

Memorandum

To: Rules Review Commission

From: Abigail Hammond, Staff Counsel

RE: 21 NCAC 48C .0104, Dry Needling

This Rule and applicable statute are attached for your review. In addition, the following letters are attached:

Letters of Opposition	Letters of Support
E.D. Gaskins and James Hash of Everett Gaskins and Hancock on behalf of Daoist Traditions College of Chinese Medical Arts	John M. Silverstein, Counsel for the Board of Physical Therapy
Mary Cissy Majebe, OMD, President of Daoist Traditions College of Chinese Medical Arts	Stephen Feldman, Ellis & Winters, LLP
Eric Raymond Buckley, DOM, LAC	Andrew Ball
Nancy Davison	Elizabeth Henry
Ashley Perkinson, Counsel for NC Association of Acupuncture and Oriental Medicine	Paul Rockar, Jr, PT, DPT, MS President of American Physical Therapy Association
Kory Ward-Cook	Mary Kay Hannah
Dr. Joanne Allen	Rebecca McGhee
Valerie Hobbs, Council of Colleges of Acupuncture and Oriental Medicine	Novant Health
	Emmanuel Easerling
	Lorraine Kingham
	Patrick McCarthy
	Summer Price
	Jan Zamudio
	Scott Gibson
	Variety of statements

The following individuals have requested to speak:

Speakers in Opposition	Speakers in Support
Thomas Mitchell, DC – President of NC Chiropractic Association	Stephen Feldman, Ellis & Winters, LLP
Ann Christian, Counsel for the NC Acupuncture Licensing Board	Mary C. Hannah
E.D. Gaskins and James Hash of Everett Gaskins and Hancock on behalf of Daoist Traditions College of Chinese Medical Arts	John M. Silverstein, Counsel for the Board of Physical Therapy
Sharon DeMocker, MD	David Reed, Member of the Board of Physical Therapy
Mary Cissy Majebe, OMD, President of Daoist Traditions College of Chinese Medical Arts	
Eric Raymond Buckley, DOM, LAC	
Nancy Davison	
Ashley Perkinson, Counsel for NC Association of Acupuncture and Oriental Medicine	

21 NCAC 48C .0104 has been adopted with changes as published in 29:02 NCR 172 as follows:

21 NCAC 48C .0104 DRY NEEDLING

(a) “Dry Needling,” “Intramuscular Manual Therapy,” ~~“Trigger Point Dry Needling,”~~ “Trigger Point Dry Needling.” and “Intramuscular Needling” are used interchangeably to describe a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments.

(b) Prior to a physical therapist performing dry needling in North Carolina, the physical therapist shall submit an application to the Board containing proof of completion of a course of study approved by the Board. The course of study shall include:

- (1) a minimum of 54 hours of ~~in-person~~ in-person classroom education;
- (2) instruction in clinical techniques of dry needling;
- (3) instruction in indications and contraindications of dry needling; and
- (4) certification of completion of all program requirements.

(c) Dry needling ~~cannot~~ shall not be delegated to physical therapist assistants or physical therapy aides.

(d) The Board shall maintain a list of programs approved to provide the required dry needling training for physical therapists. This information shall be available on the Board's website (www.ncptboard.org).

History Note: Authority G.S. 90-270.24; 90-270.26;
Eff. February 1, 2015.

Article 18B.

Physical Therapy.

§ 90-270.24. Definitions.

In this Article, unless the context otherwise requires, the following definitions shall apply:

- (1) "Board" means the North Carolina Board of Physical Therapy Examiners.
- (2) "Physical therapist" means any person who practices physical therapy in accordance with the provisions of this Article.
- (3) "Physical therapist assistant" means any person who assists in the practice of physical therapy in accordance with the provisions of this Article, and who works under the supervision of a physical therapist by performing such patient-related activities assigned by a physical therapist which are commensurate with the physical therapist assistant's education and training, but an assistant's work shall not include the interpretation and implementation of referrals from licensed medical doctors or dentists, the performance of evaluations, or the determination or major modification of treatment programs.
- (4) "Physical therapy" means the evaluation or treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes the performance of specialized tests of neuromuscular function, administration of specialized therapeutic procedures, interpretation and implementation of referrals from licensed medical doctors or dentists, and establishment and modification of physical therapy programs for patients. Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. Physical therapy education and training shall include study of the skeletal manifestations of systemic disease. Physical therapy does not include the application of roentgen rays or radioactive materials, surgery, manipulation of the spine unless prescribed by a physician licensed to practice medicine in North Carolina, or medical diagnosis of disease.
- (5) "Physical therapy aide" means any nonlicensed person who aids in the practice of physical therapy in accordance with the provisions of this Article, and who at all times acts under the orders, direction, and on-site supervision of a licensed physical therapist or physical therapist assistant. An aide may perform physical therapy related activities which are assigned and are commensurate with an aide's training and abilities, but an aide's work shall not include the interpretation and implementation of referrals from licensed medical doctors or dentists, the performance of evaluations, the determination and modification of treatment programs, or any independent performance of any physical therapy procedures. (1951, c. 1131, s. 1; 1969, c. 556; 1979, c. 487; 1985, c. 701, s. 1.)

IN THE NORTH CAROLINA RULES REVIEW COMMISSION

Re: Board of Physical Therapy Examiners' Proposed Rule 21 NCAC 48C .0103

"Dry Needling" By Physical Therapists

NOW COMES the Daoist Traditions College of Chinese Medical Arts ("the College"), through counsel, pursuant to 26 N.C.A.C. 05 .0103, and respectfully submits its written opposition to the North Carolina Board of Physical Therapy Examiners' ("PT Board's) proposed Rule 21 NCAC 48C .0104 re: "Dry Needling ("the Proposed Rule"). The College is located in Asheville, N.C., has operated since 2003, and is the only accredited acupuncture college in North Carolina. The College offers a master's degree that may be obtained over four years of full-time study. The College respectfully submits that the Proposed Rule must be rejected as it does not comply with the standards of N.C. Gen. Stat. § 150B-21.9(a) in that (1) it exceeds the authority delegated to the PT Board by the General Assembly, (2) it is vague and ambiguous, and (3) it is not reasonably necessary to implement or interpret an enactment of the General Assembly, or of Congress, or a regulation of a federal agency.

Both acupuncture and "dry needling" are invasive procedures utilizing identical needles up to four inches in length to penetrate the skin and underlying tissue for therapeutic purposes. The General Assembly has decreed that to obtain an acupuncture license one must complete a three-year postgraduate acupuncture college or training program approved by the North Carolina Acupuncture Licensing Board ("NCALB"). N.C. Gen. Stat. § 90-455. Even licensed physicians and chiropractors are required to have 200-300 hours of specialized acupuncture training in order to insert needles into patients for therapeutic purposes. *See* N.C. Gen. Stat. § 90-452(b). The Proposed Rule would permit physical therapists to expand their scope of practice to perform "dry needling" on their patients with only 54 hours of training. Such an unwarranted and ill-

considered expansion would be in contradiction with the regulatory framework established by the General Assembly and, more importantly, would endanger public safety.

The American Academy of Medical Acupuncture (“AAMA”) defines “dry needling” as “the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands.” (AAMA Policy on Dry Needling, Dec. 9, 2014). “Dry needling” cannot be reasonably described as anything other than an acupuncture technique, and acupuncture is already regulated in North Carolina by N.C. Gen. Stat. § 90, Article 30. Section 90-451(3) defines the practice of acupuncture, in pertinent part, as “the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body. . .”

The Proposed Rule represents an effort by the PT Board to expand the scope of its authority into the discipline of acupuncture, notwithstanding that the General Assembly has already delegated authority over acupuncture in North Carolina to the NCALB. The PT Board has taken the position that “dry needling” is within the scope of physical therapy as set out in N.C. Gen. Stat. § 90-270.24. Although section 90-270.24 does authorize therapists to utilize “assistive devices,” there is no evidence that the General Assembly intended such devices to include acupuncture needles to perform the invasive procedure of piercing a patient’s skin. Indeed, nothing in section 90-270.24 describes any type of invasive procedure as being within the scope of physical therapists’ practice. To the extent that the PT Board may claim that a “dry needle” is a not an “acupuncture needle,” it would be a distinction without a difference. The use of solid needles to pierce patients’ skin for therapeutic purposes, whether call “dry needling” or something else, is acupuncture under North Carolina law.

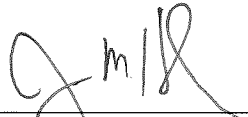
The Proposed Rule would create an unnecessary and entirely avoidable risk to public safety as it would authorize physical therapists with only 54 hours of vaguely defined training to pierce patients with solid needles. The General Assembly, in the interest of public health and safety, has previously determined that only licensed acupuncturists (who are required to obtain nearly 2,000 hours of training), licensed medical doctors (who receive 300 hours of acupuncture-focused training in addition to their other licensing requirements), and licensed chiropractors (who are required to obtain 200 hours of acupuncture-focused training in addition to their other licensing requirements) may practice acupuncture in North Carolina. *See* N.C. Gen. Stat. § 90-452.

Any invasive medical procedure poses a patient safety risk, even when competently performed by highly trained professionals. The PT Board has not articulated, nor can it articulate, a justification as to why its licensees should be permitted to pierce patients with solid needles for therapeutic purposes with significantly less training than that required of licensed acupuncturists, medical doctors, and chiropractors. There is simply no reason to endanger the public and diminish the quality of treatment within North Carolina by allowing the Proposed Rule to go forward. Thus, the Daoist Traditions College of Chinese Medical Arts respectfully objects to the Proposed Rule and requests that the Commission reject the Proposed Rule.

Letters of Opposition

Respectfully submitted, this the 6th day of January, 2015.

EVERETT GASKINS HANCOCK LLP

A handwritten signature in dark ink, appearing to read 'E.D. Gaskins, Jr.', is written over a horizontal line.

E.D. Gaskins, Jr.

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*Attorneys for the Daoist Traditions College of
Chinese Medical Arts*

Letters of Opposition

From: [Mary "Cissy" Majebe, OMD](#)
To: [Margaret P.; jh@hgmlawnc.com; jeff.hyde@aestheticimages.net; whitakerfarm@northstate.net; garth.dunklin@bassdunklin.com; Stephsimpson13@gmail.com; achoi@allen-pinnix.com; jeanette.k.doran@gmail.com; rcwalker4@rc-walker.com; Hammond, Abigail M; Burgos, Alexander N; Brincefield, Julie; Masich, Molly](#)
Subject: Fwd: please call immed after reading
Date: Tuesday, January 13, 2015 4:40:45 PM

Dear Ms. Hammond,

I mailed my request to speak at the January 15th Rules Review Hearing to Ms. Masich, but failed to send it to you and to the Physical Therapist Rules Coordinator. I am expanding the letter that was sent to ensure that I have the possibility of speaking.

As a person who has practiced acupuncture including the techniques referred to as dry needling for more than 30 years in the state of North Carolina I have insight regarding the evolution of Acupuncture and Dry Needling in our state.

I am also the President of Daoist Traditions, the only Acupuncture College approved by the North Carolina Board of Governors. As such I have knowledge about the training and safety requirements for those who practice Acupuncture and dry needling.

I was Chair of the first North Carolina Acupuncture Licensing Board in 1993 and am currently serving on the North Carolina Acupuncture Licensing Board.

I would like to share my knowledge and I will only be addressing those concerns that are enumerated in 150B-19 and 150B-19.1. I will speak in Opposition to [21 NCAC 48C .0104](#).

Sincerely,

Mary Cissy Majebe, OMD
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Letters of Opposition

North Carolina Rules Review Commission

January 6, 2015

Dear Commission,

I am an instructor of orthopedic acupuncture who teaches Masters level students at the Oregon College of Acupuncture and Oriental Medicine. The class I teach specifically focuses on understanding orthopedic disorders and musculoskeletal problems, the use of orthopedic physical exams, and the use of manual muscle testing to identify the appropriate treatment based on these assessments. The treatment taught in class is the piercing the body with fine filament needles, i.e. acupuncture, on trigger and motor points to help the patients find relief from their condition, including increasing range of motion and reducing pain. The treatments are considered to be “western” medical acupuncture and are advanced techniques which require specific training, taught in upper level classes in acupuncture schools.

I am writing to inform the commission that there is a growing concern nationwide that physical therapists are practicing acupuncture with little or no training. The North Carolina Physical Therapy Board has contributed to this growing public safety concern and to dubious billing practices by declaring acupuncture, under the name “dry needling,” to be within the scope of practice of physical therapists. This regulatory abuse appears to have been done outside the customary processes under which North Carolina licensing boards function.

Upon my review of the current situation, it is my opinion that the North Carolina Board of Physical Therapy Examiner’s proposed Rule 21 NCAC 48C .0104 Dry Needling fails to comply with the statutory grounds for the Rules Review Commission pursuant to North Carolina Gen. Stat. § 150B-21.9 because it falls outside the authority delegated to the agency by the General Assembly, is not clear, and is not necessary to implement an enactment of the General Assembly.

The term “acupuncture” is a medical, Latin-derived term that is defined by its roots: “acu” means with a needle, and “puncture” is “the act of piercing.” Piercing the skin for a therapeutic effect is defined by western medicine to be the practice of acupuncture, regardless of the philosophical framework. In North Carolina, the practice of acupuncture is regulated pursuant to the North Carolina Practice of Acupuncture Licensure Law, in which only three professions are given the statutory authority in North Carolina to perform therapeutic procedures using acupuncture needles. Chiropractors and physicians are required to complete 200-300 hours of post-graduate training. A licensed acupuncturist must have a minimum of 1905 hours of post-graduate level training, 660 of which must be in clinical hours.

Orthopedic acupuncture treatments are an advanced practice of needle based therapy and require knowledge of not just surface anatomy, but also the deep structures of the body which need be avoided in order to practice effectively and safely. As an instructor of the acupuncture techniques that are orthopedic in nature and focused on musculoskeletal conditions, it is my professional opinion that a trained acupuncturist, chiropractor or physician are the best choices for practicing this invasive procedure.

As an expert in this style of acupuncture, I object to this proposed rule due to lack of clarity on the educational requirements and failure to require a sufficient number of training hours. I ask The Rules Commission not to pursue the adoption Rule 21 NCAC 48C .0104.

Sincerely,

Eric Raymond Buckley

Doctor of Oriental Medicine

Licensed Acupuncturist

Intro self: Nancy Davison, LAc (15 years) and PT (40 years). I have a private practice here in Raleigh that incorporates both acupuncture and physical therapy techniques to treat a wide range of patients and their various diagnoses.

I appreciate this opportunity to testify before the Rules Review Commission

In opposition to the

North Carolina Board of Physical Therapy Examiners proposed rule

21 NCAC 48C .0104 Dry Needling

I will address the following concerns:

1. Rule changes are to clarify statute not to introduce changes in statute. This request, i.e. introducing needles into tissue is in conflict with the scope of practice as defined by the current Physical Therapy (PT) Practice Act and requires action by the General Assembly.
2. Current practice of using acupuncture needles by Physical Therapists (PTs) is in conflict with the Acupuncture Practice Act.
3. Not only is the practice of dry needling in conflict with existing Statutes, the billing and reimbursement for this service is also in question.
4. Safety of patients is primary reason to rule against dry needling, as it is currently practiced by PTs. Safety issues will be the emphasis of my testimony.

Explanation:

Having worked with the Acupuncture Licensing Board and its counsel, I am very aware of the discernment required regarding whether or not a proposed rule is for clarification of existing statute or introduction of new information or practices. The latter is not appropriate for a rule change. This proposal is under the purview of the North Carolina General Assembly because it represents a change in licensure laws that govern medical professions in North Carolina. It is an expansion of the scope of practice cannot occur without action by the General Assembly.

Not only is dry needling outside the scope of practice for PTs, it is in conflict with the Acupuncture Practice Act. Acupuncture needles can only be used by those individuals licensed by the NCALB or specifically exempt from the Practice Act which currently only includes MDs and Chiropractors who are certified by their own Boards as having met that professions standards for training and practice.

Dry needling it is being reimbursed by 3rd party providers under the guise of Manual Therapy (Code 97140). No code has been designated for dry needling.

In order to protect the public, the General Assembly determines which professional groups are properly trained and skilled. Having completed requirements for licensure in NC and after 15 years of practice, I am aware of the risks associated with needling and was well trained to minimize those risks. PTs, in their wisdom in 2008, denied dry needling as being within their scope of practice. More recently enthusiastic trainers have convinced PTs and

their licensing boards in __ states that the 54 hours of training they receive (at a cost of \$5,000) can prepare them to treat patients with acupuncture needles.

This course work cannot begin to provide enough instruction and supervised practice to understand the power of acupuncture needles as they are applied to acupuncture points. Most of the trigger points they use for dry needling treatment are also acupuncture points. These points have many functions beyond relief of physical pain. Inappropriate use of needles can result in significant emotional and physical harm i.e. if they are inserted too deeply over the ribcage they can cause hemothorax (collapsing of a lung). Pumping a needle repeatedly over a point could actually damage a nerve or blood vessel or trigger an emotional response for which PTs are not prepared.

A licensed acupuncturist (LAc) has completed a Masters Degree requiring a minimum of 1900 hours. Most of us have more than 2800 hours of a combination of academic instruction and practice of acupuncture under intense on site supervision. They also pass a rigorous national exam prior to application for licensure. Every two years each practitioner must complete 40 hours of continuing education. Physicians must have a minimum of 300 hours and Chiropractors of 200 hours of training and onsite practice before they are certified by their own boards to practice acupuncture.

Conclusion:

Expanding the definition of “physical therapy” to include dry needling expands the statute beyond its original intent at the time the legislation was adopted. Because of concerns about expansion of the scope of practice, lack adequate educational requirements and concerns for public safety, I ask that the Rules Review Committee deny this proposal and ask the Physical Therapy Board not pursue its adoption.

Thank you for this opportunity.

Nancy Davison, PT, LAc

Elite Integrated Medicine

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919-215-0204

**North Carolina Association of Acupuncture and Oriental Medicine
Written Statement to the North Carolina Rules Review Commission
in Opposition to the
North Carolina Board of Physical Therapy Examiner's Proposed Rule
21 NCAC 48C .0104 Dry Needling**

The North Carolina Board of Physical Therapy Examiner's proposed Rule 21 NCAC 48C .0104 Dry Needling fails to comply with the statutory grounds for the Rules Review Commission pursuant to North Carolina Gen. Stat. § 150B-21.9 because it falls outside the authority delegated to the agency by the General Assembly, is not clear, and is not necessary to implement an enactment of the General Assembly.

Licensure laws that govern medical professions in North Carolina are under the purview of the North Carolina General Assembly. The expansion of scope may only be accomplished with the approval of the North Carolina General Assembly. Expansion of scope of practice of medical professions in North Carolina without action by the General Assembly is inappropriate and potentially dangerous to the citizens of North Carolina. It also amounts to an attempt by the Board to unilaterally expand its own jurisdiction.

In order to protect the public, it is the General Assembly, rather than individual licensing boards, that determines the scope of practice of licensed medical professionals. It is also the General Assembly that determines the qualifications of licensed professionals in order to ensure that they are properly trained and skilled within their designated scope of practice. Pursuant to the North Carolina Practice of Acupuncture Licensure Law, only three professions are given the statutory authority in North Carolina to perform therapeutic procedures using acupuncture needles. Chiropractors and physicians are required to complete 200-300 hours of post-graduate training. A licensed acupuncturist must have a minimum of 1905 hours of post-graduate level training, 660 of which must be in clinical hours. The General Assembly did not include physical therapists in the list of medical professionals that are allowed to perform therapeutic procedures using acupuncture needles. The list of medical professionals allowed to perform therapeutic procedures using acupuncture needles are specifically spelled out in N.C. Gen. Stat. § 90-452, the Practice of Acupuncture Licensing Law:

(a) Unlawful Acts. - It is unlawful to engage in the practice of acupuncture without a license issued pursuant to this Article. It is unlawful to advertise or otherwise represent oneself as qualified or authorized to engage in the practice of acupuncture without having the license required by this Article. A violation of this subsection is a Class 1 misdemeanor.

(b) Exemptions. - This section shall not apply to any of the following persons:

- (1) A physician licensed under Article 1 of this Chapter.
- (2) A student practicing acupuncture under the direct supervision of a licensed acupuncturist as part of a course of study approved by the Board.
- (3) A chiropractor licensed under Article 8 of this Chapter.

The North Carolina Physical Therapy Board's proposed Rule 21 NCAC 48C .0104 broadens the scope of the physical therapy licensure law to include the insertion of needles into the dermis or muscular fascia tissue with only 54 hours of in-person classroom education. This expansion of scope is not authorized by the physical therapy licensure law, and pursuant to N.C. Gen. Stat. § 150B-19, an agency may not adopt a rule that "enlarges the scope of a profession, occupation, or field of endeavor for which

an occupational license is required."

.Unlike the licensure law for Licensed Acupuncturists in the State, the current physical therapy licensing law does not mention the insertion of needles as part of the physical therapists' scope of practice.

Instead, physical therapy is defined in N.C. Gen. Stat. §90-270.24 as follows:

"Physical therapy" means the evaluation or treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes the performance of specialized tests of neuromuscular function, administration of specialized therapeutic procedures, interpretation and implementation of referrals from licensed medical doctors or dentists, and establishment and modification of physical therapy programs for patients. Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. Physical therapy education and training shall include study of the skeletal manifestations of systemic disease. Physical therapy does not include the application of roentgen rays or radioactive materials, surgery, manipulation of the spine unless prescribed by a physician licensed to practice medicine in North Carolina, or medical diagnosis of disease.

Physical therapists may argue that "with or without assistive devices" should be sufficient to cover a physical therapist's ability to insert needles into their patients. However, the General Assembly has shown that where the use of acupuncture needles are involved, the General Assembly will spell this language out with the specific use of the word "needles."

For example, N.C. Gen. Stat. § 90-451(3) defines the "Practice of Acupuncture" as [t]he insertion of acupuncture **needles** and the application of moxibustion to specific areas of the human body based upon acupuncture diagnosis as a primary mode of therapy. Adjunctive therapies within the scope of acupuncture may include massage, mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of herbs, dietary guidelines, and therapeutic exercise." (emphasis added)

Expanding the definition of "physical therapy" to include dry needling expands the statute beyond its original intent at the time the legislation was adopted. The North Carolina Supreme Court disapproves statutory interpretation that goes beyond the Legislative intent at the time the statute was adopted. In *Rhyne v. K-Mart Corp.*, 358 N.C. 160, 189, 594 S.E.2d 1, ___ (2004), the Supreme Court stated: "[C]ourts normally adopt an interpretation which will avoid absurd or bizarre consequences, the presumption being that the legislature acted in accordance with reason and common sense." "

Also, in *Electric Supply Co. of Durham, Inc. v. Swain Electrical Co. Inc.*, 328 N.C. 651, ___, 403 S.E.2d 291, 294, 295 (1991), the Supreme Court stated: "In matters of statutory construction, our primary task is to ensure that the purpose of the legislature, the legislative intent, is accomplished." Courts look first at the "plain words of the statute" and then "[w]hen, after analyzing the text, structure, and policy of the statute, we are still in doubt as to legislative intent, we also examine the history of the legislation in question."

Another significant concern with the proposed rule is the low number of hours required by the rule to allow physical therapists to insert needles into their patients. The proposed rule only requires 54 hours of in person classroom education. What exactly does this mean? Will students be required to actually practice with the needles during this classroom time? Do the 54 hours only involve lecture training? Why is the hour requirement set so much lower than the professions exempted under the Acupuncture licensing law?

Because of the concerns about enlargement of scope of practice, lack of clarity on the educational requirement, failure to require a sufficient number of training hours, and concerns for public safety, the North Carolina Association of Acupuncture and Oriental Medicine objects to this proposed rule and asks that the Physical Therapist Board not pursue its adoption.

Contact information for NCAAOM
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Letters of Opposition

AAMA Policy on Dry-Needling

Marshall H. Sager, DO, FAAMA
Rey Ximenes, MD, FAAMA

The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to insuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle into a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury.

Acupuncture, like Western Medicine is a complex subject. It cannot be mastered in a weekend or in a month. All AAMA members in addition to four (4) years of medical school (MD or DO), must have 300 hours of didactic and clinical acupuncture education and training. A non-physician must have in excess of 2,000 hours of clinical and didactic education and training before they can become certified to treat patients in most states.

Dry needling is the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not a holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites.

Dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient).

There has been controversy in the United States as to who is qualified to practice dry needling. Since it is an invasive procedure using needles, many take the position that it should only be performed by licensed acupuncturists or licensed medical physicians (M.D. or D.O.). In Illinois, this sentiment was echoed by a decision to reverse legislation permitting physical therapists to perform dry needling. These and other practitioners were performing this procedure who are not trained nor do they otherwise routinely use needles in their practices.

The AAMA recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAMA maintains that this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists.

December 9, 2014
Adopted unanimously
Board of Directors of AAMA



January 2, 2015

Rules Review Commission

Dear:

It has come to our organization's attention that your Commission will be reviewing regulation regarding the practice act governing physical therapy (PT) in North Carolina, which would include expanding the scope of practice of PT's to include a form of acupuncture called "dry needling" aka "trigger point needling". As the only certification organization in the U.S. with nationally accredited programs in acupuncture and Oriental medicine (AOM), the National Certification Commission for Acupuncture (NCCAOM®) has serious concerns regarding any regulation that allows physical therapists, who do not have the proper training and assessment, to practice any form of acupuncture, to include dry needling. We believe that PTs who are not nationally certified or licensed to practice acupuncture fail to meet the necessary minimal educational and training requirements needed for the safe and effective delivery of any form of acupuncture therapy.

There are no third-party recognized standards for any training offered for PTs practicing dry needling. This means the public will be exposed to a practice with no guarantee of any entry-level standards for safety, technique, quality, continuing education or certification of qualification. Patients previously seeing a physical therapist for non-invasive care will now be exposed to a risk of potentially fatal organ puncture or other injury, as dry needling dramatically changes PT practice from non-invasive to invasive.

Therefore, we respectfully request that any language that will allow PTs to practice "dry needling" and "trigger point therapy" without adequate training and education to not be added to the current regulation governing the practice of physical therapy.

For more than thirty years, the mission of the NCCAOM has been *to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public*. In order to fulfill this mission, the NCCAOM has

developed a certification process that provides a unified set of nationally validated entry-level standards for safe and competent practice. It is with this high level of competency standards that certified acupuncturists are qualified to practice acupuncture to include dry needling. The NCCAOM believes that unlike nationally certified acupuncturists who are required to receive hundreds of hours of education and clinical training in the foundations, methods, and delivery of acupuncture treatments, PTs do not receive the necessary courses and supervised clinical experience to be able to perform the acupuncture modality of dry needling safely and efficaciously. In addition, PTs do not have to pass a nationally recognized competency assessment for the safe and competent practice of dry needling nor do any psychometrically sound assessments exist for this purpose.

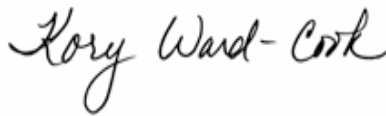
North Carolina requires that all licensed acupuncturists meet recognized standards of competence and safety through a rigorous process including completing education from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the passing of the NCCAOM examinations to include Acupuncture with Point Location, Foundations of Oriental Medicine and Biomedicine as well as documentation of an assessment-based clean needle technique certificate. We consider the above NCCAOM standards of eligibility and competency assessment to be the minimum requirements for the safe practice of all forms of acupuncture. The level of competence accomplished by those completing the didactic, practice and clinical hours attained by certified and licensed practitioners cannot be matched by those allied health practitioners who would be practicing any form of acupuncture with hardly any training and no validated assessment in this discipline.

The practice of any type of acupuncture, including dry needling is more than merely placing needles at various points for different conditions. For this reason, the NCCAOM believes that the years of education and training that have been specified above must be completed before a full comprehension of acupuncture diagnoses and treatments can be attained; and it is only from such a knowledge base that acupuncture services' full efficacy and value can be realized by the public. The practice of dry needling by PTs directly contradicts the licensing requirements that already exist in North Carolina regulating the practice of acupuncture.

The NCCAOM is pleased to see that the great state of North Carolina recognizes the need for adequate licensing procedures for all health care practitioners. It is the sincere hope of the NCCAOM that, in the interest of public welfare, your office will recognize established standards of professional competence in the practice of AOM in North Carolina for the safety of your consumers. It is for this reason that we urge you to oppose any regulation that will allow PTs to practice dry needling without the proper training. We highly recommend that PTs meet the *same* standard for education and examination that licensed acupuncturists must meet in order to practice safely and effectively in North Carolina.

Please consider the NCCAOM a resource for current information about the standards of competence and practice within the profession of acupuncture and Oriental medicine. Please feel free to contact me by phone (904-674-2501) or by email (kwardcook@thenccaom.org) if I can offer further information on this topic.

Sincerely,

A handwritten signature in cursive script that reads "Kory Ward-Cook".

Kory Ward-Cook, Ph.D., MT(ASCP), CAE
Chief Executive Officer

From: Joanne B. "Anne" Allen M.D. [aasail@aol.com]

Sent: Tuesday, January 06, 2015 4:53 PM

To: currinm@campbell.edu; jh@hgmlawnc.com; garth.dunklin@wnhplaw.com; Stephsimpson13@gmail.com; achoi@allen-pinnix.com; jeanette.k.doran@gmail.com; rcwalker4@rc-walker.com; jeff.hyde@aestheticimages.net; whitakerfarm@northstate.net; Hammond, Abigail M; garth.dunklin@bassdunklin.com; karney@ncptboard.org

Subject: Opposition to Rule 21 NCAC 48 C.0104, the proposed dry needling rule

Dear Rules Review Commission Members:

I am writing in opposition to the Physical Therapy Board's proposed dry needling rule, 21 NCAC 48C .0104.

I have attached the American Academy of Physical Medicine and Rehabilitation's position stand, and the resolution from New Hanover Pender County Medical Society that was recently adopted by the North Carolina Medical Society (Oct 2014) . Both of these statements are in clear opposition to the proposed rule pursuant to Rule 26 NCAC 05 .0103.

Thank you for your time and consideration of these concerns.

Sincerely,

Joanne B. Allen M.D

Fellow of the American Academy of Physical Medicine and Rehabilitation

Fellow of the American College of Sports Medicine

Board Certified

President Elect New Hanover Pender County Medical
Society

AAPM&R Position on Dry Needling

Dry needling is the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used for the same purpose, no anesthetics are used. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as *Western Style Acupuncture or Trigger Point Acupuncture* whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not a holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. However, dry needling is taught in American acupuncture schools as a form of treatment for individuals using acupuncture needles.

Dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient).

There has been controversy in the United States as to who is qualified to practice dry needling. Since it is an invasive procedure using needles, many take the position that it should only be performed by licensed acupuncturists or licensed medical physicians (M.D. or D.O.). There are other practitioners performing this procedure who have taken a course or courses in this technique but do not routinely use needles otherwise in their practices.

The American Academy of Physical Medicine and Rehabilitation recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAPMR maintains that this procedure should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed acupuncturists or licensed medical physicians.

June 2012

***NORTH CAROLINA MEDICAL SOCIETY
RESOLUTION ON EXPANSION OF SCOPE OF
PRACTICE WITHOUT LEGISLATIVE ACTION AND
STATEMENT ON DRY NEEDLING***

WHEREAS, licensure laws that govern medical professions in North Carolina are under the purview of the North Carolina General Assembly;

WHEREAS, expansion of scope of practice may only be accomplished by the approval of the North Carolina General Assembly;

WHEREAS, expansion of scope of practice of medical professions in North Carolina without action by the North Carolina General Assembly is inappropriate and potentially dangerous to the citizens of North Carolina;

WHEREAS, in September 2010, the North Carolina Board of Physical Therapy Examiners issued a Position Statement broadening the physical therapy scope of practice to the insertion of needles into the dermis or muscular fascia tissue with the intention of promotion, maintenance, restoration of health and prevention of disease with only 54 hours of training; although the physical therapy profession does not include any training with needles in their educational curriculum.

WHEREAS, in order to protect the public, the North Carolina General Assembly determines which professional groups are properly trained and skilled;

WHEREAS, pursuant to the North Carolina Practice of Acupuncture Licensure

Law only three professions are given the statutory authority in North Carolina to perform therapeutic procedures using acupuncture needles: physicians, licensed acupuncturist, and chiropractors. Physicians are required to complete 200-300 hours of post-graduate training, despite their medical training, which already incorporates the use of needles. A licensed acupuncturist must have a minimum of 1905 hours of post-graduate level training, 660 of which must be in clinical hours. A Chiropractor must have 300 hours of post-graduate training. A Physical Therapist, however, according to the position statement, requires only 54 hours of training to use needles in patients.

WHEREAS, the Board of Physical Therapy Examiners has not conducted rule-making under the Administrative Practice Act to adopt rules that relate dry needling to the statutory definition of the practice of physical therapy. Any such process should consider standards of education and training that presumably would be at least as strict as those set by the General Assembly for physicians who use acupuncture needles for similar therapeutic purposes;

WHEREAS, the North Carolina General Assembly should adopt legislation clarifying that scope of practice shall only be modified by its consent;

NOW, THEREFORE, BE IT RESOLVED that the North Carolina Medical Society adopts this resolution to support (1) legislation to clarify that scope of practice shall only be modified by the North Carolina General Assembly and (2) legislation to clarify that dry needling is not within the scope of practice of physical therapists unless standards of education and training are set by the General Assembly at a level at least as strict as those set by the General Assembly for physicians who use acupuncture needles for similar therapeutic purposes.

Date: _____

North Carolina Medical Society



Council of Colleges of Acupuncture and Oriental Medicine

P.O. Box 65120 • Baltimore, MD 21209

Telephone: 410.464.6041 • Fax: 410.464.6042

**Written Statement to the North Carolina Rules Review Commission in Opposition
to the North Carolina Board of Physical Therapy Examiner's Proposed Rule 21
NCAC 48C .0104 Dry Needling**

This statement is submitted by the Council of Colleges of Acupuncture and Oriental Medicine (Council) in opposition to the proposed expansion of scope for physical therapy by rule to include dry needling, a practice that is part of acupuncture practice. The Council since 1982 has been the national membership association for accredited acupuncture colleges and programs in the U.S. The Council's membership currently consists of 54 such colleges in 21 states, two of which are located in North Carolina. The proposed expansion in the scope of physical therapy to include the invasive procedure of dry needling, which is part of the armamentarium of acupuncture, is inappropriate and in any event should be heard before the N.C. General Assembly as a legislative issue.

In its Position Paper on Dry Needling,¹ the Council has taken the position that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language used to describe the technique. Physical therapists have misled the public by attempting to use biomedical terminology to describe and distinguish a technique that is inherently part of acupuncture practice. The curriculums of the Council's member colleges make no such distinction. The use of biomedical language, evidenced-informed practice, and bioscience courses are required by national acupuncture accreditation and certification bodies as the standard of modern acupuncture practice. The idea that acupuncturists use energetic language and physical therapists use biomedical terminology, and that for this reason dry needling is not acupuncture, is false and has no correlation to actual standards or practice in the acupuncture field.

There are currently three academic degrees within the acupuncture profession: a Master's level degree in Acupuncture, a Master's level degree in Oriental Medicine, and a Doctorate in Acupuncture and Oriental Medicine. In a minimum 1905 hour, three-year Master's of Acupuncture degree, a minimum of 450 hours of biomedical clinical sciences is required, along with 500 hours of supervised clinical experience. In most of these programs, learning to perform standard needling technique involves 135 hours of instruction, with additional hours required for specialized techniques such as dry

¹ http://www.ccaom.org/downloads/CCAOM_Position_Paper_May_2011_Update.pdf

needling. A Doctorate level degree in Acupuncture is a minimum four-year program requiring a minimum of 790 supervised clinical hours.

A second objection to the proposed rule is that the proposed level of training is wholly inadequate to justify the proposed scope expansion for physical therapy to include filiform needling therapy. Fifty-four hours have been proposed in the past when dry needling was limited only to needling trigger points. Proposed 21 NCAC 48C .0104 does not confine the physical therapist to needling trigger points. Rather, the proposed rule broadly defines “dry needling” as “a technique using the insertion of a solid filament needle without medication into or through the skin to treat various impairments” (emphasis supplied). The expansiveness of this wording is such as to potentially open the ENTIRE scope of acupuncture practice to a physical therapist. This expansion from needling trigger points to needling any location on the body is a recent strategic shift for the physical therapy profession because providers of the continuing education upon which its practitioners now rely for dry needling instruction are teaching techniques indistinguishable from what is commonly practiced as acupuncture.

The Council and its member colleges, in collaboration with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the national accrediting agency for the acupuncture profession recognized by the U.S. Department of Education, have developed acupuncture educational standards and curriculum so that the profession in the United States can be recognized as a viable part of modern healthcare. Any attempt by physical therapists through the inappropriate mechanism of an administrative rule to expand the scope of practice for that profession into the domain of acupuncture at a minimum requires a full legislative hearing and adoption of training standards that more closely resemble the standards required of other providers who have been permitted to practice dry needling.

Sincerely,

Valerie Hobbs, Dipl.O.M., L. Ac
Chair, Legislative Committee
Council of Colleges of Acupuncture and Oriental Medicine

Letters of Opposition

From: John Silverstein [jms@satiskysilverstein.com]
Sent: Friday, January 09, 2015 4:15 PM
To: currinm@campbell.edu; jh@hgmlawnc.com; garth.dunklin@bassdunklin.com; Stephsimpson13@gmail.com; Anna Choi; jeanette.k.doran@gmail.com; rcwalker4@rc-walker.com; jeff.hyde@aestheticimages.net; whitakerfarm@northstate.net
Cc: Hammond, Abigail M; Ben Massey, NCPT Board; Kathy Arney
Subject: Rebuttal

Chair Currin and Rules Review Commission Members

Attached please find rebuttal comments to written comments submitted in opposition to a proposed rule establishing education and training requirements for physical therapists to perform dry needling in North Carolina (21 NCAC 48C .0104) filed by the NC Board of Physical Therapy Examiners. Physical therapists are able to perform dry needling in 31 jurisdictions, most of which do not require specialized training.

We look forward to meeting with you on January 15. In the meantime, if we can furnish additional information, please let us know. Thank you.

John M. Silverstein, Board Attorney
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Raleigh, NC 27603
(919)790-9102(o)
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NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

REBUTTAL COMMENTS

Pursuant to 26 NCAC 05 .0103(d), the North Carolina Board of Physical Therapy Examiners (“NCBPTE” or “Board”) provides these rebuttal comments to written comments received by the Rules Review Commission in response to the Board’s proposed adoption of a rule governing the manner in which dry needling is continued to be performed by physical therapists in North Carolina. Although written comments have been submitted by different entities representing the acupuncture profession, this rebuttal will address the two contentions repeated in each of the comments: (1) dry needling by physical therapists is not currently authorized by statute, and (2) the safety of the public is jeopardized if physical therapists are to perform dry needling.

BACKGROUND

In 2002, the Board was asked by a licensee whether dry needling, which involves the insertion of a solid filament needle, without medication, to treat various musculoskeletal impairments, was within the scope of practice of a physical therapist (“PT”). After researching the issue, the Board determined that dry needling was not within the definition of “physical therapy” in N.C.G.S. § 90-270.24(4) because it was not “. . . commensurate with physical education and training and generally or specifically authorized by regulations of the Board. . . .”

In 2010, the same question was posed to the Board, and a new review of the procedure was undertaken. The Board consulted the Federation of State Boards of Physical Therapy (“FSBPT”), which consists of 53 licensing jurisdictions and administers licensure exams for PT’s. By 2010, the Board found a changed climate with respect to whether dry needling was within the scope of practice of physical therapy. At that time, FSBPT advised the Board that 15 jurisdictions allowed physical therapists to utilize dry needling in their practices, including Virginia, South Carolina, Georgia, Maryland, Kentucky and Washington, DC. The Board further found that there were a number of North Carolina licensees who had developed and practiced dry needling skills in other states, and were frustrated to learn they could not offer those treatments in North Carolina. After considering all the evidence it had obtained from other sources, including representatives of acupuncturists, the Board adopted a Position Statement, which has been modified several times, that defined dry needling as a skilled technique requiring education and training beyond licensure.

Shortly thereafter, the attorney for the NC Acupuncture Board sent materials to the Attorney General’s office requesting confirmation that dry needling was a form of acupuncture limited to licensed acupuncturists in North Carolina. Instead, in an Advisory Letter dated December 1, 2011, that office reached the opposite conclusion: “In our opinion, it is within the power of the NCBPTE to determine whether dry needling is within the scope of practice of physical

therapists.” After noting physical therapists must obtain specialized education and training outside the usual educational programs to perform dry needling, and that the Board has the rule-making authority to protect the public, the Advisory Letter states, “. . . we believe that the NCBPTE must adopt administrative rules and standards so that dry needling is conducted only by those physical therapists who have demonstrated a specific standard of knowledge skill, ability and competence. . . .”

RULE-MAKING PROCEEDINGS

Once the Board learned of the existence of the Advisory Letter, it included a proposed rule on dry needling (21 NCAC 48C .0104) in its next set of rules presented to the Rules Review Commission. The July 15, 2014 issue of the North Carolina *Register* contained a Notice of Proposed Rule-Making Proceedings. During the comment period, which the Notice indicated would end on September 13, 2014, 23 written comments were received, 16 of which referred to dry needling. Of those, 8 comments were from PT’s supporting the rule, 7 were from dry needling patients who supported the rule, and 1 was from a physical therapist who had concerns. A public hearing was held on September 11, 2014, and 2 people attended, one of whom spoke in favor of the rule on dry needling. After the written comment period ended, the Board received letters of opposition from the Board of Chiropractic Examiners and the Chiropractors’ Association, and representatives of the Acupuncturists’ Board and Association wrote letters and appeared at the Board’s December meeting to oppose adoption of the dry needling rule. Their opposition was based on the same grounds enunciated in the written comments recently submitted to the RRC.

STATUTORY AUTHORITY

Scope of Physical Therapy Practice

The employment of dry needling techniques by physical therapists is permitted by N.C.G.S. § 90-270.24(4), which, in pertinent part, includes the following in the definition of “Physical therapy:”

“. . . treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes the performance of specialized tests of neuromuscular function [and] administration of specialized therapeutic procedures Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. . . . Physical therapy does not include the application of roentgen rays or radioactive materials,

surgery, manipulation of the spine unless prescribed by a physician licensed to practice medicine in North Carolina, or medical diagnosis of disease.”

The above language is broad by design in recognition of the fact that the scope of physical therapy practice is evolving, not static. The only specific language in the definition relates to procedures PT's cannot perform. The use of needles is not excluded. Although the language in physical therapy practice acts varies by jurisdiction, the use of broad language to define the scope of physical therapy practice is typical of most jurisdictions. As an indication that dry needling is generally accepted as a technique appropriate for performance by physical therapists, the number of jurisdictions allowing the procedure has more than doubled since 2010, from 15 to 31. According to the FSBPT *Resource Paper Regarding Dry Needling*, 5th Edition, December 2014 (“Resource Paper”), as of November, 2014, there were also 12 jurisdictions in which the position was unstated or unclear and 10 jurisdictions where physical therapists are prohibited from performing dry needling. Therefore, physical therapists are permitted to perform dry needling in 3 times as many jurisdictions as they are prevented from doing so.

Dry Needling Performed By Physical Therapists Is Not Acupuncture

Overlap in the scope of practice of Allied Health Professions is common. While it is important for public protection for licensure boards to ensure that modalities performed by their licensees are properly identified, and that unlicensed individuals do not hold themselves out as being competent to engage in a profession for which they do not hold an appropriate license, that is not happening with dry needling. When performed by PT's, dry needling is physical therapy, not acupuncture.

“Acupuncture” is defined in N.C.G.S. § 90-451(1) as “A form of health care developed from traditional and modern Chinese medical concepts that employ acupuncture diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease.” “Adjunctive therapies” include “. . . massage, mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of herbs, dietary guidelines, and therapeutic exercise.” N.C.G.S. § 90-451(3). “Adjunctive therapies” overlap with other professions, including medicine, chiropractic, physical therapy, massage therapy and dietetics/nutrition.

The fact that the skill set of physical therapists can include dry needling does not make it acupuncture. As can be seen from the statutory definitions, the goals and philosophies are different, and the fact that one modality may be referred to in different ways by different practitioners does not mean either practitioner is attempting to expropriate the entire skill set of the other practitioner. When performing dry needling, physical therapists do not claim they are practicing acupuncture, do not represent they are using traditional or modern Chinese medical concepts, do not make acupuncture diagnoses and do not needle to address the wide range of other conditions treated with acupuncture. In essence, similar tools are used for different approaches.

Education and Training

Even though the typical physical therapy student now spends approximately 2464 hours in classroom, laboratory, distance learning or independent study, and another 1440 hours in clinical education (36 weeks), during which time extensive experience is gained in treatment methods to the musculoskeletal system, the NCBPTE proposes to require additional training in the dry needling technique. The Resource Paper indicates that most of the jurisdictions that allow physical therapists to perform dry needling, including South Carolina, do not have additional requirements; however, NCBPTE proposes 54 hours of instruction from a program approved by the Board before dry needling can be performed.

Needles

For more than 50 years, physical therapists have been using needles to puncture the skin of patients to perform electromyography (“EMG”). EMG needles are similar to the ones used for dry needling. The tips of EMG needles are not coated to enable contact with only a few muscle fibers at any one time, while needles used for dry needling are sharper, and some have handles. Consequently, the initial penetration of the needle is less irritating during dry needling than with an EMG. While more needles are generally used in dry needling than in EMG studies, and the penetration is deeper, both procedures are relatively safe and with proper training, pose only slight risk of adverse effects to the patient.

PUBLIC SAFETY

The side effects associated with dry needling are minimal, generally muscle soreness of the treated area, fatigue, slight dizziness, bruising and minor bleeding. The Board attempted to determine if any claims had been made for dry needling injuries under physical therapy liability insurance plans. Such insurance has been offered since 2009, with the slight increase in dry needling claims since that time attributed to the growing number of jurisdictions approving the procedure. Out of 3666 claims received by CNA by July 2, 2014, 20 related to dry needling. The most common injury was pneumothorax. There were no claims from patients treated in North Carolina.

The Board has attempted to estimate current statistics on the use of dry needling in North Carolina. Nearly 200 physical therapists are currently practicing dry needling in North Carolina. In 2010, 2 PT’s qualified to practice dry needling, and the annual numbers have increased since then, with 99 qualifying in 2014. The Board estimates over 50,000 individual patients have been treated since 2010 with more than 500,000 procedures. Not only have no professional liability claims been filed in North Carolina, the Board has not received any complaints from patients alleging violations of the Physical Therapy Practice Act or Board Rules resulting from the

performance of dry needling. To the contrary, in public comment periods, the only statements from patients have been supportive with regard to dry needle treatments by physical therapists. Most patient treatments have related to back, shoulder, neck or muscular pain, and it is important that North Carolina patients continue to have access to physical therapists for safe dry needling treatments.

CONCLUSION

RRC Counsel has determined that dry needling is within the scope of practice of physical therapy in North Carolina. The Attorney General's office concurs that statutory authority exists, and that rules should be enacted to administer the practice by physical therapists. 31 jurisdictions permit physical therapists to perform dry needling, and it is allowed in South Carolina as an entry level procedure.

For the foregoing reasons, the Board has statutory authority to adopt Rule 21 NCAC 48C .0104, which adequately addresses any competence and safety issues involved in the performance of dry needling by PT's in North Carolina.



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Writer's Direct Phone:
(919) 865-7005

January 14, 2015

BY E-MAIL (currinm@campbell.edu)
Ms. Margaret Currin, Chair
North Carolina Rules Review Commission
1711 New Hope Church Road
Raleigh, NC 27609

Dear Ms. Currin:

I write on behalf of the North Carolina Physical Therapy Association to offer rebuttal points to the statements submitted by opponents to 21 NCAC 48C .0104, a rule proposed by the North Carolina Board of Physical Therapy Examiners ("the Board" or "the Physical Therapy Board"). This proposed rule appears on the agenda of the Commission's January 15, 2015 meeting. I submit these rebuttal points pursuant to 26 NCAC 05 .0103(d).

Despite its opponents' arguments, the proposed rule falls squarely within the authority delegated to the Physical Therapy Board by the North Carolina General Assembly. The plain language of the Board's enabling statute proves the point.

First, in section 90-270.24(4), the General Assembly defined the scope of "physical therapy." The first sentence of this section says that physical therapy includes the "evaluation or treatment or any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or other therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability."

The same section also says that "treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board."

This plain language shows that the General Assembly intended for:

1. the scope of physical therapy to be reasonably broad;
2. the meaning of "physical therapy" to be linked to education and training — education and training that would necessarily evolve over time; and

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3. the Physical Therapy Board to make regulations related to those evolving standards.

Next, in section 270-26(8), the General Assembly authorized the Board to adopt “any rules necessary to carry out the purposes of [the statute] and the duties and responsibilities of the Board.” Section 270-26 then states the purpose of the Board’s powers: “to safeguard the public health, safety and welfare against unqualified or incompetent practitioners of physical therapy.” The Board’s powers, moreover, are “to be liberally construed to accomplish this objective.”

Section 270-26, then, is further evidence that the General Assembly intended to authorize the Board to adopt rules, like the proposed dry-needling rule, that safeguard public health, safety, and welfare. As the Board has pointed out, the training requirements in the proposed rule exceed the training requirements in most other jurisdictions; only eight states require post-graduate training and education to perform dry-needling. There is no evidence, moreover, that suggests that dry-needling endangers public safety at all.

Importantly, the General Assembly has good reason to delegate these issues to the Physical Therapy Board: the Board, not the General Assembly, has subject-matter expertise. As the North Carolina Supreme Court explained over thirty-five years ago,

the General Assembly is not required to lay down a detailed agenda covering every conceivable problem which might arise in the implementation of legislation. It is enough if general policies and standards have been articulated which are sufficient to provide to an administrative body possessing the expertise to adapt the legislative goal to varying circumstances.

Adams v. N. Carolina Dep’t of Natural & Econ. Res., 295 N.C. 683, 698, 249 S.E.2d 402, 411 (1978) (emphasis added).

On this reasoning, our state’s appellate courts have upheld delegations of authority to occupational licensing agencies that are at least as broad as the delegation in the Physical Therapy Board’s enabling statute. These delegations include statutes that:

- authorize the Board of Law Examiners to determine whether an applicant possesses “the qualifications of character and general fitness request for an attorney,” Bring v. N.C. State Bar, 348 N.C. 655, 659, 501 S.E.2d 907, 910-11 (1998);
- authorize the Medical Board to define “standards of acceptable and prevailing medical practice,” In re Guess, 327 N.C. 46, 54, 393 S.E.2d 833, 837 (1990);

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Page 3

- authorize the Board of Registration for Professional Engineers and Land Surveyors to decide, based on that board's expertise, what constitutes "gross negligence and misconduct," Adams v. N.C. State Bd. of Prof'l Engineers & Land Surveyors, 129 N.C. App. 292, 296, 501 S.E.2d 660, 662-63 (1998); and
- authorize the Board of Chiropractic Examiners to define what constitutes "unethical conduct" within the profession of chiropractic medicine, Farlow v. N.C. State Bd. Of Chiropractic Examiners, 76 N.C. App. 202, 212, 332 S.E.2d 696, 702 (1985).

These decisions confirm that, when it comes to occupational licensing agencies, the General Assembly intends to make flexible delegations of authority to agencies like the Physical Therapy Board that possess greater subject-matter expertise than the General Assembly.

An opinion letter by the Attorney General confirms this conclusion. In 2011, the Attorney General — at the request of the Acupuncture Licensing Board — concluded the "authority to use acupuncture needles for therapeutic purposes is not necessarily reserved exclusively to licensed acupuncturists or those specifically exempted from the licensing requirement for acupuncturists." As the letter explained, North Carolina law "recognizes that the scope of practice of health care professions may overlap and confers extensive discretion on licensing boards to define the scope of a profession within statutory limits."

The opponents of the proposed rule have not introduced any authority that defeats this conclusion. I have attached a copy of this letter to my submission.

On the same note, a recent report by the General Assembly's Program Evaluation Division (PED) puts emphasis on the General Assembly's delegation to occupational licensing agencies to determine what methods or techniques fall within the scope of a licensed occupation. The PED report, in fact, proposes an Occupational Licensing Commission that would help occupational licensing agencies identify and resolve scope-of-practice disputes. The PED report did not suggest — as the opponents to the proposed rule recommend — that these disputes be resolved at the legislative level. I have attached the relevant pages of the PED report to my submission.

Finally, the opponents of the proposed rule argue that the definition of the "Practice of Acupuncture" in the Acupuncture Board's enabling statute supports their position. This argument is mistaken. The primary focus of acupuncture, as Dr. Eric Buckley's submission explained, is the insertion of needles into the human body. For this reason, the definition of acupuncture necessarily refers to needles. Physical therapy, in contrast, contains a wide range of methods and techniques. Had the General Assembly attempted to name every method or technique that falls within physical therapy, the General Assembly would need to amend the statute on an everyday basis to keep up with evolving standards.

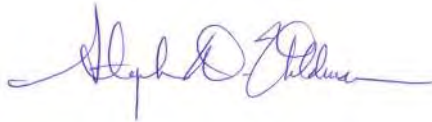
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Page 4

At bottom, and as the Board explained in its statement to the Commission, dry-needling is now a commonplace physical therapy technique. The proposed rule simply (a) acknowledges dry-needling as a technique utilized by physical therapists as part of their education and training, and (b) sets out minimum training standards for physical therapists to perform this technique. This rule falls in the heartland of the authority that the General Assembly delegated to the Board.

The Association appreciates the Commission's consideration of these points.

Very truly yours,

ELLIS & WINTERS LLP



Stephen D. Feldman



State of North Carolina

ROY COOPER
ATTORNEY GENERAL

Department of Justice
P.O. BOX 629
RALEIGH, NC 27602-0629

REPLY TO:
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December 1, 2011

E. Ann Christian, Counsel
North Carolina Acupuncture Licensing Board
Post Office Box 10686
Raleigh, North Carolina 27605

RE: Advisory Opinion: Dry Needling

Dear Ms. Christian:

On behalf of the North Carolina Acupuncture Licensing Board, you have asked for an opinion concerning a Position Statement recently issued by the North Carolina Board of Physical Therapy Examiners (hereinafter "NCBPTE") in which it reversed its earlier position that dry needling, otherwise known as "intramuscular manual therapy," is not within the scope of practice of a physical therapist. Dry needling refers to the therapeutic effect of applying needle stimulation directly to trigger points without the use of injection. Dry needling utilizes a solid needle, such as an acupuncture needle. The Acupuncture Board's position is that this procedure is acupuncture because it utilizes the same medical tools, techniques, locations, and has the same purposes as acupuncture. You stated that the Acupuncture Board believes that the authority to insert needles is reserved, under Article 30 of Chapter 90 of the General Statutes, the North Carolina Acupuncture Practice Act, to licensed acupuncturists and certain health care professionals specifically exempted from its licensing requirements.

The authority to use acupuncture needles for therapeutic purposes is not necessarily reserved exclusively to licensed acupuncturists or those specifically exempted from the licensing requirement for acupuncturists. State law recognizes that the scope of practice of health care professions may overlap and confers extensive discretion on licensing boards to define the scope of a profession within statutory limits. In our opinion, the Board of Physical Therapy Examiners may determine that dry needling is within the scope of practice of physical therapy if it conducts rule-making under the Administrative Procedure Act and adopts rules that relate dry needling to the statutory definition of practice of physical therapy. Any such process should consider

standards for education and training that presumably would be at least as strict as those set by the Legislature for physicians who use acupuncture needles for similar therapeutic purposes.

N.C. Gen. Stat. 90-451(1) defines acupuncture as "[a] form of health care developed from traditional and modern Chinese medical concepts that employ acupuncture diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease." The practice of acupuncture is defined in N.C. Gen. Stat.. 90-451(3) as "[t]he insertion of acupuncture needles and the application of moxibustion to specific areas of the human body based upon acupuncture diagnosis as a primary mode of therapy. Adjunctive therapies within the scope of acupuncture may include massage, mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of herbs, dietary guidelines, and therapeutic exercise."

Dry needling can utilize the same needles as acupuncture, but the technique is not based upon Chinese medical concepts. The approach of dry needling is based on Western anatomical and neurophysiological principles. Dry needling is, therefore, distinct from acupuncture. The question then becomes whether it is within the scope of practice of physical therapists to puncture the human body with a needle. N.C. Gen. Stat. 90-270.24(4) defines physical therapy as:

the evaluation or treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes the performance of specialized tests of neuromuscular function, administration of specialized therapeutic procedures, interpretation and implementation of referrals from licensed medical doctors or dentists, and establishment and modification of physical therapy programs for patients. Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. Physical therapy education and training shall include study of the skeletal manifestations of systemic disease. Physical therapy does not include the application of roentgen rays or radioactive materials, surgery, manipulation of the spine unless prescribed by a physician licensed to practice medicine in North Carolina, or medical diagnosis of disease.

The definition neither specifically allows nor prohibits the puncturing of the body. The NCBPTE notes, however, that the insertion of needles by physical therapists has long been accepted practice since physical therapists, with the concurrence of the NC Medical Board, insert needles in patients while conducting EMG studies. In 1995, The Board of Medical Examiners of

the State of North Carolina (now North Carolina Medical Board) issued a letter in which the Medical Board stated that "In response to your request of August 30, 1994, the Board after extensive legal and medical inquiry has determined that physical therapists can perform EMG and nerve conduction studies and may make physical therapy interpretations but not medical diagnosis based on the results. It is within the scope of the licensure of physical therapists."

Thus, insertion of needles by physical therapists does not appear to be prohibited in all circumstances. In its Position Statement of September 23, 2010, the NCBPTE stated: "In 2002, the Board was asked whether dry needling was within the scope of practice for physical therapists. At that time there was very little research published about the use of dry needling or evidence that supported the practice of dry needling by physical therapists. However, since the definition of physical therapy in the North Carolina Physical Therapy Practice Act and the Board's rules contemplate modifications to the scope of practice of physical therapy as practitioners become proficient in new patient treatment techniques, it is appropriate for the Board to periodically revisit its Position Statements to determine if scope of practice developments warrant revisions to the Positions Statements." Additionally, the Board found that "there have been significant developments in the use of intramuscular manual therapy in physical therapy practice. According to the 'Intramuscular Manual Therapy (Dry Needling) Resource Paper' published by the Federation of State Boards of Physical Therapy (FSBPT) on March 8, 2010, 'There are numerous scientific studies to support the use of dry needling for a variety of conditions' and many of the studies have been conducted by physical therapists. Additionally, in 2002, there were very few states that allowed dry needling; however, as the scope of practice of physical therapy has evolved, at least 15 other states (including neighboring jurisdictions of Virginia, South Carolina, Georgia, Maryland, Kentucky, and Washington, DC) have issued opinions that intramuscular manual therapy is within the scope of practice of physical therapists."

Disputes over the scope of practice of licensed occupations have always existed. The scopes of practice of regulated health care professions are set forth in the various sections of the North Carolina Statutes. Many of these licensing statutes presume there will be some overlap among the various professions and include a variation of the phrase "[n]othing in this Article shall be construed to prohibit any act in the lawful practice of a profession by a person duly licensed in this State." See, e.g., N.C. Gen. Stat. § 90-270.34.

In our opinion, it is within the power of the NCBPTE to determine whether dry needling is within the scope of practice of physical therapists. We note, however, that N.C. Gen. Stat. 90-270.28 empowers and requires the NCBPTE to make rules for the purpose of enabling the Board to safeguard the public health, safety and welfare against unqualified or incompetent practitioners. Since dry needling does not appear to be within the curriculum of most schools of physical therapy at this time, we believe that the NCBPTE must adopt administrative rules and standards so that dry needling is conducted only by those physical therapists who have demonstrated a specific standard of knowledge, skill, ability and competence. A "position

statement" does not have the force of law. It does not provide for adequate input by the public or by other licensed practitioners and it does not provide for adequate protection of the public.

Sincerely,

Gayl M. Manthei
Special Deputy Attorney General

Mabel Y. Bullock
Special Deputy Attorney General

This is an Advisory Letter, it has not been reviewed or approved pursuant to the policy for issuing an Attorney General Opinion.

Occupational Licensing Agencies Should Not be Centralized, but Stronger Oversight is Needed



**Final Report to the Joint Legislative
Program Evaluation Oversight Committee**

Report Number 2014-15

December 17, 2014

information that is necessary to determine jurisdictional authority when allegations are received via the complaint intake process. Identification of these complaint intake information requirements would help to ensure that public access to the complaint resolution process is not limited by any unnecessary requirements.

An Occupational Licensing Commission can also improve complaint processing by assisting the public and OLAs in the determination of jurisdictional authority for submitted complaints. This assistance can be provided when an OLA determines that it does not have jurisdictional authority to resolve a complaint, and refers the individual submitting the complaint to the Occupational Licensing Commission.

Scope of Practice Dispute Resolution. An Occupational Licensing Commission can also help OLAs to identify and resolve scope of practice issues among licensed occupations. Scope of practice refers to the specific tasks that constitute the practice of the given occupation. A disagreement among OLAs regarding the specific duties which each designated occupation is authorized to perform is not uncommon. Licensure by its very nature identifies who is and is not legally able to perform specific tasks, and is often subject to different interpretations.

A recent example of a disagreement among OLAs involving a statutory scope of practice issue occurred with the North Carolina Board of Barber Examiners and the North Carolina Board of Cosmetic Art Examiners. This scope of practice issue partly involved a disagreement between the two OLAs over whether individuals licensed by the North Carolina Board of Cosmetic Art Examiners were authorized to perform facial shaving. The two OLAs have taken contrary positions on the matter, leaving the public and regulated professionals with much uncertainty. Because this disagreement could not be reconciled between these two OLAs, the Joint Legislative Procedure Oversight Committee agreed to include this issue as part of a meeting agenda.

These disagreements over scope of practice are costly and time-consuming for the OLAs, members of the regulated profession, and for the state legislators involved. An Occupational Licensing Commission may be able to cost-effectively assist in resolving these disagreements through a mediated agreement with the participating OLAs. These mediation services provide OLAs and other affected stakeholders with an opportunity to provide an impartial entity with all of the information needed to evaluate the impact on accessibility, quality, and cost-effectiveness of care provided to the consumers. As a result, these mediation services may also serve to reduce the number of disagreements that need to be addressed by a legislative committee, and help ensure that sufficient information is available to address disputes that require legislative involvement.

Letters of Support

From: [Andrew Ball](#)
To: [Hammond, Abigail M](#)
Subject: On the subject of Dry Needling by Physical Therapists
Date: Thursday, January 08, 2015 8:23:47 AM

Dear Mrs. Hammond,

It has recently come to my attention that your council has solicited comment regarding the performance of dry needling by physical therapists. In 2010 I became one of the first 12 physical therapist dry needling physical therapists in North Carolina, and in 2013 joined the faculty of Myopain Seminars, the company that first began teaching the technique in the United States back in 1995. In my tenure as faculty for both Myopain Seminars and the Carolinas Rehabilitation Orthopaedic Residency program doctors of physical therapy, I have assisted in the dry needling training of physical therapists, chiropractors, and acupuncturists.

Allow me to clarify that the intent of the proposed change is in my opinion being somewhat distorted by detractors attempting to raise a settled issue. With this current action, it is my position that the Board of Physical Therapist Examiners is not attempting to expand practice. As outlined below, according to national associations, dry needling is well within the scope of practice of the physical therapist, and this position has been confirmed in most states. The current proposal on the part of the North Carolina Board of Physical Therapist Examiners is an attempt to further protect the public by strengthening educational standards. At present, physical therapists can dry needle after 54 hours of training, and can mix & match courses, without any kind of final certification exam (although a good deal of within-course competency assessment obviously occurs). I fully support updating language to clarify that some sort of final competency assessment and certification is required before a physical therapist (or any other professional for that matter, including acupuncturists) begins to offer dry needling to their patients or clients. This is not, and should not, be a revisiting of the settled question of whether or not dry needling sits within the scope of practice of the physical therapist or the acupuncturist. It falls, assuming proper post-graduate training and certification, within the scope of practice of either.

The arguments against that you see likely see before you have been tried in multiple other states and with the exception of Washington (where dry needling was determined not permissible practice for

physical therapists *nor* acupuncturists), and have failed for three simple reasons:

1. Dry needling is safe
2. Dry needling is effective
3. Dry needling is within the scope of practice of physical therapy
 - a. Refer to the American Physical Therapy Association's Guide to PT practice 3.0
 - b. Refer to the American Academy of Orthopaedic Manual Therapy position statement

You will, no doubt, hear that 54 hours is insufficient for training, and that this poses a risk to patient safety. To that I respond that not only does this discount the fact that physical therapists are clinical doctoring professionals with 3 years of anatomy, physiology, neuroanatomy, biomechanics, etc. Furthermore, it presumes that physical therapists are not lifelong learning professionals. I point to the outstanding work of the Board of Physical Therapist examiners and North Carolina Physical Therapy Association in establishing and maintaining a formalized mechanism for tracking continuing competence. muscles where there is **zero possibility** of pneumothorax) may be the minimum *post-doctoral* standard to begin dry needling patients in North Carolina, I have found that the overwhelming majority of physical therapists don't stop there. Personally, I completed an entire 148 hour dry needling certification through Myopain Seminars, and additional certification in extremity dry needling through Mercer University, and (as there were no available mentors in the state) drove down to Atlanta on several consecutive weekends to receive 1:1 clinical mentorship. While I would argue that kind of professional dedication and educational rigor is essential to be able to *teach* the techniques to others, 54 hours (which incidentally is several hours more than in several other states), 54 hours I tell you as a clinician and instructor, the research is quite clear that it is sufficient to dry needle safely. A 2014 publication in the Journal of Manual and Manipulative therapy by Brady, McEvoy, Dommerholt, and Doody speaks to this point. In the study of 1463 patients and 7629 treatments, no significant adverse events --- not a single pneumothorax --- occurred, giving an estimated upper risk rate for significant adverse events of less than or equal to (\leq) 0.04%. Common and less serious adverse events included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%), aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%).

You may also hear that physical therapists are insufficiently trained in so-called "forbidden points," the stimulation of which may cause events up to and including spontaneous abortion. While there is some low-level research to suggest that acupuncture of these specific points may accelerate a labor in progress, there is absolutely no evidence that stimulation of any of these points can initiate spontaneous abortion. If there were such evidence, we would expect to see an acupuncturist in every abortion clinic as a much safer alternative to medication, but this is clearly not the case. Furthermore, in my courses at least, students are advised to avoid dry needling pregnant women, particularly during the 12-16 week window when most spontaneous abortions occur - - because a prosecuting attorney will attempt to draw a connection between dry needling and spontaneous abortion, when none actually exists. As such, the safety argument for insufficient knowledge of these so-called "forbidden points," is moot.

Finally, there is concern on the part of acupuncturists that dry needling is a slippery slope, and that physical therapists will one day seek to further expand the definition of dry needling to include more than just intramuscular manual therapy (e.g. trigger point dry needling). To that, I must admit that I can understand their fears. Since Myopain Seminars (the first, and international gold standard of dry needling education) taught the first course in North Carolina, an explosion has occurred in the providers offering alternative dry needling courses. These courses are taught by instructors with a wide range of training, experience and *philosophy*. Some of these philosophies and techniques taught in these courses are not permissible practice within North Carolina, but it is informative to note that both the North Carolina Board of Physical Therapy Examiners and the North Carolina Physical Therapy Association have stood firm on the definition of dry needling in North Carolina. Furthermore, the state leaders in physical therapy dry needling are by overwhelming majority adamant about limiting dry needling to that which is CLEARLY physical therapy --- manual therapy resulting in the improvement and restoration of physical functioning. *In the interests of clarifying my unbiased position on the subject, I break ranks with my profession in agreeing with acupuncturists that a more thorough examination of the content of dry needling courses provided in North Carolina, as well as the qualifications and experience of those individuals who teach it, may in fact be in order.*

You will hear that dry needling is acupuncture. It can be, but only one acupuncturist in North Carolina is actually trained and certified in the technique. There are stark differences between the clinical intent, and actual technique of dry needling, I have participated in the training of acupuncturists in dry needling and agree with the acupuncture lobby that *although not an intuitive part of most acupuncture education*, dry needling is acupuncture --- **although there is only one acupuncturist in the state trained in dry needling and sufficiently qualified to speak on that point.** Dry needling is **also intramuscular manual therapy**, and a means for the physical therapist to work out a knot in a muscle --- the fact that it requires the use of a monofilament wire tool to do so, does not make dry needling as practiced by a physical therapist and invasion of acupuncture. No profession "owns" a technique. To clarify, physical therapists may be experts in the use of exercise in the restoration of movement and optimization of physical function --- but that does not mean that a chiropractor, personal trainer, or athletic trainer advising a patient/client with exercise is conducting physical therapy without a license.

The complaints you are fielding are due to nothing more than fear of losing patients to physical therapists, not any real concern for patient safety. In the time that I have been doing dry needling, I've had more than one acupuncturist observe me doing dry needling as *part* of the treatment process . . . and I think that's the key --- I submit that the overwhelming number of complaints received by your committee are from acupuncturists, chiropractors, or physiatrists that have never actually seen the procedure conducted. There is a misperception of how much dry needling is utilized in a single evaluation or treatment session. Although it's used with a majority of patients that come to the clinic of a physical therapist that does dry needling, it is generally a *small part* of any given session. Every acupuncturist who has observed me work (and my clinic is an open door --- I invite you to come and watch) was, pleased, and relieved to learn this reality. Given this, all agreed that it would actually be a burden to the patient to be referred to an acupuncturist for the technique, and all agreed on the following point:

The current position on the part of the part of the acupuncture association is self-defeating.

The acupuncturists that I work with have realized that most patients that I send them would not have ever considered acupuncture following discharge from physical therapy had they not had dry needling in the first place. Our mantra has become, "a physical therapist dry needled patient today, is a potential acupuncture client tomorrow." Win-win.

In an ideal world, health professions will move beyond scope of practice arguments and focus upon scope of expertise relative to treatment environment and patient needs. The or patient should have access to the best, most skilled, most experienced provider for their needs --- regardless of what

license comes after their name. With respect to dry needling, it shouldn't matter if the provider is a physical therapist, acupuncturist, chiropractor, or physician providing the service, provided that they are sufficiently trained in the technique. Dry needling, at least as taught by Myopain Seminars and the Carolinas Rehabilitation residency program, is **not a threat to acupuncture**. In fact, it has generated clients for the acupuncturists willing to work with us.

I am more than willing to serve as an unbiased resource as you continue to collect information. Please do not hesitate to contact me at DrDrewpt@gmail.com or 980-621-4334 if I can be of any assistance in this or any related matter.

Professionally,

Dr. Andrew M. Ball, PT, DPT, PhD, OCS, CMTPT

--

Andrew M. Ball, PT, DPT, PhD, OCS, CMTPT

Doctor of Physical Therapy

Board Certified in Orthopedic Physical Therapy

Certified Myofascial Trigger Point Therapist (Dry Needling)

NASM Certified Sport Performance Enhance Specialist

Carolinas Rehabilitation, Orthopaedic PT Residency Faculty

Carolinas Rehabilitation, Mountain Island Lake, staff physical therapist

Andrew.Ball@CarolinasHealthcare.org

704-801-3065 (office)

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980-621-4334 (mobile)

Letters of Support

From: [Elizabeth Henry](#)
To: [Hammond, Abigail M](#)
Subject: IN favor of NCBPTE new rules on dry needling
Date: Wednesday, January 07, 2015 8:46:22 PM
Attachments: [Comission lettr dry needling.docx](#)

Rules Review Commission

Commission Counsel

Dear Mrs. Hammond,

I am writing you to voice my strong support of the NC Board of Physical Therapy Examiners new rules for Physical Therapists performing dry needling. The rules are simple and make sense. They will enhance the Board's ability to monitor patient safety.

As it stands, dry needling is a very safe treatment when performed by Physical Therapists and zero serious incidents have been reported and zero claims against PT insurance company HPSO have been made since PTs in NC started dry needling in 2009.

I finished my training to perform dry needling in 2012. I'm glad that NC has such a conscientious board that has done the right thing in setting guidelines for training and practice. I felt that my training fully prepared me to practice safely and effectively.

My patients have benefitted from the additional improvements dry needling has added to their treatment. I have been a practicing Physical Therapist for over 34 years and the addition of dry needling to my treatment approach has been ground changing.

Very truly yours,

Elizabeth Henry, PT, DSc, FAAOMPT, COMT, OCS

President LifeForce Physical Therapy and Wellness

Liz Henry, PT, DSc, FAAOMPT, OCS
Director, LifeForce Physical Therapy and Wellness
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Tel: (910) 679-4095 Fax: (910) 338-1760
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Fax: 910-338-1760

Rules Review Commission
Commission Counsel

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Very truly yours,

Elizabeth Henry, PT, DSc, FAAOMPT, COMT, OCS
President LifeForce Physical Therapy and Wellness

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January 8, 2015

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 NCS, ATC, FAPTA

Chief Executive Officer

J. Michael Bowers

Combined Sections Meeting

February 4-7, 2015
 Indianapolis, IN

Abigail Hammond, Commission Counsel
 North Carolina Office of Administrative Hearings
 1711 New Hope Church Road
 Raleigh, NC 27609

RE: NCBPTE proposed regulations on Dry Needling

Dear Ms. Hammond,

I am writing to register the American Physical Therapy Association's (APTA) strong support for the proposed regulations by the North Carolina Board of Physical Therapy Examiners (NCBPTE) that outline education and training requirements for the performance of dry needling by licensed physical therapists.

Physical therapists are licensed health care professionals who maintain, restore, and improve movement, activity, and health enabling individuals of all ages to have optimal functioning and quality of life. Dry needling is a skilled intervention used by physical therapists that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments.

Dry needling is recognized by APTA as being part of the physical therapist scope of practice. A majority of U.S. jurisdictions recognize dry needling as being part of the legal scope of practice for physical therapists; currently only eight states require additional post-graduate training and education to perform it. It is my understanding that the proposed regulations are based on an existing NCBPTE board position outlining education requirements for dry needling. The existing NCBPTE board position on dry needling has been in place since September 23, 2010 and was developed with input from several stakeholders. APTA has reviewed the proposed board regulations and have concluded that they are more than sufficient to support the safe practice of dry needling by qualified physical therapists in North Carolina.

Physical therapists have the knowledge and skill to perform dry needling safely. The current minimum educational requirement to become a physical therapist is a post-baccalaureate from an educational program accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE). As of January 1, 2016, the doctor of physical therapy degree (DPT) from a CAPTE accredited program will be the required degree for all entry-level physical therapist education programs. The education of physical therapists includes anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology, pathology, clinical sciences, clinical interventions, clinical applications, and screening. Much of the basic anatomical, physiological, and biomechanical knowledge that dry needling uses is taught as part of the core physical therapist education; the specific dry needling skills are supplemental to that knowledge.

Claims that the performance of dry needling by physical therapists is a threat to public safety issue are without merit and there is no evidence to support this claim. In fact CNA, the underwriting company for the physical therapy professional liability insurance plan offered HPSO, the leading malpractice insurance carrier for physical therapists in the U.S., has reviewed their claims database specific to the issue of dry needling. In December 2014 CNA reported that there are no trends relative to dry needling identified that would indicate this procedure presents a significant risk factor, nor does CNA foresee the practice of dry needling as having any immediate claim or rate impact.

Claims that dry needling is exclusive to one profession are also without merit. Dry needling is an intervention performed by a number of health care providers, including physicians, chiropractors, physical therapists, and acupuncturists. Health care education and practice have developed in such a way that most professions today share some procedures, tools, or interventions with other regulated professions. It is unreasonable to expect a profession to have *exclusive* domain over an intervention, tool, or modality. One activity, whether it is dry needling, therapeutic exercise, or manual therapy, does not *define* a profession but it is the *entire scope of activities* within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice. The practice of

acupuncture by acupuncturists and the performance of dry needling by physical therapists differ. The performance of modern dry needling by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal and nervous system. Physical therapists that perform dry needling do not use traditional acupuncture theories or acupuncture terminology. It is not advertised as acupuncture nor is it tied to the roots of the practice of acupuncture.

Again, we urge that the proposed NCBPTE regulations on dry needling be adopted. I hope this information is helpful. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Paul Rockar Jr." in a cursive script.

Paul. A. Rockar, Jr, PT, DPT, MS
President

PAR/jle

Letters of Support

From: [Mary Kay Hannah](#)
To: [Hammond, Abigail M](#)
Subject: letter of support for NCBPTE rules on dry needling
Date: Thursday, January 08, 2015 8:34:05 AM
Attachments: [Support letter for NCBPTE rules \(Hannah\).pdf](#)
[18 - C - Advisory Opinion from AG to Acupuncture Board 12-01-11 \(1\).pdf](#)

Dear Mrs. Hammond and the Rules Review Commission (RRC),

[Find same letter with signature attached, along with NC Attorney General Opinion Stating Dry Needling is Within the Scope of PT Practice]

I am writing in support of the North Carolina Board of Physical Therapy Examiner's (NCBPTE) proposed rules which will go before the RRC on 15 January 2015. The proposed rules are simple

Dry needling is a safe physical therapy (PT) treatment that has been done for decades in other states and overseas. The NCBPTE has properly initiated a position statement since 2009 on physical therapists performing dry needling in North Carolina. Since then, the Board has received no complaints of incidents of harm caused by physical therapists performing dry needling. Furthermore, HPSO, the main insurance carrier for professional physical therapy practice insurance has had no claims against physical therapists or harm caused by needling.

In fact, my patients have gained great benefit from dry needling as part of a full physical therapy treatment plan. Furthermore, I am a certified instructor of dry needling in North Carolina and I can assure you that I put a premium on safety and the new Board rules will only improve their ability to monitor PTs to ensure continued public safety.

Those who oppose the new rules are really not opposing the rules, but are using this forum inappropriately to try to restrict physical therapists from performing dry needling at all. In 2011, the North Carolina Attorney General wrote an opinion stating that dry needling is within the scope of PT practice and recommending that the NCBPTE enact rules to help monitor public safety. PTs should not be punished for its licensure Board following the Attorney General's direction.

Thank you for your consideration. I am happy to answer any questions at [919-800-1172](tel:919-800-1172) or marykayhannah@gmail.com.

Sincerely,

Mary C. Hannah

Mary C. Hannah, PT, DPT, OCS, SCS
www.doubleedryneedling.com
www.marykaypt.com

Mary Kay Hannah Physical Therapy LLC

8 Jan 2015

Dear Mrs. Hammond and the Rules Review Commission (RRC),

I am writing in support of the North Carolina Board of Physical Therapy Examiner's (NCBPTE) proposed rules which will go before the RRC on 15 January 2015. The proposed rules are simple and make sense and will enhance the NCBPTE's ability to monitor public safety. I am a physical therapist (PT) with my own practice in Cary, North Carolina.

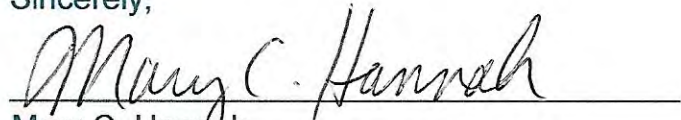
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Thank you for your consideration. I am happy to answer any questions at 919-800-1172 or marykayhannah@gmail.com

Sincerely,



Mary C. Hannah

Doctor of Physical Therapy

Board Certified Orthopedic Clinical Specialist

Board Certified Sports Clinical Specialist



18-C

ROY COOPER
ATTORNEY GENERAL

State of North Carolina
Department of Justice
P.O. BOX 629
RALEIGH, NC 27602-0629

REPLY TO:
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Tel: (919) 716-6864
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mbullock@ncdoj.gov

December 1, 2011

E. Ann Christian, Counsel
North Carolina Acupuncture Licensing Board
Post Office Box 10686
Raleigh, North Carolina 27605

RE: Advisory Opinion: Dry Needling

Dear Ms. Christian:

On behalf of the North Carolina Acupuncture Licensing Board, you have asked for an opinion concerning a Position Statement recently issued by the North Carolina Board of Physical Therapy Examiners (hereinafter "NCBPTE") in which it reversed its earlier position that dry needling, otherwise known as "intramuscular manual therapy," is not within the scope of practice of a physical therapist. Dry needling refers to the therapeutic effect of applying needle stimulation directly to trigger points without the use of injection. Dry needling utilizes a solid needle, such as an acupuncture needle. The Acupuncture Board's position is that this procedure is acupuncture because it utilizes the same medical tools, techniques, locations, and has the same purposes as acupuncture. You stated that the Acupuncture Board believes that the authority to insert needles is reserved, under Article 30 of Chapter 90 of the General Statutes, the North Carolina Acupuncture Practice Act, to licensed acupuncturists and certain health care professionals specifically exempted from its licensing requirements.

The authority to use acupuncture needles for therapeutic purposes is not necessarily reserved exclusively to licensed acupuncturists or those specifically exempted from the licensing requirement for acupuncturists. State law recognizes that the scope of practice of health care professions may overlap and confers extensive discretion on licensing boards to define the scope of a profession within statutory limits. In our opinion, the Board of Physical Therapy Examiners may determine that dry needling is within the scope of practice of physical therapy if it conducts rule-making under the Administrative Procedure Act and adopts rules that relate dry needling to the statutory definition of practice of physical therapy. Any such process should consider

standards for education and training that presumably would be at least as strict as those set by the Legislature for physicians who use acupuncture needles for similar therapeutic purposes.

N.C. Gen. Stat. 90-451(1) defines acupuncture as "[a] form of health care developed from traditional and modern Chinese medical concepts that employ acupuncture diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease." The practice of acupuncture is defined in N.C. Gen. Stat. 90-451(3) as "[t]he insertion of acupuncture needles and the application of moxibustion to specific areas of the human body based upon acupuncture diagnosis as a primary mode of therapy. Adjunctive therapies within the scope of acupuncture may include massage, mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of herbs, dietary guidelines, and therapeutic exercise."

Dry needling can utilize the same needles as acupuncture, but the technique is not based upon Chinese medical concepts. The approach of dry needling is based on Western anatomical and neurophysiological principles. Dry needling is, therefore, distinct from acupuncture. The question then becomes whether it is within the scope of practice of physical therapists to puncture the human body with a needle. N.C. Gen. Stat. 90-270.24(4) defines physical therapy as:

the evaluation or treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes the performance of specialized tests of neuromuscular function, administration of specialized therapeutic procedures, interpretation and implementation of referrals from licensed medical doctors or dentists, and establishment and modification of physical therapy programs for patients. Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. Physical therapy education and training shall include study of the skeletal manifestations of systemic disease. Physical therapy does not include the application of roentgen rays or radioactive materials, surgery, manipulation of the spine unless prescribed by a physician licensed to practice medicine in North Carolina, or medical diagnosis of disease.

The definition neither specifically allows nor prohibits the puncturing of the body. The NCBPTE notes, however, that the insertion of needles by physical therapists has long been accepted practice since physical therapists, with the concurrence of the NC Medical Board, insert needles in patients while conducting EMG studies. In 1995, The Board of Medical Examiners of

the State of North Carolina (now North Carolina Medical Board) issued a letter in which the Medical Board stated that "In response to your request of August 30, 1994, the Board after extensive legal and medical inquiry has determined that physical therapists can perform EMG and nerve conduction studies and may make physical therapy interpretations but not medical diagnosis based on the results. It is within the scope of the licensure of physical therapists."

Thus, insertion of needles by physical therapists does not appear to be prohibited in all circumstances. In its Position Statement of September 23, 2010, the NCBPTE stated: "In 2002, the Board was asked whether dry needling was within the scope of practice for physical therapists. At that time there was very little research published about the use of dry needling or evidence that supported the practice of dry needling by physical therapists. However, since the definition of physical therapy in the North Carolina Physical Therapy Practice Act and the Board's rules contemplate modifications to the scope of practice of physical therapy as practitioners become proficient in new patient treatment techniques, it is appropriate for the Board to periodically revisit its Position Statements to determine if scope of practice developments warrant revisions to the Positions Statements." Additionally, the Board found that "there have been significant developments in the use of intramuscular manual therapy in physical therapy practice. According to the 'Intramuscular Manual Therapy (Dry Needling) Resource Paper' published by the Federation of State Boards of Physical Therapy (FSBPT) on March 8, 2010, 'There are numerous scientific studies to support the use of dry needling for a variety of conditions' and many of the studies have been conducted by physical therapists. Additionally, in 2002, there were very few states that allowed dry needling; however, as the scope of practice of physical therapy has evolved, at least 15 other states (including neighboring jurisdictions of Virginia, South Carolina, Georgia, Maryland, Kentucky, and Washington, DC) have issued opinions that intramuscular manual therapy is within the scope of practice of physical therapists."

Disputes over the scope of practice of licensed occupations have always existed. The scopes of practice of regulated health care professions are set forth in the various sections of the North Carolina Statutes. Many of these licensing statutes presume there will be some overlap among the various professions and include a variation of the phrase "[n]othing in this Article shall be construed to prohibit any act in the lawful practice of a profession by a person duly licensed in this State." See, e.g., N.C. Gen. Stat. § 90-270.34.

In our opinion, it is within the power of the NCBPTE to determine whether dry needling is within the scope of practice of physical therapists. We note, however, that N.C. Gen. Stat. 90-270.28 empowers and requires the NCBPTE to make rules for the purpose of enabling the Board to safeguard the public health, safety and welfare against unqualified or incompetent practitioners. Since dry needling does not appear to be within the curriculum of most schools of physical therapy at this time, we believe that the NCBPTE must adopt administrative rules and standards so that dry needling is conducted only by those physical therapists who have demonstrated a specific standard of knowledge, skill, ability and competence. A "position

statement" does not have the force of law. It does not provide for adequate input by the public or by other licensed practitioners and it does not provide for adequate protection of the public.

Sincerely,

Gayl M. Manthei
Special Deputy Attorney General

Mabel Y. Bullock
Special Deputy Attorney General

This is an Advisory Letter, it has not been reviewed or approved pursuant to the policy for issuing an Attorney General Opinion.

Letters of Support

From: [Rebecca McGhee](#)
To: [Hammond, Abigail M](#)
Subject: Letter of Support for Intramuscular Manual Therapy/Dry Needling
Date: Friday, January 09, 2015 11:22:32 AM
Attachments: [ATT00001.png](#)

NC Rules Review Committee,

I am writing in support of the North Carolina Board of Physical Therapy Examiner's (NCBPTE) rules regarding Intramuscular Manual Therapy, dry needling, for Physical Therapists (Rule 21 NCAC 48 C.0104) that will come before the Rules Review Commission on January 15, 2015. The rules are clear and comprehensive and will enhance the NCBPTE's ability to monitor public safety.

Physical Therapists have been performing dry needling in North Carolina since 2009 without incidents of harm reported to the NCBPTE. In addition, HPSO, the PT practice insurance company, has received no claims against PTs for harm caused with dry needling.

My position for support is two-fold. I speak in support as a patient having received dry needling for hip pain and chronic migraines. Also, I speak in support as a manager of outpatient rehab services for New Hanover Regional Medical Center. We currently have a therapist being trained in dry needling. This is a great adjunct to our current practice and believe this therapeutic procedure will benefit multiple patients just as it has benefited me.

Thank you for your time and consideration.

Sincerely,

Rebecca McGhee, MPT, DPT, MHA, Cert.-MDT

Becky McGhee, MPT, DPT, MHA
Manager of Outpatient Rehabilitation Therapy Services



Oleander Rehabilitation Center
5220 Oleander Dr.
Wilmington, NC 28403
Office: 910-452-8733
Pager: 910-341-9670
Fax: 910-452-8666
rebecca.mcghee@nhrmc.org



To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joseph Garcia MD', with a long horizontal flourish extending to the right.

Dr. Joseph A Garcia, MD
NH Lakeside Family Physicians
14330 Oak Hill Park Lane Suite 200
Huntersville, NC, 28078



January 8, 2015

To the NC Board of Physical Therapy Examiners:

We would like to offer our support for the continued utilization of trigger point dry needling by physical therapists. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. We do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for patients. We also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessments and do not think restrictions are warranted in this regard.

The feedback from our patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. Each of us were also patients who required dry needling to reach our full recovery potential and feel passionate about the technique as a part of PT care. We fully support physical therapists that are skilled in dry needling as an ideal choice for our patients' needs.

Sincerely,



Tanya S. Blackmon
President, Novant Health Huntersville Medical Center



Ehab Sharawy, MD
Novant Health Huntersville Obstetrics & Gynecology



January 8, 2015

To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'ETW' followed by a stylized 'MD'.

Eric T. Warren, MD

CAQ, Primary Care Sports Medicine

Fellow, American Academy of Family Physicians

Credentialed ImPACT Consultant

Medical Director, Union County Public Schools Athletics Programs

Medical Director, Novant Health Sports Medicine South



January 8, 2015

To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling. The training that the PT's have obtained has demonstrated their ability to offer effective, safe treatment. I feel very comfortable with Physical Therapists' high level of expertise and ability in trigger point dry needling.

The feedback from patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike Riley'.

Mike Riley, RN, MBA
President
Novant Health Charlotte Orthopedic Hospital
704-316-1506




To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,



Dr Bryan Edwards MD
Novant Health Orthopedics & Sports Medicine
19485 Old Jetton Rd., Suite 210
Cornelius, NC 28031

Letters of Support



To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,

A handwritten signature in black ink that reads 'Lori M. Taylor, MD'. The signature is fluid and cursive, with a large loop at the beginning.

Lori M. Taylor, MD
Novant Health Cotswold Medical Clinic
200 Greenwich Rd
Charlotte NC 28211

Letters of Support



To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'MHoben'.

Michael Hoben, MD
Novant Health Cotswold Medical Clinic
200 Greenwich Rd
Charlotte NC 28211

Letters of Support



To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Mueller'.

Joseph Mueller, MD
Novant Health Cotswold Medical Clinic
200 Greenwich Rd
Charlotte NC 28211

Letters of Support



To the NC Board of Physical Therapy Examiners,

I would like to offer my support for the continued utilization of trigger point dry needling that physical therapists have been able to offer my patients. The training of 54 hours that the PT's have obtained has demonstrated their ability to offer not only effective but safe treatment of which I can trust for the care of our patients. I do not consider dry needling to be synonymous with acupuncture and evaluate these as separate and distinct options of care for my patients. I also support the use of dry needling in all body regions that are appropriate for care per the therapists' assessment and do not think restrictions are warranted in this regard.

The feedback from my patients has been nothing but positive. Not only does the treatment help them in their recovery, but they report that the care provided by the therapists exceeds their expectations. The dry needling treatments, along with the other evidence based treatment techniques that the PTs provide, allow me to fully support them as the choice for rehabilitation of my patients.

Sincerely,

A handwritten signature in cursive script that reads 'Elena Ibe'.

Elena Ibe, MD
Novant Health Cotswold Medical Clinic
200 Greenwich Rd
Charlotte NC 28211

From: emmanuel easterling [emmanueljay@yahoo.com]
Sent: Monday, January 12, 2015 10:31 PM
To: Hammond, Abigail M
Subject: Dry needling for PTs

Dear Ms. Hammond and the Rules Review Commission (RCC),

I am writing in support of the North Carolina Board of Physical Therapy Examiner's NCBPTE proposed rules which will go before the board on the 15 January 2015. I am an Active duty Army physical therapist currently practicing outside the state of North Carolina and a subject matter expert regarding dry needling for the Army. The Army sends me to different Army installations during the year teaching dry needling to Army healthcare providers. I not only teach Army physical therapists, but also physicians and physician assistants. I am also the co-founder and co-instructor of Double E PT Education, teaching dry needling exclusively in NC to physical therapists.

I helped to write the current regulation regarding dry needling for physical therapists in the Army. The rules being proposed by the board will help to enhance and monitor public safety. They will ensure that physical therapists have the right training to ensure that patients are not only receiving the best care available but also physical therapists are performing dry needling in a safe manner. This is similar to the steps the Army did; for years Army physical therapists were performing dry needling but no formal Army regulation or policy oversaw their utilization of it. The Army Medical Specialist Corps Chief recognized the need for one to oversee and enhance patient safety and put forth a directive to produce a regulation to oversee dry needling for Army physical therapists. The North Carolina Attorney General recognized the need for formal rules to oversee dry needling by physical therapists in order to enhance and monitor public safety and the NCBPTE is following his direction and performing their due diligence in regards to patient safety with their proposed rules.

Dry needling being within the scope of practice of physical therapists is not the issue here, for dry needling has been utilized by physical therapists for years in their practice and in 2011 the Attorney General stated that dry needling was within the scope of practice of physical therapy. Furthermore, physical therapists have been performing dry needling in the Army for over 10 years with no reports of harm being caused by physical therapists performing dry needling. I have also formally instructed over 100 North Carolina physical therapists in dry needling and none have caused harm to a patient. At hand is ensuring public safety and the NCBPTE has an obligation to ensure patients are able to get physical therapy in a safe manner. These proposed rules will allow the NCBPTE to meet this obligation to the public.

Very Respectfully,
MAJ Emmanuel Easterling PT, DPT, CMTPT, OCS
Assistant Chief, Schofield Barracks
760-713-1449

Letters of Support

From: Lorraine BritPT [lorraine@britpt.com]
Sent: Saturday, January 10, 2015 8:41 PM
To: Hammond, Abigail M
Subject: Local Concerned PT regarding dry needling issues.

Dear Mrs.Hammond,

Please take a few minutes to review the letters I have attached. These are pertaining to the Right for PT's to perform Dry Needling which is being opposed by the Acupuncture Board, and the position of the Attorney General referenced there. We greatly appreciate your attention to this matter.

Yours Sincerely

Lorraine Kingham MHSC,PT,MTC, CMTPT

Lorraine BritPT
lorraine@britpt.com

Jan 8th, 2015

Dear Mr.Hardister, and the Rules Review Commission

I am writing in support of the North Carolina Board of Physical Therapy Examiners' (NCBPTE) proposed rules which will go before the RRC on January 15, 2015. The rules are simple, make sense and will enhance the NCBPTE's ability to monitor public safety. I am a physical therapist with 24 years experience in good standing, running my own private practice in Greensboro, North Carolina.

Dry Needling is a safe physical therapy (PT) treatment which has been practiced for decades in other states and over-seas. The NCBPTE has properly initiated a position statement since 2009 for physical therapists performing dry needling in North Carolina. Since then, the Board has received no complaints of incidents of harm caused by physical therapists performing dry needling. Furthermore, HPSO the main insurance carrier for professional physical therapy practice has had no claims against physical therapists with regard to harm caused by needling.

In fact my patients have experienced great benefits with the addition of dry needling to the range of treatments I can offer. Primarily, the efficiency of the technique means that they need approximately 25-40% fewer visits to reach their goals for improved function and pain relief. Patient safety is of the physical therapist's first concern. Consistent with the Hippocratic Oath we endeavor to "First Do No Harm" in all of the treatment techniques we utilize to steer our patients toward relief and better health. The Board Rules will only improve their ability to monitor PT's to ensure continued public safety.

Those who oppose the new rules are really not opposing the rules, but are using the forum inappropriately to try to restrict physical therapists from performing dry needling at all. In 2011, the North Carolina Attorney General wrote an opinion stating that dry needling is within the scope of PT practice and recommended that the NCBPTE enact rules to help monitor public safety. PT's should not be penalized when our licensing Board is following the direction of the Attorney general.

Thanks you for your consideration of this issue. Please send any questions or concerns to Lorraine@BritPT.com

Yours sincerely,

Lorraine Kingham MHSC,PT,MPT, CMTPT,



18-c

ROY COOPER
ATTORNEY GENERAL

State of North Carolina
Department of Justice
P.O. BOX 629
RALEIGH, NC 27602-0629

REPLY TO:
Mabel Y. Bullock
Special Deputy Attorney General
Health & Public Assistance
Tel: (919) 716-6864
Fax: (919) 716-6758
mbullock@ncdoj.gov

December 1, 2011

E. Ann Christian, Counsel
North Carolina Acupuncture Licensing Board
Post Office Box 10686
Raleigh, North Carolina 27605

RE: Advisory Opinion: Dry Needling

Dear Ms. Christian:

On behalf of the North Carolina Acupuncture Licensing Board, you have asked for an opinion concerning a Position Statement recently issued by the North Carolina Board of Physical Therapy Examiners (hereinafter "NCBPTE") in which it reversed its earlier position that dry needling, otherwise known as "intramuscular manual therapy," is not within the scope of practice of a physical therapist. Dry needling refers to the therapeutic effect of applying needle stimulation directly to trigger points without the use of injection. Dry needling utilizes a solid needle, such as an acupuncture needle. The Acupuncture Board's position is that this procedure is acupuncture because it utilizes the same medical tools, techniques, locations, and has the same purposes as acupuncture. You stated that the Acupuncture Board believes that the authority to insert needles is reserved, under Article 30 of Chapter 90 of the General Statutes, the North Carolina Acupuncture Practice Act, to licensed acupuncturists and certain health care professionals specifically exempted from its licensing requirements.

The authority to use acupuncture needles for therapeutic purposes is not necessarily reserved exclusively to licensed acupuncturists or those specifically exempted from the licensing requirement for acupuncturists. State law recognizes that the scope of practice of health care professions may overlap and confers extensive discretion on licensing boards to define the scope of a profession within statutory limits. In our opinion, the Board of Physical Therapy Examiners may determine that dry needling is within the scope of practice of physical therapy if it conducts rule-making under the Administrative Procedure Act and adopts rules that relate dry needling to the statutory definition of practice of physical therapy. Any such process should consider

Letters of Support

From: patrick [mccarthydpt@gmail.com]
Sent: Tuesday, January 13, 2015 9:14 AM
To: Hammond, Abigail M
Subject: Dry Needling in NC

Rules Review Commission
Commission Counsel

Dear Mrs. Hammond,

As you are aware, NC Board of Physical Therapy Examiners have recently developed new rules for Physical Therapists performing dry needling. I am writing to you today in full support of the changes as they will enhance the Board's ability to monitor patient safety while still allowing physical therapists to perform a very useful service to their patients.

My first experience with trigger point dry needling came in January 2013, two months after having my second shoulder surgery. My physical therapist treated one muscle as a trial and one day later I could touch my other shoulder for the first time since the operation. I soon took a dry needle course, spent three days learning and being needled by the other students in the class, and when I returned from the course my shoulder felt as if I never had a single surgery to my shoulder. It felt normal.

Dry needling is a very safe treatment when performed by Physical Therapists, but it is not a stand alone treatment. When trigger points in muscles are treated by dry needling they can be less painful and are able to contract appropriately, increasing range of motion and strength. This can have a prolonged effect with correct muscle re-education and home stretching program which PTs are perfectly placed in our health care system to accomplish.

Zero serious incidents have been reported and zero claims against the PT insurance company HPSO have been made since PTs in NC started dry needling in 2009. I'm glad that NC has such a conscientious board that has done the right thing in setting guidelines for training and practice. I felt that my training fully prepared me to practice safely and effectively.

I finished my third dry needling course in Feb, 2014 and have performed well over 200 dry needling procedures on patients without an incident. Patients will often have relief instantly and I have patients find our clinic seeking dry needling treatment after hearing of it's benefits from family or friends.

I have been a practicing Physical Therapist for over 7 years. Dry needling is just one treatment tool in my tool box, but it is a very safe and effective tool. It has and can continue to help many people reduce pain without expensive / addictive medication and help them return their jobs and living the life they love.

Thank you very much for your time.

Patrick McCarthy DPT, CSCS
709 Hunting Ridge Rd
Wilmington NC 28412
cell - (740) 590-9353

From: Summer Price [summer@lifeforcept.com]
Sent: Monday, January 12, 2015 1:44 PM
To: Hammond, Abigail M
Subject: In favor of new rules for NCBPTE for dry needling

Summer Price PT, ATC
134 Kingston Rd
Wilmington NC 28409
Tel: 919-624-0255

Rules Review Commission
Commission Counsel

Dear Mrs. Hammond,

I am writing to display my support of Physical Therapists practice of dry needling and the NC Board of Physical Therapy Examiners rules for PT training needed to practice.

I completed my training through an APTA accredited program in 2013. I am thankful that NC has a board that has set high standards for competence and training in the practice of trigger point dry needling. Through my training and background I feel completely knowledgeable and competent in performing dry needling on my patients. This is a safe procedure when performed by a trained PT from an accredited program.

There have been no reports of serious incidents or claims against PT insurance company HPSO since PT's began the practice of dry needling in 2009. Trigger point dry needling is a great compliment to my manual therapy approach and treatment of my patients. I have been treated with dry needling and have first hand felt the great benefits this technique applied with physical therapy have to offer to our patients.

Thank you for your time,
Summer Price, PT, DPT, ATC

Summer Price PT, ATC
Physical Therapist
6752 Parker Farm Drive, #1B
Wilmington, NC 28405
Tel: (910)679-4095 Fax: (910) 338-1760
Summer@lifeforcept.com

To whom it may concern,

Regarding: Physical Therapists performing dry needling in NC

I would like to introduce myself and share my experience with chronic tension type headaches and the effects of dry needling. My name is Jan Zamudio and I am physical therapist that just recently became certified in dry needling. I have been practicing for 14 years and for the last 15 years I have had daily headaches. I have been through many tests including MRI and neurological tests. I have seen internal medicine doctors, physician assistants, family medicine doctors, neurologists, physical therapists and neurosurgeons. I have been prescribed antidepressants (to treat the headache), anti-inflammatories, muscle relaxers, pain meds, and the list goes on. I prefer not to take medicine as I can function and have learned to just live with it. I have been treated by “traditional” physical therapy without success.

Eight months ago I learned that dry needling was being used to treat headaches and, since I haven’t tried this treatment, I wanted to see if it could decrease my symptoms. Thankfully, I tried it for 3 months and I am now a true believer in the effects of dry needling. I still have headaches but the intensity has decreased significantly, the amount of severe headaches have decreased, and when I do take medication, I take less than before and the time for relief is much faster.

This change in my daily life cannot be fully expressed in words. So much so that I paid for all the courses myself to become certified in dry needling so I can have the same impact on the lives of others.

No matter what other medical professionals say, I truly believe that we should be working together to help everyone live full and productive lives. This includes permitting physical therapist to continue practicing dry needling.

Thank you,

Jan Zamudio MPT, CMTPT, CWT

From: [Gibson, Scott](#)
To: [Hammond, Abigail M](#)
Subject: FW: letter
Date: Tuesday, January 13, 2015 4:01:42 PM

Dear Ms. Hammond and the Rules Review Commission (RRC),

I am writing in support of the North Carolina Board of Physical Therapy Examiner's (NCBPTE) proposed rules which will go before the RRC on 15 January 2015. The proposed rules are simple and make sense and will enhance the NCBPTE's ability to monitor public safety. I am a physical therapist working in a hospital based outpatient satellite clinic in Goldsboro, NC.

Dry needling is a safe physical therapy treatment that has been done for decades in other states and overseas. The NCBPTE has properly initiated a position statement since 2009 on physical therapists performing dry needling in North Carolina. I was fortunate to have been a part of the decision making process of allowing trigger point dry needling to be included in the scope of practice for a physical therapist in North Carolina. Since then, the Board has received no complaints of incidents of harm caused by physical therapists performing dry needling. Furthermore, HPSO, the main insurance carrier for professional physical therapy practice insurance has had no claims against physical therapists or harm caused by needling.

Over the past 22 years as a physical therapist, no other physical therapy intervention has offered the same efficiency, cost effectiveness, and functional improvement effectiveness as trigger point dry needling to my patients. Safety is of utmost importance to me as I provide patient care. When performed by a trained and skilled clinician, trigger point dry needling is very safe. The new Board rules will only improve their ability to monitor PTs to ensure continued public safety.

Thank you for your consideration. Please contact me at (919) 587-3163 with any questions.

Scott Gibson, PT, OCS
Scott.gibson@waynehealth.org

Letters of Support

January 7, 2015

Rebound Physical Therapy
PO BOX 612
126 South Main St.
Davidson, NC 28036

To Whom It May Concern:

I am writing this letter in response to a recent dispute over physical therapists performing dry needling. I primarily work in the sports and orthopedic setting, including contracting with several professional sports teams. I have been using dry needling as a treatment option for the past 3 years. I have had great results with it, as I have with other techniques. I do not think dry needling defines our profession, as it doesn't any other profession. It is simply another tool that can be used to help my patients/athletes. Dry needling allows me to easily get to muscles that are difficult to get to with my hands, and often for a quicker, less painful release of a trigger point. I do not think any profession should be defined by the tools that they use to treat. The same way no profession can "own" a particular tool. The way each professional uses the tool should be scope specific to that individual profession.

It really would not matter what I do with the dry needle if I have not made a thorough evaluation, individualized treatment plan, and effectively communicated with my patient. The patient may primarily remember the dry needling portion of treatment, but every part of the session led to a successful outcome. Dry needling has benefited a lot of athletes and other patients that have not been helped through other professionals' treatments, including chiropractors and acupuncturists. They prefer dry needling over acupuncture for better results from musculoskeletal injuries. That doesn't necessarily mean the dry needling was "the fix" but the complete physical therapy session gave them less pain, increased function, and allowed them to maintain their starting position on the team that provides an income to their family. Trust me, athletes try every avenue they can to continue playing and providing for their families. When one technique or professional doesn't help them, they keep looking until they find something that does work. When they find something that works, they stick with it.

I personally have used dry needling, and regularly go for acupuncture treatments, because they both work and in completely different ways. The acupuncturist and I often trade services because we both see the benefits in what our specific technique accomplishes with the dry needles. We also share patients! If a patient comes to me requesting dry needling but after an evaluation I feel they will benefit more from acupuncture, I refer them to her. She does the same if they request acupuncture but she feels they may benefit more from dry needling. This is how healthcare is supposed to work, getting the patient the most appropriate care that they need to recover. If a particular clinician is good in their professional skills (no matter the healthcare profession), they have no reason to attack other professionals because they are too busy treating patients.

You can not simply look at our training in dry needling to define our qualification. You must also add in all the years of didactic, clinical, and continuing education that has allowed us to train in dry needling. A solid education provided a great foundation to allow us to utilize another treatment technique in our scope of practice. During my training for dry needling, there were physical therapist, chiropractors, and acupuncturist taking the courses. The course teaching staff consisted of PTs and acupuncturists. If one profession "owns" dry needling, why were there so many different professions represented at the courses? All professionals were there to simply learn and expand our skill set to better serve our patients.

Sincerely,



Rebecca Pulver, PT, ATC

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Re: dry needling

From: **Boraks.net** (david@boraks.net)
Sent: Wed 1/07/15 10:24 AM
To: becca rice (rsrice0@hotmail.com)

Well, that's interesting. But not surprising. You must be cutting into someone else's business. Who else does dry needling? Look there for the root of the issue.

Anyhow, happy to do so:

I visited physical therapist Becca Rice on Jan. 6, 2015, after a knee injury in a soccer game. She located a tightly knotted muscle just above my left calf, and explained the alternatives, one of which was dry needling. She explained the rationale for the procedure, questioned me about my comfort with a needle, and explained how it would work. With the information she provided, I was comfortable giving my consent to the treatment. She wore gloves and used a disposable needle. And in just a few minutes she had successfully released the tension in the muscle, with only minor discomfort. Afterward, she tested my knee and prescribed light exercise. For the first time since the injury, I was able to take a light jog.

David Boraks
704-661-0445

On Jan 7, 2015, at 10:01 AM, becca rice <rsrice0@hotmail.com> wrote:

Good morning,

If you would be so kind as to write a response to this email about your experience with dry needling (good, bad, or indifferent), I would great appreciate it. The NC Board of PT is being challenged on the state level as to if physical therapists are qualified to perform dry needling.

On a personal note, I always find it interesting when professionals have to defend their profession based on laws and lawyers' opinions instead of the benefit we provide the public. If the professionals that are attacking other professions were busy enough treating people, they wouldn't have time to attack other professionals that are actually helping people.

Can't we all just get along :)))

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Re: dry needling

From: **EILEEN BRENNER** (embrenner@mac.com)
Sent: Wed 1/07/15 10:44 AM
To: Rebecca Rice Pulver (rsrice0@hotmail.com)

Well, there's the question for the ages - "*Can't we all just get along :))))*"

Dry needling for me is good and bad - but I'm not indifferent. As a modality for releasing tension, muscle tightness, bound-up knotted facia, or whatever it is that causes me undeniable pain it absolutely works. And I'm really glad it works quickly, because it is so unpleasant - for me - that I think I could talk myself into enduring pain for a while if I had to be dry needled several times.

Given the reason for your note I have to ask this question - if physical therapists are not qualified to perform dry needling then who is? I don't know who else I would trust. No other practitioner I see, with the possible exception of Cristin Gregory, Acupuncturist, could bring to bear the knowledge you have about how all these muscles and tendons and bones work such that I'd trust them to stick a needle into me and then charge it up with electricity!

So who are the folks challenging the NC Board of PT? Are they qualified? Nevermind, I guess I don't really need to know, so long as you are willing to stick me whenever I need sticking. Love you, Eileen

On Jan 7, 2015, at 10:01 AM, becca rice <rsrice0@hotmail.com> wrote:

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Can't we all just get along :))))

Many thanks,
Becca Pulver

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RE: dry needling

From: **tiny248** (tiny248@yahoo.com)
Sent: Wed 1/07/15 12:22 PM
To: becca rice (rsrice0@hotmail.com)

Hey,

As for me I have had great results from dry needling when you performed it. I feel I got a better results from that as opposed to standard stem. I don't know who exactly they think should be doing it but I always have felt comfortable with you dry needling. I have had plenty of doctors, PA's, and other trainers I wouldn't trust taking my temperature much less anything else. I guess with anything a mechanic plumber painter whoever, you have good ones and bad, but that's on them and their dedication to their profession.

Mike "Tiny" Houston

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: becca rice <rsrice0@hotmail.com>
Date: 01/07/2015 10:01 AM (GMT-05:00)
To: adam merrell <adam.merrell@visitpit.com>, barry pulver <bpulver@hotmail.co.uk>, ben cook <bc4240@yahoo.com>, cristin gregory <cristingregory@yahoo.com>, David Boraks <david@boraks.net>, dru willis <druwillis@gmail.com>, eillen brenner <embrenner@mac.com>, jen hankins <jenhankins@hotmail.com>, jen sorenson <jenniferlouisesorenson@gmail.com>, Karen Bumgarner <kbumgarner@rerracing.com>, kelley gardner <kelley@thebindu.com>, ken bloom <kbloom@advancedfootandankle.com>, linda Combs <maidenheavenfarm@yahoo.com>, mike amato <nc28031@yahoo.com>, mike metcalf <michaelmetcalfjr@gmail.com>, rahmi <rahmi.oz@gmail.com>, ray wright <rpwright@rerracing.com>, robin underwood* <robunderwood@bellsouth.net>, robin underwood* <robinlunderwood@gmail.com>, Sari <sariweston108@gmail.com>, tiny <tiny248@yahoo.com>
Subject: dry needling

Good morning,

If you would be so kind as to write a response to this email about your experience with dry needling (good, bad, or indifferent), I would great appreciate it. The NC Board of PT is being challenged on the state level as to if physical therapists are qualified to perform dry needling.

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Re: dry needling

From: **Kelley Gardner** (kelley@kelleygardner.com)
Sent: Wed 1/07/15 1:58 PM
To: becca rice (rsrice0@hotmail.com)

To Whom It May Concern:

I am writing as a client of Becca Pulver's dry needling as well as a yoga teacher who has referred clients to Becca for dry needling. I am confident that Becca has excellent training and the ability to diagnose and treat successfully using dry needling. She has helped me through dry needling to eliminate old, imbalanced musculature and her skill as a PT gives her the advantage of teaching me how to rebalance musculature after dry needling.

I have sent private yoga clients to her for dry needling (successfully) to work through issues I have been unable to shift. Through her work with dry needling, my clients have improved and been able to regain functional movement.

Should you need to contact me, please call or email at:
kelley@kelleygardner.com - 704-663-9550 c.

Thank you,
Kelley Gardner
The Bindu, Inc. - Founder
Rasika Yoga School - Owner

On Jan 7, 2015, at 10:01 AM, becca rice wrote:

Good morning,

If you would be so kind as to write a response to this email about your experience with dry needling (good, bad, or indifferent), I would great appreciate it. The NC Board of PT is being challenged on the state level as to if physical therapists are qualified to perform dry needling.

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RE: dry needling

From: **Kevin O'Neill** (Kevin.oneill@de-soutter.com)
Sent: Wed 1/07/15 3:14 PM
To: Barry Pulver (bpulver@hotmail.co.uk); Garry Murray (garrymurray@kraftworks.org.uk);
Sweeting, Mike (mike.sweeting@amerock.com); smanly03@gmail.com; Dan
(mcdalcc@yahoo.com); Kevin O'Neill (koneill@gatewaymed.com)
Cc: Becca Rice (rsrice0@hotmail.com)

Hi Becca

I was having severe pain in my left knee after running and soccer.

I believe it was to do with the patella not tracking correctly.

Various therapies and resting were not improving the situation.

It was to the point where I could not play soccer.

Eventually, I had several sessions of dry needling to try to correct the issue.

Each time the dry needling seemed to relax the muscles and after a while, the pain went away completely.

I am now completely pain free and back to running and playing soccer.

Kind Regards

Kevin O'Neill

De Soutter Medical USA, Inc.

Cell: 704 408 0098

Off: 704 655 9040

www.gatewaymed.com www.de-soutterusa.com www.castssaw.net

1/13/2015 3:25 PM

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Re: dry needling

From: **Michael Metcalf** (michaelmetcalfjr@gmail.com)
Sent: Thu 1/08/15 7:49 AM
To: becca rice (rsrice0@hotmail.com)

~~Good morning Rice! Happy New Year! I need to check with Dara but I think we are free the 30th. I think we are tied up on the 31st. We def want to hang out with you guys soon!~~

The moment you have been waiting for:

I was hesitant to try it at first, but dry needling has been great for me. My training and rehab routine has been similar for the past 10 years. Even with regular stretching, I had developed very tight IT bands and was experiencing chronic pain in my lower right leg. Being confident in my routine, the only thing that has been different in the last couple years is dry needling. My IT bands are much much better and I don't have the pain in right leg. I used to despise needles, and still do from doctors but I welcome them from the PT's. I've encouraged some of my teammates to try it on problem areas as well, and they have experienced some of the benefits as well.

-Mike Metcalf Jr.

Pit Crew member, Ganassi Racing

Is this kind of what you were looking for?

On Wed, Jan 7, 2015 at 10:01 AM, becca rice <rsrice0@hotmail.com> wrote:

Good morning,

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Can't we all just get along :))))

Many thanks,
Becca Pulver

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Re: dry needling

From: **Linda Combs** (maidenheavenfarm@yahoo.com)
Sent: Thu 1/08/15 1:44 PM
To: Rebecca Rice Pulver (rsrice0@hotmail.com)

Hi Becca, been there, done that, as a MFT licensed person. Licensure is good but often each group is challenged based on professional "territories"....yep...money.

So, I hope this note below can be used. If not, let me know what to write and consider it done as soon as I know you need anything else. I miss seeing you, but not in the office!

I am thrilled to have persevered and managed to get Don a cancellation with what appears to be the best neurologist in CLT. We got moved up two weeks and go in next Monday. The orthopedic surgeon said laminectomy but his health grades were below national average and I thought he had "shifty eyes" though he gave clear information and spent lots of time with us. He showed us the synovial cyst on Don's spine and said laminectomy would be the proper surgery. Some of the risks seemed to me to warrant a neurosurgeon and we see Dr. Tim Adamson on Monday. Don is on 4+ 10mg Hydrocodone every day and pain is managed but he is goofy headed, can't drive, etc. It's been an amazing turn of events to go through with one another and lots of love. We hope for surgery in January or February unless there are other rx from Dr Adamson.

So...below is my contribution....hope it will be helpful.

I have had experience with my PT for years and only once (in 2014 to be exact) had dry needling administered. My PT explained how it worked, prepared me quickly and well, and I found it very helpful and did not need to return for any further work. It relieved the pain in my leg. I certainly think that PT's who are qualified should be allowed to use this treatment for us as patients. I do not want to have to go elsewhere for treatment.

Thank you for considering my submission,

Linda Combs Shepherd, Ph.D.

There is an endless net of threads
throughout the universe. The
horizontal threads are in space. The
vertical threads are in time. At every
crossing of the threads, there is an
individual, and every individual is a

1 of 2

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Re: Needling

From: **Dan McDermott** (mcdalcc@yahoo.com)
Sent: Fri 1/09/15 8:11 PM
To: becca rice (rsrice0@hotmail.com)

Hi Becca,

Trying to recover from my ninth knee surgery and two infections, I worked with Rebecca Rice-Pulver for two months on trying regain range of motion. Becca introduced the needling procedure to me and I truly immediately saw a difference in how my muscles responded, specifically my quad, which was extremely tight. The needling forced my quad to loosen and stretch, thus improving my range of motion. My range of motion was at about 95 degrees before using this approach, and improved from about 115/120 degrees of range of motion. I was extremely please with Becca's use of this procedure, and highly recommend it to anyone who is need of trying to rehab from any major surgery or injury.

Dan McDermott

On Wednesday, January 7, 2015 11:49 AM, becca rice <rsrice0@hotmail.com> wrote:

It was, at the end of your rehab for your hamstring (if I remember correctly). Thanks so much for helping out!!

Becca

> Subject: Needling
> From: mcdalcc@yahoo.com
> Date: Wed, 7 Jan 2015 11:42:43 -0500
> To: rsrice0@hotmail.com
>
> Is this what you did with me? If so, I'm in for a response to help you out!
>
> Dan
>
> Sent from my iPhone

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1/13/2015 3:29 PM

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Dry needling

From: **Garry Murray** (garrymurray@kraftworks.org.uk)
Sent: Mon 1/12/15 5:11 PM
To: Becca Rice (rsrice0@hotmail.com)

Hi Becca,
I hope you are well and are keeping busy with your new venture.

I would like to thank you for my recent course of physiotherapy after my ACL reconstruction surgery. I know that we did standard exercises during my rehabilitation period, but I thought that without doubt the dry needling helped immensely with releasing or kick starting muscles that had been inactive for a long period of time. The impact was instant and the results were (I think) significant in shortening the time spent recuperating from my operation.

I would have no hesitation in recommending this form of treatment to any of my relatives or friends who find themselves in the same position.

Hope to see you soon.

Kind Regards

Garry Murray

Sent from my iPad

1/13/2015 3:30 PM

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FW: dry needling

From: **becca rice** (rsrice0@hotmail.com)
Sent: Tue 1/13/15 3:31 PM
To: becca rice (rsrice0@hotmail.com)

From: rpwright@rerracing.com
To: bpulver@hotmail.co.uk
Date: Tue, 13 Jan 2015 08:04:34 -0500
Subject: Please Forward to your wife

My name is Ray Wright and I carry rear tires on the NASCAR pit crew for the #27 Sprint Cup car. I am writing this note to express my support for dry needling and express its many benefits for me.

Dry needling has been such a huge part of my success as a pit crew member I am saddened by its recent negative accusations. I fear the thought of having to perform my job without the positive benefits from dry needling. I am very confident I can also speak for all the other pit crew members at RCR. Our race season is very long, spanning from February to November with only two weekends off. Not only do we race every weekend practically, we are practicing almost every day during those weeks as well. Having to perform on a pit crew requires your body to do very unnatural things and be put in very unnatural positions. Injuries are a major part of what we do, especially for a 35 year old crew member like myself. I rely on dry needling to get me into the next practice, the next workout and ultimately the next race. Not being injured also helps me to not develop bad habits that can also be a reason for me to eventually be replaced.

It may sound cliché, but I don't really care...my family ultimately relies on me to perform my job. I rely on things like dry needling to be able to provide for my family. It's a bit infuriating to think that someone or some group is threatening the existence of dry needling due to none other than lack of confidence with their our methods of treatment. I have NEVER been injured, NEVER been hurt or NEVER been adversely treated by dry needling. I trust the person who administers my dry needling, it's my body, it's my career and it's my family. I hope my letter not only speaks to my personal life but also the many other pit crew members here and other race teams that rely on this method of treatment. If you have any other questions please contact me at 336.225.9379. Thanks for your time.

Ray Wright

Richard Childress Racing Pit Stop Dept.