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BOARD OF PHYSICAL THERAPY

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**ADVISORY COMMITTEE ON DRY NEEDLING
MEETING MINUTES
March 20, 2018**

Item 1 - Call to Order/Roll call: The meeting was called to order at 1:06 pm, by Chairperson Smith.

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

Advisory Committee Members in attendance (Southern Nevada): Jenelle Lauchman, DPT, Committee Member; Tina Baum, Committee Member; Sharon Roth, Doctor of Oriental Medicine

Advisory Committee Members via telephone: Mary Anne-Brown, Registered Nurse, Nevada Board of Nursing

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

Public in attendance: Joe Rios, OMD; Dwayne Steel, OMD

Item 2 - Public Comments: None

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

A. February 6, 2018

Motion: Motion to approve the February 6, 2018 Meeting Minutes: Dr. Tracey

Second: Tina Baum, with notation of the correction of Dr. Taylor's name

Opposed: None

Motion Passes Unanimously

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

A. Required training to demonstrate competence and safety

Discussion included: dry needling definition; differentiation between dry needling and acupuncture; scope of practice; specific procedures that acupuncturist can perform and physical therapists cannot perform; differentiation between dry needling and acupuncture; training guidelines.

Members representing the OMB sought to create a specific dry needling definition as a first step to help in determining required training to demonstrate competence and safety; specify body parts where dry needling can and cannot be performed; limit the number of needles, retention time of needles inserted in tissue; and justify why dry needling is being used on those points. Dr. Tracey provided the following definition for discussion. “Dry needling, sometimes known as intramuscular stimulation, means an advanced needling skill or single use, single insert filiform needle without the use of heat, cold or any other added modality or medication. That would include electric stimulation. Dry needling may apply underlying tissues to stimulate trigger points. Dry needling does not include the stimulation of ear points, utilization of distill points for non-local points, no facial points, no skull points, abdominal points or any other non-trigger point.” Dr. Tracey stated that we need to address needle retention, application of retained electric stimulation, because points to treat underlying organ tissues are prohibited under dry needling.”

Chairperson Smith noted that if the Advisory Committee can agree on dry needling as a scope of practice for physical therapist and come up with a definition that the members can all live with, the Committee will be able to move forward. However, if we cannot come to an agreement, this Committee’s effort will be futile. Mary-Anne Brown commented that the question at hand is how we train and look at regulation. In regards to definition, the Committee should be using published definitions that are found in multiple, appropriate, generally accepted academic resources, rather than creating their own definition.

Tina Baum stated that it is not realistic to define the amount of time a monofilament needle stays inserted or restrict the number of monofilament needles used as it would impair practitioners ability to safely treat patients. Also, the training guidelines can’t be so strict that it would not be realistic for physical therapists to be able to perform dry needling. All other continuing competence classes where practitioners learn a new technique are taught thru a weekend course and the practitioner can implement the new techniques when returning to work on Monday if they feel competent to do so.

Jenelle Lauchman provided the dry needling definition published in HumRRO (2015) Analysis of Competencies for Dry Needling by Physical Therapists

“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 neuro-musculoskeletal conditions, pain, movement impairments, and disability.”

Tina Baum provided a list of procedures that physical therapist’s cannot perform, which include:

1. Physical therapists using dry needling, do not and cannot claim to practice acupuncture.
2. Do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology.
3. Do not use acupuncture diagnose like tongue and pulse.
4. Do not use of energy flow of meridians.
5. Do not use dry needling to address things such as fertility, smoking cessation, allergies, depression, or other non-neuromusculoskeletal conditions which are commonly treated with acupuncture.

OMB Members stated that they would like to make the list more specific and comprehensive. Mary-Anne Brown stated that list are never comprehensive and they can create additional problems. For instance, if you create a list of things that cannot be done and something is left off, it implies that it can be done. You also have to look at what’s accepted in your professions. This is not going to solve every nuance of training and practice, so laundry lists of what you can and cannot do can be challenging on their own.

Senio Deputy Attorney General Bradley commented that lists can be helpful with enforcement, although they can quickly get outdated. From a legal perspective, when a complaint comes in, she would be looking for regulation that contains a list that can be enforced against licensees. She encouraged the Board to review regulations every other year and update the list of practices that can and cannot be performed by physical therapist.

Advisory Committee Members agreed to begin the dry needling definition process with the HumRRO definition, along with Tina Baum’s list of procedures that PTs cannot perform, and finalize the definition at the next meeting. Members will also consider the Arizona training guidelines and individually review, add comments and cite sources for any additional information that is added.

B. Consent Form

Discussion on consent forms provided by Jenelle Lauchman and Dr. Roth.

Chairperson Smith noted that the dry needling definition and training guidelines will need to be completed before proceeding with development of a consent form. Review of upcoming meeting dates, committee members assignments and deadlines. The next Advisory Committee on Dry Needling Meeting is scheduled for April 10, 2018 in the same locations. Committee members are asked to review the previously distributed consent forms prior to the April 10th meeting. Assignments and deadlines are as follows:

- 3/23/18 - Distribute HumRRO dry needling definition with Tina's list;
- 3/23/18 - Distribute Arizona training guidelines with Tina & Jenelle's Comments;
- 3/29/18 - Distribute draft agenda to committee members;
- 4/03/18 - Comments due from committee members on dry needling definition, training guidelines and meeting agenda;
- 4/05/18 - Distribute compiled comments to committee members;
- 4/05/18 - Post agenda;
- 4/10/18 - Advisory Committee on Dry Needling Meeting.

Item 5 - Public Comment

Dwayne Steele, OMD.

There has been a lot of overlap with physical therapy, which I am supportive of. I have had physical therapy done and it is very similar to a lot of the tui nai techniques we employ. I've heard of physical therapists doing cupping therapy, known as decompression therapy. There is a technique that is employed of gua sha therapy which is called graston therapy. But I was a little alarmed at adding the acupuncture because now we're transforming physical therapy into one that didn't employ invasive techniques into one that employs invasive techniques. It appears to me that this was done without a lot of forethought. Dry needling in my opinion is acupuncture because it seems to be specifically identified in the acupuncture classic written 2000 years ago. In that book they talk about the myofascial tract which they call Ging Ging, which we normally call muscle meridians, the world organization refers to as channel sinews. In that technique, acupuncture points aren't needled, its just the muscles. I see this as being a slippery slope. I am not concerned with what the boards decide. What is a concern to me is what happens in practice, and this is from a public safety standpoint. If the myofascial tract is used and called dry needling, then there should be no training in acupuncture points, and I don't know if there is or not. Because scientific literature has shown how acupuncture points affect pain control centers in the brain, and have specific effects on organs. I think that once you begin needling acupuncture points you need to have a level of diagnostic ability to be able to safely employ these points. That is my concern as an OMD and a public member.

Item 6 - Adjournment – Meeting adjourned by Chairperson Smith at 2:50 p.m.