Testimony regarding SB 490

To: Senate Public Health and Welfare Committee

Presented by: Susan Harms, PT, MHS

President of the Kansas Physical Therapy Association

March 9, 2016

Mister Chair and Distinguished Members of the Committee

Thank you for this opportunity to speak in favor of SB 490. My name is Susan Harms and I am serving as the President of the Kansas Physical Therapy Association representing over 1200 members. I have been a physical therapist for 34 years and I work for Via Christ Health in Manhattan, Kansas.

Physical Therapists who are properly trained and certified in dry needling reside and practice in Kansas since 2010. They have graduate and postgraduate education and training. There has not been a patient complaint or disciplinary action filed against them by the Board for dry needling.

In July of 2015 the Federation of State Boards of Physical Therapy (FSBPT) and of which the BoHA is a member, released the results of the comprehensive and independent research study by HumRRO , a prestigious company that employs psychologists with expertise in determining competency. This study determined that 86% of the knowledge and skills required to be competent in dry needling is taught at the entry level doctorate preparation for physical therapists. The 14% knowledge and psychomotor skills that were lacking included specialized training in the management of needles and specialized palpation that could be obtained through post graduate education and training.

The availability of education and training in dry needling is evident with a recent search on the Internet. Six companies were found and 98% of the educators are physical therapists (see attached document).

Recent arguments by acupuncturists against including dry needling within our scope of practice have brought up the notions that there is not a national accrediting body for dry needling education and the courses are taught by for profit companies. In defense, every health care provider stays current in practice or learns new techniques by attending continuing education courses at a cost to the participant. In addition, becoming competent in dry needling is about learning a new technique, not a new profession. The Commission on Accreditation for Physical Therapy

Education (CAPTE) is our accrediting body for our foundational knowledge and skills.

Dry needling research done thus far has been done predominantly by physical therapists. A recent literature search of PubMed reveals 102 dry needling studies published in 2014 and 2015 alone with 91% of them done by PTs. (sample of research in attached document).

Physical therapists in Kansas have been in conversation with the Kansas State Board of Healing Arts for multiple years surrounding the controversy as to whether dry needling lies within their scope of practice.

The following facts have been presented by the KPTA for the Board's review over multiple years.

1) Dry needling is practiced by physical therapists in 45 states plus the District of Columbia. The five states where it is not allowed it is predominantly linked to statutory language that does not allow PT to pierce the skin as this is considered the practice of medicine. This is not true in Kansas, as PT's have been performing needle EMG and nerve conduction tests since the late 1970s, in addition to sharp debridement of wounds with physician referral.

2) The Kansas Physical Therapy Advisory Council, created by statute and comprised of PTs appointed by the governor, a chiropractor, medical doctor and a public member that advises the Board on professional issues, recommended to the Board that dry needling is within the scope of practice of PTs in Kansas and requested that the Board engage in rulemaking to determine education and training standards.

3) The American Physical Therapy Association Guide to PT Practice 3.0, a core document of the physical therapy profession, has dry needling listed as a manual treatment technique provided by PTs.

4) The American Academy of Orthopedic Manual Therapists supports that dry needling is in the scope of practice of PTs.

5) The Federation of State Boards of Physical Therapy of which the Kansas Board of Healing Arts is a member, supports dry needling within the PT's scope of practice referencing the HumRRO study results cited above.

6) KPTA 's lawyer, a former Kansas State Board of Healing Arts attorney states that dry needling is in the scope of practice of PTs in Kansas after reviewing their model practice language in their practice act. Four other states have AG opinions that concur that the terms "manual therapy" encompass dry needling.

In June of 2015 the Kansas State Board of Healing Arts declined to give an opinion as to whether dry needling was within the physical therapist scope of practice and requested we seek clarity in the legislature. Only five other states have added the

terms "dry needling" to their statute. Passing this bill would make Kansas number six.

Given the Board's decision as stated earlier, the KPTA developed, recommended and published best practice guidelines for additional education and training for its members.

In closing, dry needling is part of the scope of practice of physical therapists and has been shown in research to be effective in relieving pain and restoring healthy movement. Please allow us to continue to provide Kansans the benefits of this important, and new development in practice.

Thank you for listening and the service you provide for the state of Kansas.

I welcome any questions you may have.

Sincerely,

Susan Harms, PT, MHS

President, Kansas Physical Therapy Association

Attachment for Susan Harms PT, MHS
Testimony to Senate Public Health and Welfare Committee
3/9/16

Dry Needling Continuing Education Courses

An Internet search for Dry Needling Continuing Education courses in the US performed on 2/24/16 included six companies. The information following also describes the profession of the instructors.

- Kinetacore: 18 PTs
- Integrative DN: 1 PhD, LaC, and 2PTs (Dr. Ma)
- Myopain: 23 PTs, 1 RN, and 1 MD
- Spinal Manipulation Institute: 8 PTs
- EIM: 71 PTs and 1 OT
- DN Institute: 1 DC

It is Noteworthy that educators include 122 PTs, 2 DCs, 1 MD, 1 Acupuncturist.

Dry Needling Textbooks and sample of research

Dommerholt J, Huijbregts PA, Myofascial trigger points: pathophysiology and 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. 28 Commission on Accreditation in Physical Therapy Education. Accreditation Handbook. Effective January 1, 2006; revised 5/07, 10/07, 4/09 p. B28-B29.29

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

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.

 Dry Needling: a Literature Review with Implications for Clinical Practice Guidelines (Dunning et al, 2014) *Physical Therapy Reviews*, 19(4):252-265

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

□ Lewit, K., *The needle effect in the relief of myofascial pain.* Pain, 1979. **6**: p. 83-90. □

□ Intramuscular Stimulation (IMS) - The Technique By: C. Chan Gunn, MD □(http://www.istop.org/papers/imspaper.pdf) □

□ Dommerholt, J., *Dry needling in orthopedic physical therapy practice.* Orthop Phys Ther Practice, □2004. **16**(3): p. 15-20. □

□ Baldry, P.E., *Acupuncture, Trigger Points and Musculoskeletal Pain*. 2005, Edinburgh: Churchill Livingstone. □

□ Dommerholt, J. and R. Gerwin, D., *Neurophysiological effects of trigger point needling therapies*, in *Diagnosis and management of tension type and cervicogenic headache*, C. Fernández de las Peñas, L. Arendt-Nielsen, and R.D. Gerwin, Editors. 2010, Jones & Bartlett: Boston. p. 247-259. □

□ Simons, D.G. and J. Dommerholt, *Myofascial pain syndrome - trigger points.* J Musculoskeletal Pain, 2007. **15**(1): p. 63-79. □

□ 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. □

□ White A, Foster NE, Cummings M, Barlas P, Acupuncture treatment for chronic knee pain: a systematic review. Rheumatology (Oxford) 46(3): p. 384-90, 2007. □

□ Chu, J., et al., *Electrical twitch obtaining intramuscular stimulation (ETOIMS) for myofascial pain syndrome in a football player.* Br J Sports Med, 2004. **38**(5): p. E25. □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.[31] Overall, the literature □[31] 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. □