

**FSBPT Dry Needling Resource Paper**  
*(Intramuscular Manual Therapy)*  
**4<sup>th</sup> edition**

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**Federation of State Boards of Physical Therapy**  
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The FSBPT would encourage review of the information in this resource paper in order to determine whether intramuscular manual therapy (dry needling) is within the scope of practice for a physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

# Dry Needling Resource Paper

## Preface

The volume of activity in the states from 2010-2013 regarding Dry Needling or Intramuscular Manual Therapy (terms which may be used synonymously) has necessitated annual updates of the Federation of State Boards of Physical Therapy (FSBPT) original resource paper published in March 2010. Many boards have been approached to give an opinion as to the ability for physical therapists in that jurisdiction to legally perform dry needling. As each state is independent to determine its own laws and rules, board opinions and actions have varied widely creating inconsistent requirements for physical therapy practice from state to state.

## Introduction

It is not unusual for a state licensing board to be asked for an opinion as to whether or not an evaluative technique, treatment, or procedure is within the scope of practice for that given profession. It is as important to base regulation on evidence, when possible, as it is to base practice on evidence. The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of the physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

The practice act in the state is the final authority on what is included in the scope of practice of a profession. Physical Therapy practice acts are by design non-specific and ambiguous; the details of the law are fleshed out with the applicable regulations. The practice act is rarely written with a laundry list of procedures, tests, or measures that a Physical Therapist is allowed to perform, thus making it very susceptible to different interpretations. The respective state board writes rules and regulations based on that statutory authority to give practical meaning to the law. As many specifics are not found in law, many state boards of PT have been approached for a judgment as to whether or not a certain intervention or procedure is within the scope of PT practice in that jurisdiction. Certainly, new and evolving procedures are rarely, if ever, specifically addressed in the practice act.

State boards are often faced with opposition when another professional group claims the activity in question as their own. However, it is very clear that no single profession owns any procedure or intervention. Overlap among professions is expected and necessary for access to high quality care.

*One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.<sup>1</sup>*

The FSBPT (FSBPT) collaborated with five other healthcare regulatory organizations to publish ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. These organizations present the argument that if a profession can provide supportive evidence in the four foundational areas: Historical Basis, Education and Training, Evidence, and Regulatory Environment, then the proposed changes are likely to be in the public's best interest. A more developed investigation of the four foundational areas is found below.<sup>2</sup>

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<sup>1</sup> ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. Revised 10/2009, page 9.

<sup>2</sup> Ibid, page 12-13.

1. ***Is there a historical basis for adding the activity in question to the scope of practice?***
  - a. Has there been an evolution of the profession towards the addition of the new skill or service?
  - b. What is the evidence of this evolution?
  - c. How does the new skill or service fit within or enhance a current area of expertise?
2. ***Is there evidence of education and training which supports the addition of the activity in question to the scope of practice?***
  - a. Does current entry-level education prepare practitioners to perform this skill as their experience increases?
  - b. If the change in scope is an advanced skill that would not be tested on the entry-level licensure examination, how is competence in the new technique assured?
  - c. What competence measures are available and what is the validity of these measures?
  - d. Are there training programs within the profession for obtaining the new skill or technique?
  - e. Are standards and criteria established for these programs? Who develops these standards? How and by whom are these programs evaluated against these standards?
3. ***What is the evidence which supports the addition of the activity in question to the scope of practice?***
  - a. Is there evidence within the profession related to the particular procedures and skills involved in the changes in scope?
  - b. Is there evidence that the procedure or skill is beneficial to public health?
4. ***What is the regulatory environment in the jurisdiction?***
  - a. Is the regulatory board authorized to develop rules related to a changed or expanded scope?
  - b. Is the board able to determine the assessment mechanisms for determining if an individual professional is competent to perform the task?
  - c. Is the board able to determine the standards that training programs should be based on?
  - d. Does the board have sufficient authority to discipline any practitioner who performs the task or skill incorrectly or might likely harm a patient?
  - e. Have standards of practice been developed for the new task or skill?
  - f. How has the education, training and assessment within the profession expanded to include the knowledge base, skill set and judgments required to perform the tasks and skills?
  - g. What measures will be in place to assure competence?

## **Dry Needling- terms**

Dry needling continuing education and use as an intervention has grown dramatically in the last few years, but overall, is still a relatively unique part of physical therapy practice. Dry needling is also known as intramuscular manual therapy, trigger point dry needling, or intramuscular needling. Beginning in 2009, the American Physical Therapy Association had recommended the use of the term “intramuscular manual therapy” to describe the intervention provided by physical therapists, however since late 2011, the organization advocates using dry needling as the term of choice.

The term dry needling may be confusing and have different meanings depending upon the audience. In the past, “dry needling” was more of an adjective, referring to the fact that nothing was injected with the needle; the term has evolved into meaning an intervention which has certain physiological effects from the insertion and placement of the needles. However, many groups still debate the proper term and exact definition to describe this intervention.

The World Health Organization (WHO) has published a number of reports on acupuncture. Specifically, the report discussing traditional medicine refers to dry needling in acupuncture, but in context, the reference is comparing needling alone with needling in conjunction with complements such as laser, TENS, and electro-acupuncture.<sup>3</sup> The WHO report is not describing dry needling in the same context as intramuscular manual therapy or trigger point dry needling. Many of the World Health Organization's reports regarding acupuncture including "Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials," do not contain the term dry needling at all.<sup>4 5 6</sup>

## Definitions

- Dry Needling (Intramuscular Manual Therapy) is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment and muscle firing problems. Goals for treatment vary from pain relief, increased extensibility of scar tissue to the improvement of neuromuscular firing patterns.
- Physical therapy is defined in the FSBPT **Model Practice Act for Physical Therapy** as "the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to this [act]."<sup>7</sup>

Physical therapists have a long history of treating myofascial pain and trigger points. Dry needling is an intervention to address these problems. It is not the sole intervention, merely a tool used by PTs. The needle insertion is used to create a twitch response in the muscle to help promote relaxation of the fibers; there is no use of energy flow or meridians. Physical therapists **do not** use dry needling to address things such as fertility, smoking cessation, allergies, depression or other non-neuro-musculoskeletal conditions.

- Acupuncture definitions vary widely. Acupuncture is defined in the Delaware and Florida statutes as follows:

**"Acupuncture" refers to a form of health care, based on a theory of energetic physiology that describes and explains the interrelationship of the body organs or functions with an associated acupuncture point or combination of points located on "channels" or "meridians." Acupuncture points shall include the classical points defined in authoritative acupuncture texts and special groupings of acupuncture points elicited using generally accepted diagnostic techniques of oriental medicine and selected for stimulation in accord with its principles and practices. Acupuncture points are stimulated in order to restore the normal function of the aforementioned organs or sets of functions. Acupuncture shall also include the ancillary techniques of oriental medicine including moxibustion, acupressure or other forms of manual meridian therapy and recommendations that include oriental**

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<sup>3</sup>**Report Second Consultation Meeting On Traditional And Modern Medicine: Harmonizing The Two Approaches.** World Health Organization. April 2004. P. 7.

<sup>4</sup>**Acupuncture: Review And Analysis Of Reports On Controlled Clinical Trials.** World Health Organization.

<sup>5</sup>**International Standard Terminologies on Traditional Medicine in the Western Pacific Region.** World Health Organization

<sup>6</sup>**Guidelines on Basic Training and Safety in Acupuncture.** World Health Organization. 1996.

<sup>7</sup> The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change. p. 1.

**dietary therapy, supplements and lifestyle modifications according to the principles of oriental medicine.<sup>8</sup>**

**"Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.<sup>9</sup>**

Overall, an important distinction is that acupuncture is an entire discipline and profession where as dry needling is merely one technique which should be available to any professional with the appropriate background and training.

## **The Question of Acupuncture**

In December 2010, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) authored a position paper on dry needling and distributed it to the state boards of physical therapy and acupuncture throughout the United States. The CCAOM has taken the position to affirm the history of dry needling as an acupuncture technique. The CCAOM asserts that dry needling, beyond the sole needling of trigger points, is the practice of acupuncture regardless of whether it is called dry needling or intramuscular manual therapy. State boards may want to explore this CCAOM paper further in order to familiarize themselves with counter-arguments to including dry needling in the scope of PT practice.

Currently, some overlap exists between the physical therapy and acupuncture professions which can be demonstrated both in law and in practice. The Oregon statutory definition of the practice of acupuncture includes many treatment interventions such as therapeutic exercise, manual therapy techniques including massage, electrotherapeutic modalities, physical agents and mechanical modalities that are also found in the FSBPT's **Model Practice Act** and the American Physical Therapy Association's **Guide to Physical Therapist Practice**.<sup>10</sup>

*"Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.*

*(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:*

*(A) Traditional and modern techniques of diagnosis and evaluation;*

*(B) Oriental massage, exercise and related therapeutic methods;<sup>11</sup>*

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<sup>8</sup> Delaware State Code. TITLE 24 Professions and Occupations. CHAPTER 17 MEDICAL PRACTICE ACT. Subchapter X. Acupuncture Practitioners

<sup>9</sup> Florida State Code. Title XXXII Regulation of Professions and Occupations. Chapter 457 Acupuncture. 457.102

<sup>10</sup> Guide to Physical Therapist Practice. 2<sup>nd</sup> ed. Phys Ther. 2001, 81:9-744.

<sup>11</sup> Oregon Revised Statutes. Chapter 677 – Regulation of Medicine, Podiatry and Acupuncture. 677.757 Definitions. 2009.

*“Practice of physical therapy” means:*

- 1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.*
- 2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.<sup>12</sup>*

Acupressure is a complementary medicine technique derived from acupuncture. In acupressure, physical pressure is applied to acupuncture points by the practitioner’s hand, elbow, or with various devices. Clinically, physical therapists often utilize sustained, direct pressure for the relief of trigger points and pain.

The accepted premise must be that overlap occurs among professions. The question for the state board should only be whether or not dry needling is within the scope of practice of physical therapy, not determining whether it is part of acupuncture.

PTs using dry needling:

- do not and cannot claim to practice acupuncture,
- do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology,
- do not use acupuncture diagnosis like tongue and pulse

As demonstrated in the definition of the practice of acupuncture from the Oregon statute, needle techniques are only a piece of the acupuncturist’s full scope of practice. It is not the specific individual procedures, but the totality of a scope which defines a profession. Acupuncturists and physical therapists continue to have unique scopes of practice even with the overlap of some of the treatment techniques. It is completely reasonable for the acupuncture profession to want to protect the title and term *acupuncturist* or *acupuncture* as much as physical therapy profession protects *physical therapist* and *physical therapy*. Qualified, competent physical therapists that perform dry needling should not hold themselves out as providing acupuncture services. Qualified, competent acupuncturists instructing a client in traditional, oriental exercise should not hold themselves out as a physical therapist. Protection of titles and terms are important from a public protection stand point in that people need to be clear as to the qualifications of their practitioner of choice as well as his/her profession.

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<sup>12</sup> The Model Practice Act for Physical Therapy. A Tool for Public Protection and Legislative Change. 4<sup>th</sup> edition. FSBPT. 2006.

## Professional Association Support

American Academy of Orthopedic Manual Physical Therapists: October 2009 position statement supporting intramuscular/dry needling as being within the scope of PT practice

- **Position:**

*It is the Position of the AAOMPT that dry needling is within the scope of physical therapist practice.*

- **Support Statement:**

*Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation<sup>13</sup>*

American Physical Therapy Association: In January 2012, APTA published an educational resource paper titled **Physical Therapists & the Performance of Dry Needling**. According to the paper, the document was meant to provide background information for state chapters, regulatory entities, and providers who are dealing with the issue of dry needling. In February 2013, APTA published a second paper regarding dry needling titled **Description of Dry Needling in Clinical Practice: an Educational Resource Paper**. Currently, there are no HOD or BOD policies on dry needling, however this is not unusual; there are no HOD or BOD policies at APTA on the ability of a physical therapist to perform any specific intervention. At this time, dry needling the decision has been made that sufficient evidence exists to include dry needling in the next edition of the *Guide to Physical Therapist Practice*.

## Legislative and Regulatory Decisions

FSBPT: Although the FSBPT Model Practice Act does not specifically mention dry needling, there is nothing to specifically exclude the technique. The following section from the Model Practice Act would be relevant in the discussion regarding dry needling:

***Other procedures that might be addressed in rules are whether physical therapists can use certain machines and perform procedures such as electroneuromyography, needle EMG, dry needling, etc. that are not specifically addressed in the statutory language.<sup>14</sup>***

State Legislation:

As of May 2012, Georgia is the first and only state to introduce and pass a bill that adds dry needling to the practice act of physical therapists. The Georgia State Board of Physical Therapy had ruled previous to the statute change that dry needling was in the scope of physical therapy practice. However, language in the acupuncture practice act was inserted that specifically states dry needling is a technique of the practice of acupuncture. As the practice of acupuncture is regulated in Georgia by the Georgia Medical Composite Board, and the Physical Therapy Board found that dry needling is appropriate in physical therapy, the Board of Physical Therapy and Medical Board met to discuss dry needling. The boards seemed to have found common ground as the Georgia Physical Therapy

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<sup>13</sup> <http://aaompt.org/members/statements.cfm>

<sup>14</sup> Model Practice Act for Physical Therapy, p. 59.

Association and the Physical Therapy Board introduced the bill and the Medical Board did not oppose. On April 19, 2011, the Georgia bill passed and was sent to the governor for signature. The governor signed the legislation into law; no other state physical therapy practice acts specifically mention dry needling or intramuscular manual therapy.

There is one state that specifically cannot allow dry needling based on its statute. Hawaii's practice act specifically prohibits physical therapists from puncturing the skin for any purpose. The Florida physical therapy practice act contains language (see bold below) which is confusing and ambiguous on the topic of dry needling. The law specifically excludes penetrating the skin in the performance of acupuncture, however since dry needling may be one tool utilized by acupuncturists, the law could be interpreted to mean PTs cannot perform dry needling. The Florida Physical Therapy Board has not yet taken up the issue of whether or not dry needling is allowed by PTs under the statute.

"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; **the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;**<sup>15</sup>

## Current State Rulings

Based on 53 jurisdictions (DC, Puerto Rico and the Virgin Islands). See Appendix A for state and specific language.

Specifically Allowed	26
Not Prohibited	2
Unresolved	5
No position	11
Prohibited	9

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<sup>15</sup> Florida Statute. Chapter 468. Physical Therapy Practice.



harm being filed against any PTs with the licensing board. The Maryland AG reframed the critical question to being “whether dry needling falls within the scope of practice of physical therapy, regardless of whether it would also fall within the scope of practice of acupuncture.”<sup>16</sup> The Attorney General’s opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the “Maryland Physical Therapy Board’s informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act.”<sup>17</sup> In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. As of July 2013, the rules on the second round of drafting and have been sent to the Secretary of Health for approval and continue with the promulgation process.

Oregon’s position continues to be under scrutiny however, and may better be described as cautiously neutral at this time. Although ruling in July 2009 that dry needling is likely within the scope of PT practice with the appropriate training, difficulties and unsuccessful attempts at communication with the Oregon Medical Board and Acupuncture Committee have led to the following position since November 2009:

*Upon further discussions the Physical Therapist Licensing Board believes that the dry needling of trigger points is likely within the physical therapist scope of practice (excluding PTAs). The board acknowledges that the dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education. Further, the board recommends that the acupuncture committee, physical therapist and medical boards work in partnership with their professional associations to define a minimum competency by which a physical therapist can safely practice the intervention of dry needling of trigger points. In the interest of public safety, until training and education can be determined, the board strongly advises its licensees to not perform dry needling of trigger points.*<sup>18</sup>

The Oregon Physical Therapy Board continues to reach out to the Medical Board and Acupuncture Committee to help in the development of the list of competencies required for PTs to perform dry needling, but have received no positive response from either entity. Oregon is colored yellow in the following map as there is some question surrounding their status. Additionally, Arizona, Indiana, Texas, and Vermont are all “yellow states” as they have been identified in other resources as allowing PTs to do dry needling, however they are unable to be substantiated by this author (VT). The administrator of the Texas Executive Council of Physical Therapy & Occupational Therapy Examiners contacted FSBPT after the release of the 1<sup>st</sup> edition of this paper to clarify that Texas does not have an official position and is legally not allowed to offer advisory opinions; however, the board has made no determination that dry needling is outside the scope of practice for PTs.

The Commonwealth of Massachusetts is also embroiled in heated discussions over dry needling by physical therapists. The Board of Registration in Medicine, who is over the acupuncturists disagree with the initial ruling by the Board of Allied Health (includes PT) that dry needling is within the scope of practice of PTs. After much public outcry from the acupuncture community, the decision was suspended by upper levels of the executive branch until more discussions could take place between the interested parties and other stakeholders. At this time, the decision stands at an impasse as both groups maintain their positions on the issue.

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<sup>16</sup> Attorney General Opinion. State of Maryland, Office of the Attorney General. August 17, 2010.

<sup>17</sup> Ibid.

<sup>18</sup> <http://www.oregon.gov/PTBrd/docs/Current.Topics/Board.Statement.Relevant.to.Dry.Needling.pdf>

Dry needling is also accepted as being within the scope of physical therapy practice in many countries, including Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain, and the United Kingdom, among others.

## **Recommended training requirements for PTs to use dry needling**

States that allow dry needling are only allowing it to be performed by licensed physical therapists and not the support personnel.

There are currently no consistent profession-wide standards/competencies defined for the performance of dry needling. Each state has defined what the requirements will be in that state. See Appendix B for state-by-state guidelines.

## **Historical Basis and Education (as of July 2013)**

Although for a different purpose, physical therapists have a historical basis for needle insertion with the practice of EMG and NCV testing. At this time, laws in 46 states would allow PTs to perform needle electromyography and nerve conduction velocity testing.<sup>19</sup> Although the language and requirements vary, California, Florida, Kentucky, Missouri, New Hampshire, Oklahoma, Pennsylvania, Washington, and West Virginia have specific protection in statute for physical therapists to perform EMGs. North Carolina and Texas utilize administrative rule to authorize PTs to perform EMGs. An opinion from the Kentucky board specifically addresses EMG by fine wire insertion and affirms that these tests are within the scope of a physical therapist.<sup>20</sup> South Carolina also has a statement regarding performance of needle EMG.<sup>21</sup> The law in Oklahoma specifically defines the practice of physical therapy to include invasive and noninvasive techniques.

*"Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy.<sup>22</sup>*

At this time, dry needling is not being taught in most entry-level physical therapy programs with the exception of Georgia State University, Mercer University, University of St. Augustine for Health Sciences, and the Army physical therapy program at Baylor. Other universities including the Ola Grimsby Institute are considering adding dry needling to the curriculum of both the advanced and entry level educational programs. Dry needling is also included in the Mercer University physical therapy residency program. Internationally, dry needling is being taught at many universities. In most educational programs for physical therapists, the needling technique is learned in conjunction with evaluation of the myofascial trigger points and used as a part of the patient's overall treatment plan.

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<sup>19</sup> American Physical Therapy Association. State Affairs memorandum on review of EMG in the States.

<sup>20</sup> <http://www.pt.ky.gov/NR/rdonlyres/4D460291-23A1-43E3-AFF3-DEE7506DF149/0/Electromyography.pdf>

<sup>21</sup> <http://www.llr.state.sc.us/POL/PhysicalTherapy/index.asp?file=PT%20Positions/electro.htm>

<sup>22</sup> State Of Oklahoma Physical Therapy Practice Act. Title 59 O.S., Sections 887.2

The Commission on Accreditation in Physical Therapy Education (CAPTE) criteria requires the physical therapist professional curriculum to include content and learning experiences in the behavioral, biological and physical, and clinical sciences necessary for initial practice of the profession.<sup>23</sup> The entry-level curriculum must demonstrate inclusion of many topics which should provide a strong foundation to the understanding and performance of intramuscular manual therapy such as anatomy/cellular biology, physiology, neuroscience, pathology, pharmacology; study of systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neuromuscular; communication, ethics and values, teaching and learning, clinical reasoning, and evidence-based practice.

Dry needling education purposefully does not include the basic tenets of acupuncture training such as Chinese medicine philosophy, meridians, qi, or diagnosis via tongue inspection, as the technique and its rationale have no basis in oriental medicine. Dry needling is based primarily on the work of Dr. Janet Travell, a pioneer in trigger point research and treatment. According to the World Health Organization's **Guidelines on Basic Training and Safety in Acupuncture**, the basic study of acupuncture should include:<sup>24</sup>

- Philosophy of traditional Chinese medicine, including but not limited to concepts of *yin-yang* and the five phases.
- Functions of *qi*, blood, mind, essence and body fluids, as well as their relationship to one another.
- Physiological and pathological manifestations of *zang-fu* (visceral organs) and their relationship to one another.
- Meridians and collaterals, their distribution and functions.
- Causes and mechanisms of illness.

Overwhelmingly, physical therapists are getting instruction in dry needling through continuing education. The following is a partial list of common continuing education courses offered on the topic:

Course Title	Education Sponsor	Website	Description
Trigger Point Dry Needling Level 1	Therapy Concepts	<a href="http://www.therapyconceptsinc.com/events.php#2">http://www.therapyconceptsinc.com/events.php#2</a>	This three day course introduces Trigger Point Dry Needling as an intervention for treating a variety of diagnoses. In the Level I course participants are introduced to the theory and physiology of myofascial trigger points, and the history of dry needling. Anatomy of each muscle will be reviewed, including the trigger points and their corresponding referral patterns. The muscle groups included in the level I course are the cervical and lumbar spine, hip, lower extremity, shoulder and forearm. This course be limited to 20 participants and attendees will need to provide a current CV with continuing education courses listed, and a copy of their license, in order to be considered for participation in this course. All participants must have a minimum of 2 years of experience.
Trigger Point	Therapy	<a href="http://www.therap">http://www.therap</a>	This three day course is a continuation of the Level 1 course

<sup>23</sup> Commission on Accreditation in Physical Therapy Education. Accreditation Handbook. Effective January 1, 2006; revised 5/07, 10/07, 4/09 p. B28-B29.

<sup>24</sup> **Guidelines on Basic Training and Safety in Acupuncture.** World Health Organization. 1996. Pages 7-8.

Dry Needling Level 2	Concepts	<a href="http://yconceptsinc.com/events.php#2">yconceptsinc.com/events.php#2</a>	and consists of a combination of lecture, testing, demonstration and a large amount of hands-on laboratory sessions. This course will address the anterior neck, head and face, thoracic spine and rib cage, hand, foot and other more challenging musculature. Get the full course description by clicking on the link below. NOTE: the Friday portion of the course will be held from 12 noon until 8 pm, the Saturday and Sunday portion will be from 8 am to 5 pm. All three days will have meal breaks that are on your own.
Systemic Integrative Dry Needling Course Pain Management, Sports and Trauma Rehabilitation		<a href="http://www.dryneedlingcourse.com/dry_needling_course.htm">http://www.dryneedlingcourse.com/dry_needling_course.htm</a>	100 hour home study and 3-day intensive and practical seminar
Trigger Point Dry Needling Level I Training	GEMt – Global Education for Manual therapists	<a href="http://www.gemti.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemti.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a>	An introductory course for evaluation and treatment of neuromyofascial pain and dysfunction present in the acute and chronic population. Instruction will include evaluation and application of dry needling of neuromyofascial trigger points for musculature which is considered appropriate at the introductory level of training. This three day course (27.5 contact hours) consists of a combination of lecture, testing, demonstration and a large amount of hands-on laboratory sessions. Trigger point dry needling (TDN), will be presented as a tool to evaluate and treat the neuromuscular system. Both the Gunn and Travell & Simons’ techniques will be discussed and demonstrated. Supporting research will be presented and discussed. Treatment safety will be evaluated throughout the course.
Dry Needling Level 2 Training	Global Education for Manual therapists	<a href="http://www.gemti.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemti.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a>	An advanced course which builds upon the techniques learned in the Level I course. Participants are required to take the introductory Level I course and fulfill specific requirements prior to becoming eligible for this course. Topics to be covered include advanced musculature and extensive techniques, application of techniques for specific diagnoses, and further review of supporting research.
Dry Needling	Myopain Seminars	<a href="http://www.myopainseminars.com">www.myopainseminars.com</a>	Multiple level seminars on dry needling. 104 hours of training, followed by theoretical and practical examinations

## Dry Needling Evidence-based Practice

There are numerous scientific studies to support the use of dry needling for a variety of conditions.<sup>25</sup> Supporting textbooks include:

- Dommerholt J, Huijbregts PA, Myofascial trigger points: pathophysiology and evidence-informed diagnosis and management Boston: Jones & Bartlett 2011
- *The Gunn approach to the treatment of chronic pain*. Gunn, C.C., Second ed. 1997, New York: Churchill Livingstone.
- *Travell and Simons' myofascial pain and dysfunction; the trigger point manual*. Simons, D.G., J.G. Travell, and L.S. Simons, 2 ed. Vol. 1. 1999, Baltimore: Williams & Wilkins.

A literature search regarding intramuscular manual therapy or dry needling yields extensive results. Numerous research studies have been performed and published in a variety of sources. In addition to the references contained in this paper, the following is just a small sample:

- Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. **14**(4): p. E70-E87.
- Lewit, K., *The needle effect in the relief of myofascial pain*. Pain, 1979. **6**: p. 83-90.
- Intramuscular Stimulation (IMS) - The Technique By: C. Chan Gunn, MD (<http://www.istop.org/papers/impspaper.pdf>)
- Dommerholt, J., *Dry needling in orthopedic physical therapy practice*. Orthop Phys Ther Practice, 2004. **16**(3): p. 15-20.
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<sup>25</sup> Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. **14**(4): p. E70-E87.

- White A, Foster NE, Cummings M, Barlas P, Acupuncture treatment for chronic knee pain: a systematic review. *Rheumatology (Oxford)* 46(3): p. 384-90, 2007.
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Typically the literature refers to dry needling or acupuncture, and in some cases specifically looks at the effectiveness of acupuncture and dry needling, suggesting indeed that a difference exists.<sup>26</sup> Overall, the literature suggests and supports dry needling/intramuscular manual therapy as a safe, effective, viable treatment option for patients.

Dry needling has been practiced by physical therapists for over 20 years with minimal numbers of adverse effects reported. The most common side effects include post-needling soreness and minor hematomas. The FSBPT's Examination, Licensure and Disciplinary Database (ELDD) has no entries in any jurisdiction of discipline for harm caused by dry needling performed by physical therapists.

Many American providers of dry needling, with multiple course providers in Europe, have established a physical therapy-only, voluntary, web-based registry in Switzerland for reporting adverse effects. This registry currently includes two reports of pneumothoraces, a severe autonomic response of one patient, but no other "severe" side effects.<sup>27</sup> The administrators of this registry admit that it is underutilized. Additionally, the literature does not report serious injury or harm from intramuscular needling performed by a physical therapist.

## Conclusion

Returning to the four tenets from *Changes in Healthcare Professions Scope of Practice: Legislative Considerations* on which to base scope of practice decisions and summarizing the information above, it appears that there is a historical basis, available education and training as well as an educational foundation in the CAPTE criteria, and supportive scientific evidence for including dry needling in the scope of practice of physical therapists. The education, training and assessment within the profession of physical therapy include the knowledge base and skill set required to perform the tasks and skills with sound judgment. It is also clear; however, that dry needling is not an entry-level skill and should require additional training.<sup>28 29</sup>

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<sup>26</sup> Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration. *Spine* 30(8): p. 944-963, 2005.

<sup>27</sup> Dummerholt, J., Unpublished data. January 2010.

<sup>28</sup> **ACTIVITIES PERFORMED BY ENTRY-LEVEL PHYSICAL THERAPISTS IDENTIFIED DURING THE 2006 ANALYSIS OF PRACTICE**. FSBPT. 2006-2007.

<sup>29</sup> Knapp, D, Russell, L, Byrum, C. and Waters, S. **Entry-Level Practice Analysis Update for Physical Therapist Licensure Examinations Offered by the FSBPT**. Human Resources Research Organization. February 14, 2007.

When considering the scope of practice decision, the regulatory environment in each jurisdiction will vary dramatically. However, recognizing that intramuscular manual therapy is not an entry-level skill, the jurisdictional boards that are authorized to develop rules related to determining if an intervention is within scope of practice must determine the mechanisms for determining that a physical therapist is competent to perform the task. To ensure public protection the board should also have sufficient authority to discipline any practitioner who performs the task or skill without proper training, incorrectly, or in a manner that might likely harm a patient.

## Appendix A: States and Specific Dry Needling

State	Y: Allows N: Does not allow	Other Information
AK	Y	April 24, 2012 letter to Alex Kay, PT regarding performance of dry needling. <i>Paraphrase:</i> The board will not address specific treatment approaches by licensure; however, expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The PT will be held accountable for demonstrating this competence if there is ever a complaint.
AL	Y	Board minutes October 23, 2007: Acupuncture & Dry Needling does fall within the scope of practice for physical therapy.
AZ	-	Claimed by some resources to have approved dry needling for PTs, discussion with the board reports no official position is taken as the board is unable to provide advisory opinions.
CA	N	
CO	Y	In rules
DC	Y	In rules
FL	N	Florida physical therapy practice act contains language which specifically excludes penetrating the skin in the performance of acupuncture:  <p style="text-align: center;"><b>"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;</b><sup>30</sup></p> <p>The board has not yet taken up the issue of whether or not dry needling is acupuncture. For now, this statute prohibits dry needling in Florida.</p>
GA	Y	2011 Dry needling added to GA PT practice act; only state to have in statute

<sup>30</sup> Florida Statute. Chapter 468. Physical Therapy Practice.

State	Y: Allows N: Does not allow	Other Information
HI	N	Physical therapists, by statute, are not allowed to puncture the skin of a patient for any purpose
IA	Y	From 9/2010 Board of PT meeting minutes: In answer to a licensee’s question regarding whether PTs may perform dry needling. Board determines that it does not appear to be prohibited.
ID	N	
IL	Y	Aug 2010 verbal opinion from the IL Dept. of professional regulation legal counsel that dry needling was not prohibited by the IL physical therapy practice act
IN	-	Claimed by some resources to have approved dry needling for PTs, minutes from Board meeting August 2012 state that “Indiana does not take a position on needling...The current statute is open and does not specifically state whether or not it is appropriate.” Not prohibited, but not endorsed either.
KS	N	<p><b>Kansas Board of Healing Arts Board Minutes</b></p> <p><b>C. Dry Needling:</b> Mr. Anshutz and Mr. Riley (disciplinary attorneys of the Board of Healing Arts) stated that they believe Dry Needling is another name for acupuncture and the board only regulates acupuncture in the ND practice act. Several acupuncturists came before the board at the August 8, 2010, meeting and it is expected they will go the legislature to become regulated. Dry needling does not fit any of the modalities that are included in the PT practice act and could only be included as an experimental treatment if done through one of the teaching universities and based on research</p>
KY	Y	<p>March 18, 2010</p> <p>Opinion and Declaratory ruling regarding state law governing dry needling therapy by the Kentucky Board of Physical Therapy.</p> <p>The board is of the opinion dry needling is within the scope of the practice of “physical therapy” as defined in Kentucky law by the General Assembly at KRS 327.010(1). Dry needling is a treatment used to improve neuromuscular function. As such it falls within the definition of physical therapy as defined under KRS 327:010 (1) “Physical therapy” means the use of selected knowledge and skills ...invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular, and cardiopulmonary function, as it relates to physical therapy. There is nothing in KRS Chapter 327 to prohibit a licensed physical therapist from performing dry needling so long as the physical therapist is competent in performing this intervention.</p> <p>While dry needling is within the scope of practice of physical therapy, a physical therapist must practice only those procedures that the physical therapist is competent to perform. The board can discipline a physical therapist for “engaging or permitting the performance of substandard patient care by himself or by persons working under their supervision due to a deliberate or negligent act or failure to act, regardless of whether</p>

State	Y: Allows N: Does not allow	Other Information
		actual injury to the patient is established.” KRS 327.070(2).
LA	Y	Within the Scope of Practice of PT; board regulations
MD	Y	In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. Regulations are still in proposed stage. Aug 27, 2010 MD Attorney General’s opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the “Maryland Physical Therapy Board’s informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act.” Currently rules to regulate dry needling are going through promulgation.
MS	Y	Board Minutes 2/2012: The Mississippi State Board of Physical Therapy considers that intramuscular manual therapy techniques are within the physical therapist scope of practice and is in the process of developing more specific competence requirements. The Attorney General has affirmed that the MS Board of PT was acting within its power to determine that dry needling was within scope of practice of PT.
MT	Y	The Montana Board of Physical Therapy has determined that trigger point dry needling is within the scope of practice for physical therapists. The board has formed a committee to begin the process of setting rules for trigger point dry needling which met for the first time June 30, 2011 and their work continues presently.
NH	Y	<b>PT Board MINUTES of October 19, 2011:</b> PTs can do dry needling if they have been trained to do so.
NJ	Y	Sept 2009, Board of PT determined dry needling is within the scope of practice of PTs. Currently being looked at by the Division of Consumer Affairs which may alter the opinion. No written documentation
NM	Y	March 2000, In a letter dated March 21, 2000, the PT board determined that the PT Act does not prohibit dry needling and that Section 61-12D-3, Paragraph I, Number 2 describing the practice of physical therapy supports that decision.
NC	Y	In 2010, NC PT Board voted to reverse previous policy which did not allow dry needling by PTs. Dec 9, 2010 Board Position Statement. <b>Position:</b> Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that intramuscular manual therapy is within the scope of practice of physical therapists.
ND	Y	Board meeting May 13, 2013: The board voted to state that “Dry Needling” is within the scope of practice for PT in North Dakota.
NE	Y	Within the Scope of Practice of PT June 2011 board meeting minutes
NV	Y	Dry needling is within the SOP of PTs as ruled by NV Board of PT on March 20, 2012. As of April 19, 2012, the PT board legal counsel is writing up the new board Policy on dry needling and once signed by Chairman, Kathy Sidener, dry needling will be permissible by PTs in NV.

State	Y: Allows N: Does not allow	Other Information
NY	N	Early 1990s (1992?) and affirmed in 2007 NY State Board issued an opinion at the time that it was not an entry level skill and therefore could not be done.
OH	Y	In a letter dated January 5, 2007, the OH OT, PT, and ATC Board affirms the position of the PT Section of the board that nothing in the OH PT practice act prohibits a PT from performing dry needling. The letter goes on to read that the PT must demonstrate competency in the modality.
OR	Y	November 2009: Upon further discussions the Physical Therapist Licensing Board believes that the dry needling of trigger points is likely within the physical therapist scope of practice (excluding PTAs). The board acknowledges that the dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education. Further, the board recommends that the acupuncture committee, physical therapist and medical boards work in partnership with their professional associations to define a minimum competency by which a physical therapist can safely practice the intervention of dry needling of trigger points. In the interest of public safety, until training and education can be determined, the board strongly advises its licensees to not perform dry needling of trigger points.
PA	N	PA PT board was advised by legal counsel that dry needling is not within the scope of practice of a PT
RI	Y	Feb 14, 2012 PT board minutes: Board members revisited the matter of dry needling for intramuscular therapy. A board member questioned if it pertained to other professions, including Acupuncturist. The board administrator related guidance from Atty. Tom Corrigan stating the use of a needle by one profession does not preclude a different profession from having a different use for a needle. Board members comment dry needling is within their scope of practice provided the licensed professional is comfortable trained and has appropriate background knowledge. For licensed physical therapists that are not qualified there are educational seminars they may sign up for and gain the required background and training.
SC	Y	In an email written in October 2004 in response to a licensee's question regarding scope of practice and dry needling, the Chairperson affirmed that dry needling appears to fall within the SOP of a licensed PT in SC if they are fully trained in its use and comply with all legal and ethical requirements for professional practice in physical therapy.
SD	N	<p>The South Dakota Board of Medical and Osteopathic Examiners considers procedures involving the breaking or altering of human tissue for diagnostic, palliative or therapeutic medical purposes to be the practice of medicine. The board determines that dry needling is significantly different from "electromyography (EMG)", which the board previously opined was an activity within the scope of practice for a physical therapist.</p> <p><b>Decision:</b></p> <p>The South Dakota Board of Medical and Osteopathic Examiners determined that the procedure known as "dry needling" does not fall within the physical therapist scope of practice as defined in SDCL ch. 36-10.</p>

State	Y: Allows N: Does not allow	Other Information
		This opinion issued by the Board of Medical and Osteopathic Examiners is advisory in nature. It does not constitute an administrative rule or regulation and is intended solely to serve as a guideline for persons registered, licensed, or otherwise regulated by the Board of Medical and Osteopathic Examiners.
TN	Y	Yes, dry needling is within the SOP August 12, 2011- overturned previous policy that it was not within scope
TX	-	Texas does not have an official position and is legally not allowed to offer advisory opinions; however, the board has made no determination that dry needling is outside the scope of practice for PTs
UT	N	The Utah board determined that the addition of dry needling would require a change in the statute and further defining in the rule.
VA	Y	Updated Board Policy Guidance Document on Aug 26, 2010
VT	-	Reported by one resource that in February 2012, the Vermont Office of Professional Regulation issued a statement that dry needling is within the scope of physical therapy in that state. Unable to substantiate this claim.
WI	Y	<p>BOARD MINUTES JULY 2009:</p> <p style="text-align: center;"><b>BOARD DISCUSSION OF DRY NEEDLING</b></p> <p>Statute 448.50 (6) allows for “therapeutic intervention” within the scope of physical therapy. Larry Nosse discussed the use of dry needling as a therapeutic technique. This process uses sterile techniques, the surface skin is cleaned, it does not draw blood, and the physical therapists are trained in blood-body precautions. Mark Shropshire noted that the American Academy of Orthopedic and Manual Physical Therapists has made a position statement that dry needling is within the scope of practice of physical therapy. California, Nevada, Tennessee, and Florida do not allow this technique within the scope of practice within physical therapy because these states have language noting that PTs cannot puncture the skin.</p> <p><b>MOTION:</b> Otto Cordero moved, seconded by Jane Stroede, that the board considers trigger point dry needling as within the scope of practice of physical therapy provided that the licensed physical therapist is properly educated and trained. Motion carried unanimously.</p>
WV	Y	July 18, 2012: Opinion of the West Virginia Board of Physical Therapy Regarding Dry Needling Therapy: “In summary, the Board is of the opinion that dry needling is within the scope of the practice of “physical therapy” as defined by West Virginia Code <b>§30-20-9.</b> ”
WY	Y	In a letter dated Aug 18, 2009 the Wyoming Board of Physical Therapy affirmed that nothing in the current practice act would preclude PTs performing dry needling with proper credentials.

## Appendix B: Training Guidelines

STATE	TRAINING REQUIREMENTS
CO	<p><b>COLORADO PHYSICAL THERAPY LICENSURE RULES AND REGULATIONS</b></p> <p><b>4 CCR 732-1 RULE 11 - REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM DRY NEEDLING</b></p> <p>A. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose and treat neuromuscular pain and functional movement deficits; is based upon Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points.</p> <p>B. Dry needling as defined pursuant to this rule is within the scope of practice of physical therapy.</p> <p>C. A physical therapist must have the knowledge, skill, ability, and documented competency to perform an act that is within the physical therapist’s scope of practice.</p> <p>D. To be deemed competent to perform dry needling a physical therapist must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Documented successful completion of a dry needling course of study. The course must meet the following requirements:           <ol style="list-style-type: none"> <li>a. A minimum of 46 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.</li> <li>b. Two years of practice as a licensed physical therapist prior to using the dry needling technique.</li> </ol> </li> <li>E. A provider of a dry needling course of study must meet the educational and clinical prerequisites as defined in this rule, D(1) (a) &amp;(b) and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a physical therapist.</li> <li>F. A physical therapist performing dry needling in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:           <ol style="list-style-type: none"> <li>1. Risks and benefits of dry needling</li> <li>2. Physical therapist’s level of education and training in dry needling</li> <li>3. The physical therapist will not stimulate any distal or auricular points during dry needling.</li> </ol> </li> <li>H. When dry needling is performed this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</li> <li>I. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</li> </ol>

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	<p>J. Dry needling must be performed in a manner consistent with generally accepted standards of practice, including clean needle techniques, and standards of the center for communicable diseases.</p> <p>K. The physical therapist must be able to supply written documentation, upon request by the Director, which substantiates appropriate training as required by this rule. Failure to provide written documentation is a violation of this rule, and is prima facie evidence that the physical therapist is not competent and not permitted to perform dry needling.</p> <p>L. This rule is intended to regulate and clarify the scope of practice for physical therapists.</p>
DC	<p><b>District of Columbia Municipal Regulations Title 17, Chapter 67, Physical Therapy</b></p> <p><b>6715 SCOPE OF PRACTICE</b> A physical therapist may also perform intramuscular manual therapy, which is also known as dry needling, if performed in conformance with the requirements of section 6716.</p> <p><b>6716 REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM INTRAMUSCULAR MANUAL THERAPY</b></p> <p>6716.1 Intramuscular manual therapy may be performed by a licensed physical therapist who meets the requirements of this section.</p> <p>6716.2 Intramuscular manual therapy shall be performed directly by the licensed physical therapist and shall not be delegated.</p> <p>6716.3 Intramuscular manual therapy shall be performed in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, and other applicable standards of the Centers for Disease Control and Prevention.</p> <p>07-01-11 16 Title 17 District of Columbia Municipal Regulations</p> <p>6716.4 Intramuscular manual therapy is an advanced procedure that requires specialized training. A physical therapist shall not perform intramuscular manual therapy in the District of Columbia unless he or she has documented proof of completing:</p> <p>(a) A board-approved professional training program on intramuscular manual therapy. The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program</p> <p>(b) A professional training program on intramuscular manual therapy accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program; or</p> <p>(c) Graduate or higher-level coursework in a CAPTE-approved educational program that included</p>

STATE	TRAINING REQUIREMENTS
	<p>intramuscular manual therapy in the curriculum.</p> <p>6716.5 A physical therapist shall only perform intramuscular manual therapy following an examination and diagnosis, and for the purpose of treating specific anatomic entities selected according to physical signs.</p> <p>6716.6 A physical therapist who performs intramuscular manual therapy shall obtain written informed consent from each patient who will receive intramuscular manual therapy before the physical therapist performs intramuscular manual therapy on the patient.</p> <p>6716.7 The informed consent form shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>(a) The patient’s signature;</li> <li>(b) The risks and benefits of intramuscular manual therapy;</li> <li>(c) The physical therapist’s level of education and training in intramuscular manual therapy; and</li> <li>(d) A clearly and conspicuously written statement that the patient is not receiving acupuncture.</li> </ul> <p>6716.8 A physical therapist who performs intramuscular manual therapy shall maintain a separate procedure note in the patient’s chart for each intramuscular manual therapy. The note shall indicate how the patient tolerated the intervention as well as the outcome after the intramuscular manual therapy.</p> <p>6716.9 A physical therapist who performs intramuscular manual therapy shall be required to produce documentation of meeting the requirements of this section immediately upon request by the board or an agent of the board.</p> <p>6716.10 Failure by a physical therapist to provide written documentation of meeting the training requirements of this section shall be deemed prima facie evidence that the physical therapist is not competent and not permitted to perform intramuscular manual therapy.</p>
GA	Currently drafting rules for the statute.
LA	<p><b>Subchapter B. General Provisions</b></p> <p><b>§123. Definitions</b></p> <p>A. As used in this Title, the following terms and phrases, defined in the practice act, La. R.S.37:2401–2424, shall have the meanings specified here.</p> <p>Dry Needling—a physical intervention which utilizes filiform needles to stimulate trigger points in a patient’s body for the treatment of neuromuscular pain and functional movement deficits. Dry Needling is based upon Western medical concepts and does not rely upon the meridians utilized in acupuncture and other Eastern practices. A physical therapy evaluation will indicate the location, intensity and</p>

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	<p>persistence of neuromuscular pain or functional deficiencies in a physical therapy patient and the propriety for utilization of dry needling as a treatment intervention. Dry needling does not include the stimulation of auricular points.</p> <p><b>§311. Treatment with Dry Needling</b></p> <p>A. The purpose of this rule is to establish standards of practice, as authorized by La. R.S. 37:2405 A.(8), for the utilization of dry needling techniques, as defined in §123, in treating patients.</p> <p>B. Dry needling is a physical therapy treatment which requires specialized physical therapy education and training for the utilization of such techniques. Before undertaking dry needling education and training, a PT shall have no less than two years experience working as a licensed PT. Prior to utilizing dry needling techniques in patient treatment, a PT shall provide documentation to the executive director that he has successfully completed a board-approved course of study consisting of no fewer than 50 hours of face-to-face instruction in intramuscular dry needling treatment and safety. Online and other distance learning courses will not satisfy this requirement. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate discipline by the board.</p> <p>C. In order to obtain board approval for courses of instruction in dry needling, sponsors must document that instructors utilized have had no less than two years experience utilizing such techniques. Instructors need not be physical therapists, but should be licensed or certified as a healthcare provider in the state of their residence.</p> <p>D. A written informed consent form shall be presented to a patient for whom dry needling is being considered, telling the patient of the potential risks and benefits of dry needling. A copy of a completed form shall be preserved in the patient treatment record and another copy given to the patient.</p> <p>E. Dry needling treatment shall be performed in a manner consistent with generally accepted standards of practice, including sterile needle procedures and the standards of the U.S. Centers for Disease Control and Prevention. Treatment notes shall document how the patient tolerated the technique and the outcome of treatments.</p>
MD	Currently drafting
MS	<p>D. To be deemed competent to perform intramuscular manual therapy a physical therapist must meet the following requirements:</p> <p>1. Documented successful completion of a intramuscular manual therapy course of study; online study is not considered appropriate training.</p> <p>a. A minimum of 50 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.</p>

STATE	TRAINING REQUIREMENTS
	<p>b. Three years of practice as a licensed physical therapist prior to using the intramuscular manual therapy technique.</p> <p>2. The physical therapist must have board approved credentials for providing intramuscular manipulation which are on file with the board office prior to using the treatment technique.</p> <p>E. The provider of the required educational course does not need to be a physical therapist. A intramuscular manual therapy course of study must meet the educational and clinical prerequisites as defined in this rule, D(1)(a)&amp;(b) and demonstrate a minimum of two years of intramuscular manual therapy practice techniques.</p> <p>F. A physical therapist performing intramuscular manual therapy in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> <li>1. Risks and benefits of intramuscular manual therapy.</li> <li>2. Physical therapist's level of education and training in intramuscular manual therapy.</li> <li>3. The physical therapist will not stimulate any distal or auricular points during intramuscular manual therapy.</li> </ol> <p>G. When intramuscular manual therapy is performed, this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p> <p>H. Intramuscular manual therapy shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> <p>I. Intramuscular manual therapy must be performed in a manner consistent with generally accepted standards of practice, including but not limited to, aseptic techniques and standards of the center for communicable diseases.</p>
MT	Currently drafting
NC	<p>As of June 2012:</p> <p><b>Position:</b> Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that Intramuscular Manual Therapy (Dry Needling) is within the scope of practice of physical therapists. Intramuscular Manual Therapy is an advanced skill that requires additional training</p>

STATE	TRAINING REQUIREMENTS
	beyond entry-level education and should only be performed by physical therapists who have demonstrated knowledge, skill, ability, and competence as follows: Completion of an Intramuscular Manual Therapy course of study at a program approved by the Board with a minimum of 54 hours of classroom education, which must also include instruction in the clinical application of IMT (Dry Needling). Since Intramuscular Manual Therapy requires ongoing re-evaluation and reassessment, it is not in the scope of work for physical therapist assistants or physical therapy aides.
NE	<p>A physical therapist who wished to perform tissue penetration for the purpose of dry needling must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Complete pre-service or in-service training. The pre-service or in-service training must include: <ol style="list-style-type: none"> <li>a. Pertinent anatomy and physiology;</li> <li>b. Choice and operation of supplies and equipment;</li> <li>c. Knowledge of technique including indications and contraindications;</li> <li>d. Proper technique of tissue penetration;</li> <li>e. Sterile methods, including understanding of hazards and complications; and</li> <li>f. Post intervention care; and</li> <li>g. Documentation of application of technique in an educational environment.</li> </ol> </li> <li>2. The training program shall require training to demonstrate cognitive and psychomotor skills. Also, the training program must be attended in person by the physical therapist.</li> <li>3. Maintain documentation of successful completion of training.</li> </ol>
OH	11/2011 Currently working to identify general guidelines for determining competence.
TN	Clinical proficiency and competency in this particular clinical field area of treatment and examination
VA	<p>Guidance Document 112-9</p> <p><b>Board of Physical Therapy Guidance on Dry Needling in the Practice of Physical Therapy</b></p> <p>Upon recommendation from the Task Force on Dry Needling, the board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:</p> <ul style="list-style-type: none"> <li>• Dry needling is not an entry level skill but an advanced procedure that requires additional training.</li> <li>• A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills.</li> <li>• The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention.</li> <li>• Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.</li> </ul>

STATE	TRAINING REQUIREMENTS
	<ul style="list-style-type: none"> <li>• If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.</li> <li>• A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation:</li> </ul> <p>Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.</p>