

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.

Statements Received October 7, 2013 to October 11, 2013:

- A. Susan Pistawka Letter to PT Board Oct. 2013 Meeting
- B. Kenneth Sargent Dry Needling
- C. Andrew Walquist DN Board Letter
- D. Arizona Acupuncture Board of Examiners Resolution
- E. Jason Gill Dry Needling By Physical Therapists
- F. Sara Demeure Comments 9 24 2013
- G. October 11 PT Board Submission from AzPTA
- H. Bobbie Friedman Dry Needling

Dear Members of the Board of Physical Therapists, I am writing to you about an issue that concerns us all, and present to you here an incident which is noteworthy and indicative of the potential for harm when education and licensing standards in the practice of acupuncture (and its pseudonym: dry-needling) are too lax.

Introduction and Purpose

I am an acupuncturist of 11 years good standing, educated in biomedical sciences at a doctoral level at McGill University's faculty of medicine. In addition to working in a private clinic I am contracted for providing acupuncture services to clients at an integrated health care facility of national and international repute.

I also have 9 years of experience as an educator within the field of acupuncture and Chinese medicine and I would like to present to you a report on a patient told to me by an acupuncturist colleague here in Tucson, with the intention of increasing the awareness of the Physical Therapy and Acupuncture Boards about the level of education needed for the safe and effective handling of filiform needles in treatment. This colleague related to me an incident with a patient of hers who was concurrently being treated by a PT. She is concerned that her identity and that of her patient not be disclosed in order to protect this patient's privacy. The patient did not wish to lodge a formal complaint against her physical therapist at this time, and it is not the intention of this letter to bring it to the board as a complaint. My retelling of it here is simply to illustrate the potential for harm when there is insufficient education, knowledge, supervised practice, adequate testing, and respect for licensure in the use of acupuncture (filiform) needles for the treatment of patients, and when the practitioner exceeds their scope of practice. May it serve as a wake-up call for all who choose to listen.

The Incident

This is how my colleague related the incident to me:

The patient who came to see her for acupuncture treatment had been a client she had treated periodically over a couple of years. This patient reported to her that she had been seeing a physical therapist who had been treating her for headaches on the temples, using what the PT profession chooses to call "dry needling" (though it is identical to a branch of knowledge within the field of acupuncture, and one could use the term acupuncture needling of painful or *ashi* points). She had two extremely large contusions over the area of the acupuncture point GB21 on both shoulders. (This area we call GB21 is located at the high point of the trapezius muscle on the shoulder). Her bruises were swollen, painful and extended more than 6 inches in diameter. When asked about it she told her acupuncturist that the physical therapist had been treating her headaches by inserting filiform needles into this point. ***The acupuncturist was concerned and let her patient know that this area should not be aggressively or deeply needled due to the danger of puncturing the lung.***

The treatment given by the PT had not helped her headache and so the acupuncturist needled LR3 and LI4 on the feet and hands, which she determined would be more appropriate for this patient's presentation. At the end of her treatment the headache was completely gone, and the acupuncturist instructed the patient to press on the points LR 3 and LI4 at home should the headache start to return. Three days later the patient contacted her to inform her that she had ***needled*** the points on the hand her acupuncturist had told her to ***press*** because she was getting a headache, and the ***needles*** had made the headache go away. The acupuncturist was shocked and asked where she had gotten the needles. She was told that ***her PT had given her needles with the instruction to needle GB21 on herself at the onset of a headache.***

The acupuncturist was alarmed at this and told the patient that her PT should not have given her needles under any circumstances and certainly not with instructions to needle herself, as this put her in very imminent danger. The patient was concerned and confused about why her physical therapist had given her these instructions if it was not safe. She decided at that time that she would not make a formal complaint about it as she liked her physical therapist and did not wish to cause trouble for her.

Evaluation of Standards of Education and Licensure

It is my hope that the Physical Therapy Board and the Acupuncture Board of Examiners will be very concerned by this report. Not because a formal complaint of harm should be lodged against this PT, though one could argue that would be appropriate under the circumstances. In my discernment it seems that she is the one least at fault here under any circumstances since she did not set the standards for her own education or licensure.

I believe it is important to examine this case in detail because it raises an enormous red flag about the potential for harm when PTs or other professionals do not receive sufficient and correct education in the area of needle insertion and manipulation, and when they undertake to practice outside their defined scope of practice. There are several things I would hope this incident would elucidate, and I will use the method of contrast and comparison with educational standards for needling that I am familiar with:

1. The PT was completely unaware or unconcerned about the legalities involved in giving needles to a patient with instructions to needle herself.

The legalities and requirements for licensure allowing the use of filiform needles under the authority of the acupuncture boards in this country is in itself a course of study in acupuncture schools everywhere. Every student in the school clinic learns from day one about the laws regarding the use and dissemination of needles in a public setting. These are learned from school policies, from their teachers and clinical supervisors who constantly demonstrate, by their own verbal and non-verbal communication, the safety guidelines established by the rules and statutes set out by the Acupuncture Board of Examiners in their state.

At the school where I teach needles are kept in a locked cabinet and signed for by students and supervisors. At the hospital where I work, needles are in a locked drawer and patients are never left alone in a room with needles.

In clinically supervising students we understand that they practice under the auspices of our licenses, and that we, as well as the school, have both ethical and legal responsibilities for our students practicing safely. We must ensure that they understand and conduct their practice in accordance with the law. By national accreditation board standards we are allowed to supervise no more than four students concurrently, to ensure that we give adequate attention to what they are doing with the needles entrusted to them. In this way patients, students, supervisors and the school are kept safe and our conduct is in accord with the law.

2. The PT was practicing acupuncture which she was not adequately trained or licensed to perform. She inserted filiform needles into her patient with the intention of eliciting a therapeutic effect. This, under the statutes of Arizona law, is defined as acupuncture.

Furthermore, she did not confine her needling to local painful “trigger points” which in acupuncture we call “*ashi* points”, but proceeded to diagnose and plan a treatment for a headache which her training did not prepare her for treating. It would seem from this report that the PT is practicing even outside the scope of what the PT Board defines as “dry needling.” By addressing the patient’s headache in the manner that she did, she did not confine her treatment to local points in the afflicted zone, but was needling distal points in order to treat - not a painful shoulder - but a headache. The headache was not located on the trapezius muscle trajectory or any of its insertions into the occiput but at a different site altogether, the side of the forehead. The insertion of needles in points distal from a condition is effective because of the knowledge of acupuncture channel trajectories and areas of influence that link even remote areas of the body.

Once again, this situation could only occur when there is insufficient education in helping the PT determine what it means to practice acupuncture within the statutes of the law.

3. The PT seemed completely oblivious to the risk of infection associated with giving needles to her patient.

This is another course of study in itself requiring a minimum of 10 hours of a student's attention, and all are required to pass national certification exams that demonstrate academic knowledge of infection prevention. Manual proficiency exams require students to demonstrate maintaining sterility during handling and inserting needles in numerous sites on their own body in accordance with CDC and OSHA standards. In addition they must show adequate knowledge in preventing the cross transference of diseases via contaminated needles between patient-patient between patient-practitioner, and environment-patient.

Other courses teach them about the medical conditions which put their patients at greater risk for infections and when needling should be circumscribed or avoided altogether.

Students learn the proper protocol to follow when a needle stick does occur, for their own protection from hepatitis or AIDS infections.

Clean needle technique is an important area of expertise. Testing alone in this area of knowledge can take the better part of a day. Passing the requisite exams is necessary before anyone undertaking to learn to practice with needles can ever put a needle into another human body. This area of practice and testing alone constitutes more time than is usually given for an entire course in "dry-needling"

4. The PT did not know how to properly needle GB21. It is not necessary to aggressively manipulate a needle in this area so as to induce such a large bruise, in order to efficaciously treat a headache. The result was not only painful and damaging to the patient but would likely render any benefit for her headache negligible.

In addition, the point she needled on the trapezius is contraindicated to needling in certain situations and may induce abortion in pregnant women, fainting and seizures are also common enough for this point if the patient has blood sugar issues, has not eaten sufficiently prior to a treatment, or if the stimulation is too strong - inducing a condition of "shock", something I have seen on several occasions. Fainting may cause serious injuries by itself if there is insufficient awareness and preparation to deal with this event. Deep and aggressive needling here can also cause a pneumothorax (punctured lung) if proper needling guidelines are ignored.

The anatomy of underlying nerves, blood vessels and internal organs, and the safe depth of needle insertion is highly specialized knowledge within the field of acupuncture. It must be rigorously studied and memorized as a map of the inner landscape that a needle will traverse before an area is mechanically stimulated to avoid inducing injuries to the organs and tissues. Anatomy courses typically taught in biomedical educational setting do not provide this type of education because they do not relate the anatomical landscape to the depth of needle insertion and the type of manipulation performed.

I have observed over and over again in my years of teaching that students do not translate abstract academic knowledge into practical knowledge without extensive repetition and feedback from teachers in clinical settings over fairly long periods of time. This has held true whether the students I have supervised had no knowledge of medical anatomy or were licensed in other medically related professions such as nursing which required fairly extensive prior knowledge of anatomy and some skill with needle insertion. It is certainly not something that can be learned in just a few hours, a few days, or even a few weeks of practical instruction.

Academic courses that relate anatomy to the depth of needle penetration within the contours of the anatomical landscape is so specialized that it requires many months of study and a minimum of 2 years of clinical practice so the student can demonstrate the proper depth of safe needle insertions and needle manipulations into all of the diverse areas of anatomy. The two or three years of study needed to accomplish this is followed by comprehensive exams to determine that a student has sufficient knowledge and skill to practice safely on their

own. In my estimation, after observing many scores of students learning this application, a 2 year length of time is barely sufficient to adequately acquire this skill and perform it safely solo.

In addition students must learn all of the numerous contraindications for acupuncture such as the ones I mentioned above here for GB21. This greatly decreases the risk of causing harm.

5. The PT demonstrated that she did not understand that needles are instruments which may cause severe injury or death if they are not treated with respect and a knowledge of their proper use or she would not have advised her patient to needle herself in the manner she did.

It seems that this PT had either learned or adopted an attitude which runs contrary to the common sense that most people have about needles, that is, that needles must be used with care to avoid harm. This begs the question where did she acquire this attitude? Perhaps she had insufficient time with a supervisor who would teach her the correct attitude or perhaps she adopted this attitude from her teachers and peers who were themselves careless on this point.

I have observed in my own teaching experience that an appropriate attitude is inculcated through months and years of learning and clinical practice with needles. Teachers impart to their students a reverence and respect for the needles - their ability to heal as well as their ability to harm. There is an appreciation that it takes time to learn the heightened sensitivity to what we are doing with the needles. By giving them due attention over time they become like extensions of our minds, our hands and our hearts. This sensitivity is acquired very gradually in a closely supervised setting over two to three years.

6. No matter what terminology one applies to attempt to distinguish what the physical therapy profession is practicing as apart and separate from the practice of acupuncture, the patient seemed confused about her treatments and unable to distinguish the difference between what her PT was doing to treat her headaches or what her acupuncturist was doing to treat her. She saw the needles as instruments that would treat her headache without distinction as to the method or the practitioner. She saw the same needles used in what her PT called dry-needling to be equivalent to the needles that her acupuncturist used and she equated them in her mind, in both cases, as instruments to treat her headache.

For those of us in the acupuncture profession who have worked so hard to establish safe guidelines for the practice of needling we are concerned that such unsafe practices as this PT demonstrated in her treatment will erode and undermine all that we have done to help the public regard acupuncture needles and practice as relatively painless and safe. In the mind of the public there is no discernment for whether the physical therapy profession calls what they do “dry needling” or acupuncture. In the public mind it is the same - and if they become fearful of needling then this will undo years of our patient and diligent work in the area of public education and it will undermine the public’s confidence in what we are all doing. So we must address the physical therapy profession with this request: please be aware that we do have a substantial stake in what you do and how you do it. You are undertaking to harm not only your own professional reputation but ours as well when you are negligent.

For the record, injury by filiform needle is always listed in statistics as an “acupuncture” injury with no mention made of the professional education and qualifications of the individuals involved. Acupuncturists are understandably concerned that all health practitioners who use filiform needles for any purpose do so with tremendous discernment because the public and the profession of acupuncture have the most to lose from the careless use of needles by other health care professionals.

The PT in this incident was negligent in the extreme about her patient’s safety and treated the use of needles very cavalierly, demonstrating that she had not assimilated the proper guidelines or knowledge needed to safely use needles with a patient. This negligence is demonstrated by the extent of the bruising, the reason for giving the treatment, and by giving needles to her patient with instructions to needle herself and particularly to needle a point with significant risk of puncturing a lung if done without sufficient knowledge and skill. This need not be! If she had received adequate training it is unlikely that any of this

would have happened. It takes considerable time and focused attention to acquire the skills necessary to practice safely and effectively with needles and the learning process cannot be rushed.

Call for Adequate Standards of Education and Licensure to Safeguard the Public

The case described here is not unique or isolated. There have been other cases of injury - some of them very serious - by individuals who were granted the authority to use needles with insufficient education or supervised clinical practice. These cases are well-documented so there is no need to repeat them here. If the physical therapy profession has a true regard for public welfare they will undertake their due diligence and look carefully at how and why these incidents occurred. They will understand their absolute responsibility for public welfare in creating safe educational and testing standards before licensure is granted to any individual within their profession using needles.

For my own part, and I know I speak for most of my colleagues because I have had numerous conversations with them on this subject, I will conclude by saying that we simply do not understand the resistance by another profession of health care workers such as the physical therapists, or any other health care professionals for that matter, to obtaining sufficient education to practice the insertion of needles for the therapeutic benefit of patients with safety and effectiveness. Wouldn't their patient's welfare be paramount in their minds when they add anything to their scope of practice.? I would like to believe that the physical therapy profession would welcome learning - and I mean really learning - what another system of healing such as the insertion of needles into the body entails.

Myself and many of my colleagues have spent the last two decades, or even longer, in establishing and upholding educational standards in this country for those wishing to learn how to use needles safely in the treatment of physical conditions. Why would we waste our time and our money in obtaining an average of 3000 hours of education and training for ourselves if we did not believe it necessary for safe and effective practice? Our training reinforces in our minds a tremendous amount of respect for the needles we wield and of the context of understanding in which we treat. ***Are you aware that in China it requires 5 years of intensive training to become a practitioner who is allowed to independently insert needles into a patient for the purpose of treating a physical condition?*** That is 2 to 3 years beyond what is commonly required in acupuncture education in this country. Japan requires 3 years, Israel 4 years, Canada 3 to 4 years, most European countries average 3 or 4 years, or in some European countries, 2 years in conjunction with a medical degree. The educational requirements for anyone practicing acupuncture in this country are woefully inadequate by comparison, particularly in health care professions requiring less than a two year certification in this treatment modality. How can 20 to 200 hours of training that some professions require for practitioners wishing to practice acupuncture (a.k.a dry needling or trigger point needling) be considered adequate?

It is puzzling to us why the belief is so prevalent among those in this country using a biomedical model for the treatment of illness, that they think they can arrogate a fragment of information and a sliver of metal from another profession, and induce healing in a patient. To state this in another way: why do they think that they can take information and the practice of needling and remove it from a context of a complete understanding and holistic system of health care built up over thousands of years of clinical observation and practice, and believe that it will remain safe and efficacious?

I believe it is of the utmost import that this question is addressed and answered in their minds: why do they believe that they can isolate a condition and treat it without it having far-reaching effects throughout the entire physical body of a patient when it has been both theorized and proven without doubt by physicists that ***there is no such thing as an isolated system or an isolated effect within any physical system*** - even in an apparently inert system - let alone in something as alive and as dynamic as the human body? This is stone-age thinking.

And what kind of message are the teachers and licensing board members who are to set the standards for the physical therapy profession sending to the individuals in the profession they represent and to the public they claim to protect, when they tell PTs that is not a big deal to stick needles into patients' bodies and they reinforce the belief in them that they are already so knowledgeable that they can take a weekend class or two and do it safely? Why place your reputations in such jeopardy and jeopardize ours by association? We have acknowledged that we are willing to work with you in helping you to create educational and licensing guidelines which would allow PTs to practice safely and effectively. Instead you are choosing to ignore our requests for mutuality. You bypass the standards we have carefully set up in regard to education and legality, and you must believe that no one will notice that you are attempting to usurp a healing modality from another profession just because you have changed the name from acupuncture to dry-needling.

Is this really how one group of health professionals should treat another? It seems unethical, unprofessional, and disrespectful. If all health professionals share the common goal of healing the people we serve, wouldn't everyone benefit more by respecting each other's mastery and working together for the good of all? I am truly puzzled why these issues are even before us and I pray that you will take a close look at what you are proposing and doing, because it has great potential for harm with concomitant legal consequences for you that I hope will be clearly illustrated by the case that I presented to you here.

Susan Pistawka, L.Ac., M.Ac.O.M.

7 October, 2013

cc Arizona Acupuncture Board of Examiners

From: [Kenneth Sargent](#)
To: [Charles Brown](#)
Subject: Dry Needling
Date: Tuesday, October 08, 2013 5:00:57 PM

I would like to share my opinion about the use of Dry Needling in Physical Therapy. I have been certified and practicing Dry Needling for nearly two years. After completion of a certification course I have found this technique to be of great value clinically and view it as being within the scope of physical therapy practice. The training, safety procedures, proper technique, and instruction was very thorough and appropriate which allowed for immediate implementation into clinical practice.

Currently there are many states that have added Dry Needling to their practice acts. Dry Needling outside the United States is also being practiced regularly by physical therapist throughout the world. An educational resource paper provided by the American Physical Therapy Association outlines the current practice of dry needling throughout the United States and Internationally. Both the American Academy of Orthopedic Manual Physical Therapists (AAOMPT) accepts Dry Needling as within the scope of practice of Physical Therapy. Many other supportive points of the use of Dry Needling in Physical Therapy may be found in these resources as well.

Above and beyond anything else in my clinical practice I have seen the positive benefits from using dry needling techniques with patients. It has been effective for treating both trigger points as well as pain. Physical therapists are formally trained and considered experts in the musculoskeletal system. This knowledge base in conjunction with the dry needling technique has allowed me to practice competently and helped facilitate proper healing and patient return to function.

Our scope of practice in this state needs to remain dynamic as well as evolving in the light that education and research are continuing progressing within the realm of physical therapy. Being able to add techniques, modalities, treatments, etc, that allow our profession to grow, progress, and give appropriate care to our patients is imperative and one of the reasons I chose this profession. Limiting techniques that fall in line with our basic treatment principles and educational background is damaging and delays growth within our profession. I strongly encourage and support the any decision of the board to interpret that dry needling (intramuscular manual therapy) is within the scope of physical therapy practice within the state of Arizona.

If you have any questions please do not hesitate to contact me directly.

Thank you,

Kenny Sargent PT,DPT,MTC
Regional Director
Spooner Physical Therapy
1616 N. Litchfield Rd. Ste. 115
623-935-0734

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Date: October 8, 2013

To: Arizona State Board of Physical Therapy

Re: Dry Needling and Physical Therapist practice in Arizona

Position: In favor

Board members:

I appreciate all of the time and consideration you have given in determining whether to allow an AZ physical therapist to perform dry needling. I am sure it is a comfort to the public that you take in consideration multiple viewpoints, assemble committees, and hold meetings to openly discuss the appropriate course of action. I have read through some of the thousands of pages of information the Board has accrued about dry needling and I am impressed with the wealth of information gathered.

With that in mind, I doubt that I will offer any additional intellectual insights or underscore any additional emotions that you have encountered. However, I know that you dutifully review each opinion and value truth as a guide to making decisions.

The one truth that I continue to ponder is how the Board has endorsed many additional treatment and diagnostic modalities that are not specifically listed in ARS 32-2001(12). To the best of my understanding, the Board has previously found that needle EMG, NCV testing, and wound care are within a physical therapists scope of practice.

Considering that the Board has previously allowed a physical therapist to pierce the skin with a needle for EMG and NCV testing, I strongly believe that the Board should move to specifically allow Dry Needling to avoid public confusion and send a consistent message regarding a physical therapist's scope of practice.

I fear that if the Board rules against Dry Needling, the Board would eventually reach the deductive conclusion to disallow physical therapist EMG testing, NCV testing, and wound care. After all, if the Board believes that the public should not trust a physical therapist to use a small dry needle to reduce a muscular trigger point, why should the public trust a physical therapist to debride a wound with a scalpel or insert a large needle to determine nerve damage? This would not only minimize a physical therapist's scope of practice it would send a confusing, inconsistent message to the public. Even worse, an adverse ruling would ultimately hurt the public because it would inevitably reduce access to healthcare workers providing these essential, valuable services.

Therefore, I urge you to endorse Dry Needling as a treatment within the scope of a physical therapist's practice and to send a clear and consistent message to the public by continuing to allow a physical therapist to pierce the skin for EMG testing, NCV testing, wound care, and Dry Needling.

Respectfully,

Andrew Walquist PT, DPT, FAFS (AZ #8905)

Janice K. Brewer
Governor

Woohyung Cho, L.AC., Chairman
Christopher Clair, Secretary



State of Arizona Acupuncture Board of Examiners

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(602) 542-3095 FAX (602) 542-3093

October 9, 2013

Arizona State Board of
Physical Therapy
4205 North 7th Avenue, Suite 208
Phoenix, Arizona 85013

Dear Board Members:

On October 7, 2013 at a special meeting, the State of Arizona Acupuncture Board of Examiners passed by unanimous vote the enclosed resolution.

We look forward to continuing to work with the Arizona State Board of Physical Therapy on this important matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Woohyung Cho".

Woohyung Cho, L.AC.
Chairman

Resolution Regarding the Use of Invasive Procedures by Physical Therapists

Whereas, Arizona Revised Statutes allow for the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site by Arizona licensed doctors of medicine, osteopathic physicians, homeopathic physicians, naturopathic physicians, chiropractors certified to practice acupuncture, physicians' assistants and acupuncturists;

And whereas, in some cases, utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site is included in the broad definition of health care practitioners' scope of practice, i.e., Doctor of Medicine (A.R.S. § 32-1401.22), Osteopathic Physician (A.R.S. § 32-1800.20), Homeopathic Physician (A.R.S. § 32-2901.22), Physician Assistant (A.R.S. § 32-2501.13), and Naturopathic Physician (A.R.S. § 32-1501.28);

And whereas, in other cases, utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site is authorized through a statutory protocol, i.e., A.R.S. § 32-3924 for the licensing of acupuncturists and A.R.S. § 32-922.02 for a certificate to practice acupuncture for chiropractors;

And whereas, the State of Arizona Acupuncture Board of Examiners initiated discussions regarding the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site by licensed physical therapists with the Arizona State Board of Physical Therapy;

And whereas, the Arizona State Board of Physical Therapy organized and conducted stakeholder meetings throughout the state to gather information regarding the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site by physical therapists licensed by the Arizona State Board of Physical Therapy;

And whereas, the study committee created by the State of Arizona Acupuncture Board of Examiners comprised of experts and practitioners in the fields of acupuncture and physical

therapy to conduct a comprehensive review of information regarding the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site by physical therapists held three meetings, received hundreds of pages of information and evidence and heard numerous individual presentations but did not receive or hear any evidence that affirms or suggests that such invasive procedures may be safely undertaken by any health care professionals other than Arizona licensed doctors of medicine, osteopathic physicians, homeopathic physicians, naturopathic physicians, chiropractors certified to practice acupuncture, physicians' assistants and acupuncturists;

And whereas, the curriculums for physical therapy education programs which qualify physical therapists for licensure pursuant to A.R.S. § 32-2022 do not include any training in the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site and neither the physical therapy statutes' requirements for initial licensure nor for continuing education require physical therapists to receive any training in the practice of such invasive procedure before engaging in the use of such invasive procedures on patients, the State of Arizona Acupuncture Board of Examiners believes that the practice of such invasive procedures by licensed physical therapists constitutes a significant danger to the health, safety and welfare of persons in the State of Arizona;

And whereas, the statutory provisions governing physical therapists in A.R.S. § 32-2001.12 (b) (iii) include within the definition of the practice of physical therapy, "manual therapy techniques" as defined by A.R.S. § 32-2001.6, to wit, ". . . a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain, increase joint range of motion, reduce or eliminate soft tissue swelling, inflammation, or restriction, induce relaxation, improve contractile and noncontractile tissue extensibility, and improve pulmonary function..." and do not include the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site;

And whereas, A.R.S. § 32-3921 (B) (1) states that the statutes governing the practice of acupuncture do not apply to “health care professionals licensed pursuant to this title practicing within the scope of their license”, the State of Arizona Acupuncture Board of Examiners believes that this statute applies only to those health care professionals whose scope of practice is defined within an established statutory protocol or stated inclusion.

Therefore, be it resolved by the State of Arizona Acupuncture Board of Examiners that health care professionals other than Arizona licensed doctors of medicine, osteopathic physicians, homeopathic physicians, naturopathic physicians, chiropractors certified to practice acupuncture, physicians’ assistants and acupuncturists should not be permitted within the scope of their practice to utilize invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site unless sufficiently educated and trained prior to licensure or certification to professionally, ethically and safely utilize such invasive procedures on persons in the State of Arizona.

Be it further resolved that the State of Arizona Acupuncture Board of Examiners encourages the Arizona State Board of Physical Therapy to:

1. Acknowledge that the utilization of invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site is not authorized within the scope of practice for licensed physical therapists pursuant to A.R.S. § 32-2001 et. seq.;
2. and, work cooperatively with the State of Arizona Acupuncture Board of Examiners to seek legislation that will create an appropriate protocol for physical therapists who want to pursue a license or certificate from the Arizona State Board of Physical Therapy that would enable them to professionally, ethically and safely utilize invasive procedures such as puncturing the skin by thin, solid needles to reach subcutaneous structures and stimulating the needles to affect a positive therapeutic response at a distant site.

From: [Jason Gill](#)
To: [Charles Brown](#)
Subject: dry needling by physical therapists in Arizona
Date: Friday, October 11, 2013 10:23:26 AM

Dear Mr. Brown,

As an acupuncturist in the process of applying for licensure in Arizona, I am dismayed to learn the physical therapy practitioners of Arizona are lobbying to perform "dry needling".

My concern is that such a procedure would create confusion the minds of the public, with the practice of acupuncture.

Acupuncture has a venerable 5000 year history of treating both internal medical as well as musculoskeletal problems.

I am unaware of any training on the part of physical therapists that would inform pts or the public of the intricacies of the underlying theory of acupuncture. Nor do I believe pts have the requisite training which would support effective patient care.

The addition of dry needling to PT's scope of practice would be in essence, an admission that the tools of physical therapy are currently inadequate to patient care. I don't think PT board would care to believe that.

Dry needling as such, is sham acupuncture which has a record of being no more effective than placebo.

Because public welfare is at stake, I strongly urge the PT board to reconsider the position that dry needling is a necessary to physical therapy as a procedure.

Sincerely,

Jason Gill LAc

California/ Hawaii / hopefully soon, Arizona

September 24, 2013

Submitted Comments from Sara Demeure PT:

I would request any Board members that are questioning as to whether or not the technique of dry needling should be performed in Arizona by appropriately trained physical therapists consider the following information:

1) Re: Scope of Care

Physical therapists (PTs) have a long history of treating myofascial pain and trigger points. Dry needling 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 technique, used by PTs to address pain and neuromuscular dysfunction. As stated by Janice Kuperstein PT, PhD, former chair of the Board of Physical Therapy in Kentucky in a recent Attorney General Opinion, "The goal of dry needling by PTs is to treat impairments including but not limited to: scarring, myofascial pain, motor recruitment and muscle firing problems with goals to include relieving pain, increase extensibility of scar tissue, or improve neuromuscular firing patterns."

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. The needle itself is simply a mechanical tool or modality.

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, 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.

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. Three states, Kentucky, Mississippi, and Maryland, have issued Attorney

General Legal Opinions. I have given a website reference where these can be found here:

<http://www.mypainseminars.com/resources/news-rulings.html>

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

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. In addition, 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: Training & Public Safety

Again, as per Janice Kuperstien, PT, PhD “Although dry needling is not currently considered an entry-level skill for PTs, it is an advanced skill that can be obtained post-graduation based on the strong foundational core of PT education. This education includes anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology, pathology, clinical sciences, clinical applications, screening and other clinical intervention. Dry needling competency is built upon that knowledge, just as new techniques in any field would be built upon existing knowledge.”

Dry needling intervention has been recognized as an emerging intervention for PT's in the US since 1990's. There are no trends that indicate a concern for public safety as evidenced by information received from the largest malpractice carrier for PTs, CNA.

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.

Since ARS 32-390 has been quoted by acupuncture community as their argument that PT's are performing dry needling illegally, I will address it here:

“acupuncture” as “puncturing the skin by thin, solid needles to reach subcutaneous structures, stimulating the needles to affect a positive therapeutic response *at a distant site* and the use of adjunctive therapies.” *Emphasis added.*

PT dry needling intervention has the intent of a varied therapeutic response as previously described *at a local site*, specifically where the needle is applied. Therefore, if this law did apply to PTs, which it does not, as we are licensed health care professionals, I would state that we are not performing 'acupuncture' for this reason alone.

All 50 states now allow medical doctors to practice acupuncture, with only eight states requiring any hours of training. The MD degree is an all-inclusive license. Several states, such as New York, New Jersey, Virginia, Pennsylvania, Maryland and the District of Columbia, require 200-300 hours. The remaining states allow MDs to practice acupuncture regardless of training. Arizona is one of these states.

Chiropractors may perform acupuncture with 100 hours of study and pass a board exam (NBCE score 375 or better). The Arizona Board of Chiropractic Examiners allows chiropractors to become specialists in performing “acupuncture procedures” which are defined in the Chiropractic Board's Regulation No. R4-7-601 as follows:

- A. Acupuncture as applied to chiropractic is stimulation, preparatory and complimentary to an adjustment, of a certain meridian point or points on or near the surface of the body to control and regulate the flow and balance of energy of the body.
- B. Acupuncture includes acupuncture by needle, electrical stimulation, ultrasound, acupressure, laser, auricular therapy, or any implement that stimulates acupuncture points.
- C. Acupuncture does not include cupping, moxibustion, or cosmetic therapy.

As you can see acupuncture as a discipline is described here, not dry needling as a technique as defined for a physical therapist. More hours would be required to learn part or all of a discipline than would be required to learn the technique of dry needling as applied to physical therapists.

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.

Dry needling in Arizona is currently a Board vs. Board issue--- the Acupuncture Board of Examiners vs. Physical Therapy Board. Unfortunately, appropriately trained physical therapists that legally employ the technique of dry needling under our practice act as licensed health care professionals are getting caught in the middle. The acupuncture community in Arizona, and nationally, has created an extremely hostile environment with accusations and inaccurate information online, in the press and with individual complaints filed with both the PT Board and the Acupuncture Board. Members of the Arizona Acupuncture Board have acted aggressively, with behavior shocking of that of a governor appointed position, and have recently voiced their legal opinion, and/or will likely give a 'verdict' soon towards PTs that are dry needling though they have no authority to do so.

The stakeholder meetings held for the PT Board to collect information from all parties became an avenue for the acupuncture community to target individual physical therapists that have come forth to simply express their views. I know of many PTs, some that needle and some that do not, who did not participate because of the attack on individuals in our profession. The following LAC/PT Board Director Study Group continued this attack either by an acupuncture board member herself, or those that attended the meetings, that, due to the multiple Acupuncture Board members involved, became public meetings.

I appreciate the Board's attention.

Sincerely,

Sara Strawn Demeure PT, MSPT, OCS

October 11, 2013

To: Physical Therapy Board of the State of Arizona
From: Sara Strawn Demeure PT, MSPT, OCS on behalf of the Arizona Physical Therapy Association

On September 23, 2013 the AzPTA discussed with Justin Elliot, Director, State Government Affairs APTA, recent PT Board actions in regards to dry needling. In states that have decided to address the specifics of dry needling in current PT practice, he drew our attention to the recent Montana regulations that are proposed.

The AzPTA respectfully request that if the Physical Therapy Board of the State of Arizona would like to outline further educational requirements and safety standards beyond our submitted recommendation for a policy statement, that they review and consider the following. Further, I have highlighted suggested language entries from the AzPTA.

The proposed Montana regulations stated the following:

*Subchapter 6
Scope of Practice*

NEW 24.177.6XX DRY NEEDLING

(1) Dry needling, also known as intramuscular manual therapy, is a manual therapy technique that uses a filiform needle as a mechanical device to treat conditions within the scope of physical therapy practice. It is based upon Western medical concepts, requires a physical therapy examination and diagnosis, and treats specific anatomic entities. Dry needling does not include the stimulation of auricular or distal points or acupuncture meridians.

(2) Licensed physical therapists performing dry needling must be able to demonstrate, upon request by the board, that they have received training in dry needling in a course that meets the Standards of Continuing Competence (SCC) of the Federation of State Boards of Physical Therapy (FSBPT) or its successor. [suggested: 'or like equivalent.']

(a) Dry needling courses must include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.

(b) On line courses are not appropriate training in dry needling and may not be used to [suggested: wholly] substantiate appropriate training.

(3) A licensed physical therapist must perform dry needling in a manner consistent with generally acceptable standards of practice, including clean needling techniques, relevant standards of the Center for Disease Control and Prevention, and Occupational Safety and Health Administration blood borne pathogen standards as per 29 CFR 1910.1030 et.seq.

(4) Dry needling as a physical therapy manual therapy technique may be performed only by a licensed physical therapist.

(5) The physical therapist performing dry needling must be able to provide written documentation, upon request by the Board, which substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action.

(6) Physical therapists holding themselves out as acupuncturists or being able to perform acupuncture without being licensed under the provisions of Title 37, Chapter 13 shall be found to be practicing acupuncture and shall be subject to injunctive remedies and penalties established under Title 37, Chapter 13.

AUTH: 37-11-104 (2) MCA MCA 37-11-101 (7) 37-2-101 (2) IMP: MCA

REASONABLE NECESSITY: The Board is proposing to adopt this new rule to provide guidance on the practice of dry needling within the scope of physical therapy. The scope of practice of physical therapists is broad and includes the use of mechanical devices, such as filiform needles, to treat physical disability, bodily malfunction, pain and injury. The FSBP reports that research supports the use of dry needling to improve pain, reduce muscle tension and facilitate speedier rehabilitation. Dry needling is being incorporated into physical therapy curricula nationally and has been determined to be within the scope of physical therapy practice in Alabama, Colorado, Georgia, Kentucky, Louisiana, Maryland, New Mexico, New Hampshire, New Jersey, Ohio, South Carolina, Texas, Virginia, Wyoming and the District of Columbia. Pennsylvania and Arizona do not preclude a physical therapist from performing dry needling. For over twenty years, dry needling has been an accepted part of physical therapy practice internationally: Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain and the United Kingdom allow physical therapists to perform dry needling.

The Board of Physical Therapy formed a joint committee with the Board of Medical Examiners to investigate the safety, efficacy, educational standards and uses of dry needling in physical therapy and the overlap with the practice of acupuncture, which is under the jurisdiction of the Board of Medical Examiners. Although acupuncturists and the Montana Association of Acupuncture and Oriental Medicine oppose the inclusion of dry needling within the scope of physical therapy practice, the Board of Medical Examiners determined that dry needling, as long as it is restricted to trigger points, and is not referred to as acupuncture, is not the practice of acupuncture. There is a natural overlap of scope of practice and training for acupuncturists and physical therapists as needles are used in both disciplines. The training for and application of dry needling in physical therapy, not the use of a needle, distinguishes dry needling from acupuncture. Acupuncture meridians, auricular or distal points are not part of dry needling.

The Board is proposing this new rule now because physical therapists in Montana are incorporating dry needling into their practices. Public safety is the foremost concern of the Board. This new rule establishes criteria for the inclusion of dry needling within the scope of physical therapy, ensures that physical therapists practicing dry needling meet demonstrable educational, training and safety standards, and sets consequences for failing to meet those standards.

Thank you.

Sincerely,

Sara Strawn Demeure PT, MSPT, OCS

Cc: Linda Duke PT, AzPTA President

From: [Bobbie Friedman](#)
To: [Charles Brown](#)
Subject: re: Dry Needling
Date: Sunday, October 13, 2013 2:20:04 PM

Hello,

I am an AZ and IL licensed physical therapist and Certified in Dry Needling. I have had tremendous results with this protocol. In fact, you may be interested in some of the information from NIH on DN.

PT's have been using ultrasound and estim since the 40's or before. It is time to allow PT's to provide services that are well within their scope of practice. All areas of medicine are becoming more sophisticated.

I do know the chiropractors are not happy as they charge cash for acupuncture. Since their reimbursement is decreasing quickly, they must find a way to stay in business. Since most state that they do "physiotherapy," the average person does not understand that this is different from Physical Therapy. When the chiro does hot and cold packs, estim and ultrasound, that is the scope of his/hers physiotherapy.

Note how many states allow Dry Needling. I have had great success with shingles patients. Europe has been doing DN for many years with great success.

Please do not allow us to revert to the practice of the 1940's.

Thank you

Bobbie Friedman, PT