

K.A.R. 100-29-18. Requirements for physical therapists to perform dry needling. (a) Dry needling shall only be performed by a licensed physical therapist that is specifically trained and competent by virtue of education and training to perform dry needling as set forth below. Online study and self-study for dry needling instruction are not considered appropriate training.

(b) Dry needling shall be performed solely for conditions and impairments that fall under the physical therapy scope of practice in Kansas, and may not be performed for the purposes of detoxification, smoking cessation, stress relief, fertility, or any condition outside the scope of physical therapy.

(c) A licensed physical therapist shall perform dry needling in a manner consistent with generally acceptable standards of practice. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.

(d) Physical therapists who did not obtain dry needling training as part of their graduate or post-graduate education shall meet the following requirements in order to perform dry needling:

(1) Attendance and successful completion of a dry needling course approved by one or more of the following entities prior to the physical therapist taking such course:

(A) Commission on Accreditation in Physical Therapy Education;

(B) American Physical Therapy Association;

(C) State Chapters of the American Physical Therapy Association;

(D) Specialty groups of the American Physical Therapy Association;

(E) Federation of State Boards of Physical Therapy; or

(F) Any board approved course which contains a practical and written examination.

(2) The course content shall include the following components of education and training:

- (A) Anatomical review for safety and effectiveness,
- (B) Indications and Contraindications for dry needling
- (C) Such course shall include evidence based instruction on the theory of dry needling practice,
- (D) Sterile needle procedures which shall include one of the following standards:
 - (i) The US Centers for Disease Control and Prevention; or
 - (ii) The US Occupational Safety and Health Administration,
- (E) Blood-borne pathogens,
- (F) Post intervention care, including an adverse response or emergency,
- (G) Such training shall include an assessment of the physical therapist's dry needling technique and psycho-motor skills, and
- (H) Such course shall be taught by a licensed healthcare provider whose scope of practice includes dry needling, who meets the regulatory minimum educational standard in their respective state or jurisdiction. Such instructor shall not have been disciplined by any state or jurisdictional licensing agency for any acts that would be violations of the Physical Therapy Practice Act or the Healing Arts Act. Such instructor shall also have performed dry needling for a minimum of two (2) years.

(3) Upon completion of such training and education each physical therapist shall be able to demonstrate:

- (A) competent dry needling techniques.
- (B) appropriate management of dry needling equipment and supplies.
- (C) accurate and appropriate point selection.

(D) appropriate positioning of the patient and the education of the patient regarding appropriate amount of movement while needles are inserted.

(E) proper supervision and monitoring of patient during treatment.

(F) appropriate communication with the patient to include informed consent.

(G) appropriate patient selection to include but not be limited to:

(i) consideration of the patients' contraindications for dry needling.

(ii) consideration of the patient's ability to understand the treatment and the expected outcome.

(iii) consideration of the patient's ability to comply with treatment requirements.

(4) The scope of practice of each physical therapist performing dry needling shall be determined by and limited to the anatomical region of training obtained by the physical therapist.

(5) After completion of a dry needling course, each physical therapist shall be required to log 200 dry needling sessions before taking each successive course in dry needling.

(Authorized by 2016 HB 2615, effective January 1, 2017.)

K. A. R. 100–29–19. Informed consent. (a) A physical therapist who performs dry needling shall obtain written informed consent from the patient before the physical therapist performs dry needling therapy on the patient. (b) The informed consent shall include, at a minimum, the following: (1) the patient signature; (2) the risks and benefits of dry needling; (3) a diagnosis for which the physical therapist is performing dry needling; (4) the physical therapist shall notify the patient of such physical therapists anatomical region(s) of training obtained by the physical therapist; (5) such informed consent shall be required for each separate anatomical region treated; (6) such informed consent shall be maintained in the patient's treatment record; and (7) a statement that the procedure being performed is dry needling as defined by the physical therapy practice act.

K.A.R. 100-29-20. Record Keeping. A physical therapist who performs dry needling therapy shall maintain a distinct procedure note in the patient's chart for each dry needling therapy session. The note shall indicate how the patient tolerated the intervention in the specified anatomical region as well as the outcome after a dry needling session.

K.A.R. 100-29-21. Request for documentation. A physical therapist that performs dry needling shall be required to immediately produce documentation demonstrating that he or she has met the educational requirements of K.A.R. 100-28-18 upon request by the Board or an agent or employee of the Board. Failure of a physical therapist to provide such written documentation shall be deemed prima facie evidence that the physical therapist is not competent to perform dry needling and shall not be permitted to perform dry needling therapy.

Dry Needling Regulations compared across states where it is allowed (per APTA/FSBPT)

(compiled by Susie Harms PT July 24, 2016)

Georgia	50 hrs
Colorado	46 hrs
District of Columbia	In rules and regs: no specified # of hrs /"Board approved professional training program"
Louisiana	50 hrs/AG opinion
Utah	300hrs: 54 hrs course/lab, 250 general supervision Rx sessions: "phone or email instructor prn"/ In statute 2014
Tennessee	no regulation/added to statute 2015
Mississippi	50 hrs face to face study/AG opinion
Delaware	54 hrs/in statute 2014
Arizona	24 hours/ in statute 2014
Wyoming	27 hours in rules/regs (Board opinion 2009)
Arkansas	no regulations (Board opinion 2013)
Alabama	no regulations, (Board opinion 2007)
Iowa	no regulation (Board opinion 2016)
Kentucky (see below)	
Maine	no regulation, AG opinion 2016
Maryland	Rules/Regs, AG opinion 2014
Montana	Rules and Regs promulgating since 2011
New Hampshire	no regulations (Board opinion 2011)
New Jersey	no regulation (Board opinion 2009)
New Mexico	no regulation (Board opinion 2000)
North Carolina	no regulation (Board opinion 2010)
North Dakota	no regulation (Board opinion 2013)
Nebraska	no regulation (Board opinion 2011, AG opinion 2016)
Nevada	no regulation (Board opinion 2012)
Ohio	no regulation (Board opinion 2007)
Oregon	no regulation, waiting on promulgation of rules and regs as a joint effort b/t PT/MED/ACU boards (Board opinion 2009)
Rhode Island	no regulation (Board opinion 2012)

South Carolina	no regulation (Board opinion 2004)
Virginia	no regulation (Board opinion 2010)
Wisconsin	no regulation (Board opinion 2009, district court ruling 2014)
West Virginia	no regulation (Board opinion 2012)
Texas	no regulation /AG opinion 2016

Kentucky has no regulations and had a favorable 2013 AG opinion

Massachusetts, Vermont, IN, OK, MO, Alaska, MN, CT have no regulations with no known Board opinions, rulings etc, dry needling is practiced by PTs according to APTA

Under active challenge in IL, WA, MI, PA, FL, OR per APTA

Prohibited in NY, CA, SD, HI, ID per APTA

THE ABOVE INFORMATION IS TAKEN FROM THE FSBPT 5TH EDITION RESOURCE PAPER ON DRY NEEDLING IN PHYSICAL THERAPY December 2014 and additional updates from the APTA Feb 2016 and the FSBPT July 22, 2016

Dry Needling for PT's – continuing education

Myopain

<http://myopainseminars.com/seminars-travell-dry-needling-courses/>

two Foundation courses (DN-1 and DN-2) and one Advanced course (DN-3).

DN-1 Foundations 1

prerequisites: none

Day 1: 7:30am-6:30pm

Day 2: 7:30am-6:30pm

Day 3: 7:30am- 3:30pm

In addition, students will have 5 hours of home study modules to review prior to each course.

DN-2 Foundations 2

Prerequisites: DN-1 Foundations 1

Day 1: 7:30am-6:30pm

Day 2: 7:30am-6:30pm

Day 3: 8:00am- 2:30pm

In addition, students will have 5 hours of home study modules to review prior to each course.

DN-3 Advanced

Prerequisites: Successful completion of the Myopain Seminars DN-1 and DN-2 courses.

Day 1: 7:30am-6:30pm

Day 2: 8:00am-6:30pm

Day 3: 8:00am-2:30pm

Kinetacore

<http://www.kinetacore.com/store/all-courses/functional-dry-needling-level-1-brighton-colorado-august-5th-7th-2016.html>

Functional Dry Needling Level 1

Prerequisites: Current license as a PT, MD, DO, DC, PA or NP

Minimum of 6 months practicing as clinician. (Colorado PT's are required to practice for 2 years prior to taking the course. Check with your state's dry needling requirements.)

Visit our Course Materials tab for important guidelines and pre-reading materials.

3 day course

Functional Dry Needling Level 2

Prerequisites: Successful completion of FDN1

Current license as a PT, MD, DO, DC, PA or NP

Submit to Kinetacore a patient log of 200 dry needling sessions.

Or, complete Functional Therapeutics and submit a log of 100 dry needling sessions.

Visit our Course Materials tab for important guidelines and pre-reading materials.

3 day course

Systemic Dry Needling

<https://www.systemicdryneedling.com/about/courses/>

Systemic dry needling

Prerequisites: ?

Friday: 8 am – 6 pm Saturday: 8 am – 6 pm Sunday: 8 am – 4 pm

Dr. Ma – Integrative Dry Needling

<https://integrativedryneedling.com/event/foundation-dry-needling-course-winchester-va/>

Integrative Dry Needling Foundation Course for Pain Management and Sports Rehabilitation

Prerequisites: none

Level 1 needed to practice dry needling level 2 is optional

3 day course

Day 1: 8:00-6:30

Day 2: 8:00-6:30

Day 3: 8:00-6:00

Hands On Seminars

<http://www.handsonseminars.com/hos-courses/international-certification-in-dry-needling-icdn/>

Prerequisites: PT-1: MyoFascial Trigger Point & MyoFascial Release Therapies – \$250 – ONLINE COURSE

In addition to the online prerequisite course there is 3, 2 day courses

IAOM

<http://iaom-us.com/learn-experience/courses/dry-needling-courses-level-i/abilene-tx-april-2016.html>

Dry Needling course level 1 and Dry Needling course level 2

Both are 1 day online and 2 days live

Level 1 required reading: <https://sites.google.com/a/iaom-us.com/iaom-us-course-information/beyond-manual-therapy/dry-needling-i/level-i-required-reading>

Level 2 required reading: <https://sites.google.com/a/iaom-us.com/iaom-us-course-information/beyond-manual-therapy/dry-needling-i/level-2-required-reading>

Level 2 prerequisite: Dry Needling course level 1

IAMT (Institute of Advanced Musculoskeletal Treatments)

<https://www.iamt.org/events/trigger-point-dry-needling-level-1-portland-me-2/#>

Trigger point dry needling

Level 1: 27 hours, 3 days <https://www.iamt.org/events/trigger-point-dry-needling-level-1-winchester-va/>

Level 2: 16 hours, 2 days <https://www.iamt.org/events/trigger-point-dry-needling-level-2-brentwood-tn/>

Prerequisites: level 1

Level 3: 16 hours, 2 days <https://www.iamt.org/events/trigger-point-dry-needling-level-3-franklin-tn/>

Prerequisites: level 1 and 2

Dry Needling Thoughts and Notes

David Sanderson, PT

PTAC Member

I have listed several thoughts regarding our task of regulating competency training for dry needling.

First involves a 2015 FSBPT documents. The study completed by FSBPT (Humbro), “Analysis of Competencies for Dry Needling by Physical Therapists (2015)”, used literature review, surveys, and expert testimony. It arrived at an important conclusion regarding competency. 86% of the knowledge to competently perform dry needling is already covered in entry level physical therapy education (DPT). The additional knowledge needed to be competent is not excessive.

My second point involves post-graduate educational seminars. In reviewing information from the various educational providers, it appears the introductory course of several educational providers is intended to train for “minimum competency”. Course objectives for “safe and effective” are stated. It is not stated that additional courses (i.e. level 2, 3) are needed for competency but for further knowledge and advanced techniques. In fact, one education provider requires 200 hours of dry needling to be completed prior to level # 2. With these points in mind, the introductory courses (27 hour variance) would be sufficient for “minimum competency”. It should also be noted, it is impossible to achieve 100 hours even with completing all course levels. Typically a series of 3 courses is offered with a sum of 48-81 hours (variance).

Thirdly, caution should be utilized when regulating the number of hours for “minimum competency”. We are seeing a trend in regulatory boards to move away from time-based competency measures to quality-based concepts. Also, in setting greater number of hours (i.e. 100), are we favoring the for-profit educational providers? The PTAC was advised the 100 hours stated was similar to

acupuncture. Physical Therapists are graduates from academic programs rather than wholly trained by seminars.

Final Conclusions...

1. Do we set a minimum # of hours to define competency?
2. Do we approve or pre-approve courses on a case by case basis?
3. We should use caution in not favoring “for profit educational providers” and use caution in comparing dry needling to acupuncture.