my chronic nerve pain.

Commenter: Jackson

7/26/19 9:53 pm

Florida Judge Bans Dry Needle by PTs! So do !!

" Florida physical therapists cannot offer "dry needling" procedures to their patients, a state judge ruled Monday in a legal challenge filed by a group representing acupuncturists."

"Administrative Law Judge Lawrence P. Stevenson issued an order rejecting a proposed rule by the Florida Board of Physical Therapy that set minimum standards for physical therapists to use dry needling. Stevenson said the proposal exceeded the Board of Physical Therapy's "grant of rule making authority because it would expand the scope of physical therapy practice, not merely establish a standard of practice."

" He noted that the law generally bans physical therapists from performing acupuncture, allowing it only when "no penetration of the skin occurs."

Reference:

Commenter: Jason

7/26/19 9:54 pm

Against anyone perform Dry Needling without acupuncture license

Commenter: Mike Brody

7/26/19 9:57 pm

Support Dry Needling by PTs

My wife has had a variety of issues with her back and neck over recent years, and her PT has done dry needling with great effect. It has provided my wife great relief when chosen as a course of treatment, and there have never been adverse effects. I'd fully support PTs continued ability to do dry needling.

Commenter: Jing Gao

7/26/19 9:59 pm

Oppose PT perform "dry needle" with acupuncture needle.

Commenter: Fay

7/26/19 10:15 pm

Opposition to doing dry needling without acupuncture license

Dry needling is one type of Acupuncture.

Doing this job , should have an acupuncture license or get a certification of NCCAOM.

Commenter: AJ

7/26/19 10:16 pm

For dry needling

The board regulations for dry needling are appropriate

Commenter: Su Hong?ATCMS

7/26/19 10:19 pm

strongly oppose PT doing DN without Acupuncture certificate

Commenter: Michael

7/26/19 10:23 pm

CASE REPORTS - ALABAMA

Case Reports Alabama

Case 1. In 2017, a 16-year-old boy suffered a deep infection in the posterolateral distal aspect of the right thigh related to dry needling performed by a physical therapist [15]. He was treated for the deep infection in the posterolateral distal aspect of the right thigh at the Department of Orthopaedic Surgery, University of South Alabama, in Mobile, Alabama [15]. The deep infection in the posterolateral distal aspect of the right thigh required surgical drainage and intravenous antibiotics [15]. He was hospitalized for five days [15]. After discharge, he was continued on intravenous antibiotics for three weeks [15].

Reference:

Kim DC, Glenzer S, Johnson A, Nimityongskul P. Deep infection following dry needling in a young athlete: an underreported complication of an increasingly prevalent modality: a case report. J Bone Joint Surg Am. 2018;8(3):e73. [https:// insights.ovid.com/pubmed?pmid=30256243](https://insights.ovid.com/pubmed?pmid=30256243).

Commenter: Michael

7/26/19 10:24 pm

CASE REPORTS - CALIFORNIA

Case 1. In January 2014, 31-year-old Jamie Del Fierro suffered a penetrating left lung injury related to dry needling performed by a chiropractor [16]. The penetrating left lung injury resulted in a traumatic pneumothorax (an accumulation of air in the pleural cavity resulting from blunt or penetrating chest injury and causing lung collapse) [16]. She was treated for the traumatic pneumothorax at the emergency department of the Kaiser Permanente Zion Medical Center in San Diego, California [16]. The traumatic pneumothorax required medical and surgical intervention [16].

Reference:

16. Jamie Del Fierro v. Walker Scott Chiropractic Corp., No. 37-2015-00002113-CU-MM-CTL (California Superior Court, San Diego County Jan. 16, 2015).

Commenter: Doug Fister, L.Ac

7/26/19 10:26 pm

Oppose Illegal Needling (Dry Needling) by PTs

Oppose Illegal Needling (Dry Needling) by PTs

Commenter: Michael

7/26/19 10:27 pm

CASE REPORTS - Colorado

Case 1. In November 2013, 17-year-old Torin Yater- Wallace suffered a penetrating right lung injury related to dry needling performed by a physical therapist [17–20]. The penetrating right lung injury resulted in a traumatic pneumothorax [17–20]. He was treated for the traumatic pneumothorax at the emergency department of the St. Anthony Summit Medical Center in Frisco, Colorado, and was admitted to that hospital on the same day [17–20]. The traumatic pneumothorax required medical and surgical intervention [17,20]. He was hospitalized for five days [17,20].

Case 2. In April 2015, 36-year-old Amanda Hilton suffered a penetrating left lung injury related to dry needling performed by a physical therapist [21]. The penetrating left lung injury resulted in a traumatic pneumothorax [21]. She was treated for the traumatic pneumothorax at the emergency department of the Good Samaritan Medical Center in Lafayette, Colorado, and was admitted to that hospital on the same day [21]. The traumatic pneumothorax required medical and surgical intervention [21]. She was hospitalized for three days [21].

Case 3. In June 2015, 41-year-old Lisa Kerscher suffered a penetrating right lung injury related to dry needling performed by a physical therapist [22]. The penetrating right lung injury resulted in a traumatic pneumothorax [22]. She was treated for the traumatic pneumothorax at the emergency department of the Rose Medical Center in Denver, Colorado, and was admitted to that hospital on the same day [22]. The traumatic pneumothorax required medical and surgical intervention [22]. She was hospitalized for three days [22].

Reference:

17. Axon R. Torin Yater-Wallace bounces back from collapsed lung with top run. USA Today. 2013 Dec14. <https://www.usatoday.com/story/sports/olympics/sochi/2013/12/13/torin-yater-wallace-dew-tour-ion-mountain-championship-halfpipe-qualifying/4019707/>.
18. Mutrie T. Torin under pressure. X Games. 2014 Jan13. <http://xgames.espn.go.com/xgames/skiing/article/10269254/torin-yater-wallace-ski-halfpipe-favorite-winter-olympics>.
19. Kilgore A. Two years ago, he clung to life, fighting a mystery illness. Now he could win Olympic gold. Washington Post. 2017 Dec 26. https://www.washingtonpost.com/sports/olympics/two-years-ago-he-clung-to-life-fighting-a-mystery-illness-now-he-could-win-olympic-gold/2017/12/26/4c7570fc-e9f3-11e7-9f92-10a2203f6c8d_story.html?utm_term=.6b4c8e033125.
20. Vila C. Back to life: the Torin Yater-Wallace story. Los Angeles (CA): MRB Productions; 2018. <https://www.redbull.tv/video/AP-1T3MQVJNN1W11/back-to-life>.
21. Dry Needling Adverse Event Reporting System report. 2018 Mar 29.
22. Lisa Kerscher v. Theraphysics Partners of Colorado, Inc. d/b/a Physiotherapy Associates; Andy Free, No. 2017CV31995 (Denver District Court, Denver County Jun. 1, 2017).

Commenter: Michael

7/26/19 10:28 pm

CASE REPORTS - District of Columbia

Case 1. In 2017, a 62-year-old woman suffered a penetrating cervical spinal cord injury related to dry needling performed by a physical therapist [23]. The penetrating cervical spinal cord injury

resulted in a traumatic spinal epidural hematoma (an accumulation of blood in the spinal epidural space resulting from blunt or penetrating spinal injury), which resulted in "a searing and burning pain down her entire spinal column" [23]. She was treated for the searing and burning pain down her entire spinal column at the emergency department of the MedStar Georgetown University Hospital in Washington, DC, and was admitted to that hospital's intensive care unit on the same day [23]. The searing and burning pain down her entire spinal column required tramadol (an opioid [narcotic] analgesic) and other medications [23]. "No neurologic deficit developed during her course in the intensive care unit and throughout her hospital stay" [23].

reference:

23. Berrigan WA, Whitehair C, Zorowitz R. Acute spinal epidural hematoma as a complication of dry needling: a case report. PM R. 2018. pii: S1934-1482(18)30387-3. <https://www.sciencedirect.com/science/article/pii/S1934148218303873?via%3Dihub>.

Commenter: Lavena Che

7/26/19 10:29 pm

Opposition to All PTs Practicing Dry Needling

Opposition to All PTs Practicing Dry Needling

Commenter: Michael

7/26/19 10:30 pm

CASE REPORTS - GEORGIA

Case 1. In August 2015, 70-year-old Eva Campbell suffered a penetrating left lung injury related to dry needling performed by a physical therapist [24]. The penetrating left lung injury resulted in a traumatic pneumothorax [24]. She was treated for the traumatic pneumothorax at the emergency department of the Northeast Georgia Medical Center Gainesville in Gainesville, Georgia, and was admitted to that hospital on the same day [24]. The traumatic pneumothorax required medical and surgical intervention [24]. She was hospitalized for four days [24].

Reference:

24. Dry Needling Adverse Event Reporting System report. 2017 Jun 10.

Commenter: Michael

7/26/19 10:32 pm

CASE REPORTS - Maryland

Case 1. In October 2012, 24-year-old Emily Kuykendall suffered a penetrating nerve injury in the medial distal aspect of the left thigh related to dry needling performed by a physical therapist [25]. The penetrating nerve injury in the medial distal aspect of the left thigh resulted in severe pain, numbness, and paresthesias (abnormal sensations, typically tingling or pricking ["pins-and-needles"]) [25]. The severe pain, numbness, and paresthesias required medications [25].

"[The severe pain, numbness, and paresthesias are] really taking a physical and emotional toll on me," Ms. Kuykendall wrote approximately three weeks after she was injured. "There is almost not a minute in the day that goes by that I wish that I had not gone to see [the physical therapist]" [25].

Reference:

25. Kuykendall E. Complaint to the Maryland Board of Acupuncture. 2012 Oct 22.

Commenter: Alvis

7/26/19 10:32 pm

Acupuncture/dry needle should only be administered by a Licensed Acupuncturist.

Commenter: Chloe Faith

7/26/19 10:32 pm

STRONGLY AGAINST DRY NEEDLING BY PHYSICAL THERAPISTS

I AM STRONGLY AGAINST DRY NEEDLING BY PHYSICAL THERAPISTS.

Commenter: Hao Lou

7/26/19 10:34 pm

Opposition to do dry needling without a NCCAOM certification

Commenter: Michael

7/26/19 10:35 pm

CASE REPORTS - North Carolina, Ohio, South Carolina, Virginia

North Carolina

Case 1. In December 2014, a woman suffered a penetrating lung injury related to dry needling performed by a physical therapist [26]. The penetrating lung injury resulted in a traumatic pneumothorax [26]. The traumatic pneumothorax required medical and surgical intervention [26].

Case 2. In February 2016, a woman suffered a penetrating cervical spinal cord injury related to dry needling performed by a physical therapist [26]. The penetrating cervical spinal cord injury resulted in a traumatic spinal epidural hematoma, which resulted in severe pain, numbness, and lower-extremity paresis (partial or incomplete paralysis) [26]. She was treated for the severe pain, numbness, and lower-extremity paresis at the emergency department of the WakeMed Cary Hospital in Cary, North Carolina, and was admitted to that hospital on the same day [26]. The severe pain, numbness, and lower-extremity paresis required medical intervention [26]. She was hospitalized for three days [26].

Ohio

Case 1. In January 2016, 51-year-old Brenda Bierman suffered a penetrating right lung injury related to dry needling performed by a physical therapist [27]. The penetrating right lung injury resulted in a traumatic pneumothorax [27]. She was treated for the traumatic pneumothorax at the emergency department of the ProMedica Toledo Hospital in Toledo, Ohio, and was admitted to that hospital on the same day [27]. The traumatic pneumothorax required medical intervention [27].

Case 2. In February 2016, 47-year-old Anong Pipatjarasgit suffered a penetrating thoracic spinal cord injury related to dry needling performed by a physical therapist [28]. The penetrating thoracic spinal cord injury resulted in a traumatic spinal epidural hematoma [28]. She was treated for the traumatic spinal epidural hematoma at the emergency department of the ProMedica Toledo Hospital in Toledo, Ohio, and was admitted to that hospital's intensive care unit on the same day [28]. The traumatic spinal epidural hematoma required immediate surgical drainage [28]. She was hospitalized for 51 days [28]. Despite extensive rehabilitation efforts, she has permanent, severe neurologic deficits, including lower-extremity paresis, sensory deficits, and bowel and bladder dysfunction; persistent, severe abdominal pain; and persistent, severe back pain [28].

South Carolina

Case 1. In September 2014, a patient suffered a penetrating lung injury related to dry needling performed by a physical therapist [29]. The penetrating lung injury resulted in a traumatic pneumothorax [29]. The traumatic pneumothorax required medical intervention [29].

Virginia

Case 1. In December 2013, a 50-year-old woman suffered a penetrating right lung injury related to dry needling performed by a physical therapist [30]. The penetrating right lung injury resulted in a traumatic pneumothorax [30]. She was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital on the same day [30]. The traumatic pneumothorax required medical intervention [30]. She was hospitalized for two days [30].

Case 2. In May 2015, a 30-year-old woman suffered a penetrating right lung injury related to dry needling performed by a chiropractor [31]. The penetrating right lung injury resulted in a traumatic pneumothorax [31]. She was treated for the traumatic pneumothorax at the emergency department of the Inova Fairfax Hospital in Falls Church, Virginia, and was admitted to that hospital on the same day [31]. The traumatic pneumothorax required medical intervention [31]. She was hospitalized for six hours [31].

Case 3. In 2016, 23-year-old Wes Jenkins suffered a penetrating lung injury related to dry needling performed by a physical therapist [32]. The penetrating lung injury resulted in a traumatic pneumothorax [32]. He was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital on the same day [32]. The traumatic

pneumothorax required medical and surgical intervention [32]. He was hospitalized for four days [32].

To report a serious adverse event related to dry needling performed by an unqualified practitioner of acupuncture, such as a physical therapist, use the Dry Needling Adverse Event Reporting System (DNAERS) form at <https://www.acupuncturesafety.org/dry-needling-adverse-event-reporting-system-dnaers-form>. The National Center for Acupuncture Safety and Integrity (NCASI) will use the information as part of our legislative and administrative advocacy work.

Reference:

26. N.C. Acupuncture Licensing Bd. v. N.C. Bd. of Physical Therapy Exam'rs, No. 2016CVS9539 (North Carolina Business Court, Wake County Jul. 27, 2016).
27. Bierman v. Ligman PT, No. G-4801- CI-201701167-000 (Ohio Common Pleas Court, Lucas County Jan. 13, 2017).
28. Pipatjarasgit v. ProMedica, No. G-4801- CI-201703351-000 (Ohio Common Pleas Court, Lucas County Jul. 14, 2017).
29. Office of Investigations and Enforcement. Board of physical therapy IRC. Columbia (SC): South Carolina Department of Labor, Licensing and Regulation, Office of Investigations and Enforcement; 2016 Nov15.
30. Stewart J. My patient had a pneumothorax from dry needling. Richmond, VA: Virginia Regulatory Town Hall; 2017 Feb 17. <https://www.townhall.virginia.gov/L/viewcomments.cfm?commentid=57088>.
31. Knauer J. Pneumothorax from an allied health professional performing dry needling in Virginia. Richmond, VA: Virginia Regulatory Town Hall; 2017 Feb 17. <https://www.townhall.virginia.gov/L/viewcomments.cfm?commentid=57102>.
32. Jenkins W. Received pneumothorax from dry needling. Richmond, VA: Virginia Regulatory Town Hall; 2017 Feb 13. <https://www.townhall.virginia.gov/L/viewcomments.cfm?commentid=56747>.

Commenter: YUNA

7/26/19 10:38 pm

It is a violation of Federal law when an acupuncture needle is purchased, possessed, or used by PT

An acupuncture needle is a restricted medical device under section 520(e) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. § 360j(e)) [1].

The U.S. Food and Drug Administration (FDA) restricted the sale, distribution, and use of an acupuncture needle "to prescription use" [2]. In addition, FDA further restricted the sale, distribution, and use of an acupuncture needle "to qualified practitioners of acupuncture as determined by the States" [3]. (FDA determined that this restriction is required for the safe and effective use of an acupuncture needle [2].) Therefore, it is a violation of Federal law when an acupuncture needle is purchased, possessed, or used by unqualified practitioners of acupuncture, such as physical therapists [4].

1. See 21 U.S.C. § 360j(e); 21 CFR § 807.3(i); 21 CFR § 880.5580(b)(1); 21 CFR § 801.109; see also 61 Fed.Reg. 64616 (Dec. 6, 1996).
2. See 61 Fed.Reg. 64616 (Dec. 6, 1996); see also 21 U.S.C. § 360j(e); 21 CFR § 807.3(i); 21 CFR § 880.5580(b)(1); 21 CFR § 801.109.
3. See 61 Fed.Reg. 64616 (Dec. 6, 1996) (emphasis added); see also 21 U.S.C. § 360j(e); 21 CFR § 807.3(i); 21 CFR § 880.5580(b)(1); 21 CFR § 801.109.
4. See 21 U.S.C. §§ 331(a)-(c), (g), and (k); 21 U.S.C. §§ 352(q) and (r).

Commenter: Laura Breeden

7/26/19 10:39 pm

Oppose Dry Needling

I oppose dry needling performed by physical therapists because the training required is insufficient. Physical therapists (PTs) can practice dry needling after taking a weekend seminar style course and with a minimum of 6 months of clinical practice. The proposed regulation doesn't specify how many hours of training is necessary to perform this advanced technique, but states that it is not an

entry level skill. The businesses that offer dry needling classes and certificate programs aren't accredited by any agency and there are no competency exams or even intern/externship style clinical training.

Dry needling isn't clearly specified in the proposed regulation. Is it for trigger point release only? Does it include electrostimulation? Retaining needles for a period of time? What conditions does dry needling treat? Is it only for musculoskeletal and pain complaints or can it be used to treat conditions such as dysmenorrhea or anxiety? What about needles placed at acupuncture points to effect a change in a patient's condition? At that point, isn't it just acupuncture?

If PTs want to add a skill that is essentially acupuncture, then they should enroll in an accredited acupuncture program.

Commenter: Jessica

7/26/19 10:44 pm

Against PT do DN!! Because Dry needling is acupuncture!!

Acupuncture, which originated in China, is a sophisticated type of surgery that treats or prevents a disease or condition by affecting the structure or function of the body with an acupuncture needle (a long, thin needle) inserted through the skin and into an acupuncture point or area (a specific tissue point or area) [1–6]. Acupuncture is based on anatomy, physiology, and pathology [1,4–14].

Dry needling is acupuncture that treats or prevents a disease or condition, in particular a musculoskeletal disease or condition, by affecting the structure or function of the body with an acupuncture needle inserted through the skin and into an acupuncture point or area that has become exquisitely painful on pressure, commonly known in the West as a trigger point or area [1].

Dry needling is not new. It was described in the first century BCE in the Yellow Emperor's Inner Classic (traditional Chinese: 黄帝内经; pinyin: Huáng Dì nèi jīng), the foundational text of Chinese medicine [1].

Reference:

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Commenter: Janice Kibler

7/26/19 10:48 pm

Dry needling by Physical therapists

I have received extremely effective dry needling by several therapists at Innovative Therapy and Wellness where I have been seen for the past 14 years. They are well-trained and hold doctorates in their field and I trust them completely. To take this ability to heal from trained therapists is to make being needed for faster and more effective healing less available to those who need it as Acupuncturists are difficult to find. Please don't lessen a patient's ability to find healing needling.

Commenter: Kevin O'Leary, MD

7/26/19 10:53 pm

Laughable @ PTs doing dry needling = L.Ac doing trigger point injections.

Why would you allow PTs do dry needling, its an invasive procedure that is best to be perform by needling experts, and we call them licensed acupuncturists, otherwise, those same acupuncturists should be able to do trigger point injections. LOL!

Commenter: Dana loh

7/26/19 11:13 pm

A patient

I have been going to licensed acupuncturists over a period of time and found it is a good alternative treatment for pain treatment. Acupuncture has been a Legitimate medical treatment in China over a stretch of more than a thousand of years. It doesn't cause side effects as opposed to the pain medicine. I recommend that it should only be administered by a qualified licensed acupuncturist?

Commenter: yuna jan

7/26/19 11:18 pm

World Health Organization Report Defines Acupuncture AKA Dry Needle

The World Health Organization (WHO) defines trigger point needling (Dry Needling) as a subset of Acupuncture points. In 1981, the World Health Organization (WHO) Regional Office for the Western Pacific organized a Working Group for the Standardization of Acupuncture Nomenclature. After 10 years of effort, a consensus on the proposed standard international Acupuncture nomenclature was reached by the Regional Office for the Western Pacific's Working Group and then by the WHO Scientific Group in Geneva. In 1991, A Proposed Standard International Acupuncture Nomenclature was published by WHO in Geneva and a revised edition of Standard

Acupuncture Nomenclature (Part 1 and 2) was published by the Regional Office for the Western Pacific in Manila. Below is an excerpt from A Proposed Standard International Acupuncture Nomenclature as pertains to trigger points. Again, please note the hierarchy of coding numbers used. All terms beginning with a code of 5.1 have been determined by the World Health Organization to be a subset of Acupuncture.

The organizations define Acupuncture points and Dry Needling points as the same set of points. The Agency for Healthcare Research and Quality (AHRQ), a division of the National Institutes of Health, in a Technology Assessment published by The U.S. Department of Health and Human Services, Public Health Service agrees: "Acupuncture refers to the insertion of dry needles at specially chosen sites for the treatment or prevention of symptoms and conditions."^{1,2}

Reference:

1.

When To Select Observational Studies as Evidence for Comparative Effectiveness Reviews
Prepared for: The Agency for Healthcare Research and Quality (AHRQ)
Training Modules for Systematic Reviews Methods Guide www.ahrq.gov Effective Health Care Program. "The AHRQ Training Modules for the Systematic Reviews Methods Guide:..." The AHRQ Training Modules for the Systematic Reviews Methods Guide: An Introduction. [Ahrq.gov](http://www.ahrq.gov). Web. 06 Feb. 2012. <<http://www.slideshare.net/AHRQEHCPProgram/the-ahrq-training-modules-for-the-systematic-reviews-methods-guide-an-introduction>>.

2.

Alberta Heritage Foundation for Medical Research Health Technology Assessment Unit. Acupuncture: Evidence from systematic reviews and meta-analyses 2002 Mar. Used in glossary of "Acupuncture for Osteoarthritis." Centers for Medicare & Medicaid Services. Web. 14 Jan. 2012. <<http://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=19>>.

Commenter: Linda Qiu

7/26/19 11:20 pm

Against PT do DN. DN is acupuncture. PT need to have acupuncture training to practice needling

Dry needling is one type of acupuncture, and a product of integration of traditional and modern medicine. It is trigger point acupuncture. The current training PT have doesn't give them sufficient knowledge and experience to do needling. PT need to learn more about human body's reaction to needling instead of just learn trigger points then puncture those points. Many side effects may happen and patients in that way. PT need to enroll in acupuncture school and complete acupuncture program before they can practice Dry Needling-Trigger Point Acupuncture.

Commenter: HONG

7/26/19 11:24 pm

Stop any dry needles without acupuncture license

Commenter: yuna jan

7/26/19 11:24 pm

Safety Concerns

Safety

Licensed Acupuncturists engage in many hours of clinical, safety and continuing education in order to refine their specific clinical skills including the piercing of skin to achieve therapeutic effect and avoid harm.

In Maryland acupuncturist students are required to complete a minimum of 660 hours of supervised clinical training, as well as coursework in safety and infection prevention. In addition, after graduation, licensed acupuncturists in Maryland are required to complete 30 continuing education hours every two years to refine their clinical skills of piercing the skin for therapeutic effect. Many choose to study more than the minimum requirements.

Physical therapists however, have no such training while in school and their non-regulated post-graduate dry needling courses are short (as little as 27 hours¹⁸).

Individuals who attain national acupuncture certification through the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) undergo a rigorous training program at a minimum standard of three academic years, 1490 hours in acupuncture, including point location and needle technique. Of the 1490 hours in acupuncture, 660 hours must be clinical hours, in other words, hours spent practicing acupuncture under the supervision of a LAc.

In addition, NCCAOM-certified Acupuncturists are required to be certified in Clean Needle Technique and must complete Continuing Education Units in order to maintain their certification.¹⁹

The National Center for Complementary and Alternative Medicine, a division of the National Institutes for Health, states: "Acupuncture is generally considered safe when performed by an experienced practitioner [emphasis added] using sterile needles. Relatively few complications from acupuncture have been reported. Serious adverse events related to acupuncture are rare, but include infections and punctured organs. Additionally, there are fewer adverse effects associated with acupuncture than with many standard drug treatments (such as anti-inflammatory medication and steroid injections) used to

manage painful musculoskeletal conditions like fibromyalgia, myofascial pain, osteoarthritis, and tennis

elbow."²⁰ The World Health Organizations confirms: "In competent hands, acupuncture is generally a safe procedure with few contraindications or complications. Nevertheless, there is always a potential risk, however slight, of transmitting infection from one patient to another (e.g. HIV or hepatitis) or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness, sterilization and aseptic technique. There are, in addition, other risks which may not be foreseen or prevented but for which the acupuncturist must be prepared. These include: broken needles, untoward reactions, pain or discomfort, inadvertent injury to important organs and, of course, certain risks associated with the other forms of therapy classified under the heading of "acupuncture".²¹

"The most important finding from this survey is that there were no serious adverse events associated with 34,407 treatments provided by professional acupuncturists [emphasis added]. We estimate that, with 95% confidence, the underlying serious adverse event lies between 0 and 1.1 per 10,000 treatment episodes.²²

"No serious adverse events were reported, where these were defined as requiring hospital admission, prolonging hospital stays, permanently disabling or resulting in death (95% CI; 0 to 1.1 per 10,000 treatments). This conclusion was based on data collected from one in three members of the British Acupuncture Council. Given that the whole membership delivers between one and a half and two million treatments a year, this is important evidence on public health and safety. When compared with medication routinely prescribed in primary care, the results suggest that acupuncture is a relatively safe

treatment modality."²³

Reference:

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Commenter: Shumin Liu

7/26/19 11:47 pm

Acupuncture/dry needle should only be administered by a licensed Acupuncturist.

Commenter: mark

7/26/19 11:49 pm

Dry needling is one type of Acupuncture. Opposition to dry needling without acupuncture licenses.

Commenter: Jessica

7/26/19 11:50 pm

Efficacy concerns

Efficacy

There exists no verifiable research data attesting to the efficacy of Dry Needling as performed by Physical Therapists.

BlueCross BlueShield, when assessing the probability of relief of symptoms as demonstrated by a survey of available clinical research trials investigating the use of Dry Needling by Physical Therapists, concluded:

"Despite the fact that dry needling has been known for years, there have been few published studies measuring the effect on patient outcomes published in the peer reviewed literature. Those studies that are available have design flaws or comprise small study samples so that it is not possible to draw

conclusions regarding patient outcomes."24

In a randomized, double blind, sham-controlled crossover trial comparing Dry Needling, Acupuncture and sham treatment of motion related neck pain, Irnich et al (2002) assessed relative quality of care: "Acupuncture is superior to Sham [treatment] in improving motion-related pain and ROM [range of motion] following a single session of treatment in chronic neck pain patients.

Acupuncture at distant points improves ROM more than DN [Dry Needling]; DN was ineffective for motion-related pain."25

Summary

Since Dry Needling is Acupuncture, no identifiable need exists to expand the scope of Physical Therapy in Virginia to

include Dry Needling. Acupuncturists are able, well-trained and amply experienced to fulfill all Acupuncture needs of Virginia residents.

The Federation of State Medical Boards lists guidelines for evaluating the merit/need of scope of practice expansion/change including:

? Existence of a verifiable need for the proposed scope of practice change;
 ? Existing scopes of practice and the effect of requested changes on public health and safety;
 Physical Therapy Dry Needling Sunrise DRAFT

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DRAFT

? Formal education and training purported to support scope of practice changes and the existence of a formal process for accreditation;

? Existing or proposed regulatory mechanisms such as licensure, certification and registration;

? The advisability of allowing independent practice or requiring collaboration or supervision;

? The advisability of interaction and cooperation between affected regulatory boards in

evaluating issues that involve multiple practitioners, in investigating complaints, and in recommending appropriate discipline;

? Requirements for full and accurate disclosure by all health care practitioners as to their qualifications to provide health care services;

? Accountability and liability issues relating to scope of practice changes;

? Details, rationale, and ethics of any proposals to bypass licensing or regulatory

requirements in allowing scope of practice changes, the implications for other practitioners, and the effect on patient safety; and 26

? Financial impact and incentives related to and affecting the scope of practice changes.

? None of these needs have been considered, reviewed or met.

The Federation of State Board of Physical Therapy in Changes in Healthcare Professions Scope of Practice: Legislative Considerations(2006)wrote: "The only factors relevant to scope of practice

decision making are those designed to ensure that all licensed practitioners be capable of providing competent care."26

reference:

eb. 10 Apr. 2012.

<<http://notesnet.carefirst.com/ecommerce/medicalpolicy.nsf/vwwebtablex/eac9e12f165e256b8525763c004c9350?OpenDocument>>

25

Irmich D., Behrens, N., Gleditsch, J>M> et al (2002): Immediate effects of dry needling and acupuncture at distant points in chronic neck pain: results of a randomized, double-blind, sham-controlled crossover trial. Pain 99, 83-9.
<http://www.ncbi.nlm.nih.gov/pubmed/12237186>

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Federation of State Medical Boards. (2005). Assessing scope of practice in health care delivery: Critical questions in assuring public access and safety. Dallas, TX

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Web. 29 Dec. 2011 <<https://www.fsbpt.org/RegulatoryTools/ScopeOfPractice/index.asp>>.

Commenter: Shu m Liu

7/26/19 11:53 pm

I strongly against dry needle by PT.

Commenter: Scott J Roberts, Roberts Physical Therapy & Massage

7/26/19 11:54 pm

Dry Trigger Point Injection (No Modulators, Dry Needling Only)

I was one of the first two physical therapists to be certified in the "dry needling" procedure in the Commonwealth of Virginia. For the last 15 years I have done my due diligence describing this procedure to surgeons, physicians, nurse practitioners, insurance companies and adjusters, attorneys and other medical specialties (including acupuncturists). The consensus have all concluded that a Dry Trigger Point Injection (No Modulators, Dry Needling Only) is the proper medical description to best document this invasive procedure.

Because of these efforts...

I have found that medical doctors now understand more readily when they prescribe this procedure for the intended outcomes and can easily follow the procedure protocols.

Insurance companies acknowledge this procedure and are reimbursing accordingly.

Patients especially understand the intended purposes of the treatment and there are no confusions relating back to any type of acupuncture.

As such, acupuncturists have no purview in this treatment protocol, however they can perform same said procedure within their scope of practice if they take the certification required by their profession. This also includes nurse practitioners, physician assistants, and other qualifying medical professions.

I can provide additional supporting documentation if requested.

Commenter: Anthony Santos, Loudoun County Public Schools

7/26/19 11:59 pm

Dry needling is needed

Being an athletic trainer at a public high school, when I send my athletes to physical therapy, dry needling is a crucial part as to why they get better sooner than athletes who don't go to PT who do dry needling. This is critical to my athlete's success and getting them back on my field sooner and with less limitations. The changes dry needling gives them is unlike anything else out there right now. And physical therapist go through enough training to make sure to do it safely and are knowledgeable to make the treatments very effective.

Commenter: Beth B.

7/26/19 11:59 pm

Acupuncturists' Hysterical Objections to Dry Needling is Based in Self-Interest and Not in Science

As a formerly practicing massage therapist, I strongly support the proposed commonsense regulations for Physical Therapists using Dry Needling.

Acupuncturists' misguided objections to Physical Therapists' use of Dry Needling are based in philosophy and not supported by Science. They are not offering rational, scientific explanations in support of their opposition.

Dry needling by Physical Therapists in the Commonwealth requires a medical doctor's supervision and is only done within the scope of a medical doctor's prescription.

I am very familiar with and have benefited immeasurably from both Chinese-style Acupuncture and Physical Therapy Dry Needling.

The only common denominator these two professions share is the use of the filiform dry needle as a tool.

Other than this one filiform dry needle tool, and despite acupuncture community's vociferous claims to the contrary, dry needling is not acupuncture. The purpose and functions served by Chinese Acupuncture and by Physical Therapists' use of the dry needle are vastly different.

Licensed Physical Therapists are highly trained and fulfill more educational and practical requirements than acupuncturists, and PTs are already heavily regulated by the Commonwealth. It is absurd to demand that they should also be subject to additional regulation by the Acupuncture Board.

Dry Needling Triggerpoint therapy was developed by Western Trained Medical Researchers. It was never designed to be a form of 'Chinese-style acupuncture'

Contrary to acupuncturists' assertions, the training for Physical Therapists' Certification in Dry Needling is extensive and they must pass rigorous face-to-face examination before they are certified in the use of Dry Needling.

As I know from my own experience, Physical Therapists' use of Dry Needling is immeasurably more effective in resolving trigger-point pain resulting from injury and/or chronic musculoskeletal dysfunction.

And, as I know from my own experience, Chinese-style Acupuncture practitioners are largely incapable of effectively addressing the types of musculoskeletal problems that Physical Therapists are trained to routinely resolve.

Sadly, the acupuncturists on this forum are unwilling to accept the validity of a scientifically-based form of therapy that does not conform to their philosophical belief system about the physical body.

In an effort to force the rest of the world to conform to their narrow and myopic belief systems, these acupuncturists are promulgating the same type of turf battle that Chiropractors faced with entrenched interests in the medical industry. Their claim that PTs use of dry needling is outside the PT scope of practice, in combination with their insistence that PTs must take 3000 hours of acupuncture training to perform this simple and effective technique is nothing short of ludicrous.

If the acupuncturists commenting on this forum truly cared about the human condition or the well-being of people who suffer from pain and who get benefit from PTs use dry needling, they would be highly supportive of PTs and their use of Dry Needling. If they truly cared, they would be interested in working cooperatively with PTs for the benefit of patients.

Instead, the only interest these acupuncturists are demonstrating is self-interest; they are merely, selfishly and hysterically trying to protect their bank accounts by blocking patient access to PTs use of a safe, effective, and therapeutic method of trigger-point release.

These acupuncturists should be ashamed.

Commenter: Mishael K.

7/26/19 11:59 pm

Against DN by PTs!

"Acupuncture is a long standing effective form of medical therapy that involves the insertion of filiform needles into specific neuromuscular points of the body for healing benefit. Recognizing this benefit, the Physical Therapy association has attempted to redefine the nomenclature of these already established techniques to circumvent existing licensing requirements. Here is a recent peer-reviewed publication that argues that Dry Needling initiatives are in fact an attempt to bypass Acupuncture standards: <http://online.liebertpub.com/doi/10.1089/acm.2016.0066>

Licensure to practice Acupuncture requires a Master's Degree with over a thousand hours of education and hundreds of hours of supervised practice, as well as successfully completing the NCCAOM national board exams. Compare this to the fewer than 60 hours of education and zero supervised clinical work required to practice Dry Needling and the inequity becomes obvious. Not only has Dry Needling been voted out of the scope of practice of Washington Physical Therapists twice already, and as recently as last February, the Washington State Attorney General has also ruled that "The practice of dry needling does not fall within the scope of practice of a licensed physical therapist". <http://www.atg.wa.gov/ago-opinions/scope-practice-physical-therapy> Anyone with half a mind can see the Physical Therapy Association's attempts to incorporate Acupuncture technique are greed driven nonsense, and for the Department of Health to allow "Dry Needling" within the scope of Physical Therapy practice would be a corruption of justice. I might also add that according to the American Medical Association in regards to Dry Needling: "Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians". <http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-15-new-policies-annual-meeting.page> and according to the American Academy of Medical Acupuncture: "it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice". Page 335

Reference:

<https://www.doh.wa.gov/Portals/1/Documents/2000/PTDraftReportAppendices2of2.pdf>

Commenter: Tracy

7/26/19 11:59 pm

Acupuncture/dry needle should only be administered by an License Acupuncturist.

Commenter: Casey Stedderfield, L.Ac

7/27/19 12:00 am

VOTE NO to Dry Needling Legislation in VA

I have seen first hand how PTs are not ready to practice needling, it is a public health hazard!



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Critical Public Comment on [18VAC112-20]

1 message

MICHELLE M LAU <lautung@msn.com>

Fri, Jul 26, 2019 at 4:19 PM

To: "corie.wolf@dhp.virginia.gov" <corie.wolf@dhp.virginia.gov>

Cc: "elaine.yeatts@dhp.virginia.gov" <elaine.yeatts@dhp.virginia.gov>, MICHELLE M LAU <lautung@msn.com>

Dear Executive Director Wolf,

My name is Michelle Lau, L.Ac., O.M.D.,
President

American Alliance of Acupuncture -AAOA and Council of Acupuncture and Oriental Medicine Associations -CAOMA. A nationwide professional Acupuncture Advocacy Organizations

On behalf of the AAOA, CAOMA and other Associations we represented, I am respectfully to submit an additional public comment and request an appointment additionally with the Physical Therapy Board of State of Virginia. We sent out the same request to Governor office regarding our national statewide Acupuncturist and our patients' great concern in the country, our great concern the passage of the Dry Needle performing by Physical Therapist in Virginia. The 【 18 VAC112-20 】 That result of the Governor decision to grant the PT to do Acupuncture/ Dry Needle without adequate professional licensed acupuncture standard training to use Acupuncture Needle to treat patients, It is a critical severe public safety and consumer interest issue. Also tha is inappropriate for PT to treat patients with Acupuncture profession scope of Practice. Dry Needle is TRUE Acupuncture technique and one of the modalities in Acupuncture Profession since long history of ancient Acupuncture training modalities. No matter what PT to explain and say Dry Needle is not Acupuncture. In California and many other States, PTs perform Dry Needle without Acupuncture license is officially illegal and under State unprofessional conduct penalty. It is a very important and sensitive moment we would like to have an opportunity to meet in the Governor office along with the local Virginia Acupuncture Associations as well as Physical Therapy Board to discuss this nationwide concern matter during the public comments. Your immediate consideration and assistance of this urgent matter is greatly appreciated. We look forward to hear from you and hopefully meeting with you soon. Thank you.

Best regards,

Michelle

Michelle M. Lau, L.Ac O.M.D.
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July 26, 2019

Matthew P. Stanley
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July 26, 2019

The Honorable Ralph S. Northam
Attn: Counselor to the Governor / Regulatory Review
1111 E. Broad St.
Richmond, Virginia 23219
Hand-delivered

SUBJECT: Promulgation of Regulations for the Practice of Dry Needling in the *Regulations Governing the Practice of Physical Therapy* [18 VAC 112 - 20]

Governor Northam,

I write you today to oppose the adoption of regulations pertaining to the practice of dry needling by physical therapists in section 18 VAC 112 – 20 of the Regulations Governing the Practice of Physical Therapy.

Starting in 2010 and ending in November 2018, I represented the Acupuncture Society of Virginia (ASVA) as their registered Virginia lobbyist. Since 2017, I have served on the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). I am a public member of the Board of Commissioners with an obligation to represent the public's interests in the practice of acupuncture. In this letter, I represent only my own opinions and the published statements of other respected medical organizations.

After many years of being engaged in the discordant policy discussions about dry needling, I believe that lax regulation of the practice - that is legally contested in many states and illegal in some - will ultimately harm the public due to a lack of training and proper oversight.

Although the Attorney General has decided there are no scope of practice conflicts with the definition of acupuncture in the COV § 54.1-2900, I personally still question the decision due to the specificity within the definition (emphasis added):

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic

manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

This legal definition essentially describes exactly the same practice as “dry needling” – a term that is very new compared to the long history of acupuncture. Therefore, I still do not understand why it is not regulated as the practice of acupuncture.

Additionally, if physical therapy is specifically precluded in the practice of acupuncture, why would acupuncture (“dry needling”) be allowed in the practice of physical therapy?

This line of questioning has been previously interpreted as an attempt to limit competition in the marketplace, an accusation that carries significant anti-trust ramifications, if true. In this situation, I do not believe that is the case - acupuncture is a medical practice that requires thousands of hours of specific education and training, as well as national board certification in a very complex field of medicine.

I fully believe in permitting health practitioners to practice to the full extent of their education and training but inserting needles to deal with pain and physiological functions is a practice that has significant safety risks. That’s why it is a regulated profession requiring the oversight of the Commonwealth. To allow another profession to practice this technique - even if only on a very limited basis – without adequate education and training, is a threat to public safety.

On their website, the National Center for Acupuncture Safety and Integrity lists three acute adverse incidents that occurred from the practice of dry needling in the Commonwealth:

Case 1. In December 2013, a 50-year-old woman suffered a penetrating right lung injury related to dry needling performed by a physical therapist. The penetrating right lung injury resulted in a traumatic pneumothorax (an accumulation of air in the pleural cavity resulting from blunt or penetrating chest injury and causing lung collapse). She was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital on the same day. The traumatic pneumothorax required medical intervention. She was hospitalized for two days.

Case 2. In May 2015, a 30-year-old woman suffered a penetrating right lung injury related to dry needling performed by a chiropractor. The penetrating right lung injury resulted in a traumatic pneumothorax. She was treated for the traumatic pneumothorax at the emergency department of the Inova Fairfax Hospital in Falls Church, Virginia, and was admitted to that hospital on the same day. The traumatic pneumothorax required medical intervention.² She was hospitalized for six hours.

Case 3. In 2016, 23-year-old Wes Jenkins suffered a penetrating lung injury related to dry needling performed by a physical therapist. The penetrating lung injury resulted in a traumatic pneumothorax. He was treated for the traumatic pneumothorax at the emergency department of a hospital in Virginia, and was admitted to that hospital on the same day. The traumatic pneumothorax required medical and surgical intervention. He was hospitalized for four days.

There are likely many more cases than what they list and the lax regulation of dry needling is likely to blame.

Other respected medical organizations have come out against this practice. The American Medical Association (AMA) adopted a policy that said physical therapists and other non-physicians practicing dry needling should — at a minimum — have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture:

“Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.”

AMA Board Member Russell W. H. Kridel, M.D. agrees that “lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians.”

The American Academy of Medical Acupuncture (AAMA), the primary organization for physician acupuncturists, has also weighed in. Below are some excerpts from their official statement on this topic:

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

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

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

While I believe that patients will ultimately benefit from the integration of the practices of acupuncture and physical therapy, I agree with both of these organizations. If physical therapists are going to be allowed to insert needles to improve physiological function or pain, they must be held accountable to meaningful regulatory requirements and oversight. The proposed regulations do no such thing.

I encourage you to require the Board of Physical Therapy to reconsider these regulations and provide more protections to the public.

Sincerely,



Matthew P. Stanley

CC: Secretary of Health and Human Resources Daniel Carey, M.D.
Corie E. Tillman Wolf, J.D., Executive Director, Virginia Board of Physical Therapy
William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Delegate Betsy B. Carr, 69th District, Virginia House of Delegates
Senator Glen H. Sturtevant, 10th District, Senate of Virginia
Delegate Robert D. Orrock, Sr., Chairman, House Health, Welfare, and Institutions Committee
Senator Stephen D. Newman, Chairman, Senate Education and Health Committee
Aubry Fisher, L.Ac., President, Acupuncture Society of Virginia
Mina M. Larson, CEO, National Certification Commission for Acupuncture and Oriental Medicine



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

From David S. Groopman, M.D. / Re: PT Dry Needling

2 messages

David Groopman <groopman3@aol.com>

Fri, Jul 26, 2019 at 10:42 AM

To: "elaine.yeatts@dhp.virginia.gov" <elaine.yeatts@dhp.virginia.gov>

Dear Ms. Yeatts,

Below are my comments on the current proposed regulatory action pertaining to dry needling by physical therapists in Virginia. I would appreciate it if you would forward to Governor Northam for his review.

Thank you,

David S. Groopman, M.D., FAAMA

Dear Governor Northam,

I am writing to urge you to veto the proposed regulatory action governing the practice of 'Dry Needling' by physical therapists. I am physician and I have practiced medical acupuncture in Richmond VA since 2001 and am board certified in the specialty, a Fellow of the American Academy of Medical Acupuncture and a senior teacher at the ACUS/Helms Medical Institute of Medical Acupuncture which trains 90% of physicians practicing medical acupuncture in the United States. As such, I feel qualified to comment on this matter.

I am fully acquainted with the techniques, procedures and risks which attend the procedure referred to as 'dry needling' and indeed teach these techniques to physicians during their training. Dry needling amounts to myofascial trigger point deactivation, nothing more or less. It is a useful, though quite limited local technique in acupuncture used to address myofascial and arthritic pain. Trigger point deactivation is a percutaneous procedure which involves some significant inherent risks including damage to neuro-vascular structures, compartment syndromes and most notably, pneumothorax and vasovagally mediated syncope which is referred to as 'needle shock'.

The recognition, understanding and management of diffuse vasovagal discharge and of pneumothorax particularly demand clinical experience and acumen which are way beyond the purview of physical therapists who are not formally trained in percutaneous procedures or in clinical medicine!

So how much training is enough?

In Virginia, the Board of Medicine requires that physicians receive 300 hours of training to practice acupuncture in the state and this includes about 100 hours of practical 'hands on' training in needling techniques and risks. Notably, this is for fully trained, licensed, credentialed and usually board certified **physicians**. The proposed regulations delineate no

specific standards, length of training or clinical experience before physical therapists are allowed to use this procedure. This is poor public policy as these regulations do not protect the public! The American Academy of Medical Acupuncture position paper on dry needling further enumerates the very serious concerns that my specialty organization has about so called dry needling by physical therapists.

As a long time practicing physician yourself, I am sure you know how much training and clinical experience is required to safely hand complications when they inevitably occur during medical procedures. There are many cases in the literature of significant morbidity from pneumothorax which require hospitalization, chest tube placement, etc., and even the rare instance of hemopericardium or perforated viscous.

Certainly, physical therapists with no real medical background should be held to standards equivalent to those the Board of Medicine requires of physicians in Virginia, if at all.

Thank you for your attention and I hope you will veto these vague and irresponsible regulatory proposals. Please feel free to contact me if I can be of any assistance in this matter.

With Best Regards,

David S. Groopman, M.D., FAAMA
8639 Mayland Drive, Suite 106-B
Richmond, Virginia 23294
(804) 755-7800

Sent from Mail for Windows 10

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>
To: David Groopman <groopman3@aol.com>

Fri, Jul 26, 2019 at 10:58 AM

Thank you for the comment. It will be provided to the Board and included in the summary of comment.

[Quoted text hidden]

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Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
(804) 367-4688

**VIRGINIA BOARD OF PHYSICAL THERAPY
BYLAWS**

ARTICLE I: GENERAL

- A. The organizational year for the Board of Physical Therapy shall be from July 1st through June 30th.
- B. Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

A. Election of Officers

- 1. The officers of the Board of Physical Therapy shall be a President and a Vice-President.
- 2. At the first regularly scheduled meeting of the organizational year, the board shall elect its officers.
- 3. The term of office shall be one year, an officer may be re-elected in that same position for a second consecutive term.
- 4. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
- 5. *A vacancy occurring in any office shall be filled during the next meeting of the Board.*

B. Duties of Officers

- 1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered *or delegated* by the Board.
- 2. The Vice-President shall act as President in the absence of the President.
- 3. In the absence of both the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: ORDER OF THE BUSINESS MEETINGS

- A. For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually.
- B. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business.
- C. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.
- D. The order of the business shall be as follows:
 1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
 2. Approval of minutes.
 3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

There shall be the following committees:

A. Standing Committees:

1. **Special Conference Committee.** This committee shall consist of two board members who shall review information regarding alleged violations of the physical therapy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.
2. **Credentials Committee.** The committee shall consist of two board members. The members of the committee will review non-routine licensure applications to

determine the credentials of the applicant and the applicability of the statutes and regulations.

3. **Legislative/Regulatory Committee.** The committee shall consist of at least three Board members. The Board delegates to the Legislative/Regulatory Committee the authority to recommend actions *in response* to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the *review or* development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor; and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication. *Any proposed draft legislation shall be reviewed and approved by the full board prior to publication.*
4. **Continuing Education Committee.** This committee shall consist of at least two board members who review requests from licensees who seek a waiver or extension of time in complying with their continuing competency requirements.

B. Ad Hoc Committees:

There may be **Ad Hoc Committees**, appointed by the Board as needed each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V: GENERAL DELEGATION OF AUTHORITY

A. Delegation to Executive Director and/or Board staff

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate ~~and not due to previous Board disciplinary action,~~ *and there is no basis upon which the Board could refuse to reinstate.*
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms, and documents *used in the disciplinary*

process. New or revised application or renewal forms ~~must~~ shall be presented to the Board at its next regularly scheduled meeting.

4. The Board delegates to the Executive Director the authority to approve applications with criminal convictions in accordance with Guidance Document 112-23.
5. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.
6. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary, and the authority to approve requests for disclosure of investigative information pursuant to Virginia Code § 54.1-2400.2 (D) and (F).
7. The Board delegates to the Executive Director the authority to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.
8. The Board delegates to the Executive Director the authority to close non-jurisdictional cases and fee dispute cases without review by a board member.
9. The Board delegates to the Executive Director the authority to offer a confidential consent agreement or a Consent Order for action consistent with any board-approved guidance document.
10. The Board delegates to the Executive Director the authority to represent and to make decisions on behalf of the Board as the designated state representative on the Physical Therapy Compact Commission.
11. The Board delegates to the Executive Director the authority to implement the policies and procedures of the Physical Therapy Licensure Compact as outlined in the current policies manual.

B. Delegation to Board President

The Board delegates to the President, the authority to represent the Board in instances where Board “consultation” or “review” may be requested where a vote of the Board is not required and a meeting is not feasible.

C. Delegation to Agency Subordinate

The Board delegates an informal fact-finding proceeding to any agency subordinate upon determination that probable cause exists that a licensee may be subject to a

disciplinary action. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve: intentional or negligent conduct that causes or is likely to cause injury to a patient; mandatory suspension resulting from action by another jurisdiction or a felony conviction; impairment with an inability to practice with skill and safety; sexual misconduct; and unauthorized practice. The Board may delegate to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

ARTICLE VI. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

DRAFT

Board of Physical Therapy

Board Guidance on Receipt of Verbal Orders for Medications by Physical Therapists

Question:

May a physical therapist directly receive a verbal order from a physician for changes to medications that are not typically managed by a physical therapist, such as discontinuing an order for a diuretic medication or decreasing the dosage of a blood pressure medication, where the verbal order is documented in the patient's electronic medical record and transmitted to the physician for signature? The question presented distinguishes a situation in which a physical therapist documents a conversation with a physician, transcribes a written order that has been received into the patient's record, or reconciles or compares patient medications to those listed in the patient's record.

Answer:

Physical therapists should not receive verbal orders from prescribing practitioners for medications that are not otherwise authorized for possession or administration by physical therapists pursuant to Virginia Code § 54.1-3408(E), as described below.

Analysis:

The Board's Regulations do not address specifically the issue of receipt of and/or transcription of verbal orders for medications by physical therapists.

However, a separate body of law, the Virginia Drug Control Act, sets forth the provisions related to prescriptions and prescribers. Virginia Code § 54.1-3408(B) sets forth how prescribing practitioners may communicate prescriptions or orders and who may administer those prescriptions.

Physical therapists are not listed among the practitioners in Virginia Code § 54.1-3408(B) who generally administer drugs and devices and are not permitted by the Drug Control Act to administer or possess controlled substances, except in accordance with Virginia Code § 54.1-3408(E), which provides the following:

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

Of further note, the Virginia Board of Nursing recently revised [Guidance Document 90-2](#) (Transmittal of Orders by Authorized Agents, effective April 3, 2019) and [Guidance Document 90-31](#) (Whether a Nurse May Administer a Medication That Has Been Transmitted Orally Or In Writing By a Pharmacist Acting as the Prescriber's Agent, effective April 3, 2019). While these documents are intended to provide guidance to licensed nurses regarding the transmittal of orders, they shed additional light on the interpretation of which practitioners may receive verbal orders from prescribers.

For example, Guidance Document 90-2 references Virginia Code § 54.1-3408.01(C) which sets forth the following with regard to oral prescriptions (emphasis added):

*C. The oral prescription referred to in § [54.1-3408](#) shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, **an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.***

While this Code section specifically references transmittal of an oral prescription to a pharmacy, the guidance from the Board of Nursing in Guidance Document 90-2 contemplates a broader application of the transmittal of prescriber's orders:

Prescriber's orders should be transmitted by them directly to a licensed nurse. However, when circumstances preclude direct transmittal, such orders may be transmitted through an authorized agent of the prescriber in accordance with § 54.1-3408.01(C) of the Code of Virginia to the licensed nurse.

A physical therapist is not an individual who holds a valid license allowing the administration or dispensing of drugs, except as provided by Virginia Code § 54.1-3408(E), and typically is not an employee under the immediate and personal supervision of a physician (See Virginia Code §§ 54.1-3473, 54.1-3408, 54.1-3408.01).

Finally, with regard to scope of practice, the Board's Regulations, specifically 18VAC112-20-180, provides the following:

[18VAC112-20-180. Practitioner Responsibility.](#)

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;...

The definition of the practice of "physical therapy" can be found in [Virginia Code § 54.1-3473](#):

"Practice of physical therapy" means that branch of the healing arts that is concerned with, upon medical referral and direction, the evaluation, testing, treatment, reeducation and rehabilitation by physical, mechanical or electronic measures and procedures of individuals who, because of trauma, disease or birth defect, present physical and emotional disorders. The practice of physical therapy also includes the administration, interpretation, documentation, and evaluation of tests and measurements of bodily functions and structures within the scope of practice of the physical therapist. However, the practice of physical therapy does not include the medical diagnosis of disease or injury, the use of Roentgen rays and radium for diagnostic or therapeutic purposes or the use of electricity for shock therapy and surgical purposes including cauterization.

Accordingly, physical therapists should not receive verbal orders from prescribing practitioners for medications that are not otherwise authorized for possession or administration by physical therapists pursuant to Virginia Code § 54.1-3408(E).