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BOARD OF PHYSICAL THERAPY

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**ADVISORY COMMITTEE ON DRY NEEDLING
MEETING MINUTES
May 8, 2018**

Item 1 - Call to Order/Roll call: The meeting was called to order at 1:05 pm, by Chairperson Smith. The Carson City meeting location was changed from the Office of the Attorney General's Executive Conference Room to the Mock Court Room.

Advisory Committee Members in attendance (Northern Nevada): Sherise Smith, Chairperson, Nevada Physical Therapy Board; Maggie Tracey, President, Oriental Medicine Board, Mary-Anne Brown, registered nurse, Nevada Board of Nursing.

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

Staff in attendance: : Neena Laxalt, Lobbyist, Nevada Physical Therapy Board; Sarah Bradley, Senior Deputy Attorney General; 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: Susan Fisher, Lobbyist, Oriental Medicine Board

Item 2 - Public Comments:
None

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

A. April 10, 2018

Motion: Motion to approve March 20, 2018 Meeting Minutes: Mary-Anne Brown
Second: Jenelle Lauchman
Motion Passes Unanimously

A. Dry Needling Definition

Chairperson Smith – The following dry needling definition was provided to each committee member for review prior to today’s meeting. *“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.”* That is the standard Federation of State Boards of Physical Therapy (FSBPT)/American Physical Therapy Association (APTA) physical therapy definition of dry needling. We added the following additional language for possible approval: *“It does not include the stimulation of auricular points, sinus points or other non-local points to treat underlying organs. Dry needling shall be performed solely for conditions that fall 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.”* The second part of this definition contains language that should go in the consent or regulation. I hesitate to create our own dry needling definition that is not in line with FSBPT and APTA standards which are almost identical to the first part of the definition that I presented.

Discussion on the dry needling definition, description of the physical therapist role, scope of application and theory, recommendations presented by the Oriental Medicine Board and adoption of a concise statement that is consistent with physical therapy standard practice.

Tina Baum – I recommend that the word evaluation be added back into the original definition for the following reasons. We don’t use dry needling to evaluate, however when you are performing dry needling, you are noting the response to treatment, how the muscle feels when needling, the tension of the needle, if the spasms are decreasing around the needle, do you need to take it out, do you need to put in another needle, do you need to add stimulation. I feel that the evaluation component is ongoing. This is a very dynamic and highly skilled procedure, so I feel that it should be included in the definition. Most importantly, the Nevada Physical Therapy Board licenses physical therapist and physical therapist assistants. Physical therapist assistants are very different as they do not evaluate, diagnose, assess, reassess or prepare treatment plans. If we don’t leave evaluate in the definition that leaves this procedure open to physical therapist assistants being able to do that. Chairperson Smith clarified that the FSBPT/APA dry needling definition includes the word evaluation.

Chairperson Smith - Is there any objection to the dry needling definition including the word evaluation and reading 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 evaluation and management of neuromusculoskeletal conditions, pain, movement, impairments and disability.”*

Sharon Roth – Are the suggestions from the oriental medicine community regarding one needle at a time and retention of needles going to be included in your definition?

Chairperson Smith – I propose that they not be included in the definition, because they are not in line with the standard physical therapy definition of dry needling. We can discuss those suggestions when we come to the regulation discussion, but we need to keep in line with the standard dry needling definition being used in our profession.

Sharon Roth – For the record, that is not my opinion. The dry needling definition that has been presented is still identical to acupuncture with no real sense of how it is differentiated. The suggestions made by OMB members were to differentiate how it is performed in practice from acupuncture. Otherwise it still appears to be acupuncture in practice. Unless the practice of dry needling is differentiated, I don't see how it can have a different name.

Chairperson Smith – At our last meeting, we came up with a definition that we agreed upon. The proposal on the floor is to take the second part of that definition and place it in the regulation, keeping the definition pure and consistent with the physical therapy definition. The second part that we can factor into the regulation reads *“Dry needling does not include the stimulation of auricular points, sinus points or other non-local points to treat underlying organs. Dry needling shall be performed solely for conditions that fall 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.”*

Motion: I move that we approve the dry needling definition as highlighted, and place the second part of the originally proposed definition in the dry needling regulation: Tina Baum

Second: Mary-Anne Brown

All in Favor: Sherise Smith, Tina Baum, Mary-Anne Brown, Jenelle Lauchman

All Opposed: Sharon Roth, Maggie Tracey

Motion Passes: 4 – 2

B. Model Consent Form

Review and discussion of the draft consent form, informed consent and written consent. Recommendation by OMB members to remove all references to traditional Chinese medicine or Chinese acupuncture.

Recommended language for Dry Needling Consent Form

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. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of Treatment:

The most serious risk associated with dry needling is accidental puncture of a lung (pneumothorax). If this were to occur, it may require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture, while rare, may require hospitalization. Other risks may include bruising, infection or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from dry needling is unlikely.

Patient’s Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks, were answered to my satisfaction.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I, _____ authorize the performance of Dry Needling.

Patient or Authorized Representative

Date

Relationship to patient (if other than patient)

Date

I was offered a copy of this consent and refused.

Chairperson Smith – Do I have a motion to approve this as a sample consent? In the regulation we will include language stating: *“A physical therapist who performs dry needling shall obtain informed consent including written documentation from each patient who will received dry needling before the physical therapist performs dry needling on a patient. The informed consent must be documented and shall include, at a minimum, a consent form that includes the following: definition of dry needling, risks and benefits, patient signature.”*

Motion: Motion to approve the sample consent form. Jenelle Lauchman

Second: Sherise Smith

Any Opposed: None

Motion Passes Unanimously

C. Training Recommendations

Discussion on sample regulation language and training hours,

Recommended language for Sample Dry Needling Regulation

Professional Standards of Care and Training and Education Qualifications for Delivery of Dry Needling Skilled Intervention:

- A. A physical therapist shall meet the qualifications established in subsection (C) before providing the skilled intervention “dry needling”.
- B. Dry needling does not include the stimulation of auricular points, sinus points or other non-local points to treat underlying organs. Dry needling shall be performed solely for conditions that fall 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 physical therapy standards of practice.
- C. Before engaging in dry needling in his or her practice, a physical therapist must submit documented proof of compliance with the qualifications listed in subsection D, to the board. NOTE: The board requests that LCB drafters give all current practitioners of dry needling 30 days to submit their compliance to the Board.
- D. 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 entities prior to the course(s) 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.
 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 content required in subsection (D) of this Section shall include, but is not limited to, passing of both a written examination and practical examination before completion of the course content. Practice application course content and examinations shall be done in person to meet the qualifications of subsection (D).
- E. The standard of care for the intervention “dry needling” includes, but is not limited to the following:
- 1. “Dry needling” cannot be delegated to any assistive personnel, including physical therapist assistants or physical therapist technicians.
 - 2. A physical therapist who performs “dry needling” shall obtain written informed consent from each patient who will receive “dry needling” before the physical therapist “dry needling” on that patient. The informed consent form shall include, at a minimum, the following:
 - a. The patient’s signature;
 - b. The risks and benefits of dry needling;
 - c. A clearly and conspicuously written statement that the patient is not receiving acupuncture.

Discussion on section B of the sample regulation. OMB members recommended rewording section B from: *“Dry needling does not include the stimulation of auricular points, sinus points or other non-local points, or to treat underlying organs”* to *“Dry needling does not include the stimulation of auricular points, sinus points or other non-local points, or to treat underlying organs”*. Dr. Roth advocated for the addition of the word *“or”* to differentiate between physical therapy dry needling and acupuncture. After discussion, two polls of the committee were taken to determine who was in favor of making the suggested change.

First Poll

All in Favor: Sharon Roth

All Opposed: Sherise Smith, Mary-Anne Browne, Tina Baum, Jenelle Lauchman.

Motion Fails

Second Poll

All in Favor: Sharon Roth, Maggie Tracey

All Opposed: Maggie Tracey, Sherise Smith, Mary-Anne Browne, Tina Baum,

Jenelle Lauchman.

Motion Fails

Discussion on section D4 of the sample dry needling regulation, required hours vs accreditation of courses, continuing education, regulations, the complaint and investigatory process. OMB members recommended a minimum number of person to person, didactic and clinical hours because it is an invasive procedure. Sharon Roth – As an invasive procedure, there are real world complications that can develop. Not having a minimum number of hours does a disservice to the community whose patients would expect that its practitioners would have adequate training where a minimum number of hours is standard and upheld.

Motion: I make a motion that we approve the regulation recommendations as drafted and discussed: Mary-Anne Brown

Second: Tina Baum

All in Favor: Sherise Smith, Mary-Anne Browne, Tina Baum, Jenelle Lauchman

All Opposed: Sharon Roth, Maggie Tracey

Motion Passes 4 to 2

Chairperson Smith thanked everyone for their participation on the advisory committee and stated that the board would be happy to work with OMB when they review their regulations.

Item 6 - Public Comment – None.

Item 7 - Adjournment – Meeting adjourned by Chairperson Smith at 2:50 p.m.