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BOARD OF PHYSICAL THERAPY

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**ADVISORY COMMITTEE ON DRY NEEDLING
MEETING MINUTES**

April 10, 2018

Item 1 - Call to Order/Roll call: The meeting was called to order at 1:02 pm, by Chairperson Smith.

Advisory Committee Members in attendance (Northern Nevada): Sherise Smith, Chairperson, Nevada Physical Therapy Board; Katania Taylor, Doctor of Oriental Medicine in Reno; Maggie Tracey, Chair of Oriental Medicine Board.

Advisory Committee Members in attendance (Southern Nevada): Jenelle Lauchman, physical therapist; Sharon Roth, Doctor of Oriental Medicine in Las Vegas.

Advisory Committee Members via telephone: Tina Baum, physical therapist; Mary Anne-Brown, registered nurse, Nevada Board of Nursing.

Staff in attendance: Sarah Bradley, Senior Deputy Attorney General; Neena Laxalt, Lobbyist, Nevada Physical Therapy Board; Charles Harvey, Executive Director, Nevada Physical Therapy Board; Asheesh Bhalla, Deputy Attorney General for Oriental Medicine Board; Merle Lok, Executive Director, Oriental Medicine Board.

Public in attendance: Young Lee, PT Student; Jeff Deets, physical therapist; Jennifer Nash, Nevada Physical Therapy Association (NVPTA) President; Gail Oss, NVPTA Executive Director; Richard Perkins, NVPTA Lobbyist.

Item 2 - Public Comments:

Jeff Deets - I am a practicing physical therapist with approximately 30 years of PT experience. I am a dry needler. I was trained in 2006 with extensive dry needling training. I believe that physical therapists are highly educated and have the clinical skills to perform dry needling based on their education in palpable anatomy, biomechanics, physiology and manual therapy techniques. I've been performing dry needling for several years without clinical incident. It's a very effective method used in physical therapy to reduce pain, improve mechanics, decrease muscular dysfunction,

which is extremely effective in returning a patient to function. I think the background of physical therapy with the extensive background in muscle physiology, palpable anatomy and ability to identify structures of muscle tightness is definitely within the scope of physical therapy, and physical therapists should be allowed to practice dry needling with the appropriate training and clinical competency.

Chairperson Smith discussed the following housekeeping items:

1. Today's advisory committee meeting will adjourn at 3:00pm.
2. The final advisory committee meeting will be on May 8th to wrap up recommendations and present them to the Board.
3. Reminder to advisory committee members that this committee needs to function under the Open Meeting Law. There should not be collaboration going on between members of the committee between meetings. If you are sending an email to Director Harvey with something for distribution, you should not be copying other members of your profession or any other members of the committee. All correspondence should be sent directly to Director Harvey and he will redistribute it to committee members. It's very important that we follow these rules with this committee, just as we do with our own boards.

Item 3 - Review, discuss, amend and approve Advisory Committee on Dry Needling Meeting Minutes (For Possible Action)

A. March 20, 2018

Motion: Motion to approve the March 20, 2018 Meeting Minutes: Maggie Tracey

Second: Jenelle Lauchman

Motion Passes Unanimously

Item 4 - Review and Discussion of Advisory Committee Assignments (**For Possible Action**)

- A. Consent Form
- B. Required training to demonstrate competence and safety

Item A and B taken out of order.

Chairperson Smith – The first thing we need to tackle is solidifying our dry needling definition, then moving on the training requirements, and lastly the consent form. The goal is to get through the definition and training requirements today, we can work on the consent form at the next meeting. We will start with the definition that was sent out by Tina Baum and the extensive comments provided by Dr. Tracey.

Chairperson Smith asked Tina Baum to provide background on the dry needling definition. Keep in mind that this is a physical therapy definition of dry needling.

Tina Baum - I took the APTA and FSBPT definition of dry needling, along with definitions used by other states and the most recently used definition by all physical therapy organizations and in rules and regulations in general. I went on to indicate what physical therapy is not. The skilled technique of dry needling by a physical therapist is not acupuncture, nor should a physical therapist claim to practice acupuncture (see NRS

634A.020 for definition). Physical Therapists do not: claim to “regulate the flow and balance of energy”, use diagnostic terminology such as tongue and pulse, use TCM (Traditional Chinese Medicine) terminology such as meridian acupoints, use dry needling to address things such as fertility, smoking cessation, allergies, depression or other non-neuro-musculoskeletal conditions which are commonly treated with acupuncture. I then went on to define what acupuncture is in their regulations to draw clarity on what acupuncture is from their point of view and what dry needling is from a physical therapy point of view, and I tried using that in our definition.

Chairperson Smith asked Tina Baum to read her dry needling definition.

Tina Baum - Dry needling is a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structure and function, for the evaluation and management of neuromusculoskeletal conditions, pain, movement, impairment and disability.

Chairperson Smith asked for input on the dry needling definition.

Katania Taylor - Dry needling(DN) is not merely a technique but a medical therapy technique performed by licensed acupuncturists, physicians and more recently by specially trained physical therapists using either hollow core hypodermic needles or solid filiform acupuncture needles to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the management of musculoskeletal conditions, pain and movement impairments. DN means an advanced needling skill of single use, single insertion, sterile hypodermic or filiform needles, (without the use of heat, cold, electricity, magnets or added modality or medication), that are inserted into the skin or underlying tissues to stimulate trigger points. Dry Needling is an invasive practice that when performed requires an examination and diagnosis by a physician and treats specific anatomic entities selected according to physical signs. DN DOES NOT INCLUDE the stimulation of auricular points, utilization of distal or non-local points, facial/sinus points, needle retention, application of retained electric stimulation leads, insertion of needles to treat underlying organs or the insertion of more than one needle at a time. Multiple needles may not be inserted at the same time. DN is a subset of acupuncture; it is a basic form of orthopedic acupuncture. In China, since the late 1800's or earlier, DN was a common name among acupuncturists and the general public.

Maggie Tracey – One of the things that I did with the definition of dry needling was go back to the 1940s when Dr. Janet Travell started dry needling. I took what she was doing and looked at dry needling as it was advancing over the course of the next 60 – 70 years, and how it's been advancing over the last 10 years. I looked at Maryland because they tend to be one of the stricter states in the union for dry needling by physical therapist. I looked at states like California and Washington and why they wouldn't allow it. Most of the states that don't allow do so because they consider it to be acupuncture. In Maryland, they require all of the training because they feel that it is an invasive procedure. That is how I came up with this definition. Our main goal is not only maintaining the integrity of oriental medicine but ensuring that the public is safe. I don't think we're ever going to agree that dry needling isn't acupuncture, but if we can

come to some kind of an agreement as to what is considered dry needling, than I think we can move forward. Dry needling isn't multiple insertion of needles, no matter where you look.

Chairperson Smith asked for comments.

Tina Baum - Why are we going back from what dry needling use to be to what it is today. Basically we don't need the history, but need to know what it is today. Dr. Tracey stated that it was just her statement on how she came up with her definition.

Tina Baum - There have been quite a few different actions throughout the country. Some states are choosing not to have any guidelines and leave it up to the therapists, and then you have the most regulated states. I feel like there needs to be a happy medium. As the Physical Therapy Board we came to the Oriental Medicine Board with Arizona's guidelines which is kind of a happy medium between both extremes. I don't think it's realistic to go to this extreme. I have issues with a lot of the things that were added to the dry needling definition. I'm looking it up right now and Maryland actually states that it is not a single needle, but states one or more solid needles, so I don't think that is completely accurate. Maryland and Illinois may be the only two strict states, but that is not the consistency amongst all of the states, nor the medium. I think we need to have a happy medium.

Chairperson Smith asked Jenelle Lauchman to comment on the OMD recommended additions.

Jenelle Lauchman discussed the following parts that she had concern with.

1. Reference to filiform needles as "acupuncture needles", because there are now needles specifically made for physical therapists.
2. Single insertion and electricity because these are things physical therapists are taught in classes.
3. Reference to inserting more than one needle and multiple needles not being inserted at the same time, because this is taught in class.
4. Physician diagnosis, should be a physical therapy diagnosis to treat specific anatomic entities.

Maggie Tracey – This definition won't just be for PTs defining dry needling. It's going to have to be a definition that is across the board because chiropractors will also be looking at it, so where do you draw the line.

Senior Deputy Attorney General Bradley – Other people may look at it as a guide, but this is only being defined for physical therapist. It's going to be in the regulations as what physical therapists may do.

Katania Taylor - Illinois is probably closest to what we are looking at. For us, a strict definition like what Illinois came up with is a huge compromise for us. We are not really looking at coming to a medium between the states. That's just not where we're coming from.

Tina Baum - - The medium that I was referring to is between no training and no oversight and Maryland and Illinois.

Chairperson Smith - Are we at a point where we can agree on a definition or are we at a standstill? Chairperson Smith re-read the dry needling definition. Dry needling is a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structure and function, for the evaluation and management of neuromusculoskeletal condition, pain, movement, impairment and disability.

Sharon Roth - Why is the word evaluation included in the definition? How is dry needling used for the evaluation? Members agreed to remove the word *evaluation* from the definition.

Chairperson Smith read the second part of the definition amendment that was proposed by Dr. Tracey: DN means an advanced needling skill of single use, single insertion, sterile hypodermic or filiform needles, (without the use of heat, cold, electricity, magnets or added modality or medication), that are inserted into the skin or underlying tissues to stimulate trigger points. Dry Needling is an invasive practice that when performed requires an examination and diagnosis by a physician and treats specific anatomic entities selected according to physical signs. DN DOES NOT INCLUDE the stimulation of auricular points, utilization of distal or non-local points, facial/sinus points, needle retention, application of retained electric stimulation leads, insertion of needles to treat underlying organs or the insertion of more than one needle at a time. Multiple needles may not be inserted at the same time.

Discussion on single use, single insertion of the same needle and multiple needles inserted at the same time; use of heat, cold, electricity. OMB members objected to the multiple use of the same needle and multiple needle insertion at the same time.

Katania Taylor – We can't go on the way it is currently being taught. We are here to determine what we should do going forward. So continuing to say “that's not what we are being taught or that's not how many hours we can get... I don't really care what you're being taught. We want to move forward in the right direction. We're talking about what we don't agree with and what we don't think should be allowed.

Maggie Tracey - My concern is that physical therapists are not crossing the line and doing acupuncture. We can only use single use needles.

Tina Baum – Our clean needle techniques are slightly different. OMD does not use gloves on certain areas of the bodies, whereas we are taught to always use gloves so we never have bacteria on our fingers.

Senior Deputy Attorney General Bradley - We have been working on a draft of regulations and one of the items specifies that all physical therapists and physical therapist assistants must follow health and safety guidelines as per the Center for Disease Control, so they would will always follow national guidelines regardless of what they are doing. This would apply to any technique, including clean needle techniques.

Discussion on the number of needles that can be inserted at one time.

Jenelle Lauchman – We should open up a discussion with educators to see what they are teaching on the number of needles that can be inserted at the same time. I don't want to limit the number of needles until I hear how it is being taught in physical therapy courses.

Mary Anne-Brown - I think the definition needs to stick to what are established, researched, published, accepted professional definitions for dry needling for physical therapists.

Chairperson Smith – Under the umbrella of physical therapy, the purpose of this committee is to make this as safe as possible.

Tina Baum – There is another definition used in some other states that may be helpful, that says that dry needling shall be performed solely for conditions that fall solely under the physical therapy scope of practice. Each physical therapist performing dry needling shall perform dry needling only in the anatomical region of training completed by the physical therapist. Each physical therapist who performs dry needling shall do so in a manner consistent with generally accepted standards of practice. They are not following acupuncture guidelines because we don't know what those are.

Chairperson Smith – the draft definition reads as follows: Dry needling is a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structures and functions, for the management of neuromusculoskeletal conditions, pain, movement, impairment and disability. Dry needling means an advanced practice of needling skills using sterile filiform needles that are inserted into the skin or underlying tissue to stimulate trigger points. It does not include the stimulation of auricular points, sinus points or other non-local points as defined below, insertion of needles to treat underlying organs.

Committee members agreed to table the discussion of multiple needles and retention time.

Chairperson Smith reviewed the training requirements identified in Arizona regulation R4-24-313. Course content that meets the training and education qualifications for dry needling shall contain all of the following.

1. The course content shall be approved by one or more of the following accepted entities prior to the courses being completed by the physical therapist.
 - a. Commission on Accreditation in Physical Therapy Education,
 - b. American Physical Therapy Association,
 - c. State Chapters of the American Physical Therapy Association,
 - d. Specialty Groups of the American Physical Therapy Association, or
 - e. The Federation of State Boards of Physical Therapy.

We would add the Nevada Advisory Committee on Continuing Competency (ACCC) to this list.

2. The course content shall include the following components of education and training:
 - a. Sterile needle procedures to include one of the following standards:
 - i. The U.S. Centers for Disease Control and Prevention, or
 - ii. The U.S. Occupational Safety and Health Administration
 - b. Anatomical Review,
 - c. Blood Borne Pathogens
 - d. Contraindications and indications for dry needling,
3. The course shall include but is not limited to, passing of a written examination and practical examination before completion of the course. Practice application course content and examinations shall be done in person to meet the qualification of this section.
4. Course Content required shall total a minimum of ____ (blank) contact hours of education.

Discussion on training requirements, standards. Dry needling is allowed in 33 states, prohibited or likely prohibited in 10 states, and 7 states are silent. 15 of the 33 states require additional education/training specific to dry needling. Education and training requirements span from no education/training specified to specifying a minimum number of hours of specialized training, minimum years of practice, supervision of technique and online versus face-to-face instruction.

Katania Taylor – We are looking for a total 300 hours of dry needle training. Supervised needling to meet the required hours may occur after the first 54 hours of didactic courses. Classes must be in person, no online courses are acceptable.

Chairperson Smith – These are the current states that regulate hours.

- Arizona – requires 24 hours as approved courses
- Colorado – requires 46 hours of face to face coursework
- Washington DC – no hours specified
- Delaware – requires 54 hours with course completed in more than 2 years, and can't perform on patients until at least 25 hours of education
- Georgia – if you graduate from an entry level program that included 50 hours and competency assessment; or a residency of fellowship with 50 hours in competency; or 50 hours and competency assessment as a PT
- Kansas – no hours specified, but each PT must be required to complete 200 patient hours of dry needling before taking each successive course
- Louisiana – 50 hours of face to face instruction. Online and other distance learning will not satisfy this requirement
- Maryland – 40 hours of approved instruction + 40 hours of hands on supervised practice
- Mississippi – 50 hours of face to face. No online. 3 years practice as PT and have to file with the board that you are practicing DN
- Montana – no specified hours
- North Carolina – 54 hours
- Nebraska – no specified hours
- Tennessee – 50 hours

- Utah – 300 hours, 54 hours of instruction followed by 250 hours of supervised patient treatment sessions

Jenelle Lauchman - Most states require about 24 hours of contemporary coursework. You cannot get a dry needling class that is 50 hours, and you can't take level two until you've needled a certain number of people. So you can't say we need 50 hours because you cannot get there.

Katania Taylor - We cannot say that a PT can needle after 24 hours just because we don't currently have the courses available in this state.

Jenelle Lauchman – I recommend that we adopted the Kansas language that allows PT to needle the areas that they have been trained in.

Sharon Roth - if other states require 54 hours, how are they able to do that if Nevada cannot? If you take a weekend course and you are practicing on the other students in your class, before you are automatically practicing on patients, there should be clinical training with a mentor process. Before we can ever practice on a client, we practice on each other, then have supervised practice.

Tina Baum - We have to make it realistic for people to come into the clinic and practice. You learn as you go, one body part at a time. I'm concerned that this will be too restrictive that physical therapist won't be able to practice. The trend is that once they've been trained in school and more continuing education courses are available, it becomes more structured and organized.

Katania Taylor – Maybe as more states do what we're doing and pass it and legislate it, demand and supply will change to meet the need. We can't just go off of what has been, because there have been no standards. The educational model has been based on demand, the demand has generally had no regulation or requirements. We should not be referring back to the model, because it is going to have to change.

Sharon Roth - - How does Utah do it? They put 300 hours into their basic practice. We should find out how they've implemented it before we make any decisions.

Chairperson Smith - The model we are looking towards is taking level 1 course, which is typically 24 hours and being allowed to needle a certain number of hours before moving on to the level 2 course. We need to go by the model of education that is out there for physical therapists. In level 1 – the course is done and then a certain number of hours of treating patients before the person is allowed to take level 2, rather than some arbitrary number of hours. That is a functional, doable model based on the way courses are taught.

Katania Taylor – Recommend that you refer to states that have actually gone through the process of approval and not just states that aren't doing anything. OMD members do not agree that a PT should be able to needle patients after a weekend training course. Maybe we need longer courses with more supervised training. You

are expecting us to model our whole thought process around what you have now. We're talking about changing the model to improve safety.

Sharon Roth – When you doing a higher level technique, you expect to have a higher level of training, and patients expect that you have had supervised clinical practice. I think that is the standard of education.

Chairperson Smith - It would be great if our Advisory Committee could bring forth a cohesive recommendation before the Nevada Physical Therapy Board makes its decision on the regulations moving forward, which ultimately is the PT Board's decision to do. Do you all think that we've had enough discussion today to bring that definition back forward and then think more about the model that Tina provided about the training and clinical practice and how it can be done in a way that satisfies all parties?

Neena Laxalt – We have two separate boards with their own modes, education, training and background. The main thing is to make sure that PTs are fully competent and trained. However, the liability falls on the NPTB to make sure the public is protected.

Chairperson Smith discussed tasks going forward

- Definition for all the different things talked about
- Training Content (hours) need more discussion
- Consent Form – model to be used by the therapist

Item 6 - Public Comment – Jennifer Nash thanked everyone for their hard work.

Item 7 - Adjournment – Meeting adjourned by Chairperson Smith at 2:51 p.m.