

From: [K.C](#)
To: [Murdo, Patricia](#)
Subject: [EXTERNAL] Dry Needling by Chiropractors
Date: Thursday, June 25, 2020 2:37:01 PM

Mr. Murdo it has been brought to my attention that the scope of practice with dry needling is being challenged for chiropractors. Would you please distribute my comments to the committee for the June 30, 2020 hearing:

Dear members of the Economic Affairs Interim Committee,

My name is Dr. Katie Curry and I am writing to ask you to keep dry needling in the scope of practice for the chiropractic profession of Montana. I currently provide dry needling as my main treatment within an office with another chiropractor. Chiropractors use "dry needles" which are tiny filaments encased in a plastic housing that do not have a cutting edge and they are not hollow like a hypodermic needle. I serve the soft tissue needs of the patients and refer them out for adjustments and physical therapy. Dry needling targets the trigger points and scar tissues in patients. Our technique is based upon anatomy and vectors to precisely and safely treat our patients. The anatomy determines the length of the filament used and the vector manipulates the trigger points. Our training in primary, secondary, and tertiary trigger points determines how many filaments we use. The training course by Dr. Fishkin is built upon the knowledge we have from our doctorate degree. I feel we are one of the highest qualified professions to use dry needling technique if you review the following chart from Oregon education stats. In addition to the extensive anatomy and diagnosis education, we use our hands on the patient and the filaments are an extension of our palpation skills. You can feel the tone, texture, and damage to muscles upon insertion of the filament beyond the top layers of muscle and adipose (fat).



I acquire this patient base largely from the failure of other modalities to work on deep tissue trauma and inhibited muscles groups. For example, an older woman was headed to neurosurgery for her leg symptoms of pain and swelling with a history of fracture to the fibula from being hit by a car years earlier. She ended up in chiropractic care where she was referred to me. In three dry needling session her leg pain, swelling, numbness, tingling, and weakness went away. Dry needling changed the fascia of the scar and allowed the fibula to move normally. Improved vascular supply by reducing muscle tension and trigger points.

In a middle aged male, the dry needling technique located an old scar deep in his thigh that was creating pain in his knee from the quadriceps muscle pull alteration creating patellar tracking problems. He is now back to full squats pain free after battling this knee pain since high school.

Deep gluteal injuries can be accessed with the length of the filaments we can use. This has a dramatic effect of the position of the pelvis and relieves low back and pelvic/SI pain.

Obese patients can verify my treatment improves their pain levels. In reality, they have a hard time getting effective massage due to the position on the table and the length of time the weight can be pressuring their chest cavity. The physical therapy fails due to trigger point pain in muscles deep under the adipose (fat) material. Dry needling allows me to treat muscles deep beyond the adipose (fat) tissue in the pelvis, low back, neck, and gets them moving to where they can lose weight.

Surgery can inhibit (reduce) the ability of a muscle to contract at full strength. This is my story...months of physical therapy and electrical muscle stimulation failed to fire the muscle where my ACL surgery tunneled within the muscle and dry needling brought the muscle back to full capacity.

Please feel free to contact me via email at drkatie.us@gmail.com or 406-930-0357 (cell).

Respectfully signed,

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