

Chairman Lynch, Members of the Committee. My name is Brian Miller and as you know I am here on behalf of the Board of PT Examiners. Thank you for giving me the opportunity to discuss Dry Needling and the proposed Draft Rule.

In less than 15 minutes, I hope to give you a brief summary of

- What DRY NEEDLING is
- The HISTORY of the rule that we have drafted as well as the history of my involvement
- SCOPE OF PRACTICE issues that we have grappled with
- SAFETY ISSUES we have researched
- EDUCATIONAL background for PT
- TRAINING requirements specific to DN

To give you a brief background of who I am, my education started in the small community of Potomac, outside of Missoula. After graduating from Missoula Hellgate High School, I went to Stanford University where I received a bachelors in Human Biology, then back to the University of Montana for a masters in physical therapy. I have been a PT since 1998, practicing exclusively in Montana. In 2007, I started my own PT business with a partner in the Flathead Valley, and I continue to see a full patient load in addition to running the business and volunteering for the Board of PT Examiners.

First off, I would like to give you an idea of what DN is and how it is used in the context of a physical therapy treatment. A “dry needle” is a very small, **solid** needle roughly 0.3 millimeters in diameter. It can vary in length, depending on how deep in the body it needs to go. It is called “dry” because no fluid is injected with it.

I use dry needling as one of MANY tools in my box of tricks when working with a patient, so this example may help to illustrate that. I

had a patient recently sent to me by a doctor who diagnosed him with “cervicogenic headaches,” which means a headache that is coming from the neck. I went through a **systematic review** of the patient’s **medical history**, looking for clues that could be leading to the headaches. I asked him to give me a sense of **how the pain occurs** with different activities. I then looked at his **neck motion, strength** of the surrounding muscles, and how the **nerves** work through reflex testing. Finally, I **felt the muscles** in his neck, upper back, and shoulder blades, looking for **knots** that the patient reported were tender and that intensified the patient’s headache.

After this evaluation, I start treatment by making recommendations such as how to change his posture when sitting at a computer, taking frequent breaks from any one position, etc. I recommended exercises and stretches to improve his neck movement and reduce muscle tension.

Through my palpation I found tight knots which, when pressing on them, caused “**familiar**” pain -- pain that seemed to lead to his headaches. After getting the patient’s **informed consent**, which includes going over the risks and benefits of dry needling, I then inserted a solid needle into the muscle knots, looking to reproduce a **twitch** and **familiar pain**. Putting a needle into muscle without knots often doesn’t feel like much, but if you hit a knot the muscle twitches and can hurt. It’s not something that feels great, but what people really like is what happens later – often the next day, when the knots release and the headache eases. So, in this context, dry needling is a tool to <sup>Ease</sup> muscle tension and pain.

In this patient’s case, he started an exercise program in the clinic and on his own. In subsequent treatments, I dry needled his knots,

**massaged** the area well, advanced his home exercise program, and reviewed body mechanics that influence knot formation. Over time, he reported that he needed **over a third less narcotic pain medication** to control his chronic knots.

In many other dry needling cases, the pain goes away completely. In one case, I treated a lady who had 9 years of constant hip and buttock pain. Even though she had other therapy in the past, it took just three sessions <sup>of DN</sup> to eliminate the pain completely. When I talked to her a year after the treatment, the pain was still gone. We can provide you all with MANY patient testimonies – some are in your packet.

There are also other applications for dry needling other than the one I just used as an example. Research has also begun to reveal that simply putting a needle into a **degenerated tendon** can help stimulate it to restore its strength and function. My point here is that **medical research is still evolving**, leading us down roads that we never anticipated we would ever go.

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When I first started on the board in 2011, dry needling was not in my set of tools for treating patients. In fact, I was a bit skeptical of what it could do for patients beyond what I could already do. I had heard that PTs in other states and in the military were dry needling. I feel I came into this discussion about dry needling with an objective perspective.

As a member of a professional board, I realized my job is to act as a **member of the public, who also happens to have knowledge of what PT is**. My job is to look after the interests of the general public – **not the PT profession**. I assumed it was my responsibility to know the scientific research behind what PTs do now **AS WELL AS** new scientific

**advancements.** I launched into the dry needling issue by first examining all that had been published thus far. I included a small fraction of those studies in the 3 pages of references at the end of our paper to you.

What I found from this literature review was compelling evidence that dry needling could be a **more effective tool** for treating problems than what I had been doing. This literature was coming from solid, scientifically sound organizations like the National Institutes of Health and numerous academic research facilities throughout the US and other developed countries. *Since there has been a push from the general public to practice **more evidence-based medicine**,* I felt I must at least be open to the idea that DN could be a logical fit for PTs.

When I was asked to be on the **joint committee** between the Board of Medical Examiners, Board of PT Examiners, I was very curious to hear what the attorneys representing both boards had to say about the **legal precedent** for PTs doing DN in MT, since there was no specific language in statutes saying **yes or no**. The attorneys for both boards, Anne O'Leary and Gene Allison, presented arguments that there was legal precedent **in and out of state** for dry needling to be included in PT's scope of practice. After both attorneys made a **strong case** for allowing PTs to Dry Needle, Maggie Connor, Bureau Chief, summarized the facts obtained by the Subcommittee, including:

- 1) all boards are governed by the laws, statutes and rules in place for their respective professions,*
- 2) the Board attorneys – one representing the Board of Medical Examiners and one representing the Board of Physical Therapists - have agreed that the scope of practice among professions can cross boundaries, and that more than one profession can do a certain type of procedure,*

*3) both Board attorneys agree that laws that govern both professions allow*

*for the process of dry needling, and that only the board that governs a respective*

*profession can dictate what that profession may or may not do in practice, and*

*4) the 1999 Opinion of the Attorney General did **NOT** say that dry needling*

***COULD NOT** be performed by physical therapists.*

It became clear to me that the job of the committee was to provide guidance to draft rules, so when the committee disbanded, **I thought the issue was decided.** Other PTs throughout the state heard this as well and thought the same.

Since my goal as a PT was to run a clinic that was as **up-to-date with medical evidence as possible**, my business partner and I decided to invest over \$25,000 in educating ourselves and our PT staff in DN. **We did NOT do it because we could make more money using dry needles.** In fact, it now costs us MORE because we have to buy needles. **The way we benefit is by getting faster results, having happier clients, and getting more referrals from these clients and doctors who have seen the benefit. Please see the packet of doctor and patient testimonies for examples from all over the state that we provided for you.**

The biggest concern we have heard is about **safety.** These concerns have been voiced mainly by acupuncturists, who claim we could put a needle in a meridian that could have a detrimental effect on energy flow. This fear is based entirely on their theories of energy flow in the

body and is **not based on the scientific paradigm that we use to make our treatment decisions.**

One of the best scientific studies on safety to come out on dry needling came from **Ireland**, where PTs have been dry needling for over 20 years. The PTs in this study had 64 hours of training in DN beyond their entry level PT education. You can find this study by Sarah **Brady** and others in our reference list, if you would like the details. In this study, the researchers categorized risks as significant (e.g. life threatening and/or long lasting) and mild. Over a 10 month period monitoring over 7600 cases of DN, **NO** significant adverse events occurred. Mild events, such as bruising, bleeding, pain during and shortly after treatment, occurred in less than 20% of the cases.

**Acupuncturists claim PTs don't have the training** that they do to use dry needles. They say they have thousands of hours of training to learn where to put needles appropriately. As I said earlier, it is true that PTs don't know meridian theory, and they can only learn it through acupuncture school. But that is not what PTs are using needles for.

This July, the results from a study by an **independent research firm** in Virginia came out in which they looked at **what entry level PT education already included** and what PTs needed to know to be trained in DN **beyond** their entry level degree. This firm consulted with experts in DN who had been teaching it and doing it for >20 years on a regular basis, like PTs in the military and in other states. **They found that 86% of the entry level PT education gives the PTs what they need to know.** This includes extensive anatomy and physiology in the undergraduate and graduate level classes. That leaves only **14% of specialized knowledge** that must be taught in post-graduate continuing education courses. That 14% must include skills to effectively use the needles to create a good outcome in a patient treatment.

*The Rule we have created helps PTs get that last 14% of necessary education to DN*

Acupuncturists and PTs doing dry needling have one thing in common, which is the use of a solid needle as ***one of several tools*** in their treatment strategy for a given problem. The methods by which each profession chose to use a needle differ according to their professional training and the state laws in which they practice. By law, whatever an acupuncturist does under their license is considered acupuncture, and whatever a PT does under their license is PT.

We agree that there may be an overlap in ***appearance*** of the two treatments, but that concern in and of itself does not justify restricting the practice of PT and thus access by the public to these interventions. Let's look at an example of another overlapping scope of practice commonly occurring in medicine. Naturopaths and medical doctors both use needles to inject medicine into a patient. In fact, sometimes they use the same medicine in their injections. While the public might generically lump the treatment together by calling it a "shot by a doctor," the practitioners delivering the injection choose the appropriate intervention based on their knowledge and training. A naturopath and a medical doctor can both provide these interventions under their overlapping scopes of practice, and do so with the ***common intent of helping the patient with their given problem***.

To add another perspective, think about what a person with a new diagnosis of diabetes must learn if their treatment requires insulin shots. They are taught to use a needle to inject insulin, moving injection sites around their body over time so they don't irritate one area with too many repeated injections. They can learn how to needle themselves in one session. The act of using a needle isn't as complicated as you might think.

To put my hat back on as a member of the public who serves on the Board of PT Examiners, our role is to PROTECT THE PUBLIC by writing rules that help PTs know what is considered safe AND effective practice. In doing so, we must find the **balance** between **over and under regulating** with administrative rules. I feel that we, in the 4+ years we have been dealing with this issue, have written a rule that has the **best evidence behind it for what is available now**. We have received some suggestions for how to change it a bit from the most recent Board of Medical Examiners, which we will likely incorporate. So, please, let us just finish our job and move on.