

Senate Public Health and Welfare Committee
Testimony on Bill SB 490
March 9, 2016

Mr. Chairman and Committee Members:

I am writing this letter in response to the licensure bill that was introduced into the 2016 Kansas Legislative Session by acupuncturists defining acupuncture as “dry needling, trigger point therapy and intramuscular therapy”. As a person who lived with chronic daily pain between 2011-2014, I hope my letter helps understand how critical of a therapy modality dry needling is for patients to receive a complete therapy program in conjunction with patient-specific manual therapy and exercises.

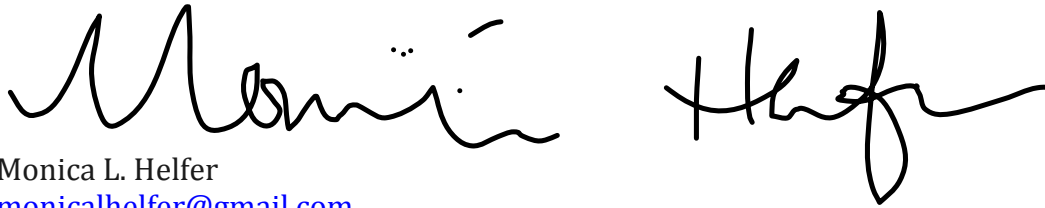
In 2011 I began having left lateral knee pain and was initially treated by a Physical Therapist (PT) who tried Kinesio taping and exercises with no relief. I was then referred to an orthopedic surgeon who completed X-rays and an MRI. The results came back “normal” and though not needing surgery was positive, the orthopedic surgeon advised me to stop exercising and then my pain would likely go away. Daily exercise, competing in running races and triathlons, and being an active mom with my two young daughters is an important, non-negotiable part of my life so I sought out another PT. At that time, it was recommended I wear a total knee immobilizing brace for 12 weeks and after that period of time, the PT used Astym Soft Tissue Therapy on my knee. Neither the immobilizing brace nor the Astym had any impact on the pain so the PT recommended I try Dry Needling and I was, yet again, referred onto another PT who had an extensive background in musculoskeletal anatomy, sports related injuries and was certified in Dry Needling. By this time, I was three years into chronic daily knee pain, one orthopedic surgeon and three PTs into my treatment plan with no success but I scheduled an appointment with a Kansas PT who was certified in Dry Needling.

The PT completed an evaluation to determine if Dry Needling was a treatment option for me and from that information determined several areas to perform dry needling on based on my symptoms and how I reacted with other therapy modalities. During the dry needling session, the PT almost immediately found the target area that recreated my knee pain. He completed the dry needling session and my pain was gone that day. He combined dry needling manual intervention and exercises to address my musculoskeletal dysfunction and ensure that I could train and exercises daily. Dry needling was used to support a complete physical therapy program that involved dynamic stretches, therapeutic exercises, and manual therapy. He worked with me to understand where the pain originated, what compensatory movements I was doing when running to exacerbate the pain and how to

improve my strength and mobility to maintain the results we achieved after the dry needling session. Without dry needling, I can honestly say I would still be living with the chronic lateral knee pain that negatively impacted my life for many years.

I think it is crucial for Physical Therapist to be able to perform dry needling because of their in-depth knowledge of muscular anatomy to improve motion and mobility. Dry needling is a technique that can have an immeasurable, positive impact on a person's life and help them live pain-free. Physical therapy and dry needling have restored my quality of life and ability to participate in my favorite activities.

Sincerely,

A handwritten signature in black ink, appearing to read "Monica L. Helfer". The signature is fluid and cursive, with the first name "Monica" being more prominent and the last name "Helfer" written in a more compact, stylized manner.

Monica L. Helfer

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