

# **Review of Stakeholder Input: “Dry Needling” Use by Arizona Licensed Physical Therapists**

Charles D. Brown

## **I. Summary**

The enclosed documents have been submitted to the Arizona Board of Physical Therapy in relation to the use of treatment called “Dry Needling” by physical therapists in Arizona and the Board’s ongoing review of the matter. The documents are included with the original compiling of records concluded September 17, 2013.

- A. AZ Acupuncture Board Continuing Education Approval Criteria
- B. Demeure Study Group Comments 9 20 13
- C. DN Letter Arizona Dommerholt
- D. Number of Lic. Acupuncturists by State
- E. Sara Demeure DN Statement 9.20.13 emailed
- F. Comments by Patricia E. Martin

## **AZ Acupuncture Board Continuing Education Approval Criteria**

### **R4-8-408. Approval of Continuing Education**

A. The Board shall approve a continuing education only if the continuing education:

1. Is related to the knowledge or technical skills used to practice acupuncture safely and competently; or
2. Is related to direct or indirect acupuncture patient care, including practice management, medical ethics, or Chinese language; and
3. Includes a method by which the continuing education participants evaluate:
  - a. The extent to which the continuing education met its stated objectives,
  - b. The adequacy of the instructor's knowledge of the subject taught,
  - c. The use of appropriate teaching methods, and
  - d. The applicability or usefulness of the information provided; and
4. Provides continuing education participants with a certificate of attendance that meets the requirements at R4-8-206(D).

B. The Board shall approve a continuing education, without application under R4-8-409, if the continuing education is:

1. Approved by a licensing board of acupuncture in another state,
2. Provided by the Continuing Education Council of NCCAOM, or
3. Provided by a board-approved acupuncture or clinical training program.

### **R4-8-409. Application for Continuing Education Approval**

A. To obtain the Board's approval for a continuing education, the provider of the continuing education shall submit to the Board at least 45 days before teaching the continuing education:

1. A form, which is available from the Board, containing the following information:
  - a. Title of the continuing education;
  - b. Name and address of the continuing education provider;
  - c. Name, telephone and fax numbers of a contact person for the continuing education provider;
  - d. Date, time, and place at which the continuing education will be taught, if known;
  - e. Subject matter of the continuing education;
  - f. Method of instruction; and
  - g. Number of continuing education hours requested; and
2. The following documents:
  - a. Curriculum vitae of the continuing education instructor,
  - b. Objective of the continuing education,
  - c. Detailed outline of the continuing education,
  - d. Agenda for the continuing education showing the hours of instruction and the subject matter taught during each hour,
  - e. Method by which participants evaluate the continuing education, and
  - f. Certificate of attendance that meets the requirements at R4-8-206(D).

B. The provider of a continuing education that is not approved under R4-8-408(B) shall not advertise that the continuing education is approved by the Board until the Board acts on an application submitted under subsection (A).

C. The Board's approval of a continuing education is valid for one year unless there is a change in subject matter, instructor, or hours of instruction. At the end of one year or when there is a change in subject matter, instructor, or hours of instruction, the continuing education provider shall apply again for approval.

September 20, 2013

To: Charles Brown, Executive Director of the State of Arizona Physical Therapy Board

From: Sara Strawn Demeure PT, Member PT Board Director Dry Needling Study Group

First, I want to thank the PT Board for examining the issue of dry needling in the state of Arizona by physical therapists.

In brief, my background and involvement with dry needling is as follows: I became a practicing physical therapist in January of 1994 after graduating with a Master of Science Degree in Physical Therapy from the University of Central Arkansas. In 2007 I became board certified as an Orthopedic Clinical Specialist by the American Board of Physical Therapy Specialties (ABPTS). I initiated dry needling training in December of 2009, and since completed 107 hours of continuing education, primarily through Kinetacore Physical Therapy Education. I am one of two other physical therapists to my knowledge that have had complaints filed with both the State of Arizona Acupuncture Board of Examiners and the Arizona State Board of Physical Therapy by the Arizona Society of Oriental Medicine and Acupuncture (AZSOMA). Most recently, I am one of several physical therapists that has had a complaint filed by the Coalition of Arizona Acupuncture Safety (CAAS) as well. Both of these complaints claim, among other things, that I perform acupuncture illegally in the State of Arizona. The Arizona Physical Therapy Board dismissed the complaint filed by AZSOMA against me on May 22, 2012 upon initial review. No patients were, or are, involved in these complaints.

In response to the issues pressed by those in the acupuncture community in Arizona and nationally, other physical therapists and myself have worked with the Arizona Physical Therapy Association (AzPTA) to study the issue and form recommendations for a policy statement to the Arizona Physical Therapy Board. Finally, as noted above, I served as a study group member for the Acupuncture & Physical Therapy Director's Dry Needling Study Group.

Prior to my following discussion and thoughts on the material reviewed and discussed with the study group, I would like to make reference to several key documents that I have drawn from. I have enclosed a few of these documents for ease of reference and ensure availability. I encourage the PT Board members to read these documents in full.:

- 1) American Physical Therapy Association (APTA) Documents:
  - a. *Physical Therapist & the Performance of Dry Needling: An Educational Resource Paper* produced by the APTA Department of Practice and APTA State Government Affairs, January 2012

- b. *Description of Dry Needling in Clinical Practice: An Educational Resource Paper* produced by the APTA Public Policy, Practice, and Professional Affairs Unit, February 2013
- 2) *Dry Needling (Intramuscular Manual therapy) 3<sup>rd</sup> Edition Resource Paper* published July 17, 2012 by the Federation of State Boards of Physical Therapy
  - 3) Asian Medicine and Acupuncture Society of Arizona (AMASA) Position on Physical therapists and non- licensees using Dry Needling
  - 4) Council of Colleges of Acupuncture and Oriental Medicine: Position Paper on Dry Needling
  - 5) Letter submitted by Jan Dommerholt PT, DPT via email to Brandy Goodman Schwartz found in the 'April 1, 2013 Summary of Public Input on the Use of Dry Needling as of March 2013' \*enclosed here
  - 6) November 13, 2012 Letter to Justin Elliott re: Dry Needling Professional Liability Claims
  - 7) Continuation Education Course Evaluation & Approval Criteria of the AzPTA and of that of licensed acupuncturists in Arizona \*enclosed here
  - 8) National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) b 2013 Job Analysis Number of Acupuncturists Provided by State Licensing Boards \*enclosed here

From my assessment, physical therapists (PTs) in Arizona that utilize needling in their practice, have 1) not expanded our scope of care, 2) are not practicing acupuncture illegally, 3) are not endangering public safety 4) are not defrauding insurance or causing 'economic damage'. I discuss these points here.

#### 1) Re: Scope of Care

Physical therapists (PTs) have a long history of treating myofascial pain and trigger points. Dry needling of trigger points as learned by physical therapists evolved independently from an allopathic model (not the classic acupuncture model) by Dr. Janet Travell during the 1940s and beyond.

Dry needling is one tool used by PT's to address pain and neuromuscular dysfunction as we are educated to do in our profession. There is no use of Chinese/Oriental based theory or medical evaluation & treatment as in the profession of acupuncture. Physical therapists do not use dry needling to treat systemic disease or non-neuromusculoskeletal conditions such as fertility or depression. There is no expansion of scope of practice by a physical therapist that is using dry needling, as they are not treating any condition or patient they would not normally treat. Further it is position of the Federation of State Boards of Physical Therapy, the American Physical Therapy Association and the American Academy of Orthopedic Manual Physical Therapists that dry needling is within the scope of practice of adequately trained physical therapists.

*Acupuncture, defined: an originally Chinese practice of inserting fine needles through the skin at specific points especially to cure disease or relieve pain-Merriam Webster's definition*

*Dry needling (as defined for Physical Therapists): is a skilled intervention performed by a physical therapist (PT) that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular and connective tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments." AzPTA*

- a) *No correlation to acupuncture points is mentioned here*
- b) *Dry needling courses do not teach acupuncture points*
- c) *Neither of these definitions indicate that the treatment is limited to any one profession*

Acupuncture is a discipline; dry needling is a technique. Dry needling, like many other treatment techniques, is not in the exclusive scope of any discipline. A chiropractor or physical therapist, which employs manipulation or dry needling is practicing chiropractic or physical therapy, respectively. A tool or technique does not define the scope of practice, and no profession actually owns a skill or activity in and of itself. Overlap among professions is expected and necessary for access to high quality care.

The APTA Resource Paper, *Physical Therapist & the Performance of Dry Needling*, includes an analysis of the positions taken by various states on whether physical therapists should be allowed to perform dry needling. Virtually all states which have addressed the issue that do not specifically prohibit physical therapists from taking actions which "break the skin" have concluded that dry needling is within the scope of physical therapists' practice. To my knowledge, neither the Arizona legislature nor the PT Board has taken the position that physical therapists in Arizona can never use needles to break the skin.

Furthermore, 27 States have affirmed dry needling is within a physical therapist's scope of practice. With the exception of Georgia, the State Board determined this decision.

## 2) Re: Legal Practice of Dry Needling vs. Illegal Practice of Acupuncture

I would ask the PT Board to review the legal opinion in detail that I provided in 2012 in regards to the complaint filed against me by AZSOMA.

Those in the acupuncture community that oppose PTs dry needling would like the Arizona State Board of Physical Therapy to believe that the Acupuncture Board of Examiners is the only board in Arizona that can license persons to perform procedures like acupuncture, including dry needling. However, this is not the case. Indeed, while A.R.S. §32-2931.A states that individuals "cannot practice acupuncture without a license issued by the 'Acupuncture Board,'" A.R.S. §32-2931.B.1 states that "this chapter does not apply to healthcare professionals licensed pursuant to this title practicing within the scope of their license." Thus, the acupuncture statutes provide that healthcare professionals other than those licensed by the Acupuncture Board may perform acupuncture procedures if doing so is within the scope of their license.

From my review of the PT Board's regulations and applicable state law, I do not see that there are any specific provisions that directly provide that performing dry needling is beyond the scope of practice for physical therapists.

The practice of physical therapy is defined in Arizona in A.R.S. §32-2001.12 vary broadly to include, among other things, to mean: "(B) Alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions including: . . . (iii) manual therapy techniques; . . . (v) assistive and adaptive orthotic, prosthetic, protective and supporting devices and equipment; . . . (viii) physical agents or modalities and (ix) mechanical and electrotherapeutic modalities." I respectfully submit that dry needling falls within one or more of the above-referenced components of the practice of physical therapy.

Further, it is well accepted and known that physical therapists often use a variety of tools with their hands to implement care. It is well established that PTs in Arizona are also able to perform sharp debridement of wounds and needle electromyography and nerve conduction studies with the appropriate training.

### 3) Re: Public Safety

I agree that dry needling by physical therapists is an advanced clinical skill requiring specialized training beyond the formal education provided by the majority of schools. The advanced training in dry needling available to PTs, in addition to their educational degree, prepares them well to treat the public safely as evidenced by the information provided in the letter to Mr. Justin Elliot dated November 13, 2012 from Michael Loughran. This letter describes the data from CNA, the underwriting company for the APTA-endorsed physical therapy professional liability insurance plan, offered by Healthcare Providers Service Organization since 1992. This letter documents that of 'approximately 5,800 closed physical therapist claims, there were no trends relative to dry needling identified that would indicate this procedure presents a significant risk factor. The data indicates there are six closed claims arising from the practice of dry needling with a total indemnity paid for all claims of \$79,000.' Please compare this data to claims of other physical therapy interventions, which are taught in formal educational institutions, provided by the HPSO data that Charles Brown was able to obtain.

Considering the extent of PT education, currently a clinical doctoral degree of over 3,000 hours including cadaver dissection, we have intimate knowledge of human anatomy that allows us to administer needles to the soft tissues of the body in a very safe manner. From my understanding, in formal acupuncture educational training, anatomy knowledge is more of a superficial nature, and it is rare that a cadaveric anatomy course is included in their entry-level education. And in fact cadaveric anatomy is not included in the curriculum in acupuncture schools in Arizona.

To learn dry needling, a technique, within the context of PT discipline does not require another 2,000-3,000 hours of education as the acupuncture community states. Many hours of an Acupuncturist provider's education is focused on learning the meridians, acupuncture points and manipulation of a needle in those points for

disease and for pain relief. PTs do not perform acupuncture, so there is no need for education of the meridians and acupuncture points.

While a national standard of training & competency (for dry needling in PT practice) continues to evolve, as is common with newer procedures, a standard of practice has been well established by dry needling educators and those in the dry needling community. Further, the American Physical Therapy Association (APTA) has contributed to this standard of practice through its publications noted above. APTA resources have also informed me that dry needling will be present in the next revised edition of the *APTA's Guide to Physical Therapy Practice* in early 2014. For reference, the *Guide* was developed using expert consensus to identify common features of patient/client management by physical therapists for selected patient/client diagnostic groups. The *Guide* provides patient/client diagnostic classifications and identifies the array of current options for care.

Further regarding continuing education: There are noted differences in the requirements and approval process of continuing education course work between the acupuncture and physical therapy profession in the State of Arizona. However, the criteria for approval of continuing education either by the acupuncture board or by the AzPTA (state association of the APTA) are similar, and for some points even more exacting for the AzPTA. Please see the enclosed documents describing the criteria for each. I can personally attest that in my dry needling training, there was extensive attention paid to: clean needle technique/infection control parameters, specific education in regards to management of dry needling emergencies, precautions & contraindications to needling/patient selection, patient education & communication and point identification based on anatomy.

I would like to draw attention to the entirety of the written submission from Dr. Jan Dommerholt (see enclosed). Though members of the acupuncture community attempt to discredit Jan Dommerholt PT, DPT, as he is a continuing education provider of dry needling to physical therapists and other health care professionals, he is considered one of the world experts on the topic of myofascial pain, trigger points, and dry needling. Dr. Dommerholt has published four books on the topic of myofascial pain and dry needling, and has published close to 80 papers in the scientific literature. In this letter he describes his recent study:

"Recently, we submitted a prospective study of the adverse events associated with dry needling by physical therapists, who have completed my dry needling training in Ireland. The training consists of 64 hours. There were no significant adverse events in 7,629 dry needling treatments offered by physical therapists. The risk of a significant adverse event for dry needling by PTs was calculated to be 0.04%, which is considerably lower than the risk of taking ibuprofen (Brady S, McEvoy J, Dommerholt J, Doody C: Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. Submitted).

Finally, PT is regulated in all 50 states. I would like to point out to the PT Board, and the public, that 6 states do not regulate acupuncture at all. These states include: Alaska, Kansas, North Dakota, Oklahoma, South Dakota and Wyoming. There is much argument from those in the acupuncture community that oppose PTs

dry needling re: safety and the PTs lack of knowledge re: acupuncture's 'forbidden points'. Jan Dommerholt PT, DPT addresses this topic specifically in his submitted letter that demonstrates the inconsistency voiced by the acupuncture profession in their argument and the controversy re: the very existence of forbidden points. I would challenge that if these points do exist, and are so dangerous, why wouldn't acupuncture have been regulated in all states long ago?

#### 4) Claims of defrauding insurance or causing economic damage

Physical therapists do not bill for acupuncture, since they do not provide acupuncture services. While there is no one-size-fits all billing approach for dry needling within the physical therapy profession, the profession and insurance companies are working collaboratively to address this.

In conclusion, in essence, I do not feel it necessary for the PT Board to address the issue of dry needling further than understanding this newer procedure within the physical therapy profession and across the scope of the health care continuum. However, given the concerns raised, and legal standpoint shared by the Acupuncture Board and its community, I do feel it is in the best interest of public safety, and the profession of physical therapy in Arizona for the PT Board to make a policy statement clarifying dry needling by physical therapy professionals in the State of Arizona.

Such a statement could define dry needling (DN) in PT practice, outline the educational requirements of this advanced clinical skill, and provide clarity as to who in the PT profession can provide DN intervention (i.e. PT, PTA). The Arizona Physical Therapy Association has made such a recommendation. I also would encourage the Board to consider that though dry needling is not currently taught in most entry level PT programs nationally, or in the State of Arizona, that will likely change over time. As per the FSBPT document noted above, Georgia State University, Mercer University, University of St. Augustine for Health Sciences, and the Army physical therapy program at Baylor already do include dry needling training. Other universities include yearly exposure lectures.

My final thoughts lead me to community impact. As a practitioner and as a health care consumer, I want for the public at large, my patients, my family and myself freedom of choice among health care practitioners that employ a variety of skill sets as applied to their profession. Dry needling by PTs in Arizona is not new, and should continue to be offered to the public in the state.

Dr. Dommerholt noted in his letter: "The Pew Health Commission Taskforce on Health Care Workforce Regulation emphasized that near-exclusive scopes of practice lead to unreasonable barriers to high-quality and affordable care (Finocchio LJ, Dower. C.M, McMahon T, Gagnola CM, Taskforce on Health Care Workforce Regulation: Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century, Pew Health Professions Commission: San Francisco, 1995). Rather than expending energy to stop dry needling by non-acupuncturists, it may be more productive to follow Amaro's advice and 'absorb the

philosophy and procedure of dry needling as an adjunct for musculoskeletal pain control' (Amaro JA: When acupuncture becomes "dry needling", in Acupunct Today. p. 33, 43, 2007)."

I appreciate the opportunity to serve on this study group. I commend both Charles Brown and Pete Gonzales for their joint effort in chairing.

Respectfully,

*Sara Strawn Demeure PT-*  
Sara Strawn Demeure PT, MSPT, OCS



**Jan Dommerholt, PT, DPT, MPS, DAAPM**  
President / CEO

**Robert D. Gerwin, MD, FAAN**  
Vice President

**Faculty**

**Katie Adams**  
LMT, CNMT, CMTPT

**Tracey Adler**  
DPT, OCS, CMTPT

**Lorenzo Copetti, PT**

**Julie Ann Day, PT**

**Joseph M Donnelly**  
PT, DHS, OCS, CMTPT

**Jules Hesse, PT**  
MTC, PhD

**Jennifer Flage Hobson PT,**  
DPT, MTC, CFC, CMTPT

**Mike Karegeannes**  
PT, MHSc, LAT, MTC CFC,  
CCTT, CTMPT

**Steve Kraus**  
PT, OCS, MTC,  
CCTT, CODN

**Michelle Layton**  
PT, DPT, OCS, MTC,  
FAAOMPT, CMTPT

**Jeffrey Mannheimer**  
PT, Ph.D, CCTT, CODN

**Johnson McEvoy, PT**  
MSc, DPT, MISCP, MCSP

**Shaun O'Connor**  
PT, CCTT

**Michael Ritchie, PT**  
Med, MCPA, FCAMPT  
CODN

**Giorgio Rucli, PT**

**Patricia Rudd, PT**  
DPT, CCTT

**Rob Stanborough**  
PT, DPT, MHSc, MTC  
CMTPT, FAAOMPT

**Larry Steinbeck**  
PT, ATC, MA, CMTPT

**Mark Strickland, PT**  
OCS, MTC, Cert MDT  
CFC, CCTT, CODN

**Andy Vleeming**  
PT, PHD

**Rick Wall**  
DVM, CMTPT

**Erik Wijtmans**  
PT, MTC, CMTPT, CGIMS

**Stewart Wild**  
LMT, CNMT, CMTPT

Arizona State Board of Physical Therapy  
ATTN: Public Comments on Dry Needling  
4205 North 7th Avenue, Suite 208  
Phoenix, AZ 85013

Sent via EMAIL to Brandy@GoodmanSchwartz.com

**Members of the Board:**

I would like to take the opportunity to submit several comments in regards to the practice of dry needling by physical therapists in Arizona. As a matter of introduction, I am a physical therapist licensed in the State of Maryland (License number 16428) and I am responsible for introducing the first dry needling courses to physical therapists and other healthcare providers in the United States in 1997 together with Dr. Robert Gerwin, MD. We have taught close to 300 dry needling courses in the US and abroad in many countries, including Israel, Taiwan, the Netherlands, Ireland, the UK, Spain, Italy, Chile, Brazil, among many others. I am considered one of the world experts on the topic of myofascial pain, trigger points, and dry needling, and I have published four books on the topic of myofascial pain and dry needling. The most recent book, "Trigger Point Dry Needling; An Evidenced and Clinical-Based Approach" was released in January 2013 by Churchill Livingstone. I have published close to 80 papers in the scientific literature.

I have reviewed the statements and letters the Board has made available following the October 2012 meeting, and noted that the arguments used against dry needling by physical therapists are generally flawed and deceptive. In my recent book, I have devoted an entire chapter to the misconceptions some individuals and (acupuncture) organizations are entering into the discussion. I will illustrate my thoughts on this subject with citations from previous testimonials.

1. I would like to start with addressing a testimony in which I am mentioned several times by name. In the section labeled "Public Comments Received by the Arizona State Board of Physical Therapy", pages 25-27, Ms. Tracy Soltesz, L.Ac., M.Ac. President of the Maryland Acupuncture Society, offers several inaccurate and misleading statements. I assume Ms. Soltesz made these statements to convince you that dry needling by physical therapists should not be approved as she suggested that "to approve such attempts to

**Myopain Seminars, LLC**

7830 Old Georgetown Road, Suite C-15, Bethesda, MD 20814-2440  
301.656.0220 (voice) – 301.654.0333 (fax) – info@myopainseminars.com  
www.myopainseminars.com

circumvent proper legislative and administrative law procedures will and already has caused injury to public health.” I will expand on the public safety argument in more detail under section 2.

Second, Ms. Soltesz stated that I have made false statements about the legality of dry needling in Maryland and she continues with a quote from one of my websites about the approval of trigger point injections by the Maryland Board of Physical Therapy Examiners. According to Ms. Soltesz, “trigger point injections has never been included in a physical therapist’s scope of practice in Maryland, and the statement by Myopain Seminars that it has been is an outright falsehood that can easily be identified by reading the scope of practice included in our State’s statutes.” For the record, the Maryland Board did approve trigger point injections by physical therapists. I recently learned that the actual approval was given in writing in 1994.

Third, Ms. Soltesz reported that “earlier this year, the Maryland Board of Physical Therapy Examiners attempted to promulgate regulations, drafted by a committee that Mr. Dommerholt chaired, regarding the practice of dry-needling.” For the record, I have never been invited to be on any committee of the Maryland Board and therefore, I certainly did not chair any such committee.

Fourth, Ms. Soltesz reported that “These regulation fell far short of the minimum standards that the Attorney General’s opinion required, and were not even equivalent to that which physicians must comply.” For the record, as reported in a letter from Joshua Auerbach, Assistant Attorney General and Principal Counsel to the Department of Health and Mental Hygiene in Maryland, dated November 29, 2012, “The Attorney General’s opinion does not suggest or assume that any particular number of hours of training should be required.”

Fifth, according to Ms. Soltesz, “the PT Board continues to refuse to police its licensees who are performing this procedure – some with as little as a three day weekend course and no previous training in invasive procedures.” Next, Ms. Soltesz suggested a cause and effect scenario when she reported, that “as a result, a young professional high school teacher has recently been severely injured by a Maryland physical therapist using dry-needling.” I am quite familiar with this particular case as the patient in question has communicated with me on numerous occasions and can assure you that 1) the PT Board is performing its duties to protect the public, and 2) there is no basis to attempt to link the two events.

Sixth, Ms. Soltesz reported that the “MAS feels strongly that more injuries such as this will be reported, should physical therapists be permitted to illegally perform acupuncture with subpar training simply because they have renamed the procedure in English words and claim that it is somehow different.” For the record, dry needling by physical therapists was approved in Maryland in 1984 and in 29 years, this is the very first complaint ever filed with the Maryland Board of Physical Therapy Examiners. Ms. Soltesz did not disclose that the

attorney lobbyist of the Maryland Acupuncture Society has urged the particular patient to notify multiple state boards, legislators, the Secretary of Health, and the Attorney General, among others, leaving others with the impression that the apparent focus of the Maryland Acupuncture Society is to capitalize on this event to promote their opinion that physical therapists who are using dry needling are indeed a public health hazard.

Of interest is also that Ms. Carol Kari, L.Ac, RN, who served as the President of the Maryland Acupuncture Society from 1992 to 1997 testified to the Maryland Secretary of Health in a letter dated September 13, 2012, that 1) "I have seen two physical therapists.... was so impressed with the additional help that I have taken 217 hours of continuing education at the Myopain Seminars program"; 2) "the issue of dry needling by physical therapists was debated in the acupuncture profession in the late 1980's"; 3) "in fact, I questioned the Maryland Board of Acupuncture at its meeting in November of 2009 about consumer complaints – they were not able to tell me of any"; 4) "Yes, both professions hold the same tool, a needle, but the physical therapists are not working from a perspective of acupuncture meridians or chi flow in the body."

Where Ms. Soltesz suggested that "those who may seek to turn this into merely a "turf war" willfully overlook the greater good for the health of our patients in the interest of their own profits," the former President of the MAS stated that "it seems to me this is just another "turf battle."

Given the many misrepresentations in the letter of Ms. Soltesz in her role as the current President of the Maryland Acupuncture Society, I would urge the Board to discard such letters and instead focus on the real issues at stake.

2. Multiple acupuncturists have commented on an alleged public health hazard that would be created by physical therapists using the dry needling technique. As the physical therapy board's main responsibility is to protect the public, statements that dry needling would threaten public safety in Arizona would deserve your attention if they were indeed valid concerns based on objective data, which is not the case.

Several comments addressed that physical therapists are not educated in "Clean Needle Technique." While this is a correct statement, it should be noted that although clean needle techniques are taught in all US schools of acupuncture, a close review of the US Clean Needle Technique Guidelines published by the National Acupuncture Foundation (2009) shows that the guidelines are not always consistent with Blood borne Pathogen Regulations (Standards - 29 CFR) published by the US Occupational Safety and Health Administration (United States Department of Labor) and with guidelines published by the US Centers for Disease Control and Prevention. All physical therapy students in the US have received extensive education in the Blood borne Pathogen Regulations (Standards – 29 CFR). The suggestion that invasive procedures would not be in the scope of physical therapy practice reveal a considerable lack of understanding of the physical therapist's

scope of practice as all physical therapists irrespective of whether they use dry needling techniques are trained in several invasive procedures.

Several acupuncturists suggested that their education would be superior to the education of physical therapists, a sentiment shared by the American Association of Acupuncture and Oriental Medicine (AAAOM). Unfortunately, these acupuncturists compare a discipline (acupuncture) to a technique (dry needling) and choose to ignore that to learn a technique within the context of another discipline does not require another 2,000-3,000 hours of education.

If the AAAOM would compare the discipline of acupuncture to the discipline of physical therapy, it would become obvious that the average number of hours of education in entry-level doctoral physical therapy programs in the US was 2676 in 2004, while according to the Council of Colleges of Acupuncture and Oriental Medicine, a professional acupuncture curriculum must consist of at least 1950 hours. Over 95% of the 212 physical therapy schools are entry-level doctoral programs.

The suggestion is made that the education – or perhaps more accurately, the lack of education - of physical therapists would create a public health hazard to the public. Yet, physical therapy education programs emphasize anatomical knowledge in much more depth than typical acupuncture schools. Detailed knowledge of anatomy should be one of the major regulatory concerns to protect patients undergoing dry needling procedures. Of interest is, that in acupuncture practice, anatomical knowledge is also the key aspect of safe needling. According to Peuker et al (Peuker ET, White A, Ernst E, Pera F, Filler TJ: Traumatic complications of acupuncture. Therapists need to know human anatomy. Arch. Fam. Med. 8(6): 553-8, 1999; Peuker E, Gronemeyer D: Rare but serious complications of acupuncture: traumatic lesions. Acupunct Med 19(2): 103-8, 2001), serious complications of acupuncture could have been avoided if acupuncturists had better anatomical knowledge. Post-graduate dry needling courses for physical therapists build on the knowledge and skills achieved during graduate physical therapy education.

Any discipline that used invasive approaches must acknowledge the risks of such interventions and physical therapy and acupuncture are no exceptions: “Even the most knowledgeable acupuncturist, who needles every point with full consideration of size and constitution of their patient and perfect needle depths, can still be at risk of a pneumothorax occurring” (The Luo Down, Spring Issue, March 2009 by Joanne Neville, Clinic Director of the Southwest Acupuncture College).

Recently, we submitted a prospective study of the adverse events associated with dry needling by physical therapists, who have completed my dry needling training in Ireland. The training consists of 64 hours. There were no significant adverse events in 7,629 dry needling treatments offered by physical therapists. The risk of a significant adverse event for dry needling by PTs was calculated to be 0.04%, which is considerably lower than the

risk of taking ibuprofen (Brady S, McEvoy J, Dommerholt J, Doody C: Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. Submitted).

3. Ms. Valerie Hobbs suggested in her testimony that
  - a. A court in Oregon had overruled the board in allowing physical therapists to use dry needling. This is a misrepresentation. The courts in Oregon have never issued any such statement to the Board of Physical Therapy, or to individual physical therapists. The court did issue such a statement to chiropractors in Oregon.
  - b. Physical therapists are redefining acupuncture. This is another misrepresentation. Ms. Hobbs has made the same statement in the position statement she drafted for the Council of Colleges of Acupuncture and Oriental Medicine, in which she stated that “A recent trend in the expansion in the scopes of practice of western trained health professionals to include “dry needling” has resulted in redefining acupuncture and re-framing acupuncture techniques in western biomedical language. Advancement and integration of medical technique across professions is a recognized progression. However, the aspirations of one profession should not be used to redefine another established profession.” In the same position statement, she also alleged that “Jan Dommerholt [that is me...] has published extensively on the technique and teaches dry needling to both western trained health professionals and licensed acupuncturists, but his teaching has been focused on the profession of Physical Therapy (PT). He argues that dry needling is a new emerging western technique described in western scientific terms. He is also attempting to redefine acupuncture based solely on eastern esoteric concepts.” The argument that I attempt to redefine acupuncture has no validity. The majority of acupuncture statues in the United States define acupuncture as “Oriental Health.”

Acupuncturists who have attended dry needling workshops offered by Myopain Seminars in Bethesda, MD agree unanimously that they have never before been exposed to the concepts of dry needling, which is consistent with the AAAOM Task Force of Inter-Professional Standards statement that “it is well established that Acupuncture and Oriental Medicine consists of physiological paradigms, diagnostic methods, and treatment applications that are distinctly independent and different from western medicine.”

- c. Dry needling of trigger points within the context of physical therapy evolved entirely out of the work on trigger points by Dr. Janet Travell during the 1940s and beyond, who never considered the practice and concepts of acupuncture, nor was she aware of any previous medical descriptions of trigger point phenomena. In the position statement, Ms. Hobbs suggested that Dr. Travell knowingly redefined acupuncture,

when she stated, that “Dr. Travell herself had contact with acupuncturists and chiropractors interested in acupuncture in the Los Angeles area in the 1980s. Dr. Mark Seem, author of *A New American Acupuncture* discussed the similarity of their techniques in the 1990s.” For the record, Travell’s interactions with acupuncturists did occur after acupuncturists like Dr. Mark Seem contacted her upon reading her textbook, which was published in 1983. In Dr. Seem’s own word “the next stage in my own development of a myofascial style of meridian-based acupuncture was my encounter with the work of Dr. Janet Travell.” Even if Travell had studied acupuncture techniques, since when are different disciplines not allowed learning from each other? Acupuncturist Amaro recommended in 2007 in his column in *Acupuncture Today* that practitioners of acupuncture “absorb the philosophy and procedure of dry needling as an adjunct for musculoskeletal pain control.”

- d. In her testimony to the Arizona Board, Ms. Hobbs stated that “acupuncture does incorporate biomedicine.” In other words, acupuncture practice may be incorporating biomedical concepts, but physical therapists would be prohibited from using techniques that may have been already described in the acupuncture literature although Travell had absolutely no knowledge of this body of literature. I am sure that the vast majority of physical therapists using dry needling techniques are not familiar with acupuncture and do not hold themselves out to be practicing acupuncture.

The perspective of acupuncturists that other healthcare providers are attempting to redefine acupuncture seems to deny the notion of original thought in the Western world. It is a fact that acupuncture-like therapies have been developed independently in different civilizations around the world. The concepts of TrPs and dry needling were developed independently of already existing acupuncture concepts. Similarly, electro-acupuncture was developed in China in 1934, but Duchenne developed electro-therapy as early as 1855. Would that imply that acupuncturists in China were practicing Western physical therapy or medicine when they only changed the kind of electrodes? Or, which is much more likely, perhaps they developed the same treatment strategies independent of developments earlier in Europe.

4. Mr. Williamson and Mr. John Rhodes raised a common concern that dry needling by physical therapists would constitute a “recipe for disaster.” As the record reveals, Mr. Williamson discussed his concern with severe contraindications for certain points and the ability to endanger patients and unborn children if the wrong points are used. Mr. Williamson even questioned the implication of malpractice. For the record, Mr. Williamson cannot be considered an expert in the field as he “is studying towards a master in oriental medicine.”

I have testified in several states around the country and the notion of so-called forbidden point was first raised as a public health concern in 2006 by the Acupuncture Society of Virginia. In acupuncture practice, it was and in some cases continues to be a belief, that these forbidden points would be a contraindication in pregnant women, as they might be abortifacient.

Ms. Valerie Hobbs, who described herself as “a specialist in OB-Gyn and infertility (The Luo Down, Spring Issue March 2010, a publication of the Southwest Acupuncture College), offered a fairly conclusive statement on this issue:

“A search of peer-reviewed scientific studies doesn't unearth a single study that points to any increased risk from the use of acupuncture in pregnancy or labor. A 2002 study conducted at the Women's & Children's Hospital at Adelaide University in Australia on the safety of acupuncture for nausea in early pregnancy verified that there is no increased risk of congenital anomalies, miscarriage, stillbirth, placental abruption, pregnancy-induced hypertension, preeclampsia, premature birth, or normal measures of neonatal health (such as maturity or birth weight) when women receive acupuncture during pregnancy” ([http://www.babycenter.com/406\\_is-acupuncture-safe-during-pregnancy\\_1246184.bc](http://www.babycenter.com/406_is-acupuncture-safe-during-pregnancy_1246184.bc); accessed February 25, 2013).

The origins of the notion of forbidden points are somewhat obscure, but generally thought to be the Yellow Emperor's Book of Acupuncture, the Systematic Classic of Acupuncture and Moxibustion, and the Classic of Difficult Issues (Guerreiro da Silva AV, Uchiyama Nakamura M, Guerreiro da Silva JB: 'Forbidden points' in pregnancy: do they exist? *Acupunct Med* 29: 135-136, 2011). Forbidden points are alleged to be dangerous and often these points are remote from the low back, abdomen, and pelvic area. In spite of traditional points of view, systemic reviews and randomized controlled studies of inducing labor with acupuncture are inconclusive and do not support the concept of forbidden points (Cummings M: 'Forbidden points' in pregnancy: no plausible mechanism for risk. *Acupunct Med* 29: 140-142, 2011). If it were that easy to induce labor by needling, it would seem that abortion clinics would incorporate needling of these points into their practices. Ms. Hobbs got it right on this one.

Dry needling is a treatment technique practiced around the globe by numerous healthcare disciplines, including allopathic, osteopathic, naturopathic, podiatric, veterinary, and also chiropractic medicine, acupuncture, physical therapy, dentistry and massage therapy, among others, dependent upon the country and local jurisdictional regulations. Dry needling, like many other treatment techniques, is not in the exclusive scope of any discipline. A chiropractor or physical therapist, who employs dry needling is practicing chiropractic or physical therapy, respectively. A technique does not define the scope of practice and no profession actually owns a skill or activity in and of itself. The American Physical Therapy Association has published two resource papers on dry needling.

In summary, US acupuncture organizations and individual acupuncturists oppose dry needling by physical therapists citing public safety and lack of education, among others. Recently, similar concerns were raised in Australia (Janz S, Adams JH: Acupuncture by another name: dry needling in Australia. *Aust J Acupunct Chin Med* 6(2): 3-11, 2011), but in most other countries where physical therapists use dry needling techniques, acupuncturists have not attempted to interfere with similar scope of practice issues. It must be understood that dry needling techniques are within the scope of practice of many disciplines, including acupuncture, and statements suggesting otherwise are erroneous and counterproductive. Many of the controversies are based on a profound lack of understanding of the nature, depth of knowledge, and scope of other disciplines, turf behavior, and perceived economic impact. Recently, the Mississippi Attorney General issued two legal opinions on dry needling by physical therapists. In both opinions, the Attorney General emphasized that

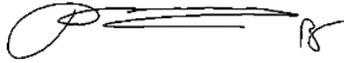
“ it is the opinion of this office that the Physical Therapy Board acted within the scope of its authority when promulgating the proposed rule including the use of needles for therapeutic treatment as a technique within the scope of the statutory definition of the practice of physical therapy. Likewise it is our office's opinion that there is no indication that the Physical Therapy Board acted unreasonably such that we could conclude that it acted beyond its-statutory authority. For these reasons, we affirm our prior opinion in MS AG Op, Moore (September 10, 2012).”

Within the context of acupuncture, dry needling may well be similar to needling of Ashi points, but in the context of medicine, chiropractic, veterinary medicine, dentistry and physical therapy, dry needling is nothing but an extension of trigger point injections initiated by Dr. Janet Travell. Physical therapists need to understand the depth of current acupuncture practice; acupuncturists need to realize that dry needling by other disciplines does not pose any threat to acupuncture and to the public at large.

The Pew Health Commission Taskforce on Health Care Workforce Regulation emphasized that near-exclusive scopes of practice lead to unreasonable barriers to high-quality and affordable care (Finocchio LJ, Dower. C.M, McMahon T, Gragnola CM, Taskforce on Health Care Workforce Regulation: Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century, Pew Health Professions Commission: San Francisco, 1995). Rather than expending energy to stop dry needling by non-acupuncturists, it may be more productive to follow Amaro's advice and 'absorb the philosophy and procedure of dry needling as an adjunct for musculoskeletal pain control' (Amaro JA: When acupuncture becomes "dry needling", in *Acupunct Today*. p. 33, 43, 2007).

I will not be able to attend the next meeting about dry needling in Arizona, but I am available for further consultation. I have testified in numerous states on this subject. Unfortunately, the same flawed arguments and deceptions are offered again and again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jan Dommerholt', with a stylized flourish at the end.

Jan Dommerholt, PT, DPT  
President, Myopain Seminars  
President, Bethesda Physiocare



### NCCAOM® 2013 Job Analysis Number of Acupuncturists Provided by State Licensing Boards

The NCCAOM obtained a list of all licensed acupuncturists from each state between July and December 2012. An invitation to participate in the 2013 NCCAOM Job Analysis Survey was sent to all licensed acupuncturists in each state. NCCAOM selected participants based on a psychometrically sound sampling of NCCAOM Diplomates and licensed acupuncturists.

State	# of Licensed Acupuncturists
AK	111
AL*	15
AZ	526
AR	28
CA	10170
CO	1140
CT	339
DE	21
DC	134
FL	2022
GA	293
HI**	172
ID	146
IL	757
IN	94
IA	49
KS*	42
KY	29
LA	71
ME	171
MD	927
MA	922
MI	68
MN	455
MS	6
MO	118
MT	152
NE	16
NV	40
NH	98

State	# of Licensed Acupuncturists
NJ	809
NM	617
NC	457
ND	11
NY**	1468
OH	199
OK*	29
OR	868
PA	518
RI	153
SC	121
SD*	11
TN	150
TX	1004
VI	3
UT	66
VT	160
VA	544
WA	1169
WV	60
WI	194
WY*	26
<b>TOTAL</b>	<b>27835</b>

\*States without an acupuncture licensing board, NCCAOM Diplomat numbers used.

\*\*States unable to provide data for legal reasons, NCCAOM Diplomat numbers used; therefore, the number of practitioners in those states are underrepresented.

September 20, 2013

To: Charles Brown, Executive Director of the State of Arizona Physical Therapy Board

From: Sara Strawn Demeure PT, Member PT Board Director Dry Needling Study Group

First, I want to thank the PT Board for examining the issue of dry needling in the state of Arizona by physical therapists.

In brief, my background and involvement with dry needling is as follows: I became a practicing physical therapist in January of 1994 after graduating with a Master of Science Degree in Physical Therapy from the University of Central Arkansas. In 2007 I became board certified as an Orthopedic Clinical Specialist by the American Board of Physical Therapy Specialties (ABPTS). I initiated dry needling training in December of 2009, and since completed 107 hours of continuing education, primarily through Kinetacore Physical Therapy Education. I am one of two other physical therapists to my knowledge that have had complaints filed with both the State of Arizona Acupuncture Board of Examiners and the Arizona State Board of Physical Therapy by the Arizona Society of Oriental Medicine and Acupuncture (AZSOMA). Most recently, I am one of several physical therapists that has had a complaint filed by the Coalition of Arizona Acupuncture Safety (CAAS) as well. Both of these complaints claim, among other things, that I perform acupuncture illegally in the State of Arizona. The Arizona Physical Therapy Board dismissed the complaint filed by AZSOMA against me on May 22, 2012 upon initial review. No patients were, or are, involved in these complaints.

In response to the issues pressed by those in the acupuncture community in Arizona and nationally, other physical therapists and myself have worked with the Arizona Physical Therapy Association (AzPTA) to study the issue and form recommendations for a policy statement to the Arizona Physical Therapy Board. Finally, as noted above, I served as a study group member for the Acupuncture & Physical Therapy Director's Dry Needling Study Group.

Prior to my following discussion and thoughts on the material reviewed and discussed with the study group, I would like to make reference to several key documents that I have drawn from. I have enclosed a few of these documents for ease of reference and ensure availability. I encourage the PT Board members to read these documents in full.:

- 1) American Physical Therapy Association (APTA) Documents:
  - a. *Physical Therapist & the Performance of Dry Needling: An Educational Resource Paper* produced by the APTA Department of Practice and APTA State Government Affairs, January 2012

- b. *Description of Dry Needling in Clinical Practice: An Educational Resource Paper* produced by the APTA Public Policy, Practice, and Professional Affairs Unit, February 2013
- 2) *Dry Needling (Intramuscular Manual therapy) 3<sup>rd</sup> Edition Resource Paper* published July 17, 2012 by the Federation of State Boards of Physical Therapy
- 3) Asian Medicine and Acupuncture Society of Arizona (AMASA) Position on Physical therapists and non- licensees using Dry Needling
- 4) Council of Colleges of Acupuncture and Oriental Medicine: Position Paper on Dry Needling
- 5) Letter submitted by Jan Dommerholt PT, DPT via email to Brandy Goodman Schwartz found in the 'April 1, 2013 Summary of Public Input on the Use of Dry Needling as of March 2013' \*enclosed here
- 6) November 13, 2012 Letter to Justin Elliott re: Dry Needling Professional Liability Claims
- 7) Continuation Education Course Evaluation & Approval Criteria of the AzPTA and of that of licensed acupuncturists in Arizona \*enclosed here
- 8) National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) b 2013 Job Analysis Number of Acupuncturists Provided by State Licensing Boards \*enclosed here

From my assessment, physical therapists (PTs) in Arizona that utilize needling in their practice, have 1) not expanded our scope of care, 2) are not practicing acupuncture illegally, 3) are not endangering public safety 4) are not defrauding insurance or causing 'economic damage'. I discuss these points here.

#### 1) Re: Scope of Care

Physical therapists (PTs) have a long history of treating myofascial pain and trigger points. Dry needling of trigger points as learned by physical therapists evolved independently from an allopathic model (not the classic acupuncture model) by Dr. Janet Travell during the 1940s and beyond.

Dry needling is one tool used by PT's to address pain and neuromuscular dysfunction as we are educated to do in our profession. There is no use of Chinese/Oriental based theory or medical evaluation & treatment as in the profession of acupuncture. Physical therapists do not use dry needling to treat systemic disease or non-neuromusculoskeletal conditions such as fertility or depression. There is no expansion of scope of practice by a physical therapist that is using dry needling, as they are not treating any condition or patient they would not normally treat. Further it is position of the Federation of State Boards of Physical Therapy, the American Physical Therapy Association and the American Academy of Orthopedic Manual Physical Therapists that dry needling is within the scope of practice of adequately trained physical therapists.

*Acupuncture, defined: an originally Chinese practice of inserting fine needles through the skin at specific points especially to cure disease or relieve pain-Merriam Webster's definition*

*Dry needling (as defined for Physical Therapists): is a skilled intervention performed by a physical therapist (PT) that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular and connective tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments." AzPTA*

- a) No correlation to acupuncture points is mentioned here*
- b) Dry needling courses do not teach acupuncture points*
- c) Neither of these definitions indicate that the treatment is limited to any one profession*

Acupuncture is a discipline; dry needling is a technique. Dry needling, like many other treatment techniques, is not in the exclusive scope of any discipline. A chiropractor or physical therapist, which employs manipulation or dry needling is practicing chiropractic or physical therapy, respectively. A tool or technique does not define the scope of practice, and no profession actually owns a skill or activity in and of itself. Overlap among professions is expected and necessary for access to high quality care.

The APTA Resource Paper, *Physical Therapist & the Performance of Dry Needling*, includes an analysis of the positions taken by various states on whether physical therapists should be allowed to perform dry needling. Virtually all states which have addressed the issue that do not specifically prohibit physical therapists from taking actions which "break the skin" have concluded that dry needling is within the scope of physical therapists' practice. To my knowledge, neither the Arizona legislature nor the PT Board has taken the position that physical therapists in Arizona can never use needles to break the skin.

Furthermore, 27 States have affirmed dry needling is within a physical therapist's scope of practice. With the exception of Georgia, the State Board determined this decision.

## 2) Re: Legal Practice of Dry Needling vs. Illegal Practice of Acupuncture

I would ask the PT Board to review the legal opinion in detail that I provided in 2012 in regards to the complaint filed against me by AZSOMA.

Those in the acupuncture community that oppose PTs dry needling would like the Arizona State Board of Physical Therapy to believe that the Acupuncture Board of Examiners is the only board in Arizona that can license persons to perform procedures like acupuncture, including dry needling. However, this is not the case. Indeed, while A.R.S. §32-2931.A states that individuals "cannot practice acupuncture without a license issued by the 'Acupuncture Board,'" A.R.S. §32-2931.B.1 states that "this chapter does not apply to healthcare professionals licensed pursuant to this title practicing within the scope of their license." Thus, the acupuncture statutes provide that healthcare professionals other than those licensed by the Acupuncture Board may perform acupuncture procedures if doing so is within the scope of their license.

From my review of the PT Board's regulations and applicable state law, I do not see that there are any specific provisions that directly provide that performing dry needling is beyond the scope of practice for physical therapists.

The practice of physical therapy is defined in Arizona in A.R.S. §32-2001.12 vary broadly to include, among other things, to mean: "(B) Alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions including: . . . (iii) manual therapy techniques; . . . (v) assistive and adaptive orthotic, prosthetic, protective and supporting devices and equipment; . . .(viii) physical agents or modalities and (ix) mechanical and electrotherapeutic modalities." I respectfully submit that dry needling falls within one or more of the above-referenced components of the practice of physical therapy.

Further, it is well accepted and known that physical therapists often use a variety of tools with their hands to implement care. It is well established that PTs in Arizona are also able to perform sharp debridement of wounds and needle electromyography and nerve conduction studies with the appropriate training.

### 3) Re: Public Safety

I agree that dry needling by physical therapists is an advanced clinical skill requiring specialized training beyond the formal education provided by the majority of schools. The advanced training in dry needling available to PTs, in addition to their educational degree, prepares them well to treat the public safely as evidenced by the information provided in the letter to Mr. Justin Elliot dated November 13, 2012 from Michael Loughran. This letter describes the data from CNA, the underwriting company for the APTA-endorsed physical therapy professional liability insurance plan, offered by Healthcare Providers Service Organization since 1992. This letter documents that of 'approximately 5,800 closed physical therapist claims, there were no trends relative to dry needling identified that would indicate this procedure presents a significant risk factor. The data indicates there are six closed claims arising from the practice of dry needling with a total indemnity paid for all claims of \$79,000.' Please compare this data to claims of other physical therapy interventions, which are taught in formal educational institutions, provided by the HPSO data that Charles Brown was able to obtain.

Considering the extent of PT education, currently a clinical doctoral degree of over 3,000 hours including cadaver dissection, we have intimate knowledge of human anatomy that allows us to administer needles to the soft tissues of the body in a very safe manner. From my understanding, in formal acupuncture educational training, anatomy knowledge is more of a superficial nature, and it is rare that a cadaveric anatomy course is included in their entry-level education. And in fact cadaveric anatomy is not included in the curriculum in acupuncture schools in Arizona.

To learn dry needling, a technique, within the context of PT discipline does not require another 2,000-3,000 hours of education as the acupuncture community states. Many hours of an Acupuncturist provider's education is focused on learning the meridians, acupuncture points and manipulation of a needle in those points for

disease and for pain relief. PTs do not perform acupuncture, so there is no need for education of the meridians and acupuncture points.

While a national standard of training & competency (for dry needling in PT practice) continues to evolve, as is common with newer procedures, a standard of practice has been well established by dry needling educators and those in the dry needling community. Further, the American Physical Therapy Association (APTA) has contributed to this standard of practice through its publications noted above. APTA resources have also informed me that dry needling will be present in the next revised edition of the *APTA's Guide to Physical Therapy Practice* in early 2014. For reference, the *Guide* was developed using expert consensus to identify common features of patient/client management by physical therapists for selected patient/client diagnostic groups. The *Guide* provides patient/client diagnostic classifications and identifies the array of current options for care.

Further regarding continuing education: There are noted differences in the requirements and approval process of continuing education course work between the acupuncture and physical therapy profession in the State of Arizona. However, the criteria for approval of continuing education either by the acupuncture board or by the AzPTA (state association of the APTA) are similar, and for some points even more exacting for the AzPTA. Please see the enclosed documents describing the criteria for each. I can personally attest that in my dry needling training, there was extensive attention paid to: clean needle technique/infection control parameters, specific education in regards to management of dry needling emergencies, precautions & contraindications to needling/patient selection, patient education & communication and point identification based on anatomy.

I would like to draw attention to the entirety of the written submission from Dr. Jan Dommerholt (see enclosed). Though members of the acupuncture community attempt to discredit Jan Dommerholt PT, DPT, as he is a continuing education provider of dry needling to physical therapists and other health care professionals, he is considered one of the world experts on the topic of myofascial pain, trigger points, and dry needling. Dr. Dommerholt has published four books on the topic of myofascial pain and dry needling, and has published close to 80 papers in the scientific literature. In this letter he describes his recent study:

“Recently, we submitted a prospective study of the adverse events associated with dry needling by physical therapists, who have completed my dry needling training in Ireland. The training consists of 64 hours. There were no significant adverse events in 7,629 dry needling treatments offered by physical therapists. The risk of a significant adverse event for dry needling by PTs was calculated to be 0.04%, which is considerably lower than the risk of taking ibuprofen (Brady S, McEvoy J, Dommerholt J, Doody C: Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. Submitted).

Finally, PT is regulated in all 50 states. I would like to point out to the PT Board, and the public, that 6 states do not regulate acupuncture at all. These states include: Alaska, Kansas, North Dakota, Oklahoma, South Dakota and Wyoming. There is much argument from those in the acupuncture community that oppose PTs

dry needling re: safety and the PTs lack of knowledge re: acupuncture's 'forbidden points'. Jan Dommerholt PT, DPT addresses this topic specifically in his submitted letter that demonstrates the inconsistency voiced by the acupuncture profession in their argument and the controversy re: the very existence of forbidden points. I would challenge that if these points do exist, and are so dangerous, why wouldn't acupuncture have been regulated in all states long ago?

#### 4) Claims of defrauding insurance or causing economic damage

Physical therapists do not bill for acupuncture, since they do not provide acupuncture services. While there is no one-size-fits all billing approach for dry needling within the physical therapy profession, the profession and insurance companies are working collaboratively to address this.

In conclusion, in essence, I do not feel it necessary for the PT Board to address the issue of dry needling further than understanding this newer procedure within the physical therapy profession and across the scope of the health care continuum. However, given the concerns raised, and legal standpoint shared by the Acupuncture Board and its community, I do feel it is in the best interest of public safety, and the profession of physical therapy in Arizona for the PT Board to make a policy statement clarifying dry needling by physical therapy professionals in the State of Arizona.

Such a statement could define dry needling (DN) in PT practice, outline the educational requirements of this advanced clinical skill, and provide clarity as to who in the PT profession can provide DN intervention (i.e. PT, PTA). The Arizona Physical Therapy Association has made such a recommendation. I also would encourage the Board to consider that though dry needling is not currently taught in most entry level PT programs nationally, or in the State of Arizona, that will likely change over time. As per the FSBPT document noted above, Georgia State University, Mercer University, University of St. Augustine for Health Sciences, and the Army physical therapy program at Baylor already do include dry needling training. Other universities include yearly exposure lectures.

My final thoughts lead me to community impact. As a practitioner and as a health care consumer, I want for the public at large, my patients, my family and myself freedom of choice among health care practitioners that employ a variety of skill sets as applied to their profession. Dry needling by PTs in Arizona is not new, and should continue to be offered to the public in the state.

Dr. Dommerholt noted in his letter: "The Pew Health Commission Taskforce on Health Care Workforce Regulation emphasized that near-exclusive scopes of practice lead to unreasonable barriers to high-quality and affordable care (Finocchio LJ, Dower. C.M, McMahon T, Gragnola CM, Taskforce on Health Care Workforce Regulation: Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century, Pew Health Professions Commission: San Francisco, 1995). Rather than expending energy to stop dry needling by non-acupuncturists, it may be more productive to follow Amaro's advice and 'absorb the

philosophy and procedure of dry needling as an adjunct for musculoskeletal pain control' (Amaro JA: When acupuncture becomes "dry needling", in Acupunct Today. p. 33, 43, 2007)."

I appreciate the opportunity to serve on this study group. I commend both Charles Brown and Pete Gonzales for their joint effort in chairing.

Respectfully,

Sara Strawn Demeure PT, MSPT, OCS

## Comments by Patricia E. Martin

For distribution to Chuck Brown and the Acu. Bd. members:

I am Patricia E. Martin, Licensed Acupuncturist in Arizona and Florida; I am a Board Member of the Arizona Acupuncture Board of Examiners, and I am a member of the so-called study group consisting of three members of the general population of the Arizona Licensed Physical Therapists and three members of the Arizona Acupuncture Board of Examiners (note: the three Physical Therapists are not members of their State Regulatory Board). The purpose of the study group is/was to attempt to communicate with the intent of addressing concerns the Acupuncture profession has with members of the Physical Therapy (P.T.) profession's performing a type of acupuncture which the P.T.s call 'dry needling'. The members of the Acupuncture community conclude it is outside of the P.T. scope of practice and is, therefore, illegal.

I am presenting this document to the so-called study group at the third, and most likely, final meeting of the group. I refer to it as a 'so-called' study group because there has been little to no agreement on anything, from my perspective and that of others (it is a meeting open to the public); it's been contentious and disputatious with a great deal of grandstanding from the P.T. members. Further substantiation of such is presented below.

I am also writing this with the thought it may be presented to legislators or in court, should the need arise or the action appropriate.

Up to this time, we have had one meeting in June, attended by three Acupuncture Board Members and two P.T.s, and one meeting in July, attended by two Acupuncture Board Members and three P.T.s. (Addendum: The September meeting again had only two P.T.s; the one missing in the first meeting also missed the third/final meeting.)

Charles Brown, Executive Director of the P.T. Board, has said he will assimilate the data from these meetings and present his thoughts and suggestions to the P.T. Board at its September 24<sup>th</sup> meeting. I want to be sure my input is clear to him

for inclusion in his presentation, as I have, thus far, only been successful in establishing, in the June meeting, that the 'tool' being used by P.T.s for what they claim is not acupuncture is indeed an acupuncture needle, in that it is stated as such on the box containing such 'tools'; and, in the July meeting I was granted only ten minutes (at 6:50 p.m. when we had been scheduled to adjourn at 7 p.m.) to make my presentation of my assignment for the planned two-hour meeting.

Since there has been no agreement on anything that I can discern, I am now putting forth my specific areas of concern and the proposals for the resolution of them, as regards this study group and the issue at hand.

1. Public safety is my first and foremost concern. The P.T.s' lack of education, lack of training, lack of ethics and continued arrogance regarding the possibility and great likelihood of unexpected and dangerous outcomes is just abhorrent and unacceptable. They totally ignore thousands of years of Asian medical knowledge about safe practices. The public is greatly at risk of this acupuncture procedure being performed by P.T.s!

2. Dry needling is not within the scope of practice of P.T. The P.T. Board, when repeatedly asked to identify such a location within their statute, has never yet identified such a location.

3. P.T.s are not trained in dry needling in their schooling as part of their basic education to become a P.T. Thus, any 'continuing education unit (CEU)' course is not a continuation of anything. Thus, these courses should not be permitted on the basis of 'continued education'; it is a) brand new training in a procedure which is b) outside the legal scope of practice, and is c) woefully inadequate in its seminars, putting the public at risk.

4. The insurance coding used by P.T.s for dry needling is as 'manual therapy.' That is a stretch of the imagination, at best; needling...the puncturing of the skin...an invasive procedure, is far beyond 'manual' therapy! This is defrauding the insurance industry. And, is outside the scope of their statutory practice.

5. It appears from my personal perspective that the P.T. Board is negligent in oversight and regulation of licensees in its ongoing overlooking and dismissing of

multiple complaints before their Board regarding their licensees practicing outside the legal scope of their practice.

6. Again, from my point of view, the P.T. Board is negligent in oversight and regulation of Continuing Education Unit (CEU) courses, abrogating the responsibility to state and national professional associations which have no responsibility for regulating the statutory practice of P.T. Sponsors and presenters of such courses have the primary purpose of making money, not regulating the profession.

7. The competency of P.T.s in their performance of dry needling is ethically and professionally incompetent. A three-day, 24-and-a- $\frac{1}{2}$ -hour seminar (versus four years for Licensed Acupuncturists) with eleven hours of actual needle training is dangerous. There are many, many points acknowledged within the legitimate practice of acupuncture as forbidden, or not permissible during certain conditions such as pregnancy. The members of the study group adamantly ignore any knowledge of these points, any need to know them, and any need for additional education to learn them, all this despite multiple studies showing that as many as 93 percent of dry needling points are at the same locations as known acupuncture points. Repeated attempts have been made in this study group to advise them of such dangers.

The P.T.s in this study group have continued to deny any possibility of risky outcomes due to their lack of knowledge. Perhaps they should seek out volunteers amongst their own colleagues who are pregnant or have heart problems or kidney disease and perform dry needling on them to do their own research on the unintended outcomes of dry needling; who would really step up and agree to put their own pregnancy at risk after being given truthful informed consent? Those of us who are professional acupuncturists know that miscarriage or heart or kidney failures can occur with the improper use of acupuncture needles.

It was clearly stated, frequently, in this study group, that P.T.s would likely never know that their actions were causative factors in such situations, as it is not generally known outside the professional acupuncture community that they can occur. Therefore, if a woman should present to a hospital in the midst of a miscarriage, she may not think to say she had had dry needling recently, and even

if she did offer that information, it is very unlikely the medical practitioner in the hospital would know to connect that information to the fact of the miscarriage.

8. The Arizona State legislature has a history of taking care to authorize certain medical practitioners to puncture the skin; P.T.s have never been included.

9. An acupuncture needle is not used by any other profession for any other purpose than acupuncture, anywhere in the world. Therefore, the use of an acupuncture needle is acupuncture, and therefore absolutely not within the scope of practice of P.T.s. One cannot sew with it, nor pin up long hair, nor embroider with it, nor string beads to make jewelry. If it's an acupuncture needle, then it must, by definition, be acupuncture! A rose by any other name is still a rose; therefore, the use of an acupuncture needle must be . . . acupuncture.

10. Dry needling is based on the Travell and Simon book on trigger point therapy which defines dry needling as using a hypodermic needle with no solution in it. Originally, the hypodermic needle was used to inject some substance into what they called trigger points, but it was found that the use of the needle even without a substance could elicit the same response being sought. Thus, the term became 'dry needling' as opposed to 'wet needling.' Therefore, should dry needling be found by any jurisdiction to be within the scope of P.T., dry needling must be performed only with a dry hypodermic needle. (Acupuncture needles did exist at the time her book was published.)

11. The refusal of P.T.s to acknowledge their illegal practice of acupuncture and the risk of unexpected outcomes is arrogant and, worse, unethical, which has made this so-called study group a less than positive experience. I am sorry for that; I tried to impart my passion for my profession and the importance of sound ethics, and encouraged them to become appropriately educated and involved in that passion legally, but found my attempts rudely rebuffed.

12. The public remains woefully unaware of the dangers of dry needling because the P.T. patient is there by prescription from their trusted M.D., they are in pain, they are expecting to have some treatment to improve their condition, so when a P.T. says they will stick an acupuncture needle in them, the patient has the

improperly placed trust that they are being treated by a trained acupuncturist, which they have learned over the years is a positive experience. Little do they know they are about to be given an invasive treatment for which the perpetrator is inappropriately trained and who may cause serious side effects.

As a professional acupuncturist and member of this 'study group', my recommendations to resolve this conflict include:

A. All Physical Therapists in Arizona must cease and desist the performance of dry needling immediately, because it is outside the scope of their practice and it is a danger to the public.

B. Any P.T. wishing to perform acupuncture in Arizona must, per the Arizona Acupuncture Board of Examiners' current Statute and Rules:

- i) complete a Clean Needle course,
- ii) graduate from a State-Board-approved acupuncture program with a minimum of 1,850 hours,
- iii) sit for and pass the certification examinations in acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM),
- iv) take fifteen (15) hours of continuing education units per year in acupuncture, and
- v) meet any other statutory obligations that may exist at the time of their seeking licensure for acupuncture.

C. The P.T. Board should assume the appropriate role of regulating their licensees and the approving/disapproving of continuing education courses, in order to truly assure the public of the safety of the practice of P.T.

D. The P.T. Board should take the appropriate steps to provide guidelines to the

P.T. profession regarding acceptable education and training and continuing education requirements; these would require seeking a change in their statute to change their scope of practice.

E. I strongly recommend that Charles Brown, Executive Director, convince the P.T. board of the import of these thoughts and recommendations, along with any others that he imparts to them.

Sincerely submitted,

Patricia E. Martin  
Licensed Acupuncturist, Arizona  
Acupuncture Physician, Florida  
Board Member, Arizona Acupuncture Board of Examiners  
[pmartinacuboard@aol.com](mailto:pmartinacuboard@aol.com)

Resources, including but not limited to the following:

American Association of Acupuncture and Oriental Medicine Blue Ribbon panel on Inter-professional Standards: AAAOM Position Statement on Trigger Point Dry Needling and Intramuscular Manual Therapy, March 11, 2013

Arizona Revised Statutes, Title 32, Chapter 39 (Acupuncture)

Arizona Revised Statutes, Title 32, Chapter 19 (Physical Therapy)

Dorsher, Peter T., M.D. Trigger Points and Acupuncture Points: Anatomic and Clinical Correlations, *Medical Acupuncture*, Volume Seventeen, Number Three, 2006.

Dorsher, Peter T., M.D. Trigger Points and Classical Acupuncture Points: Parts 1, 2 and 3, *German Journal of Acupuncture & Related Techniques*, 3/2008; 4/2008; 1/2009

Martin, Patricia E., L. Ac., A.P., M.A. Forbidden Points

Morris, William, DAOM, PhD, LAc, Dry Needling is Acupuncture: But What of Education? What of Public Safety? *Acupuncture Today*, July 2013, Vol. 14, Issue 07.

Smolders, J., B.A., D.C. Trigger Points Wall Charts I and II. Sjef Enterprises, Toronto, Ontario, Canada, Publisher.

Travell, Janet and Simons, Myofascial Pain and Dysfunction: The Trigger Point Manual, Vol. 2. Lippincott and Williams (1992).

World Health Organization Guidelines on Basic Training and Safety in Acupuncture  
WHO Consultation on Acupuncture, 28 October — 1 November 1996. Cervia,  
Italy.