June 29, 2020

To the EAIC,

It is my understanding that the Chiropractic Board of Montana is in process of approving a rule change that will officially allow chiropractors in Montana to practice the technique referred to as "Dry Needling" under the auspices that it is taught in a handful of chiropractic colleges. As a Chinese Medicine practitioner this raises concerns for patient safety as well as the perception of my profession.

Dry Needling is taught as a weekend adjunct course to the practices of Chiropractic and PT. I feel this is not nearly enough time to safely address the practice of inserting needles into the body at the proper depth and angle, as well as clean needle technique. This lack of training puts the public at unnecessary risk.

The practice of dry needling uses tools developed by and for acupuncturists. There is no "Dry Needling" needle. The development of this tool and its use over thousands of years has created a theory of the body far different than that of the scalpel. It is not that Chinese practitioners did not understand the vesiculation of motor trigger points (in fact many of the meridian points correspond to motor trigger points) but over the history of using the filiform needle they determined that mere vesiculation was only partially effective and potentially dangerous. They determined that the use of this tool effects aspects of the body and correlated outcomes not yet addressed in Modern Medicine.

It is my hope that the Chiropractic board would take the upmost caution in expanding their scope and integrating an entirely different practice. Unfortunately, the current proposed requirements for a whole different modality in my estimate, falls short.

Please consider:

Increasing the time requirements to at least 50 hours as well as a testing for accreditation. Allowing for more time to absorb, process and practice a new intradermal needle-based technique and ensure a basic retention of key safety measures and techniques.

Statutes requiring the certificate to have practiced at least 5 years before being allowed practice dry needling. This would ensure the chiropractor had enough experiential knowledge of the body to support the safety of the patient.

An education into the basics of Chinese Medicine, this would enable the Chiropractor not only know when to refer out if there should be an adverse reaction to dry needling but would also greater enable the chiropractor and acupuncturist to work in adjunct for the benefit of our patients.

It is my hope that the board of Chiropractors would seriously consider these recommendations in moving forward with this rule change.

Sincerely,

Gavin McClure LAc MAcOM

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