

FSBPT Resource Paper Regarding Dry Needling
11th edition

Federation of State Boards of Physical Therapy

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The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of practice for a physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

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FSBPT Resource Paper Regarding Dry Needling

Preface

Many jurisdiction physical therapy regulatory boards have been approached to give an opinion as to the ability for physical therapists (PT) in that jurisdiction to legally perform dry needling. As each state is independent to determine its own laws and rules, board opinions and actions have varied widely creating inconsistent requirements for physical therapy practice from state to state. The Federation of State Boards of Physical Therapy (FSBPT) has published a resource paper on the topic of dry needling since 2010. This 11th edition contains changes from 2021.

Introduction

It is not unusual for a state licensing board to be asked for an opinion as to whether or not an evaluative technique, treatment, or procedure is within the scope of practice for that given profession. It is as important to base regulation on evidence, when possible, as it is to base practice on evidence. The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of practice for the physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

The practice act in the state is the final authority on what is included in the scope of practice of a profession. Physical Therapy practice acts are by design non-specific and ambiguous; the details of the law are fleshed out with the applicable regulations. The practice act is rarely written with a laundry list of procedures, tests, or measures that a Physical Therapist is allowed to perform, thus making it very susceptible to different interpretations. The respective state board writes rules and regulations based on that statutory authority to give practical meaning to the law. As many specifics are not found in law, many state boards of PT have been approached for a judgment as to whether or not a certain intervention or procedure is within the scope of PT practice in that jurisdiction. New and evolving procedures are rarely, if ever, specifically addressed in the practice act.

State boards are often faced with opposition when another professional group claims the activity in question as their own. However, it is very clear that no single profession owns any procedure or intervention. Overlap among professions is expected and necessary for access to high quality care.

One activity 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.¹

FSBPT collaborated with five other healthcare regulatory organizations to publish ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. These organizations present the argument that if a profession can provide supportive evidence in the four foundational areas: Historical Basis, Education and Training, Evidence, and Regulatory

¹ *Changes in Healthcare Professions Scope of Practice: Legislative Considerations*. Revised 10/2009, page 9.

Environment, then the proposed changes are likely to be in the public's best interest. A more developed investigation of the four foundational areas is found below.²

1. ***Is there a historical basis for adding the activity in question to the scope of practice?***
 - a. Has there been an evolution of the profession towards the addition of the new skill or service?
 - b. What is the evidence of this evolution?
 - c. How does the new skill or service fit within or enhance a current area of expertise?

2. ***Is there evidence of education and training which supports the addition of the activity in question to the scope of practice?***
 - a. Does current entry-level education prepare practitioners to perform this skill as their experience increases?
 - b. If the change in scope is an advanced skill that would not be tested on the entry-level licensure examination, how is competence in the new technique assured?
 - c. What competence measures are available and what is the validity of these measures?
 - d. Are there training programs within the profession for obtaining the new skill or technique?
 - e. Are standards and criteria established for these programs? Who develops these standards? How and by whom are these programs evaluated against these standards?

3. ***What is the evidence which supports the addition of the activity in question to the scope of practice?***
 - a. Is there evidence within the profession related to the particular procedures and skills involved in the changes in scope?
 - b. Is there evidence that the procedure or skill is beneficial to public health?

4. ***What is the regulatory environment in the jurisdiction?***
 - a. Is the regulatory board authorized to develop rules related to a changed or expanded scope?
 - b. Is the board able to determine the assessment mechanisms for determining if an individual professional is competent to perform the task?
 - c. Is the board able to determine the standards that training programs should be based on?
 - d. Does the board have sufficient authority to discipline any practitioner who performs the task or skill incorrectly or might likely harm a patient?
 - e. Have standards of practice been developed for the new task or skill?
 - f. How has the education, training and assessment within the profession expanded to include the knowledge base, skill set and judgments required to perform the tasks and skills?
 - g. What measures will be in place to assure competence?

Dry Needling: Terms & Definitions

² Ibid, page 12-13.

Dry needling use as an intervention in physical therapy has grown dramatically in the last decade, but overall, is still a developing part of physical therapist practice. With the increased interest in dry needling and more continuing education providers offering courses in dry needling, the acupuncture community has taken notice. Many comparisons of dry needling provided by physical therapists to the intervention and treatment provided by acupuncturists have been made.

Dry needling has also been known as intramuscular manual therapy, trigger point dry needling, or intramuscular needling. Beginning in 2009, the American Physical Therapy Association (APTA) had recommended the use of the term “intramuscular manual therapy” to describe the intervention provided by physical therapists, however since late 2011, the organization advocates using dry needling as the term of choice. FSBPT uses dry needling as the preferred term.

The term dry needling may be confusing and have different meanings depending upon the audience. In the past, “dry needling” was more of an adjective, referring to the fact that nothing was injected with the needle; the term has evolved into meaning an intervention which has certain physiological effects from the insertion and placement of the needles. However, many groups still debate the proper term and exact definition to describe this intervention.

Dry Needling (FSBPT) is defined in the **Analysis of Competencies for Dry Needling by Physical Therapists** paper prepared for the FSBPT by Human Resources Research Organization (HumRRO) as *“a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.”*³ HumRRO is a non-profit, social and behavioral science research and consulting firm dedicated to the measurement and improvement of human and organizational performance.

- Physical therapy is defined in the FSBPT **Model Practice Act for Physical Therapy** as “the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].”⁴
- Dry needling (APTA) is a skilled intervention 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 (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.⁵

Acupuncture definitions vary widely. Acupuncture is defined in the Delaware and Florida statutes as follows:

³ Analysis of Competencies for Dry Needling by Physical Therapists. Human Resources Research Organization. July 2015.p. ii.

⁴ The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change. p. 1.

⁵ Description of Dry Needling in Clinical Practice: An Educational Resource Paper. American Physical Therapy Association. February 2013.
p. 2.

"Acupuncture" refers to a form of health care, based on a theory of energetic physiology that describes and explains the interrelationship of the body organs or functions with an associated acupuncture point or combination of points located on "channels" or "meridians." Acupuncture points shall include the classical points defined in authoritative acupuncture texts and special groupings of acupuncture points elicited using generally accepted diagnostic techniques of oriental medicine and selected for stimulation in accord with its principles and practices. Acupuncture points are stimulated in order to restore the normal function of the aforementioned organs or sets of functions. Acupuncture shall also include the ancillary techniques of oriental medicine including moxibustion, acupressure or other forms of manual meridian therapy and recommendations that include oriental dietary therapy, supplements and lifestyle modifications according to the principles of oriental medicine.⁶

"Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.⁷

The Oregon statutory definition of the practice of acupuncture includes many treatment interventions such as therapeutic exercise, manual therapy techniques including massage, electrotherapeutic modalities, physical agents and mechanical modalities that are also found in the FSBPT's Model Practice Act and the American Physical Therapy Association's Guide to Physical Therapist Practice.⁸

"Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

- (A) Traditional and modern techniques of diagnosis and evaluation;*
- (B) Oriental massage, exercise and related therapeutic methods;⁹*

"Practice of physical therapy" means:

- 1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and*

⁶ Delaware State Code. TITLE 24 Professions and Occupations. CHAPTER 17 MEDICAL PRACTICE ACT. Subchapter X. Acupuncture Practitioners

⁷ Florida State Code. Title XXXII Regulation of Professions and Occupations. Chapter 457 Acupuncture. 457.102

⁸ Guide to Physical Therapist Practice. 2nd ed. Phys Ther. 2001, 81:9-744.

⁹ Oregon Revised Statutes. Chapter 677 – Regulation of Medicine, Podiatry and Acupuncture. 677.757 Definitions. 2009.

disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.

2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.¹⁰

More recent attempts to update acupuncture practice acts have included dry needling, with or without exemptions for other providers.

Although the FSBPT Model Practice Act does not specifically mention dry needling, there is nothing to specifically exclude the technique. The following section from the Model Practice Act would be relevant in the discussion regarding dry needling:

Other procedures that might be addressed in rules are whether physical therapists can use certain machines and perform procedures such as electroneuromyography, needle EMG, dry needling, etc. that are not specifically addressed in the statutory language.¹¹

Competencies Required of Physical Therapists to Perform Dry Needling

To provide its members with objective, professionally-developed guidance, FSBPT sponsored a practice analysis of the competencies required of physical therapists to perform dry needling. Competencies are measurable or observable knowledge, skills, and/or abilities an individual must possess to perform a job competently. FSBPT contracted with HumRRO to conduct the study in accordance with current best-practices in practice analysis procedures. As an independent contractor, HumRRO was instrumental in carrying out an objective, unbiased analysis.

The study concluded that more than four-fifths of what PTs need to know to be competent in dry needling is acquired during the course of their entry-level education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. Advanced or specialized training, almost solely related to the needling technique and the psychomotor skills, is required to make up the deficit. The full study may be found [here](#).

An update was performed by FSBPT and HumRRO in late 2020 with a task force made up of eleven physical therapists with experience performing or teaching dry needling. The focus of the task force was to explore whether the changes made to the National Physical Therapy

¹⁰ The Model Practice Act for Physical Therapy. A Tool for Public Protection and Legislative Change. 4th edition. FSBPT. 2006.

¹¹ Model Practice Act for Physical Therapy, p. 59.

Examination content outline between 2016-2020 impacted the dry needling competencies from 2015. The findings from 2020 were similar to 2015. Eighty-seven percent of the knowledge requirements critical for competence in dry needling is included in entry-level physical therapist education. The dry needling specific knowledge must be obtained through specialized post-graduate training.

Legislative and Regulatory Decisions

*Dry Needling in the USA (As Of 12/2021)

Allowed	38
Prohibited	7
Silent	6

*No information for Puerto Rico or USVI

States that allow dry needling are not permitting the intervention to be delegated to support personnel.

State Legislation

In May 2012, Georgia became the first state to introduce and pass a bill that added dry needling to the practice act of physical therapists. The Georgia State Board of Physical Therapy had ruled previous to the statute change that dry needling was in the scope of physical therapy practice. However, language in the acupuncture practice act was inserted that specifically states dry needling is a technique of the practice of acupuncture. As the practice of acupuncture is regulated in Georgia by the Georgia Medical Composite Board, and the Physical Therapy Board found that dry needling is appropriate in physical therapy, the Board of Physical Therapy and Medical Board met to discuss dry needling. The boards seemed to have found common ground as the Georgia Physical Therapy Association and the Physical Therapy Board introduced the bill and the Medical Board did not oppose. On April 19, 2011, the Georgia bill passed and was sent to the governor for signature. The governor signed the legislation into law; at that time no other state physical therapy practice acts specifically mentioned dry needling or intramuscular manual therapy. The Georgia practice act was updated in 2015 and the language regarding dry needling was revised requiring consultation with a physician prior to initiating dry needling treatments.

In 2014, 3 additional states passed legislation that specifically adds dry needling to the Practice Act of physical therapists. Utah added dry needling specifically into its practice act on 4/1/2014. The law requires PTs to meet additional education and training requirements and be licensed two years or more before they can do dry needling. In Arizona, SB 1154 was signed by the governor on 4/24/14 updating the PT practice act with a definition of dry needling and grounds for disciplinary action. Delaware was the final state of the 2014 legislative session to include dry needling in the physical therapy practice act by passing HB 359 and securing the Governor's signature.

In the 2015 and 2016 legislative sessions, Tennessee and Kansas respectively added dry needling to the physical therapy practice act. In both of these states, the decision had been made previously that dry needling was not in the scope of practice of physical therapists. March 23, 2015 the Tennessee state legislature sent the bill including dry needling to Governor Haslam. The

bill was signed to become Public Chapter No. 124 on April 9, 2015. Kansas has dry needling in its practice act as of May 13, 2016 when Governor Brownback signed the bill.

Effective August 2017, Illinois added dry needling to the physical therapist practice act. In 2020, SB 1078 updated the law regarding dry needling and included athletic trainers, occupational therapists, certified occupational therapist assistants, and physical therapist assistants that meet certain educational requirements. The legislature also removed the requirement for a physical therapist to be licensed at least one year prior to performing dry needling.

The 2018 legislative session added two more states with dry needling specifically mentioned to be within the scope of practice of the physical therapist. South Dakota's bill authorizing certain physical therapists to perform dry needling as a treatment technique was signed by the Governor on February 28, 2018. On March 22, 2018, the Governor of Idaho signed the bill adding dry needling to the Idaho Physical Therapy Practice Act.

Nevada successfully added dry needling to their practice act in 2019. The law required the board to promulgate regulation regarding the qualifications for a physical therapist to perform dry needling and procedures concerning the handling of needles and ensuring there is no needle retention.

Hawaii's practice act had specifically prohibits physical therapists from puncturing the skin for any purpose. In 2019, a bill was introduced to study PTs performing dry needling as well as wound care; unfortunately, the bill did not pass.

The Florida Physical Therapy Board determined in 2017 that dry needling is within the scope of practice of PTs and promulgated rules to that effect. These rules were challenged and an Administrative Law Judge found that the licensing board had no statutory authority to allow PTs to perform dry needling. Based on this ruling, dry needling was prohibited for physical therapists in Florida. However in June 2020, HB 467 went into law revising the definition of practice of physical therapy and the powers and duties of the Board of Physical Therapy Practice. The bill required the board to establish minimum standards of practice for the performance of dry needling, and additional supervision and training requirements for the performance of dry needling of specified areas by physical therapists.

Regulations

Multiple jurisdictions have finalized regulations permitting physical therapists to perform dry needling. See [Appendix A](#)

Board Policy/Interpretation

Maine

In February 2016, the Board of Examiners responded to a physical therapist in Maine asking if dry needling is within the scope of practice for PT's in Maine. The Board responded that physical therapists could perform dry needling noting however that specific training requirements would not be developed. The PT is "individually responsible for obtaining and maintaining the necessary knowledge, skill, and competency to safely practice any area of their physical therapy practice."¹² The Board also noted that dry needling is distinct from acupuncture and the proper

¹² Board of Examiners in Physical Therapy. Advisory Ruling No. 2016-01. June 17, 2016.

term to be used by PTs is dry needling. In 2018, The Maine Board published its Recommended Guideline for the Practice of Dry Needling by Physical Therapists. Multiple jurisdictions have issued Board policy or an interpretation which permit physical therapists to perform dry needling. See [Appendix A](#).

Declaratory Opinions

Florida

The Florida Board of Physical Therapy issued a declaratory statement in summer 2017 proclaiming that dry needling falls within a physical therapist's scope of practice. At the same time, the board also authorized a physical therapist to provide dry needling services in his physical therapy practice. The Board moved forward with dry needling rule promulgation in February 2018, last summer proclaiming that dry needling falls within a physical therapist's scope of practice and outlines the requirements for practicing dry needling. In response to a request by the Florida State Oriental Medical Association (FSOMA) who oppose the rule, the board held a public hearing on the dry needling rule on May 3, 2018. At this hearing, the Board discussed the concerns of the legal counsel of the Legislative Joint Administrative Procedures Committee (JAPC) regarding whether dry needling should be considered part of the physical therapist's scope of practice and how dry needling and acupuncture are different. In response to JAPC's concerns, the Board amended the proposed rule in standards for hygiene and infection control. However, unsatisfied after the hearing, later in May 2018, FSOMA filed suit with the Division of Administrative Hearings requesting the proposed rule be blocked. As of December 2018, there has been no resolution to this case. A final hearing was conducted in July 2018 before Judge Lawrence P. Stevenson, Administrative Law Judge. The Judge ruled the Board does not possess the statutory authority to adopt a rule regarding dry needling because the Florida practice act does not support dry needling as being within the scope of licensed PTs and thus the proposed rule is an "invalid exercise of delegated legislative authority." However in June 2020, HB 467 went into law revising the definition of practice of physical therapy and the powers and duties of the Board of Physical Therapy Practice. The bill required the board to establish minimum standards of practice for the performance of dry needling, and additional supervision and training requirements for the performance of dry needling of specified areas by physical therapists.

Iowa

In August 2015, the Iowa Acupuncture and Oriental Association (IAOMA) formally wrote to the Iowa Board of Physical and Occupational Therapy asking them to "legally define the practice of dry needling and restrict its use to those professions who are legally licensed to practice acupuncture and handle acupuncture needles."¹³ IAOMA submitted 8 questions to the Board and very strongly asserted that physical therapists should not be performing dry needling.

The Board refused to answer questions 1-7 based on the fact that they were not "questions that are appropriately resolved by petitioning for a declaratory order."¹⁴ The Board chose to answer question number 8 which was specific to whether or not dry needling is within the scope of

¹³ Accessed 12/13/2016. Iowa Acupuncture and Oriental Association to the Iowa Board of Physical and Occupational Therapy. http://www.iowaapta.org/documents/filelibrary/dry_needling/agenda_for_dry_needling_meeting_on__B0BB1FD4A6499.pdf

¹⁴ Iowa Board of Physical and Occupational Therapy, January 14, 2016. Accessed 12/13/2016.

<https://idph.iowa.gov/Portals/1/userfiles/26/PTOT/Ruling%20on%20Petition%20for%20Declaratory%20Order%20on%20Dry%20Needling.pdf>

physical therapy as defined by the Iowa Code. The Board determined by declaratory order that yes, dry needling is in the scope of practice of physical therapists.

Declaratory Ruling

Connecticut

The Connecticut Board of Examiners for Physical Therapy initiated a request for a declaratory ruling and hearing to answer the following questions:

1. Is acupuncture, as defined in Section 20-206aa(3), within the scope of practice of a physical therapists?
2. Is dry needling*, provided that the practitioner is trained and competent to do so, within the scope of practice of a physical therapist as defined in Section 20-66(2) of the General Statutes?

The Board ruled on requests to participate in the Declaratory Ruling proceeding in June 2019. A hearing in this matter will be scheduled for September or early October. Participants will be notified of due dates for pre-filed testimony and pre-filed rebuttal testimony.

Attorney General Opinions

Kentucky

In September 2013, the Kentucky Board of Physical Therapy received the results of an opinion requested of the AG by Kentucky Board of Medical Licensure. The AG found that dry needling is within the scope of practice of physical therapy with proper training. These results supported the Board's policy decision that dry needling is within the scope of practice for physical therapists.

Louisiana

In the first quarter of 2014, the Louisiana State Board of Medical Examiners requested an AG opinion as to whether or not dry needling was within the scope of physical therapists. The PT Board, who had, through policy, previously allowed dry needling for physical therapists, formally opposed this request in May 2014 writing to the Louisiana AG that:

- Use of mechanical devices in PT treatment is lawful.
- The PT practice act encompasses invasive treatments.
- Dry needling done by PT is not an unlawful practice of medicine.
- Healthcare professions share tools and treatment.
- The dry needling rule was promulgated within the confines of the PT practice act in a transparent process.¹⁵

In March 2015, the AG returned the opinion that the treatment of dry needling is within the scope of practice of physical therapy.

Maryland

In 1989, Maryland became the first jurisdiction to allow dry needling. However, after 20+ years of physical therapists performing dry needling in Maryland, in August 2010 the state acupuncture board requested an Attorney General (AG) opinion on two subjects:

¹⁵ Letter from Louisiana Physical Therapy Board (Charlotte F. Martin, Executive Director) to Honorable James D "Buddy" Caldwell, Attorney General State of Louisiana. May 15, 2014.

1. whether or not dry needling falls within the definition of the practice of physical therapy; and
2. the appropriateness of the Board of Physical Therapy Examiners to include it in the scope of practice of PTs without legislation.

This opinion was requested in the absence of any specific complaint of harm being filed against any PTs with the licensing board. The Maryland AG reframed the critical question to being “whether dry needling falls within the scope of practice of physical therapy, regardless of whether it would also fall within the scope of practice of acupuncture.”¹⁶ The AG’s opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the “Maryland Physical Therapy Board’s informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act.”¹⁷ In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. After significant public input and negotiations the rules were finalized in the third quarter of 2014.

Mississippi

In 2012, the AG in Mississippi issued an opinion that stated the “Physical Therapy Board does have the authority to include IMT and dry needling in its scope by rule or regulation and that legislative approval or enactment is not required.”¹⁸ Additionally, physical therapists performing dry needling in accordance with any regulation or interpretation by the Board of Physical Therapy would not be practicing acupuncture without a license.

Nebraska

An AG opinion in July 2016 concluded that when evaluated in the context of the APTA or state Board definition of dry needling, a reasonable argument can be made that dry needling is a “mechanical modality” or a “physical agent or modality” thus falling in the statutory definition of physical therapy.¹⁹

New Jersey

In February 2017, the AG of New Jersey determined that dry needling was not within the scope of practice of physical therapists. The AG did not feel that the definition of physical therapy supported the inclusion of dry needling. The AG written opinion advised “that under the current statute, physical therapists are not authorized to engage in dry needling or intramuscular stimulation.”²⁰ The AG opinion also stated that dry needling is not the practice of acupuncture and any complaints against PTs should be referred to the Board of Physical Therapy.

After the decision, there was a large patient and provider turnout at the public session of the Board of Physical Therapy meeting with concerns about the impact of the AG opinion. The Board confirmed its opinion that dry needling is in the scope of a properly trained licensed physical

¹⁶ Attorney General Opinion. State of Maryland, Office of the Attorney General. August 17, 2010.

¹⁷ Ibid.

¹⁸ Attorney General Opinion. State of Mississippi, Office of the Attorney General. September 10, 2012.

¹⁹ Attorney General Opinion. State of Nebraska, Office of the Attorney General. July 8, 2016.

²⁰ Attorney General Opinion. State of New Jersey, Office of the Attorney General. February 9, 2017. Access <http://www.njaaom.net/resources/Documents/Dry%20Needling%20opinion%20-%20NJ%20AG%202.9.17.pdf>

therapists and in response to the public outcry including concerns of patient abandonment and access to care, the Board determined that a grace period must be in effect to permit continuity of care until reasonable transfer of care could be made. During the grace period, duly trained and licensed PTs in New Jersey performing dry needling within appropriate clinical standards, will not be prosecuted by the board. The length of the grace period will be determined by the Board and the Division of Consumer Affairs.

Oregon

The AG opinion requested by the Physical Therapist Licensing Board found that the practice of dry needling is not within the scope of practice of a physical therapist licensed in Oregon. The conclusion of the AG was: "Although it is a close question...we conclude that dry needling is not within the physical therapy scope of practice in Oregon. This opinion is limited solely to the question whether dry needling is a "physical therapy intervention: under ORS 688.010(6)(b) and does not address or express any opinion about any other provision or intervention."²¹

Tennessee

Another outside group requested an AG opinion in Tennessee the first half of 2014. The AG returned on 6/9/2014 with the opinion that dry needling is not in physical therapy's scope of practice. The opinion stated that "nothing in subdivision...clearly indicates legislative intent to include within the practice of physical therapy the invasive use of needles for therapeutic purposes."²² Further, "dry needling's obvious similarity to acupuncture cannot be ignored, and physical therapists may not perform acupuncture, which is a branch of medicine."²³

Tennessee successfully added dry needling to the physical therapist practice act in 2015 despite the AG opinion.

Texas

The Chairman of the Texas State Board of Acupuncture Examiners requested an opinion of the Attorney General of Texas after no resolution could be reached with the Executive Council Board of PT & OT Examiners as to whether dry needling is, or is not, within the scope of practice of a physical therapist.

The summary conclusion by the Attorney General was that "a court would likely conclude that the Board of Physical Therapy Examiners has authority to determine that trigger point dry needling is within the scope of practice of physical therapy." The AG Opinion was request in early November 2015. The final opinion was published May 9, 2016.

Washington

In April 2016, Representative Cody received an answer to her request for an AG opinion questioning whether the practice of dry needling falls within the scope of practice of a licensed physical therapist. The AG determined that the "statute that defines the practice of physical therapy allows a variety of interventions, but...the statute excludes dry needling from the practice of physical therapy."²⁴ Our conclusion is based solely on the law as currently written; it is

²¹ Attorney General Opinion. State of Oregon, Department of Justice. General Counsel Division. May 19, 2017.

²² Attorney General Opinion. State of Tennessee, Office of the Attorney General. June 19, 2014.

²³ Ibid

²⁴ Attorney General Opinion. State of Washington, Office of the Attorney General. April 15, 2016. AGO 2016 No. 3

not our role to weigh the policy benefits and drawbacks of authorizing physical therapists to engage in dry needling. The legislature, of course, could also expand the scope of physical therapy by amending the relevant statutes.

Other State Attorney Opinions

Illinois

In August 2010 a verbal opinion from the legal counsel in the Department of Professional Regulation stated that dry needling was not prohibited by the Illinois physical therapy practice act. In April 2014, an attorney in the same department issued a contrary informal opinion stating dry needling was NOT in the physical therapy scope of practice. In the opinion, the attorney expressed some concern that there were no specific standards of practice in place in the Illinois statute or regulations for PTs to perform dry needling. An additional rationale given for the opinion was noting that all current procedures listed in the physical therapy practice act are non-invasive and would then follow that invasive procedures would not be included. And, unlike the physical therapy practice act, the acupuncture practice act clearly defines the standards of practice to perform needle procedures.

The attorney did conclude however that the AG is the only office that may render official opinions regarding statutory interpretation. There was an ongoing debate as to whether or not physical therapists were permitted to perform dry needling in Illinois until legislation specifically added dry needling to the scope of practice of physical therapists via the practice act in 2017.

Court Cases

Colorado

Feeling their petition to reverse the 2012 decision by the Colorado Board of Physical Therapy allowing physical therapists to perform dry needling was largely ignored, the Acupuncture Association of Colorado and the Colorado Safe Acupuncture Association filed suit against the board. Noting that the lawsuit has come far too late, Denver District Judge A. Bruce Jones dismissed the lawsuit in December 2018. The state argued that the Associations had an opportunity to challenge the rule when it was first promulgated; in Colorado petitioners have 35 days to submit an appeal of an enactment of an agency. However, Judge Bruce also noted that regardless of the late nature of the challenge, “there is sufficient elasticity in the (Physical Therapists Practice Act’s) definition of physical therapy to encompass dry needling.”²⁵

Florida

As described in more detail earlier in this paper, in May 2018, the Florida State Oriental Medical Association, unsatisfied with the results of a public hearing held earlier in the month, filed suit with the Division of Administrative Hearings requesting blockage of the Florida Physical Therapy Board’s proposed rule allowing certain physical therapists to practice dry needling. In July 2018 Judge Lawrence P. Stevenson, Administrative Law Judge, ruled because the Florida practice act does not support dry needling as being within the scope of licensed PTs, the proposed rule regarding dry needling is an “invalid exercise of delegated legislative authority.” This ruling may be appealed pursuant to Florida Statutes; appeals would be governed by the Florida Rules of Appellate Procedure.

Iowa

²⁵ <https://www.denverpost.com/2017/12/29/dry-needling-acupuncture-ruling/> Accessed 12/10/18

In August 2015, the IAOMA, filed for judicial review against the Iowa Physical and Occupational Therapy Board's declaratory order related to dry needling. A point made by the Court was "deference to the agency's findings is particularly important when, as here, the matters to be decided call for the exercise of judgment on a matter within the agency's expertise and knowledge."²⁶ The Iowa district court affirmed the decision by the Iowa PT Board and denied and dismissed the petition for judicial review. Read the entire opinion [here](#).

North Carolina

In September 2015, the NC Acupuncture Licensing Board filed a lawsuit against the NC Board of Physical Therapy Examiners (NCBPTE) arguing that dry needling by PTs is the unlawful practice of acupuncture; the Superior Court (NC Business Court) in North Carolina dismissed the original case in April 2016 affirming a declaratory ruling by the NCBPTE stating that dry needling is within the scope of practice of physical therapists. The Board of Acupuncture appealed the final order and opinion of the NC Business Court. The NC Supreme Court heard the appeal and on December 7, 2018 ruled in favor of NCBPTE. The Court's opinion specifically referenced research sponsored by FSBPT and completed by the Human Resources Research Organization (HumRRO) which appears to have influenced the Court. Specifically, the opinion stated "*the Physical Therapy Board repeatedly pointed out that eighty-six percent of the knowledge requirements for competency in dry needling are taught in entry-level physical therapy programs, and the additional competencies are obtained through continuing education programs for licensed physical therapist.*" This statistic comes directly from the FSBPT practice analysis of the competencies required of physical therapists to perform dry needling [Analysis of Competencies for Dry Needling by Physical Therapists](#).²⁷ After nearly four years, in March 2019, the state's acupuncture licensing board agreed to a settlement agreement in federal district court that acknowledges dry needling as a part of the PT scope of practice in the state and the authority of the Board to determine regulations for physical therapists regarding dry needling.

In early October 2015, *Henry v North Carolina Acupuncture Licensing Board*, was filed as an antitrust case. The suit argued that the North Carolina Acupuncture Licensing Board (NCALB) was restraining trade by trying to restrict physical therapists from practicing dry needling. The anti-trust case is ongoing.

Washington

The Superior Court for King County issued a ruling on October 10, 2014 in which they determined PTs were not legally allowed to perform dry needling in the State of Washington. The PT Board has no declared position on PTs and dry needling.

As background, Kinetacore was holding a continuing education course regarding dry needling at a clinic in Washington. South Sound Acupuncture Association filed a lawsuit against the instructor from Kinetacore, the clinic where the class was held, and the PTs who attended the course alleging that those named in the suit were illegally practicing acupuncture in Washington and that participants who are not licensed to practice acupuncture or medicine pose a significant threat to public health.

²⁶ Iowa District Court, CASE NO. CVCV051242 Accessed 12/13/16
<https://idph.iowa.gov/Portals/1/userfiles/26/PTOT/Judge%20Decision%20Dry%20Needling.pdf>

²⁷ Additional information about the report is found later in this paper.

Wisconsin

A Wisconsin District Court Ruling in February 2014 dismissed a case brought against the WI Physical Therapy Examining Board regarding dry needling. In 2012, the Board published a frequently asked question stating the Board considered dry needling therapeutic intervention which is covered by the physical therapist practice act. In 2013, the Acupuncture Center, Inc. (Midwest College of Oriental Medicine) petitioned the PT board for a rule to prohibit dry needling by PTs. The PT Board denied the rule petition because it disagreed with the position taken that dry needling was outside the scope of physical therapist practice and was a therapeutic intervention covered by the statute. The case was dismissed by the Court.

Other

Washington

In March of 2016, Senator Randi Becker, Chair of the Senate Health Care Committee requested the Department of Health (department) conduct a sunrise review of a proposal to add dry needling to the physical therapist scope of practice. In December 2016, the final Physical Therapy Dry Needling Sunrise Review was submitted to the legislature. The report stated that the sunrise criteria for increasing a profession's scope of practice was not met in the application *as submitted* (italics added). However, the report further found that:

- With adequate training that includes a clinical component, dry needling may fit within the physical therapist's scope of practice in treating neuro-musculoskeletal pain and movement impairments.
- Evidence provided in this review demonstrates a low rate of serious adverse events from physical therapists performing dry needling in other states, the United States military, and Canada.²⁸

The final conclusion was that the Washington legislature may consider legislation adding dry needling to the scope of practice of PTs with additional safety requirements as recommended in the report.

Dry Needling Internationally

Dry needling is also accepted as being within the scope of physical therapy practice in many countries including Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain, Sweden, Switzerland, and the United Kingdom, among others.

The Question of Acupuncture

Currently, some overlap exists between the physical therapy and acupuncture professions which can be demonstrated both in law and in practice. Physical therapists and acupuncturists both have a long history of treating myofascial pain and trigger points. Dry needling may be an intervention utilized by both professions to address these same problems. Dry needling is not the sole intervention, merely a tool used by both, as is acupressure.

Acupressure is another example of a shared intervention. Acupressure is a complementary medicine technique derived from acupuncture. In acupressure, physical pressure is applied to

²⁸Washington State Department of Health **Physical Therapy Dry Needling Sunrise Review**. . Pub No. 631-063. December 2016.

acupuncture points by the practitioner's hand, elbow, or with various devices. Clinically, physical therapists often utilize sustained, direct pressure for the relief of trigger points and pain.

The World Health Organization (WHO) has published a number of reports on acupuncture. Specifically, the report discussing traditional medicine refers to dry needling in acupuncture, but in context, the reference is comparing needling alone with needling in conjunction with complements such as laser, TENS, and electro-acupuncture.²⁹ The WHO report is not describing dry needling in the same context as it is used as an intervention in a physical therapy treatment plan. Many of the World Health Organization's reports regarding acupuncture including "Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials," do not contain the term dry needling at all.^{30 31 32}

In December 2010, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) authored a position paper on dry needling and distributed it to the state boards of physical therapy and acupuncture throughout the United States. The CCAOM has taken the position to affirm the history of dry needling as an acupuncture technique. The CCAOM asserts that dry needling, beyond the sole needling of trigger points, is the practice of acupuncture regardless of whether it is called dry needling or intramuscular manual therapy. State boards may want to explore this CCAOM paper further in order to familiarize themselves with counter-arguments to including dry needling in the scope of PT practice.

PTs using dry needling:

- do not and cannot claim to practice acupuncture,
- do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology,
- do not use acupuncture diagnosis like tongue and pulse
- do not use of energy flow or meridians
- do not use dry needling to address things such as fertility, smoking cessation, allergies, depression or other non-neuro-musculoskeletal conditions which are commonly treated with acupuncture

As demonstrated in the definition of the practice of acupuncture from the statutes earlier in the paper, needle techniques are only a piece of the acupuncturist's full scope of practice. It is not the specific individual procedures, but the totality of a scope which defines a profession. Acupuncturists and physical therapists continue to have unique scopes of practice even with the overlap of some of the treatment techniques. It is completely reasonable for the acupuncture profession to want to protect the title and term *acupuncturist* or *acupuncture* as much as physical therapy profession protects *physical therapist* and *physical therapy*. Qualified, competent physical therapists that perform dry needling should not hold themselves out as providing acupuncture services. Qualified, competent acupuncturists instructing a client in traditional, oriental exercise should not hold themselves out as a physical therapist. Protection of

²⁹Report Second Consultation Meeting On Traditional And Modern Medicine: Harmonizing The Two Approaches. World Health Organization. April 2004. P. 7.

³⁰ Acupuncture: Review And Analysis Of Reports On Controlled Clinical Trials. World Health Organization.

³¹ International Standard Terminologies on Traditional Medicine in the Western Pacific Region. World Health Organization

³² Guidelines on Basic Training and Safety in Acupuncture. World Health Organization. 1996.

titles and terms are important from a public protection stand point in that people need to be clear as to the qualifications of their practitioner of choice as well as his/her profession.

Overall, an important distinction is that acupuncture is an entire discipline and profession where as dry needling is merely one technique which should be available to any professional with the appropriate background and training. When performed by physical therapists, dry needling is physical therapy. When performed by chiropractors, dry needling is chiropractic care. When performed by acupuncturists, dry needling is acupuncture. The philosophy and goal of the treatment will vary based upon your entire professional discipline, training, and scope of practice. There are multiple examples of shared interventions in health care. The accepted premise must be that overlap occurs among professions. The question for the state board should only be whether or not dry needling is within the scope of practice of physical therapy, not determining whether it is part of the scope of practice of acupuncturists.

Acupuncture Needles

Another group, the National Center for Acupuncture Safety and Integrity (NCASI) sent letters questioning the use of acupuncture needles by non-acupuncturists to FSBPT, APTA, and the Food and Drug Administration (FDA), online retailers of acupuncture equipment and boards of PT, Chiropractic, and Naturopathy (11/13/13). The group specifically questioned the legality of non-acupuncturists using of acupuncture needles and challenged board rulings allowing non-acupuncturists to use needles for dry needling. NCASI argued that specific requirements exist in statute under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §301 et seq. and the related regulations under the FDA. According to the group when a state board allows physical therapists (or others) to use these needles for dry needling, the use of the acupuncture needle is inconsistent with this statute and regulations. However, a legal analysis performed by FSBPT found that the allegation in the NCASI letter was without merit. The attorneys determined that in the FDA's regulations the state, not the FDA, determine who is a qualified practitioner to use acupuncture needles.

Professional Associations

American Academy of Orthopedic Manual Physical Therapists: October 2009 position statement supporting intramuscular/dry needling as being within the scope of PT practice

- **Position:**

It is the Position of the AAOMPT that dry needling is within the scope of physical therapist practice.

- **Support Statement:**

Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation³³

American Physical Therapy Association: In January 2012, APTA published an educational resource paper titled **Physical Therapists & the Performance of Dry Needling**. According to the paper, the

³³ <http://aaompt.org/members/statements.cfm>

document was meant to provide background information for state chapters, regulatory entities, and providers who are dealing with the issue of dry needling. In February 2013, APTA published a second paper regarding dry needling titled **Description of Dry Needling in Clinical Practice: an Educational Resource Paper**. Dry needling is included in the **Guide to Physical Therapist Practice 3.0**, manual therapy techniques for mobilization/manipulation, published August 1, 2014. In 2018, APTA adopted House of Delegates position HOD P06—18-31-36 INTEVENTIONS PERFORMED EXCLUSIVELY BY PHYSICAL THERAPISTS which states dry needling is a select intervention that should be performed exclusively by the physical therapist.

American Medical Association: At the 2016 AMA Annual Meeting, delegates adopted this policy on dry needling:

RESOLVED, That our American Medical Association recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists. (New HOD Policy).

Recommended Training Requirements for PTs to Perform Dry Needling

FSBPT contracted with HumRRO in early 2015 to conduct a practice analysis of the competencies required of physical therapists to perform dry needling. Competencies are measurable or observable knowledge, skills, and/or abilities an individual must possess to perform a job competently. FSBPT sponsored the study and requested that it be undertaken in accordance with current best-practices in practice analysis procedures in order to provide its members with objective, professionally-developed guidance. The practice analysis drew from multiple sources of information (i.e., extant literature on dry needling; licensed physical therapists; dry needling experts) to provide an authentic and accurate assessment of the knowledge, skills, and abilities needed to perform dry needling safely and effectively. As a non-profit, social and behavioral science research and consulting firm dedicated to the measurement and improvement of human and organizational performance and independent contractor, HumRRO was instrumental in carrying out an objective, unbiased analysis.

Practice analysis relies on the input and judgment of subject matter experts to provide an accurate assessment of the job tasks and competencies. The expertise regarding dry needling was drawn from seven individuals selected to participate based on their depth and breadth of experience and education in dry needling. Their years of professional experience performing dry needling ranged from five to fourteen. All participants were licensed PTs with a minimum of fourteen total years of experience in physical therapy and a maximum of 31. Five participants possessed Doctorate level degrees (i.e., DPT); one had a Master's level degree (i.e., MPT/MSPT), and one had a Bachelor's degree. All were actively practicing dry needling, and five were currently in an educational or training role (e.g., faculty, instructor) providing dry needling instruction in addition to their clinical employment as therapists. One was a full-time faculty member.

Because this report focused on the competencies required of the PT to perform dry needling, it is not appropriate to assume the same competencies would qualify a PTA to perform the treatment. Task differences between PTs and PTAs are partly related to the scope of educational curricula provided by accredited physical therapist assistant degree programs. Whereas assistants receive instruction in many of the same domains as PTs (e.g., anatomy and physiology,

biomechanics, kinesiology, neuroscience, clinical pathology, behavioral sciences, communication, ethics/values), the depth and breadth of education and training is not equivalent. PTAs would need additional training beyond the supplemental education components identified that a PT requires to be competent in performing dry needling.

The conclusion of the analysis was that more than four-fifths (approximately 86%) of what PTs need to know to be competent in dry needling is acquired during the course of their entry-level education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. Advanced or specialized training, almost solely related to the needling technique and the psychomotor skills, is required to make up the deficit. That report is available to the public at <https://www.fsbpt.org/FreeResources/RegulatoryResources/DryNeedlingCompetencies.aspx>.

Currently, there are no consistent profession-wide standards/competencies defined for the performance of dry needling. Each state has defined the requirements for that state. See [Appendix B](#) for state-by-state guidelines.

Historical Basis and Education

Although for a different purpose, physical therapists have a historical basis for needle insertion with the practice of EMG and NCV testing. At this time, laws in 46 states would allow PTs to perform needle electromyography and nerve conduction velocity testing.³⁴ Although the language and requirements vary, California, Florida, Kentucky, Missouri, New Hampshire, Oklahoma, Pennsylvania, Washington, and West Virginia have specific protection in statute for physical therapists to perform EMGs. North Carolina and Texas utilize administrative rule to authorize PTs to perform EMGs. An opinion from the Kentucky board specifically addresses EMG by fine wire insertion and affirms that these tests are within the scope of a physical therapist.³⁵ South Carolina also has a statement regarding performance of needle EMG.³⁶ The law in Oklahoma specifically defines the practice of physical therapy to include invasive and noninvasive techniques.

"Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy.³⁷

At this time, dry needling is not being taught in most entry-level physical therapy programs but more and more programs are adding introductory information to the curriculum. At minimum, Georgia State University, Mercer University, University of Delaware, University of St. Augustine

³⁴ American Physical Therapy Association. State Affairs memorandum on review of EMG in the States.

³⁵ <http://www.pt.ky.gov/NR/rdonlyres/4D460291-23A1-43E3-AFF3-DEE7506DF149/0/Electromyography.pdf>

³⁶ <http://www.llr.state.sc.us/POL/PhysicalTherapy/index.asp?file=PT%20Positions/electro.htm>

³⁷ State Of Oklahoma Physical Therapy Practice Act. Title 59 O.S., Sections 887.2

for Health Sciences, and the Army physical therapy program at Baylor all teach at least an introduction to dry needling. Other universities including the Ola Grimsby Institute are considering adding dry needling to the curriculum of both the advanced and entry level educational programs. Dry needling is also included in the Mercer University physical therapy residency program. Internationally, dry needling is being taught at many universities. In most educational programs for physical therapists, the needling technique is learned in conjunction with evaluation of the myofascial trigger points and used as a part of the patient's overall treatment plan.

The Commission on Accreditation in Physical Therapy Education (CAPTE) criteria requires the physical therapist professional curriculum to include content and learning experiences in the behavioral, biological and physical, and clinical sciences necessary for initial practice of the profession.³⁸ The entry-level curriculum must demonstrate inclusion of many topics which should provide a strong foundation to the understanding and performance of intramuscular manual therapy such as anatomy/cellular biology, physiology, neuroscience, pathology, pharmacology; study of systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neuromuscular; communication, ethics and values, teaching and learning, clinical reasoning, and evidence-based practice.

Dry needling education purposefully does not include the basic tenets of acupuncture training such as Chinese medicine philosophy, meridians, qi, or diagnosis via tongue inspection, as the technique and its rationale have no basis in oriental medicine. Dry needling is based primarily on the work of Dr. Janet Travell, a pioneer in trigger point research and treatment. According to the World Health Organization's **Guidelines on Basic Training and Safety in Acupuncture**, the basic study of acupuncture should include:³⁹

- Philosophy of traditional Chinese medicine, including but not limited to concepts of *yin-yang* and the five phases.
- Functions of *qi*, blood, mind, essence and body fluids, as well as their relationship to one another.
- Physiological and pathological manifestations of *zang-fu* (visceral organs) and their relationship to one another.
- Meridians and collaterals, their distribution and functions.
- Causes and mechanisms of illness.

Overwhelmingly, physical therapists are getting instruction in dry needling through continuing education.

Dry Needling Evidence-based Practice

There are numerous scientific studies to support the use of dry needling for a variety of conditions.⁴⁰ Supporting textbooks include:

- Dommerholt J, Huijbregts PA, Myofascial trigger points: pathophysiology and

³⁸ Commission on Accreditation in Physical Therapy Education. Accreditation Handbook. Effective January 1, 2006; revised 5/07, 10/07, 4/09 p. B28-B29.

³⁹ **Guidelines on Basic Training and Safety in Acupuncture.** World Health Organization. 1996. Pages 7-8.

⁴⁰ Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling.* J Manual Manipulative Ther, 2006. **14**(4): p. E70-E87.

evidence-informed diagnosis and management Boston: Jones & Bartlett 2011

- *The Gunn approach to the treatment of chronic pain*. Gunn, C.C., Second ed. 1997, New York: Churchill Livingstone.
- *Travell and Simons' myofascial pain and dysfunction; the trigger point manual*. Simons, D.G., J.G. Travell, and L.S. Simons, 2 ed. Vol. 1. 1999, Baltimore: Williams & Wilkins.

A literature search regarding intramuscular manual therapy or dry needling yields extensive results. Numerous research studies have been performed and published in a variety of sources. In addition to the references contained in this paper, the following is just a small sample from the last five years:

- Gattie E, Cleland JA, Snodgrass S. The effectiveness of trigger point dry needling for musculoskeletal conditions by physical therapists: a systematic review and meta-analysis. *Journal of Orthopaedic & Sports Physical Therapy*. 2017 Mar;47(3):133-49.
- Espejo-Antúnez L, Jaime Fernández-Huertas Tejeda, Albornoz-Cabello M, et al. Dry needling in the management of myofascial trigger points: A systematic review of randomized controlled trials. *Complement Ther Med*. 2017;33:46-57. <https://search.proquest.com/docview/1922855935?accountid=41004>. doi: <http://dx.doi.org/10.1016/j.ctim.2017.06.003>.
- Liu Q, Liu L, Qiang-Min H, Thi-Tham N, Yan-Tao M, Jia-Min Z. Decreased spontaneous electrical activity and acetylcholine at myofascial trigger spots after dry needling treatment: A pilot study. *Evidence - Based Complementary and Alternative Medicine*. 2017. <https://search.proquest.com/docview/1903039643?accountid=41004>. doi: <http://dx.doi.org/10.1155/2017/3938191>.
- Rajkannan P. Dry needling technique in myogenous temporomandibular disorders: A clinical commentary. *Journal of Advanced Clinical and Research Insights*. 2016;3(3):107-109. <https://search.proquest.com/docview/2101258802?accountid=41004>.

Typically the literature refers to dry needling or acupuncture, and in some cases specifically looks at the effectiveness of acupuncture and dry needling, suggesting indeed that a difference exists.⁴¹ Overall, the literature suggests and supports dry needling/intramuscular manual therapy as a safe, effective, viable treatment option for patients.

Disciplinary History

Dry needling has been practiced by physical therapists for over 20 years with minimal numbers of adverse effects reported. The most common side effects include post-needling soreness and minor hematomas. Many American providers of dry needling, with multiple course providers in Europe, have established a physical therapy-only, voluntary, web-based registry in Switzerland

⁴¹ Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration. *Spine* 30(8): p. 944-963, 2005.

for reporting adverse effects. This registry currently includes two reports of pneumothoraxes, a severe autonomic response of one patient, but no other "severe" side effects.⁴² The administrators of this registry admit that it is underutilized. Additionally, the literature does not report serious injury or harm from intramuscular needling performed by a physical therapist.

The main purpose of the Federation's Examination, Licensure, and Disciplinary Database (ELDD) is to serve as an alert mechanism for physical therapy licensing boards. If a physical therapist or physical therapist assistant has been disciplined in a jurisdiction, as soon as FSBPT is aware of the action, the ELDD automatically pushes an alert to all other jurisdictions in which the therapist holds a license. FSBPT regularly receives reports from many of our member jurisdictions regarding disciplinary actions taken. Some jurisdictions experience barriers to reporting disciplinary actions to the Federation. Thus, FSBPT cannot guarantee that every disciplinary action from all 53 jurisdictions taken against physical therapists and physical therapist assistants is contained in the ELDD. However, FSBPT also independently searches out public records and databases to maintain the most complete record of disciplinary actions against licensed PTs and PTAs possible.

For the time period 2010-2019, .43% of the 3,223 disciplinary actions reported in the Examination, Licensure, and Disciplinary Database (ELDD) pertained to issues with treatments that included dry needling. In the majority of those actions, documentation, informed consent, and billing were the focus of the disciplinary action rather than performance of the technique or harm to the patient. To date in 2019, there have been three disciplinary actions; two were for documentation issues and one was for improper billing. Of the two with documentation issues, one also failed to have the proper referral per state law. In 2018, the only action taken against a physical therapist regarding dry needling was for failing to gain and document patient consent. In 2017, two actions were taken; one was for documentation issues while the other was for performing dry needling on performing services outside the scope of practice of a physical therapist by needling auricular or distal points. In 2016, two adverse actions were reported regarding dry needling; one was for deficient documentation while the other was for claims with regard to dry needling that are outside the scope of physical therapy practice. In 2015, one instance of disciplinary action was taken against a physical therapist regarding dry needling. In 2014, two disciplinary actions were for incidents involving dry needling performed by physical therapist. Neither of the two instances describes any harm to the patient; however the therapists were disciplined for failing to meet appropriate standards of patient care in the performance of dry needling. One additional record exists in the ELDD referencing dry needling. In 2013, an action was taken against a PT for performing dry needling without the appropriate training and failure to document the procedure. Prior to 2013, there are no disciplinary actions involving dry needling recorded in the ELDD.

Conclusion

Returning to the four tenets from *Changes in Healthcare Professions Scope of Practice: Legislative Considerations* on which to base scope of practice decisions and summarizing the information above, it appears that there is a historical basis, available education and training as well as an educational foundation in the CAPTE criteria, and supportive scientific evidence for including dry needling in the scope of practice of physical therapists. The education, training and assessment within the profession of physical therapy include the knowledge base and skill set

⁴² Dummerholt, J., Unpublished data. January 2010.

required to perform the tasks and skills with sound judgment. It is also clear; however, that dry needling is not an entry-level skill and should require additional training.^{43 44}

When considering the scope of practice decision, the regulatory environment in each jurisdiction will vary dramatically. However, recognizing that intramuscular manual therapy is not an entry-level skill, the jurisdictional boards that are authorized to develop rules related to determining if an intervention is within scope of practice must determine the mechanisms for determining that a physical therapist is competent to perform the task. To ensure public protection the board should also have sufficient authority to discipline any practitioner who performs the task or skill without proper training, incorrectly, or in a manner that might likely harm a patient.

⁴³ **ACTIVITIES PERFORMED BY ENTRY-LEVEL PHYSICAL THERAPISTS IDENTIFIED DURING THE 2006 ANALYSIS OF PRACTICE.** FSBPT. 2006-2007.

⁴⁴ Knapp, D, Russell, L, Byrum, C. and Waters, S. **Entry-Level Practice Analysis Update for Physical Therapist Licensure Examinations Offered by the FSBPT.** Human Resources Research Organization. February 14, 2007.

Appendix A: States and Specific Dry Needling Statutes, Rules, or Policies

State	Y: Allows N: Does not allow	Other Information
AK	Y	<p>April 24, 2012 letter to Alex Kay, PT regarding performance of dry needling. <i>Paraphrase:</i> The board will not address specific treatment approaches by licensure; however, expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The PT will be held accountable for demonstrating this competence if there is ever a complaint.</p> <p>March 2014</p> <p><u>Agenda Item 8 - Trigger Point Dry Needling</u></p> <p>The board discussed they have already stated their view on this topic and they will not respond to the mass mailing letter which was sent to all jurisdictions. The board is aware both the Federation of State Boards of Physical Therapy and the American Physical Therapy Association have responded to the letter.</p> <p>The board stands, in regard to performance of dry needling, the board will not address specific treatment approaches by licensure; however, they expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The physical therapist will be held accountable for demonstrating this competence if there is ever a complaint.</p>
AL	Y	Board minutes October 23, 2007: Dry Needling does fall within the scope of practice for physical therapy.
AR	Y	<p>Board minutes 5/28/09: Michael DuPriest, PT emailed asking if dry needling is within the scope of practice. This issue was discussed at the February meeting and the Board determined further information was needed. Additional information was received from DuPriest but his question in the second email was regarding needle EMG. The Board determined previously that EMGs are within the scope of practice. Clarification was received from Michael and the Board determined dry needling is within the SOP.</p> <p>Board minutes January 31, 2013: Dry Needling Resource Paper: The Board reviewed the 3rd edition dry needling resource paper from FSBPT and discussed the procedure. The Board determined this paper would be used for future inquiries regarding dry needling.</p> <p>Board Exec Director (Nancy Worthen) email to Maribeth Decker (FSBPT) dated 10/16/13. Board considers dry needling to be within the SOP for PTs but as with any other treatment they must have the appropriate skills and knowledge.</p>
AZ	Y	2014 Dry needling added to PT practice act
CA	N	
CO	Y	In rules
DC	Y	In rules
DE	Y	<p>2014 Dry needling added to PT practice act</p> <p>(10)a. "Practice of physical therapy" means:</p> <ol style="list-style-type: none"> 1. Examining, evaluating, and testing patients/clients who have impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility, or other health and movement related conditions in order to determine a physical therapy

State	Y: Allows N: Does not allow	Other Information
		<p>diagnosis, prognosis, and plan of treatment intervention, and to assess the ongoing effects of intervention; and</p> <p>2. Alleviating impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility by designing, implementing, and modifying treatment interventions that may include: therapeutic exercise, functional training related to physical movement and mobility in self-care and in home, community, or work integration or reintegration; gait and balance training; neurological re-education; vestibular training; manual, mechanical, and manipulative therapy, including soft tissue, musculoskeletal manipulation, and joint mobilization/manipulation; dry needling; therapeutic massage; the prescription, application, and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic protective and supportive devices and equipment; airway clearance techniques; integumentary protection and repair techniques; nonsurgical debridement and wound care; evaluative and therapeutic physical agents or modalities; mechanical and electrotherapeutic modalities; and patient related instruction; and</p> <p>3. Reducing the risk of impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility, including the promotion and maintenance of fitness, health, and wellness in populations of all ages; and</p> <p>4. Engaging in administration, consultation, education, telehealth, and research.</p> <p>b. Nothing in this chapter shall be construed to limit the practice of physical therapy by physical therapists as is currently being practiced or determined by the Board so long as such practice does not include surgery and the medical diagnosis of disease. Advanced services may require advanced training, as determined by the Board's rules and regulations, to assure the licensee meets the accepted standard of care.</p>
FL	Y	<p>June 2020, HB 467 went into law revising the definition of practice of physical therapy and the powers and duties of the Board of Physical Therapy Practice. The bill required the board to establish minimum standards of practice for the performance of dry needling, and additional supervision and training requirements for the performance of dry needling of specified areas by physical therapists.</p>
GA	Y	<p>2011 Dry needling added to GA PT practice act; first state to have in statute</p> <p>The practice of physical therapy means:</p> <p>(A) Examining, evaluating, and testing patients and clients with mechanical, physiological, and developmental impairments, activity limitations, participation restrictions, and disabilities or other movement related conditions in order to determine a physical therapy diagnosis, prognosis, and plan of intervention and to assess the ongoing effects of intervention;</p> <p>(B) Alleviating impairments of body structure or function by designing, implementing, and modifying interventions to improve activity limitations or participation restrictions for the purpose of preventing or reducing the incidence and severity of physical disability, bodily malfunction, and pain;</p> <p>(C) Reducing the risk of injury, impairment, activity limitations, participation restrictions, and disability, including the promotion and maintenance of health, fitness, and wellness in populations of all ages;</p>

State	Y: Allows N: Does not allow	Other Information
		(D) Planning, administering, evaluating, and modifying intervention and instruction, including the use of physical measures, activities, and devices, including but not limited to dry needling for preventative and therapeutic purposes; and (E) Engaging in administration, consultation, education, teaching, research, telehealth, and the provision of instructional, consultative, educational, and other advisory services.
HI	N	Physical therapists, by statute, are not allowed to puncture the skin of a patient for any purpose
IA	Y	From 9/2010 Board of PT meeting minutes: In answer to a licensee's question regarding whether PTs may perform dry needling. Board determines that it does not appear to be prohibited.
ID	Y	Added by law in 2018.
IL	Y	2020 Statute allows PTs and PTAs to perform dry needling when meeting certain educational requirements
IN	Y	Added to 2019 practice act update
KS	Y	Kansas Board of Healing Arts Board Minutes Dry needling regulations were proposed by the Kansas Physical Therapy Advisory Council on 8/12/16. The regulations will go through a multistep process (Dept. of Administration, AG, public hearing, judicial and legislative review etc) with the goal of being enacted on Jan 1, 2017.
KY	Y	March 18, 2010 Opinion and Declaratory ruling regarding state law governing dry needling therapy by the Kentucky Board of Physical Therapy. The board is of the opinion dry needling is within the scope of the practice of "physical therapy" as defined in Kentucky law by the General Assembly at KRS 327.010(1). Dry needling is a treatment used to improve neuromuscular function. As such it falls within the definition of physical therapy as defined under KRS 327:010 (1) "Physical therapy" means the use of selected knowledge and skills ...invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular, and cardiopulmonary function, as it relates to physical therapy. There is nothing in KRS Chapter 327 to prohibit a licensed physical therapist from performing dry needling so long as the physical therapist is competent in performing this intervention. While dry needling is within the scope of practice of physical therapy, a physical therapist must practice only those procedures that the physical therapist is competent to perform. The board can discipline a physical therapist for "engaging or permitting the performance of substandard patient care by himself or by persons working under their supervision due to a deliberate or negligent act or failure to act, regardless of whether actual injury to the patient is established." KRS 327.070(2).
LA	Y	AG opinion positive that dry needling is within the scope of practice
MD	Y	The Dry Needling Regulations promulgated the Maryland Board of Physical Therapy Examiners were effective as of June 19, 2017. This includes the Standards of Practices in Performing Dry Needling.
ME	Y	

State	Y: Allows N: Does not allow	Other Information
MS	Y	<p>Board Minutes 2/2012: The Mississippi State Board of Physical Therapy considers that intramuscular manual therapy techniques are within the physical therapist scope of practice and is in the process of developing more specific competence requirements.</p> <p>The Attorney General has affirmed that the MS Board of PT was acting within its power to determine that dry needling was within scope of practice of PT.</p>
MT	Y	<p>The Montana Board of Physical Therapy has determined that trigger point dry needling is within the scope of practice for physical therapists. The board has formed a committee to begin the process of setting rules for trigger point dry needling which met for the first time June 30, 2011 and the rules were finalized September 23, 2016</p> <p>(1) Dry needling is a skilled manual therapy technique performed by a physical therapist using a mechanical device, filiform needles, to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.</p> <p>(2) Dry needling requires a physical therapy examination and diagnosis.</p> <p>(3) Licensed physical therapists who perform dry needling must be able to demonstrate they have completed training in dry needling that must meet the American Physical Therapy Association (APTA) GUIDELINES: STANDARDS OF QUALITY FOR CONTINUING EDUCATION OFFERINGS BOD G11-03-22-69 and/or the Federation of State Boards of Physical Therapists (FSBPT) STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES.</p> <p>(a) Dry needling courses must include, but not be limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.</p> <p>(b) Initial training in dry needling must include hands-on training, written, and practical examination as required by this rule.</p> <p>(4) A licensed physical therapist must perform dry needling in a manner consistent with generally accepted standards of practice, including relevant standards of the Center for Disease Control and Prevention, and Occupational Safety and Health Administration blood borne pathogen standards as per 29 CFR 1910.1030 et seq.</p> <p>(5) Dry needling shall only be performed by a licensed physical therapist and may not be delegated.</p> <p>(6) The physical therapist performing dry needling must be able to provide written documentation, upon request by the board, which substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action.</p>
NH	Y	<p>PT Board MINUTES of October 19, 2011: PTs can do dry needling if they have been trained to do so.</p>
NJ	N	<p>Sept 2009, Board of PT determined dry needling is within the scope of practice of PTs. In February 2017, the AG of New Jersey determined that dry needling was not within the scope of practice of physical therapists. The Board confirmed its opinion that dry needling is in the scope of a properly trained licensed physical therapists and in response to the public outcry including concerns of patient abandonment and access to care, the Board determined that a grace period must be in effect to permit continuity of care until reasonable transfer of care could be made. During the grace period, duly trained and licensed PTs in New Jersey performing dry needling</p>

State	Y: Allows N: Does not allow	Other Information
		within appropriate clinical standards, will not be prosecuted by the board. The length of the grace period will be determined by the Board and the Division of Consumer Affairs.
NM	Y	Board promulgated regulations in 2019
NC	Y	In 2010, NC PT Board voted to reverse previous policy which did not allow dry needling by PTs. Dec 9, 2010 Board Position Statement. Position: Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that intramuscular manual therapy is within the scope of practice of physical therapists.
ND	Y	Board meeting May 13, 2013: The board voted to state that "Dry Needling" is within the scope of practice for PT in North Dakota.
NE	Y	Within the Scope of Practice of PT June 2011 board meeting minutes
NV	Y	Dry needling is within the SOP of PTs as ruled by NV Board of PT on March 20, 2012. As of April 19, 2012, the PT board legal counsel is writing up the new board Policy on dry needling and once signed by Chairman, Kathy Sidener, dry needling will be permissible by PTs in NV. Added to PT practice act in 2019. Rules finalized in 2020 to flesh out the law.
NY	N	Early 1990s (1992?) and affirmed in 2007 NY State Board issued an opinion at the time that it was not an entry level skill and therefore could not be done.
OH	Y	In a letter dated January 5, 2007, the OH OT, PT, and ATC Board affirms the position of the PT Section of the board that nothing in the OH PT practice act prohibits a PT from performing dry needling. The letter goes on to read that the PT must demonstrate competency in the modality.
OR	N	AG opinion that dry needling is not in the scope of practice of physical therapists.
PA	N	PA PT board was advised by legal counsel that dry needling is not within the scope of practice of a PT
RI	Y	Feb 14, 2012 PT board minutes: Board members revisited the matter of dry needling for intramuscular therapy. A board member questioned if it pertained to other professions, including Acupuncturist. The board administrator related guidance from Atty. Tom Corrigan stating the use of a needle by one profession does not preclude a different profession from having a different use for a needle. Board members commented dry needling is within their scope of practice provided the licensed professional is comfortable trained and has appropriate background knowledge. For licensed physical therapists that are not qualified there are educational seminars they may sign up for and gain the required background and training.
SC	Y	In an email written in October 2004 in response to a licensee's question regarding scope of practice and dry needling, the Chairperson affirmed that dry needling appears to fall within the SOP of a licensed PT in SC if they are fully trained in its use and comply with all legal and ethical requirements for professional practice in physical therapy.
SD	Y	Added by law in 2018.
TN	Y	Legislation passed 2015 to add dry needling to practice act TN: SECTION 1. Tennessee Code Annotated, Section 63-13-103(15)(B), is amended by inserting the language "dry needling," between the language "agents or modalities," and "mechanical and".

State	Y: Allows N: Does not allow	Other Information
TX	Y	Texas Board of Physical Therapy Examiners letter dated 8/8/2014: "It is the opinion of the PT Board that the practice of trigger point dry needling is within the scope of practice of a Physical Therapist in the State of Texas."
UT	Y	2014 Dry needling added to PT practice act 15) "Therapeutic intervention" includes: (o) trigger point dry needling, under the conditions described in Section 58-24b-505.
VA	Y	Proposed Board regulations have been published for comment. 18VAC112-20. Regulations Governing the Practice of Physical Therapy (adding 18VAC112-20-121).
VT	Y	Reported by one resource that in February 2012, the Vermont Office of Professional Regulation issued a statement that dry needling is within the scope of physical therapy in that state. Unable to substantiate this claim.
WA	N	October 10, 2014- Superior Court for King County issued a ruling stating dry needling was not in the scope of PT practice. 2016 AG opinion dry needling not in scope of practice. 2016 Sunset Review completed. Found additional safety requirements may justify putting dry needling in legislation adding to PT scope of practice.
WI	Y	BOARD MINUTES JULY 2009: BOARD DISCUSSION OF DRY NEEDLING Statute 448.50 (6) allows for "therapeutic intervention" within the scope of physical therapy. Larry Nosse discussed the use of dry needling as a therapeutic technique. This process uses sterile techniques, the surface skin is cleaned, it does not draw blood, and the physical therapists are trained in blood-body precautions. Mark Shropshire noted that the American Academy of Orthopedic and Manual Physical Therapists has made a position statement that dry needling is within the scope of practice of physical therapy. California, Nevada, Tennessee, and Florida do not allow this technique within the scope of practice within physical therapy because these states have language noting that PTs cannot puncture the skin. MOTION: Otto Cordero moved, seconded by Jane Stroede, that the board considers trigger point dry needling as within the scope of practice of physical therapy provided that the licensed physical therapist is properly educated and trained. Motion carried unanimously. May 29, 2014: favorable district court ruling re: dry needling, followed by a non-appeal
WV	Y	July 18, 2012: Opinion of the West Virginia Board of Physical Therapy Regarding Dry Needling Therapy: "In summary, the Board is of the opinion that dry needling is within the scope of the practice of "physical therapy" as defined by West Virginia Code 30-20-9."
WY	Y	In a letter dated Aug 18, 2009 the Wyoming Board of Physical Therapy affirmed that nothing in the current practice act would preclude PTs performing dry needling with proper credentials. Regulations effective January 25, 2016: Chapter 1, Section 4. Definitions. Unless specifically stated otherwise, the following definitions are applicable throughout this title: (f) "Dry needling" is a manual therapy technique that uses a filiform needle as mechanical device to treat conditions within the scope of physical therapy practice. It is based upon Western medical concepts, requires a physical therapy examination and physical therapy diagnosis, and treats specific

State	Y: Allows N: Does not allow	Other Information
		<p>anatomic entities. Dry needling does not include the stimulation of auricular or acupuncture meridians.</p> <p>Chapter 7, Section 3. Evidence of competence; dry needling. (a) Dry needling may not be performed by a PTA or physical therapy aide. (b) Licensed physical therapists shall demonstrate that they have received training in dry needling in a course approved by state boards of physical therapy, the American Physical Therapy Association or individual chapters of the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or the International Association for Continuing Education Training. (i) The course shall include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients. (ii) The course shall include a minimum of twenty-seven (27) hours of live face-to-face instruction. Online courses are not appropriate training in dry needling. (c) The physical therapist shall supply written documentation, upon request by the Board that substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action taken by the Board.</p>

Appendix B: Training Guidelines

JURISDICTION	TRAINING REQUIREMENTS
AZ	Effective date of July 1, 2015. https://ptboard.az.gov/news-events
CO	COLORADO PHYSICAL THERAPY LICENSURE RULES AND REGULATIONS https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=9043&fileName=4%20CCR%20732-1
DC	https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/PT%20Regs%2011-1-2019_0.pdf https://dchealth.dc.gov/release/policy-statement-guidance-dry-needling-practice-physical-therapy#:~:text=Dry%20Needling%3A%20is%20a%20physical,selected%20according%20to%20physical%20signs.
DE	https://regulations.delaware.gov/AdminCode/title24/2600.shtml
FL	Proposed rule as of 9/2020
GA	Rule 490-9-.05. Dry Needling https://casetext.com/regulation/georgia-administrative-code/departments-490-rules-of-georgia-state-board-of-physical-therapy/chapter-490-9-code-of-ethics/rule-490-9-05-dry-needling
ID	https://adminrules.idaho.gov/rules/current/24/241301.pdf
KS	http://www.ksbha.org/documents/publications/PracticeHandbook_PTPTA.pdf
LA	https://www.laptboard.org/index.cfm/rules/rulesandregs
IL	https://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1319&ChapAct=225%26nbsp%3BILCS%26nbsp%3B90%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Illinois+Physical+Therapy
MD	https://health.maryland.gov/bphte/Pages/dryneedling.aspx
ME	https://www.maine.gov/pfr/professionallicensing/professions/physical_therapists/index.html
MS	https://www.msbpt.ms.gov/secure/dryneedling.asp
MT	http://www.mtrules.org/gateway/RuleNo.asp?RN=24%2E177%2E413
NC	https://www.ncptboard.org/LawAndBoardRules/LawAndBoardRulesHome.shtml

JURISDICTION	TRAINING REQUIREMENTS
NE	https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-137.pdf
NV	http://ptboard.nv.gov/Licensure/Dry_Needling/
SD	Currently promulgating regulations.
TN	https://publications.tnsosfiles.com/rules/1150/1150-01.20180709.pdf
UT	https://le.utah.gov/xcode/Title58/Chapter24B/C58-24b-P5_1800010118000101.pdf
VA	https://www.dhp.virginia.gov/PhysicalTherapy/physther_laws_regs.htm
WY	https://rules.wyo.gov/Search.aspx?Agency=062

Appendix C: Examples of Courses in Dry Needling

Course Title	Education Sponsor
Dry Needling Program (DN)-1 & 2: Foundations I, II	Myopain Seminars
Dry Needling Program (DN)-3: Advanced	Myopain Seminars
Dry Ma's Systemic Dry Needling	Dr. Ma's Integrative Dry Needling Institute for Physical Therapists LLC
Structure & Function Dry Needling Education: Foundations in Dry Needling for Orthopedic Rehab and Sports Performance	SF Dry Needling
Advanced Neurologic Dry Needling for Pain Management and Performance Enhancement	Dr. Ma's Integrative Dry Needling Institute for Physical Therapists LLC
Dry Needling Module 1: Lower Extremity Course	ATI Physical Therapy
Trigger Point Dry Needling Level 1	Therapy Concepts Inc.
DN-1: Dry Needling For Craniofacial, Cervicothoracic And Upper Extremity Conditions: An Evidence Based Approach	Dry Needling Institute – American Academy of Manipulative Therapy
Trigger Point Dry Needling Level 1	Institute of Advance Musculoskeletal Treatments
Wilk PTI Online: Rehabilitation Techniques Using Dry Needling	Northeast Seminars
Functional Dry Needling (Levels 1 &2)	Kinetacore
Advanced Functional Dry Needling: A Neuro-Functional Approach (Level 3)	Kinetacore

Appendix D: Dry Needling in the USA

Allowed	Silent	Prohibited
AL	CT	CA
AK	MA	HI
AR	MI	NJ
AZ	MN	NY
CO	MO	OR
DE	OK	PA
DC		WA
FL		
GA		
IA		
ID		
IL		
IN		
KS		
KY		
LA		
ME		
MD		
MS		
MT		
NC		
ND		
NE		
NH		
NM		
NV		
OH		
RI		
SC		
SD		
TN		
TX		
UT		
VA		
VT		
WI		
WV		
WY		