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Discussion on dry needling by the Physical Therapy Association of Washington

Elaine Armantrout, PT, DSc, ECS President
Robin Schoenfeld, PT, OMT Legislative Committee Chair
Melissa Johnson Lobbyist

Dry needling is a technique that inserts a needle without medication into a myofascial trigger point with the goal to relieve pain, increase blood flow and improve function. Janet Travell, the former White House physician who treated President Kennedy's low back pain with dry needling, identified trigger points as hyperirritable and sensitive palpable nodules in a taut band located within skeletal muscle. The dry needling technique uses a thin gauge solid sterile needle, which is also used for acupuncture. The FDA classifies these needles as Class II medical devices ranging in length from 1.5 to 130 mm.

Dry needling treatment is a modern Western medicine modality with its own theoretical concepts, terminology, techniques and application. It's based in the traditional Western medicine model of examination and evaluation for determining a clinical diagnosis by using anatomy, physiology, neurology, biomechanics and palpation skills. This also includes the recognition of red flags and when not to perform the dry needling procedure. The site of needle insertion into a trigger point is based on physical signs and not on predefined acupuncture points or meridians.

The most common sites for trigger point treatment using dry needling include the neck, shoulder, hip and paraspinal musculature. The depth of penetration of the needle varies from superficial (2 to 10 mm) to deep (20 to 30 mm) and is dependent upon the location of the targeted trigger point. The needle is solid and fluids aren't injected or withdrawn.

Overlap is to be expected between disciplines in order for access to high quality care. No one profession owns a particular treatment technique. Trigger points and acupuncture points may overlap, but the difference between Western

and Eastern medicine treatment philosophies remains: dry needling is not the same as acupuncture.

In order for any skill to be added to the scope of practice, there must be a body of knowledge, skills and documented competency that are taught in basic, entry-level professional programs. There must be professional standards and position statements and the activity must be an acceptable standard of care that is backed by professional literature and research. The professional also must be responsible and accountable for the safe performance of the skill (Reference: Massachusetts Allied Board of Health Scope of Practice Decision-Making Guide).

Body of Knowledge, Skills and Competency

The Legislature determined that physical therapist scope of practice includes tissue-penetrating procedures such as sharps debridement and needle electromyography. The basis for this determination was that physical therapists possess the knowledge, skills and competency to safely and capably provide these techniques.

Dry needling in the physical therapy profession is called intramuscular manual therapy. The statute states that physical therapy includes “alleviating impairments and functional limitations in movement by designing, implementing and modifying therapeutic interventions that include...manual therapy including soft tissue...” One may infer from the statute language that intramuscular manual therapy is part of physical therapy practice.

The Board recognizes that the statute doesn’t directly address dry needling; therefore the statute neither restricts nor endorses its practice. There are many other interventions employed by physical therapists that aren’t specifically addressed in the statute. There isn’t language in the statute expressly restricting the practice of dry needling like what exists for spinal manipulation or certain orthoses for fractures. Dry needling may not be authorized, but neither does the statute restrict it.

Entry-level Education

Key areas that are mastered in entry-level doctorate physical therapy education programs related to performing dry needling include anatomy/cellular biology, physiology, neuroscience, pathology, pharmacology; the study of systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neuromuscular systems; communication, ethics and values, teaching and learning, clinical reasoning, and evidence-based practice. There are some PT schools where dry needling is part of or will soon be added to the curriculum including Georgia State University, Mercer University, University of St. Augustine for Health Sciences and the Ola Grimsby Institute.

The Federation of State Boards of Physical Therapy states that intramuscular manual therapy (dry needling) is not an entry-level skill and should require

additional training. There are many post-professional continuing education programs on dry needling for physical therapists.

The Board set precedence with rules defining the additional training in order to practice sharp debridement and needle electromyography. It may be necessary to determine whether or not additional rules are warranted for the practice of dry needling by physical therapists.

Professional Standards and Position Statements

The American Academy of Orthopedic Manual Therapists has a position statement supporting the practice of intramuscular manual therapy. The Federation has a resource paper on this topic and concludes that intramuscular manual therapy is in the scope of physical therapy practice. The American Physical Therapy Association recognizes that physical therapists are performing dry needling and that those who practice it should have additional education and training to do so.

Fifteen states allow dry needling: AL, CO, GA, KY, LA, MD, NH, NJ, NM, OH, OR, SC, TX, VA, WY and Washington DC. The Oregon Licensing Board determined that dry needling is part of physical therapy practice, can't be performed by a PTA and requires post entry-level education and training (yet to be defined). Dry needling isn't allowed in six states: HI, ID, NC, NV, NY and TN. The remaining 30 states are silent including Washington State.

Dry needling is commonly practiced by PTs around the world including Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain, and the United Kingdom, among others.

Literature and Research

There are many published studies supporting the use of dry needling as a safe and effective treatment modality. There is evidence suggesting there is a difference between dry needling and acupuncture.

Safety

Dry needling has been practiced safely by physical therapists for over 20 years. The Federation's Disciplinary Database has no entries in any jurisdiction for a physical therapist disciplined for harm caused by dry needling. The literature doesn't report any serious harm or injury from dry needling performed by a physical therapist. The most common reported side effects are soreness and minor hematomas.

Claims that physical therapists have inadequate training in dry needling and this may lead to adverse outcomes are unfounded.

In summary, dry needling is practiced by physical therapists in the United States and around the world. Performing dry needling requires post-professional advanced education and training. There is scientific evidence that dry needling is safe and effective. Dry needling is not equivalent to acupuncture. The Board has

the authority to determine whether or not additional rules are warranted for physical therapists performing dry needling. The Physical Therapy Association of Washington encourages the Board to recognize that dry needling is part of physical therapy scope of practice.