

Proposal Notice

BEFORE THE BOARD OF CHIROPRACTORS
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the matter of the amendment of ARM) NOTICE OF PUBLIC HEARING ON
24.126.2103 continuing education) PROPOSED AMENDMENT AND
requirements, 24.126.2105 acceptable) ADOPTION
continuing education, and the adoption)
of New Rule I dry needling)

TO: All Concerned Persons

1. On May 11, 2020, at 10:00 a.m., a public hearing will be held via remote conferencing to consider the proposed amendment and adoption of the above-stated rules. Because there currently exists a state of emergency in Montana due to the public health crisis caused by the coronavirus, there will be no in-person hearing. Interested parties may access the remote conferencing platform by dialing 406-444-4647 (local) or 1-833-681-5958 (toll free) and entering meeting ID 499538 when directed to do so.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Chiropractors no later than 5:00 p.m., on May 4, 2020, to advise us of the nature of the accommodation that you need. Please contact Kevin Bragg, Board of Chiropractors, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2390; Montana Relay 1 (800) 253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; or dlibsdcchi@mt.gov (board's e-mail).

3. The rules proposed to be amended are as follows, stricken matter interlined, new matter underlined:

24.126.2103 CONTINUING EDUCATION REQUIREMENTS (1) ~~Beginning with the 2018 renewal, every active licensee~~ Active licensees shall affirm an understanding of the duty to complete a minimum of 12 hours of ~~board-approved~~ continuing education (CE) during each renewal period ~~as defined in per~~ ARM 24.101.413.

~~(a) Of the 12 hours, no more than two hours can be in the subject area of philosophy and/or practice management.~~

(2) Licensees shall complete four hours of CE in professional boundaries and ethics every four-year reporting period. These hours shall be in addition to and not count toward the 12 hours of CE required each year renewal period.

(3) remains the same.

(4) Licensees ~~transferring~~ converting from inactive to active status shall ~~abide by~~ comply with the continuing education CE requirements of ARM 24.126.701.

(5) ~~An annual random audit of ten percent of active licensees will be~~

~~conducted to verify compliance with the CE requirements. The board may randomly audit up to 50 percent of renewed licensees.~~

~~(6) Clock hours of CE hours cannot be accumulated and carried over from one renewal period to the next.~~

~~(7) Licensees attending the Montana Chiropractic Association educational meetings must register with the secretary of the association each day of attendance to receive CE credit.~~

~~(8) (7) A three-month extension will be provided for all licensees who fail to meet the CE requirements as a result of an audit. Failure to meet this extension may result in disciplinary action. Licensees found to be in noncompliance with CE requirements may be subject to administrative suspension.~~

~~(9) (8) Any licensee seeking a hardship waiver from their CE requirements shall apply to the board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that period. A licensee may request an exemption from CE requirements due to hardship. Requests will be considered by the board.~~

~~(a) Specific details of the hardship must be included.~~

~~(b) The board must find that a hardship exists.~~

~~(c) The waiver may be absolute or conditional.~~

AUTH: 37-1-131, 37-1-319, MCA

IMP: 37-1-131, 37-1-141, 37-1-306, 37-1-319, 37-1-321, MCA

REASON: The board is amending this rule to align with and further facilitate the department's standardized renewal, administrative suspension, and audit procedures, and streamline the rule for better organization and ease of use for the reader. The board is amending (1) to strike the past implementation date of the renewal affirmation as no longer necessary.

It is reasonably necessary to move (1)(a) to ARM 24.126.2105 as a more appropriate location.

The board is amending (5) to allow flexibility in conducting random CE audits. Currently, the board randomly audits 10 percent of all renewed chiropractors for each reporting period. This amendment will allow the board to respond to staffing and budget issues by adjusting the number of licensees audited, while remaining consistent with the statutory maximum of 50 percent in 37-1-306, MCA.

The board is striking (7) as registration of CE program attendees is entirely within the discretion of the CE provider.

The board is amending (8) by removing licensees' ability to request CE extensions to align with standardized department procedures. Under the standardized audit processes, licensees are provided with adequate time to cure any audit deficiencies and additional extensions are no longer necessary.

The board is also clarifying in (8) that licensees not in compliance with CE may be subject to administrative suspension per 37-1-321, MCA, and in accordance with standardized department audit processes.

Implementation citations are being amended to accurately reflect all statutes implemented through the rule.

24.126.2105 APPROVED ACCEPTABLE CONTINUING EDUCATION

(1) ~~Continuing~~ Acceptable continuing education (CE) ~~approved by the board~~ must directly relate to the practice of chiropractic and ~~shall be affiliated with or approved by:~~

- (a) national, regional, or state chiropractic associations; ;
- (b) state licensing boards; ;
- (c) academies; ;
- (d) colleges of chiropractic; ; or
- (e) ~~education approved by the Federation of Chiropractic Licensure Board (FCLB) Providers of Approved Continuing Education (PACE).~~

(2) From the date of ~~their~~ original licensure in Montana until the end of the first full renewal period, new licensees can fulfill the 12-hour CE requirement by attending one session of the "new doc seminar" ~~in lieu of the 12-hour CE requirement."~~

(3) A maximum of two hours can be in philosophy and/or practice management.

~~(3)~~ (4) All ~~licensees~~ Licensees can receive two credits for each chiropractic board meeting attended.

~~(4)~~ (5) All Internet courses must meet the same CE guidelines ~~for CE approval.~~

~~(5)~~ (6) The board shall not approve a course of study if it is CE courses considered outside the "scope of practice" for ~~a chiropractor in Montana~~ chiropractors are not acceptable.

AUTH: 37-1-131, 37-1-319, MCA

IMP: 37-1-131, 37-1-141, 37-1-306, 37-1-319, MCA

REASON: The board is amending this rule to align with and further facilitate the department's standardized renewal, administrative suspension, and audit procedures, and streamline the rule for better organization and ease of use.

The board is relocating provisions from ARM 24.126.2103(1)(a) to (3) as a more appropriate location in this rule.

4. The proposed new rule is as follows:

NEW RULE I DRY NEEDLING (1) Dry needling is a skilled technique performed using a mechanical device, filiform needle(s), to penetrate the skin and/or underlying tissues as a treatment method to manipulate tissues of the body for the correction of nerve interference.

(2) Dry needling requires a chiropractic examination and diagnosis.

(3) To perform dry needling, chiropractors must have completed training in dry needling.

(a) Dry needling training shall include, but not be limited to, training in the following areas:

- (i) indications;
- (ii) contraindications;
- (iii) potential risks;

- (iv) proper hygiene;
- (v) proper use and disposal of needles.
- (b) To perform dry needling, chiropractors must have completed training in dry needling affiliated with or approved by:
 - (i) national, regional, or state chiropractic associations;
 - (ii) state licensing boards;
 - (iii) academies;
 - (iv) colleges of chiropractic; or
 - (v) the Federation of Chiropractic Licensure Board (FCLB) Providers of Approved Continuing Education (PACE).
- (c) Initial training in dry needling must include hands-on training.
- (4) A chiropractor shall perform dry needling in a manner consistent with generally accepted standards of practice, including relevant standards of the Center for Disease Control and Prevention, and Occupational Safety and Health Administration blood borne pathogen standards as per 29 CFR 1910.1030 et. seq.
- (5) Dry needling shall only be performed by a chiropractor and may not be delegated.
- (6) Chiropractors performing dry needling must maintain proof of appropriate training as required by this rule. Failure to provide proof of training upon the board's request may result in disciplinary action.

AUTH: 37-1-131, 37-12-201, MCA

IMP: 37-1-131, 37-12-101, 37-12-104, MCA

REASON: The statutory scope of practice for Montana licensed chiropractors is broad and includes recognized diagnostic and treatment methods as taught in chiropractic colleges. While primarily focused on the spine, chiropractic care since its inception has provided treatment to all areas of the musculoskeletal system. Dry needling includes using filiform needles as a mechanical device to treat pain and injury. The procedure can also be applied to specific muscle motor points, spinal segments, and other structures including ligaments, tendons, and joint capsules for pain relief and increased mobility. In clinical practice dry needling is often used in conjunction with other physiotherapeutic modalities to manage pain and improve function. The board is proposing this new rule now because instruction on the modality is becoming readily available as chiropractors throughout the United States are increasingly incorporating dry needling into their practices. The board is proposing to adopt NEW RULE I to provide guidance on the safe practice of dry needling in Montana. This new rule establishes criteria to ensure that chiropractors who perform dry needling meet minimum educational training and safety standards. Further, the rule establishes potential disciplinary consequences for failing to meet those standards.

Over the last nine years, the board has received several public comments to support the express incorporation of dry needling into the chiropractic scope of practice and to provide practitioners with guidance regarding its use. Dry needling, according to board research, is currently allowed in 35 states nationwide. Additionally, four chiropractic colleges incorporate dry needling instruction either via curriculum or continuing education. The board has undertaken extensive evaluation

of all 35 permissive jurisdictions as well as their regulations. NEW RULE I is the result of extensive investigation, lengthy board discussion, and the conclusion that adequate instruction on dry needling has expanded and evolved so that dry needling is within the current scope of practice as a recognized chiropractic treatment method.

The rule requires that Montana licensed chiropractors either currently possess or obtain the appropriate training to exercise the modality in practice while adequately ensuring public protection. The board notes that 13 of the 35 permissive states do not require any specific training to undertake dry needling as part of licensed chiropractic practice. The board concluded that for public safety purposes some level of training must be undertaken in the modality to ensure adequate public safety. This training must include, but is not limited to, the subjects identified in (3)(a)(i) through (v).

The board determined that Montana chiropractors must be able to demonstrate competency to perform dry needling as part of their chiropractic practices. Licensed chiropractors in Montana are required to pass the physiotherapy portion of the National Board of Chiropractic Examiners exam. This training and measured competence, when combined with proper continuing education, provides practitioners a firm base from which to utilize dry needling. Since the modality is taught in, and by, chiropractic colleges, the board concluded the most efficient way for practitioners to validate this training is to maintain documentation of the training and provide proof upon request by the board. Chiropractors are licensed doctors who must utilize their own professional judgment consistently and continually in their practices. As such, the board determined that licensees are competent to abide by these regulations without requiring submission of explicit documentation by all licensees. This process will also continue to provide licensees with a fiscally conservative board operation. Further, the board will address complaints regarding improper treatment and use of dry needling through the standardized complaint procedure as unprofessional conduct in ARM 24.126.2301.

As medical technology evolves, scopes of practice and training shift and overlap for many health care professionals who use and are trained in the use of needles. The board's foremost concern is public safety and NEW RULE I provides practitioners with a measured direction from which to begin their use of the modality.

5. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to the Board of Chiropractors, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or e-mail to dlibsdchi@mt.gov, and must be received no later than 5:00 p.m., May 15, 2020.

6. An electronic copy of this notice of public hearing is available at www.chiropractor.mt.gov (department and board's web site). Although the department strives to keep its web sites accessible at all times, concerned persons should be aware that web sites may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing a web site do not excuse late submission of comments.

7. The board maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all board administrative rulemaking proceedings or other administrative proceedings. The request must indicate whether e-mail or standard mail is preferred. Such written request may be sent or delivered to the Board of Chiropractors, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; faxed to the office at (406) 841-2305; e-mailed to dlibsdcchi@mt.gov; or made by completing a request form at any rules hearing held by the agency.

8. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

9. Regarding the requirements of 2-4-111, MCA, the board has determined that the amendment of ARM 24.126.2103 and 24.126.2105 will not significantly and directly impact small businesses.

Regarding the requirements of 2-4-111, MCA, the board has determined that the adoption of NEW RULE I will not significantly and directly impact small businesses.

Documentation of the board's above-stated determinations is available upon request to the Board of Chiropractors, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2390; facsimile (406) 841-2305; or to dlibsdcchi@mt.gov.

10. Kevin Bragg, Executive Officer, has been designated to preside over and conduct this hearing.

BOARD OF CHIROPRACTORS
V.J. MADDIO, DC
PRESIDENT

/s/ DARCEE L. MOE
Darcee L. Moe
Rule Reviewer

/s/ BRENDA NORDLUND
Brenda Nordlund, Acting Commissioner
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State April 7, 2020.

Summary of Public Comments

Montana Board of Chiropractors
Comment Summary

MAR Notice 24-126-37
Kevin Bragg, Hearing Officer

On May 11, 2020, a hearing was conducted at 301 S. Park Avenue, Helena, Montana to consider the proposed amendment and adoption of the rules in MAR Notice 24-126-37. No comments were offered at the hearing, but written comments were submitted on or before the 5:00 p.m., May 15, 2020, comment deadline.

Comment Groups 1, 2, & 3 all apply to New Rule I. No comments were submitted regarding the amendments to ARM 24.126.2103 and ARM 24.126.2105.

Comment Group 1: Several commenters expressed support regarding the rule as drafted and wished to see it adopted as soon as possible.

Response 1:

Comment Group 2: Several commenters supported the rule; however, believed that to truly protect the public licensees should be required to pass an examination prior to their use of the modality.

Response 2:

Comment Group 3: Multiple commenters opposed the rule and did not believe that Chiropractors were trained appropriately or that the modality was within their scope of practice.

Response 3:

Public Comments

**Comment
Group 1 in
Support
of New Rule I
Dry Needling**

From: [Jack Berg](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Adoption of Dry Needling
Date: Monday, April 27, 2020 11:08:37 AM

I strongly support the rule that includes dry needling into the scope of practice for chiropractors. My patients have found this to be an invaluable treatment for pain. I strongly encourage the Montana Board of Chiropractors to adopt this rule.

Thank you

Dr. Jack Berg, DC

From: [John Falardeau](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Chiropractic dry needling
Date: Friday, May 1, 2020 12:18:09 PM
Attachments: [image001.png](#)
Importance: High

Hello, please see message below from the American Chiropractic Association:
Through appropriate training and certification, many [American Chiropractic Association](#) [\[acatoday.org\]](#) members utilize dry needling as a modality. Often times, exposure to dry needling begins with education at chiropractic colleges, where students first become familiar with the service. In recent years, dry needling has developed into treatment option applicable to a variety of patient conditions found in a chiropractic clinic.
Please let me know if you have any questions.



John Falardeau

Sr. Vice President, Public Policy and Advocacy
American Chiropractic Association
[www.acatoday.org](#) [\[acatoday.org\]](#)
T (703) 812-0214 | F (703) 243-2593

From: [John Falardeau](#)
To: [DLI BSD Chiropractors](#)
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Please let me know if you have any questions.



John Falardeau

Sr. Vice President, Public Policy and Advocacy
American Chiropractic Association
[www.acatoday.org](#) [\[acatoday.org\]](#)
T (703) 812-0214 | F (703) 243-2593

From: [kanyonsmith](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Chiropractic Dry Needling
Date: Monday, April 27, 2020 10:30:13 AM

I am in full support of adding Dry Needling to the Chiropractic scope of practice in Montana. It is a valuable tool for pain management and the treatment of musculoskeletal conditions.

Thank you

Kanyon Smith

Owner/Operator



From: [Rachel Rising](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry needling
Date: Tuesday, April 28, 2020 10:20:26 AM

Dry needling has been an incredible tool and has been very beneficial to my patients in Montana. I would highly support adopting dry needling into the scope of practice for chiropractors. I strongly encourage the Montana Board of Chiropractors to adopt this rule

Dr. Rachel Rising
Gallatin Valley Chiropractic
Bozeman, MT

Sent from my iPhone

From: [Roger Sirek](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry Needling Inclusion
Date: Monday, April 27, 2020 9:08:27 AM

Good morning,

As a chiropractor and a graduate of the Dry Needling Institute I am in full support of the rule that includes dry needling into the Montana Chiropractic scope of practice. Dry needling has been an invaluable addition to my practice. Many patients have experienced significant benefit and relief of rotator cuff pain, headaches, low back pain etc... I support and welcome this change and I hope you do as well.

Thank you for your time,

Roger R. Sirek, D.C.
Billings Chiropractic Accident and Injury Clinic
1918 Broadwater Ave

From: [Warren Smith DC](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry needling inclusion
Date: Monday, April 27, 2020 9:09:44 AM

I am in full support of the rule that includes dry needling into the scope of practice for chiropractors. I strongly encourage the Montana Board of Chiropractors to adopt this rule, as many of patients have found dry needling to be an effective therapy in my office in conjunction with chiropractic care.

Thank you for this inclusion that expands the therapeutic reach of the Montana Chiropractic profession.

Warren Smith DC

HealthSource Chiropractic, Progressive Rehab and Wellness

1554 Harrison Ave, Suite A
Butte, MT 59701
406 494-2979 (office)
406 490-2556 (cell)

"A healthy man has 1000 dreams. A sick man has only one"

From: [Dr. Kevin Jimmerson](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry Needling Scope for Chiropractors
Date: Thursday, April 30, 2020 8:37:10 AM

I am in full support of the rule that includes dry needling into the scope of practice for chiropractors. My patients have found this to be an invaluable treatment for pain. I strongly encourage the Montana Board of Chiropractors to adopt this rule

--

Dr. Kevin J. Jimmerson D.C.
Wellness Chiropractic Clinic
222 15th Street South. Suite C
Great Falls, MT 59405
(406) 727-5231

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From: [Wanda Robinson](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry Needling.
Date: Monday, April 27, 2020 2:28:37 PM

Dear MT Chiropractic Board

I am writing to you in support of the rule to include dry needling into the scope of practice for chiropractic physicians. Since introducing dry needling into my practice after getting certified I have found it to be an invaluable (tool) treatment for acute and chronic pain. It has even to my surprise resolved some of my patients cases even after 1 treatment. No only is this invaluable to my patients first and foremost it should be invaluable to insurance companies as a cost effective to treat acute and chronic pain. Therefore I strongly encourage the Montana Board of Chiropractors to adopt this rule. Something that should of been done years ago.

Sincerely,

Wanda M Robinson DC
Robinson Chiropractic and Rehab Center
15 Maridian Coury
Kalispell, Montana 59901
406-607-6105

From: [James Parsons](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry needling
Date: Monday, April 27, 2020 10:41:04 AM

I am in full support of the rule that includes dry needling into the scope of practice for chiropractors.

James J. Parsons, D.C.

From: [K.C](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry Needling
Date: Monday, April 27, 2020 9:14:39 AM

I am in full support of the rule that includes dry needling into the scope of practice for chiropractors. My patients have found this to be an invaluable treatment for pain. I strongly encourage the Montana Board of Chiropractors to adopt this rule. Dry needling technique allows treatment into soft tissues at a mechanical depth not attainable before. Chronic patients are getting relief for ailments of years time and acute patients are finding relief quickly and faster return to pre injury status. I do believe that the training is essential in safely using this technique.

Respectfully signed,

Dr. Katie Curry, DC

From: [Rich Murack](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry needling
Date: Monday, April 27, 2020 3:16:24 PM

I am in full support of the dry needling into the scope of practice this has been an amazing tool in help patients return to normal biomechanical function.

Dr Richard Murack
Sent from my iPhone

From: [rick327](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry Needling
Date: Thursday, April 30, 2020 9:11:41 AM

I am in support of permanently adopting dry needling into the scope of practice for chiropractors in the state of Montana.

This modality directly improves the health of patients that receive this treatment.

Sincerely,
Rick Forrette, DC

From: [David Dalgardno](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] I support dry needling
Date: Tuesday, April 28, 2020 9:40:36 AM

Montana Board of Chiropractors-

Dry needling has been an incredible tool and very beneficial to my patients in Montana. I would highly support adopting dry needling into the scope of practice for chiropractors. I strongly encourage the Montana Board of Chiropractors to adopt this rule!

Dr. David C. Dalgardno, DC

--

Cheers!

-Dr. David C. Dalgardno, D.C.

From: [Dustin Rising](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] I support dry needling
Date: Monday, April 27, 2020 6:38:37 PM

Dry needling has been an incredible tool and very beneficial to my patients in Montana. I would highly support adopting dry needling into the scope of practice for chiropractors. I strongly encourage the Montana Board of Chiropractors to adopt this rule

Dr. Dustin Rising, D.C.

[Gallatin Valley Chiropractic, LLC](#)
626 S. Ferguson Ave. Suite 4
Bozeman, MT 59718

From: [Dr Jones](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Rules for Dry Needling
Date: Tuesday, April 28, 2020 3:01:09 PM

Dear Board of Chiropractic;

I am in full support of the rule that includes dry needling into the scope of practice for chiropractors. While I currently do not perform this service, my patients have found this to be an invaluable treatment for pain through this safe and effective treatment. I strongly encourage the Montana Board of Chiropractors to adopt this rule. Thank you for all you do for the chiropractic profession and state.

Regards,

Sheridan L. Jones, D.C.
Town Center Chiropractic
"Motion is Life"
827 N Last Chance Gulch
Helena, MT 59601
Ph:406-449-4445
Fx:406-495-0259

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From: [Crystal Jimmerson](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Support of Dry needling rule
Date: Thursday, May 7, 2020 12:13:15 PM

I am in full support of the rule that includes dry needling into the scope of practice for chiropractors. My patients have found this to be an invaluable treatment for pain. I strongly encourage the Montana Board of Chiropractors to adopt this rule.

Crystal Jimmerson DC MS CCSP®

Wellness Chiropractic Clinic
222 15th Street South STE C
Great Falls, MT 59405
(406) 727-5231

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Comment Group 2



PO Box 8575, Missoula MT 59807
406-543-1823
mapta@mapta.com

May 9, 2020

Board of Chiropractors

Department of Labor and Industry

State of Montana

I am writing on behalf of the members of the American Physical Therapy Association (APTA) of Montana (APTA MT) in regard to proposed New Rule 1 Dry Needling. The APTA MT legislative committee and board of directors has reviewed this rule and has unanimously voted to direct me to comment as follows regarding proposed New Rule 1 Dry Needling:

The proposed rule is consistent with the Dry Needling rule created by the Montana Board of Physical Therapy Examiners (MTBOPTE) except for one significant omission. In 24.177.413(3)(b) adopted by the MTBOPTE requires initial training to include written and practical examination.

Nowhere in the proposed Chiropractic New Rule 1 Dry Needling is written or practical examination required. APTA MT will request the Board of Chiropractors amend the proposed New Rule 1 Dry Needling to require written and practical examination. Written and practical examination must be included in training to ensure public safety.

If you have questions, you can contact me at 406-579-9955 or via email at christianapel513@gmail.com.

Christian Appel, PT, DPT, OCS

APTA MT, President

A handwritten signature in black ink, appearing to read "C. Appel", is written over the printed name.

**Comment Group 3
in Opposition
to New Rule I
Dry Needling**

From: [Charlotte Schultz](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Comment on Chiropractor Dry Needling Rule
Date: Friday, May 15, 2020 4:32:59 PM

I'm writing in regard to the dry needling rule proposed for the state of Montana. As a nationally certified and state licensed acupuncturist, I know the amount of education, work, and application of knowledge that it takes to needle people safely and effectively. Dry needling is a constructed term that somehow differentiates yet doesn't differentiate it from traditional acupuncture. At a minimum, someone licensed in acupuncture has 660 hours of just clinical training alone (that is, treating people in the clinic, with acupuncture), and a minimum of 1500 educational hours. The lack of specificity on the exact nature of training, number of hours required to consider qualification, and the fact that only four chiropractic schools in the country teach this should be cause for alarm. The proposed rule uses arbitrary and unproven language under the guise of common medical knowledge, such as stating that the purpose is "to penetrate the skin and/or underlying tissues as a treatment method to manipulate tissues of the body for the correction of nerve interference." This has not been proven and is not a definition of how "dry needling" works and affects the body, in fact, sources for this information should be made available.

I believe that in order for chiropractors to incorporate dry needling there needs to be a clear line for training, that includes a minimum number of clinical hours (some dry needling trainings for chiropractors can be less than 20 hours with no previous experience.) Because there is no national standard, there is no way to ensure that all chiropractors practicing dry needling have appropriate and comprehensive training. Acupuncture is extremely safe when performed by certified and licensed professionals, who have at a minimum a master's degree in Acupuncture. Including chiropractors and instituting rules that include this in their scope of practice opens up the door for more accidents and poor outcomes because they lack extensive training. This is a risk for patients, chiropractors, and acupuncturists.

Please feel free to contact me if I can provide any further input or information.

Best,

Charlotte Schultz, Dipl.O.M, MSTCM
Acupuncture and Herbal Medicine
2145 South Ave W
Missoula, MT 59801
(406)646-6395
acupunctureuniversal.com [acupunctureuniversal.com]

From: [Desmond Fialkosky](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Comments on Chiropractic Dry Needling
Date: Thursday, May 14, 2020 3:54:23 PM

Hello,

I'd like to submit my comments regarding the new rule on dry needling by chiropractors.

1. The definition outlined for dry needling in the new rule is far more inclusive than just dry needling. According to the American Physical Therapy Association, "Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neu- romusculoskeletal pain and movement impairments"

(<http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/apta.org>). Dry needling focuses on the treatment of trigger points; however, the new rule greatly expands that definition to include application "to specific muscle motor points, spinal segments, and other structures including ligaments, tendons, and joint capsules." That's a huge increase to the scope of practice with extremely minimal educational requirements.

2. The educational requirements needed to practice dry needling are hugely inadequate. How can chiropractors learn indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and how to safely treat trigger points throughout the entire body in just an 18 hour class? On top of that, the new rules may allow them to needle spinal segments, ligaments, tendons, and joint capsules, which opens up a whole new world of risk. Acupuncturists are required to have a minimum of 660 hours of clinical training before licensure

(https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Certification%20Handbook_Interim_12920.pdf [\[nccaom.org\]](#)) that appropriately teaches them how to needle trigger points in addition to spinal segments, ligaments, tendons, and joint capsules in a safe and appropriate manner. Even MDs and DOs that want to practice needling have higher educational standards than this new rules outlines. According to the American Academy of Medical Acupuncture, MDs and DOs are required to have 220 hours of education, with 100 of those hours being specifically clinical (<http://www.medicalacupuncture.org/For-Physicians/Membership/Membership-Categories-Join> [\[medicalacupuncture.org\]](#)). Chiropractors are extremely knowledgeable in anatomy and physiology; however, their training focuses on structural manipulation, specifically of the spine, and does not adequately prepare them for safely needling patients.

3. Patient safety needs to be taken seriously. Patients seek out different healthcare practitioners to help them heal. They trust that practitioners licensed in the state of Montana are adequately trained to help them heal safely. This new rule puts patients at risk of harm with too large of an increase in scope of practice and too little educational requirements.

I urge you to more appropriately and precisely define dry needling and take patient safety seriously by increasing the educational requirements for chiropractors practicing dry needling in Montana.

Thank you,
Desmond Fialkosky

From: [Jacy O'Neill](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Comments on Chiropractic Dry Needling
Date: Thursday, May 14, 2020 3:41:54 PM

Hello,

I'd like to submit my comments regarding the new rule on dry needling by chiropractors.

1. The definition outlined for dry needling in the new rule is far more inclusive than just dry needling. According to the American Physical Therapy Association, "Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neu- romusculoskeletal pain and movement impairments"

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(https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Certification%20Handbook_Interim_12920.pdf [[nccaom.org](https://www.nccaom.org)]) that appropriately teaches them how to needle trigger points in addition to spinal segments, ligaments, tendons, and joint capsules in a safe and appropriate manner. Even MDs and DOs that want to practice needling have higher educational standards than this new rules outlines. According to the American Academy of Medical Acupuncture, MDs and DOs are required to have 220 hours of education, with 100 of those hours being specifically clinical (<http://www.medicalacupuncture.org/For-Physicians/Membership/Membership-Categories-Join> [[medicalacupuncture.org](http://www.medicalacupuncture.org)]). Chiropractors are extremely knowledgeable in anatomy and physiology; however, their training focuses on structural manipulation, specifically of the spine, and does not adequately prepare them for safely needling patients.

3. Patient safety needs to be taken seriously. Patients seek out different healthcare practitioners to help them heal. They trust that practitioners licensed in the state of Montana are adequately trained to help them heal safely. This new rule puts patients at risk of harm with too large of an increase in scope of practice and too little educational requirements.

I urge you to more appropriately and precisely define dry needling and take patient safety seriously by increasing the educational requirements for chiropractors practicing dry needling in Montana.

Thanks,
Jacy O'Neill MS, LAc.
(406) 272-0474
affinityacu.com [affinityacu.com]

From: [Nancy Laser](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry needling
Date: Thursday, May 14, 2020 3:48:33 PM

Hello,

I'd like to submit my comments regarding the new rule on dry needling by chiropractors.

1. The definition outlined for dry needling in the new rule is far more inclusive than just dry needling.

According to the American Physical Therapy Association, "Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neu- romusculoskeletal pain and movement impairments"

([http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/\[apta.org\]](http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/[apta.org])). Dry needling focuses on the treatment of trigger points; however, the new rule greatly expands that definition to include application "to specific muscle motor points, spinal segments, and other structures including ligaments, tendons, and joint capsules." That's a huge increase to the scope of practice with extremely minimal educational requirements.

2. The educational requirements needed to practice dry needling are hugely inadequate.

How can chiropractors learn indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and how to safely treat trigger points throughout the entire body in just an 18 hour class? On top of that, the new rules may allow them to needle spinal segments, ligaments, tendons, and joint capsules, which opens up a whole new world of risk. Acupuncturists are required to have a minimum of 660 hours of clinical training before licensure

(https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Certification%20Handbook_Interim_12920.pdf [[nccaom.org](https://www.nccaom.org)]) that appropriately teaches them how to needle trigger points in addition to spinal segments, ligaments, tendons, and joint capsules in a safe and appropriate manner. Even MDs and DOs that want to practice needling have higher educational standards than this new rules outlines. According to the American Academy of Medical Acupuncture, MDs and DOs are required to have 220 hours of education, with 100 of those hours being specifically clinical (<http://www.medicalacupuncture.org/For-Physicians/Membership/Membership-Categories-Join> [[medicalacupuncture.org](http://www.medicalacupuncture.org)]). Chiropractors are extremely knowledgeable in anatomy and physiology; however, their training focuses on structural manipulation, specifically of the spine, and does not adequately prepare them for safely needling patients.

3. Patient safety needs to be taken seriously. Patients seek out different healthcare practitioners to help them heal. They trust that practitioners licensed in the state of Montana are adequately trained to help them heal safely. This new rule puts patients at risk of harm with too large of an increase in scope of practice and too little educational requirements.

I urge you to more appropriately and precisely define dry needling and take patient safety seriously by increasing the educational requirements for chiropractors practicing dry needling in Montana.

Thanks,
Nancy Lasar, RN
[\(406\) 230-0808](tel:4062300808)

Nancy Lasar

From: [Hugo Gibson](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] Dry Needling
Date: Wednesday, April 29, 2020 8:24:25 AM

To Whom It May Concern,

I am writing to advise you that I am NOT in support of the licensing board adopting Dry Needling into the chiropractic scope of practice.

Our scope of practice is written to include anything taught in a chiropractic college as part of the curriculum. As it has been explained to me as a board member of the Montana Chiropractic Association, there is only 1 chiropractic college teaching dry needling in their curriculum out of 18 accredited chiropractic colleges. That is a weak statement in support of dry needling in chiropractic education.

It is my opinion that chiropractors have no business sticking needles into patients to relax muscles.

Most sincerely,

Hugo M. Gibson, D.C., FICA.

From: [Compass Point Acupuncture](#)
To: [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] NEW RULE I DRY NEEDLING
Date: Friday, May 15, 2020 4:01:44 PM

To whom it may concern,

My biggest concern is for the safety of the public. There is absolutely no oversight in how many hours of practical experience a chiropractor needs to be able to dry needle in their practice. Some weekend classes are primarily lecture, and provide only a matter of hours of actual experience, as compared to the hundreds of hours that acupuncturist are required to complete to even sit for a board exam. The stakes are high. An unskilled hand can be very damaging, especially if the rules have broadened to allow for the needling into joint capsules, ligaments and tendons.

My other concern is chiropractors who are already advertising dry needling, without these laws passing. Where is the oversight?

Thank you,
Autumn Goodrich

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Autumn Goodrich, LAc, MAcOM, LMT
2115 Durston Rd Suite 11 Bozeman, MT 59715
www.compasspointacupuncture.com [compasspointacupuncture.com]
406.924.3098
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Confidential Communication:^[L]_[SEP]

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From: dr.jimbrandau@yahoo.com
To: [DLI BSD Chiropractors](#); [DLI BSD Chiropractors](#)
Subject: [EXTERNAL] NEW RULE I, DRY NEEDLING
Date: Wednesday, May 13, 2020 3:46:20 PM

To the MT Board of Chiropractors:

As a licensed chiropractor in MT, I am opposed to this new rule. This issue has been discussed at board meetings over the last ten years or so. The views of the board have gone from 1) It's not within our scope of practice 2) It's within our scope 3) It's within our scope if we have a new rule.

Definition (1) includes, "...to penetrate the skin and / or underlying tissues as a treatment method ..." Dry needling is an invasive procedure. I think dry needling fits more under the term surgery than chiropractic and our statutes of 37-12-101 and 37-12-104 clearly state that we cannot practice surgery. Just because the MT Board of Physical therapy made an administrative rule for dry needling does not mean that this board should follow along.

At the 24 October 2019 board meeting it was stated that only two chiropractic colleges teach dry needling. But those colleges don't even teach it within their regular curriculum. Using a fragment of our statute 37-12-101 "treatment methods as taught in chiropractic colleges" seems to be pushing into the gray area quite a bit. So if just one chiropractic college teaches manipulation under anesthesia and intravenous administration of vitamins as an elective, will the board pursue new rules for those modalities as well? I don't like where this can lead to. Some of us do not agree with chiropractors doing every modality under the sun and further diluting the detection and correction of vertebral subluxation complex.

Section (5) states that dry needling can only be performed by a chiropractor and cannot be delegated. This is referring to chiropractic assistants, who are not licensed or certified in MT. Does this also cover the attended / unattended portion of the dry needling session in which electrical stimulation may be used? Can a chiropractic assistant be involved in this part of the treatment? The chiropractor must insert the needles, but can the chiropractic assistant be involved in any way during electrical stimulation of the needles? Can the chiropractic assistant remove the needles? This should be clarified.

Jim Brandau, DC

From: [Jen Holloman](#)
To: [DLI BSD Chiropractors](#)
Cc: [DLI BSD Medical Examiners](#); [DLI Questions](#)
Subject: [EXTERNAL] Public Comment for May meeting
Date: Monday, May 11, 2020 10:31:13 AM

May 11, 2020

To Montana Board of Chiropractors,
As a Licensed Acupuncturist, I disagree with the new rule of adding Dry Needling to your scope of practice. This brings my concern to the amount of hours that are not identified in your new rule ARM 24.126.2103(1)(a) to (3) of Dry Needling. In your reasoning it states " The procedure can also be applied to specific muscle motor points, spinal segments, and other structures including ligaments, tendons, and joint capsules for pain relief and increased mobility." You also have not stated what the minimal requirement is. "This new rule establishes criteria to ensure that chiropractors who perform dry needling meet minimum educational training and safety standards. "
If you are going to allow needling into anything other than muscle motor points, more than 18 hours of CEU should be required. I feel that anything under 27 CEU hours of hands on training for all those areas to allow Dry Needling is not enough education to needle into joint capsules, spinal segments, ligaments and tendons. Classes for those areas are considered advanced classes not just a basic Dry Needling Course. If the board feels the 18 hour CEU course is enough to Dry Needle, I suggest a rewording to the rule and take out joint capsule, spinal segments, ligaments and tendons.

In Biomedical Acupuncture for Sports and Trauma Rehabilitation Dry Needling Techniques by Yun-Tao Ma used by in Dry Needling Courses. It states that "Dry Needling is a specific therapy for myofascial pain and other soft-tissue dysfunction." This is what I feel the 18 hour CEU course is teaching. Not anything advanced as joint capsules, spinal segments, ligaments and tendons.

My other concern is how the board feels it should handle Chiropractor who have been Dry Needling for the past 8 months when this has not fully gone into affect in your rules. Should there be some sort of reprimand made to those who have been practicing unofficially?

Sincerely

~ Jennifer Holloman [L.Ac](#), LMT~
Aspen Acupuncture and Integrative Health
410 Central Ave Suite 321
Great Falls, MT 59401
406-761-3808
Fax: 406-761-3566
www.aspenacumontana.com [aspenacumontana.com]

"Between every two pines is a doorway to a new world."
-John Muir-

May 10, 2020

To Montana Board of Chiropractors,

As a Licensed Acupuncturist, I find it compelling that at least 93.3% of points used in dry needling for pain management correspond with classical acupuncture points (Dorsher and Fleckenstein, 2008). Every state and national acupuncture association I know considers "dry needling" akin to a small subset of what we practice as acupuncture.

It's a testament to the effectiveness of acupuncture as a healing art that other healthcare professionals are motivated to help people by utilizing the tools of the Licensed Acupuncturist. However, it is my opinion that anyone in Montana seeking to insert solid needles into people should obtain a license through the Board of Medical Examiners, the sole agency charged with regulating the practice of acupuncture in the state. Nothing precludes a healthcare professional from holding two or more licenses regulated by different boards.

The fact that chiropractors in Montana are regulated by a board comprised only of chiropractic professionals (save one public member) is disturbing to me given that those who regulate stand to gain financially from dry needling/the new rule. This is a conflict of interest, in my opinion. The Board of Medical Examiners, in contrast, is diverse and requires at least seven different professional licenses on the board. Perhaps it is time to revisit how chiropractors are regulated in the State of Montana. The same can be said of other Boards (e.g. Board of Physical Therapy Examiners) that are populated by the very people who stand to gain financially from its decisions.

This new rule for dry needling is tantamount to an expansion of scope and one that should be done through the proper legislative channels and only after sufficient training is required, tested and regulated, if at all.

Sincerely,



Angela Kociolek, L.Ac.

620 N Tracy Ave.
Bozeman, MT 59715

To: dlibsdcchi@mt.gov

CC:

dlibsmed@mt.gov
dliquestions@mt.gov
pomnicho@gmail.com
chris.pope@mtleg.gov

May 15th, 2020

Montana Board of Medical Examiners
301 South Park Ave., 4th Floor
PO Box 200513
Helena, MT 59620-0513

Re: Comments re: MAR Notice 24-177-33

I am writing to express my opposition to and comment on the draft of the dry needling regulations proposed by the MT board of Chiropractors.

I am a practicing acupuncturist in Helena MT where I have had in the past few years. The last ten year I have seen every single aspect of Traditional Chinese medicine appropriated and am disgusted that you are using your position to 'fill in the blanks of the chiropractic scope of practice'. Most important the medical board lacks the legal authority to expand the scope of practice. The legislature alone holds that power to allow chiropractors to insert needles into patients. Their statute 37-12-101 ratified in 1947 does not state that manipulation means braking skin with needles nor does it mean an assistive devise is a needle.

The American Medical Association even states that acupuncture should be performed by trained acupuncturist. See attached. Dr Travel that is often used by PT's to claim she supported their efforts is incorrect. In a letter a friend she states clearly PT should not be allowed to perform dry needling.

According to the Georgia Composite Medical Board (GCMB), the legal entity that grants physicians and acupuncturists their license to practice says that, "Dry needling is a technique of the practice of acupuncture." Ga. Code § 43-34-62(4) and the American Medical Association (AMA) has stated that dry needling is indistinguishable from acupuncture.

As far as Chinese medicine is concerned it is the world's oldest literate and scholarly system of medicine. More-over it is very inaccurate to portray it as static, superstitious or unscientific. Historical evidence shows the Chinese were studying anatomy through cadaver dissection more than 1000 years before they were in the west. While the ancient texts describing acupuncture, they are very clear that inserting needles is a physical medicine, and describe in detail how to manipulate muscles, ligaments tendon and bone. We can easily interchange western medical terminology and diagnosis for Chinese medical terminology. Acupuncture is only one part of a complete medical system that has continued to grow and evolve over thousands of years to the present day.

I have read that dry needling produces a chemical change in the body. Acupuncture does the same. You cannot logically say that one practitioner that inserts a needle stimulates cytokine 6 and another inserting a needle does not. Human physiology does not change based on the person inserting a needle. Referring to the practice of acupuncture by a different name such as "dry

needling” does not change the fact that the insertion of acupuncture needles is the practice of acupuncture.

In the first online google search, the first page I found this by a chiropractor stating “Dry needling also known as Intra Muscular Stimulation IMS is a process which involves the insertion of acupuncture needles’. See attached

It may seem innocuous to color in another profession scope of practice but by doing so you are changing the direction that Chinese Medicine will take. There are seven acupuncturists in Helena and over 140 PT’s and now chiropractor that are practicing cupping, scraping-gua sha, and now needling. At the inception of the PT’s challenge to needle it was for IMS. Now they are treating not just musculoskeletal using needles for treatment of internal medicine. They are practicing acupuncture without training.

Never has there been one profession that has had every aspect of their medicine usurped by other professions.

And if you are saying by allowing physical therapist and chiropractor to insert needles because the treatment has evolved then I challenge the board expressly to give affirmative green lights to all and every occupation to comes before you asking for changes based on new end evolving information.

Sincerely,

Deidre Smith, MAOM, DAOM, LAc

May 14, 2020

To the Montana Board of Chiropractors,

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 course as an adjunct 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. Allowing for more time to absorb, process and practice a new intradermal needle-based technique.

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

406-499-8300



The Center for CHINESE MEDICINE

Lauren Oechsli, LAc.

May 14, 2020

To the Montana Board of Chiropractors:

I would like to add my comments to the public record and for your consideration regarding New Rule I.

I believe that your Rule effectively allows chiropractors to practice acupuncture, which in Montana requires an acupuncture license and its 3-4 years of training. Therefore, I believe your Rule is detrimental to the safety of Montanans and creates an addition to the scope of practice for chiropractors that needs to go through legislation.

Much has been made out of the semantics of dry needling versus acupuncture, saying that the practices are not the same because they are based on different theories. Yet I would argue that dry needling, perhaps more akin to orthopedic or sports acupuncture, is a subset that only encompasses a portion of the body of Chinese Medicine and acupuncture, while still being acupuncture. Western practitioners say that acupuncture is based on Eastern theories of balancing energy movement along meridians, and that dry needling is based on a Western understanding of physiology. Translating an ancient medicine from one language and culture to another will certainly create some misunderstanding by those who do not fully study or understand it. “Qi” is sometimes translated as energy (a simple way to describe a nerve impulse), or air or even oxygen as it is carried by the blood to the tissues of the body. And the “jing luo” can be meridians or channels or vessels (that closely track with major blood vessels and nerves), not to mention the very high correlation of trigger points with acupuncture point locations. In fact, most research papers on the effectiveness of dry needling cite published studies from the acupuncture literature. In essence, acupuncture interacts with the nervous and circulatory systems to affect change in the body, not at all unlike chiropractics.

I have come to the opinion that dry needling should be acknowledged as a subset of acupuncture as I have watched “Dry Needling” morph over the past decade. Even at its earliest inception and in its simplest form, when Janet Travell, mother of the trigger point theory, spoke of applying needles to a sprained ankle, it was noted that the practice had been around for more than 2000 years and it was called acupuncture (from a

1947 newspaper article). More recently as it has come into fashion, dry needling was specifically applied to trigger points in muscles. Now, however, as evidenced by your Rule, dry needling has dropped the “trigger point” modifier to allow application of the needle to any tissue of the body. Additionally, needles are no longer removed after a twitch response is attained but might be left in the body for some treatment duration. Now practitioners also see benefit in applying electricity to the needles, so electroacupuncture is open to them as well. I just read a paper about the use of an acupuncture point on the lower leg being added to the “dry needling” protocol for frozen shoulder because it is clinically useful. So distal needling is fair game too. And a CEU course description touts how you will learn how dry needling affects the hormonal system. Do you see my point? Every day, dry needling claims more of the body of acupuncture, and as long as you call it dry needling you can practice acupuncture without a license. Your Rule intends to allow non-acupuncturists to practice this with an *undefined* amount of training (as little as 12 hours from what I've found) in courses that do not even cover the body tissues that you are allowing to be needled (as with the 18 hour course “Myofascial Trigger Point Dry Needling for the Manual Medicine Practice” held last July in Bozeman). Puncturing the joint socket and bone pecking are advanced “dry needling” techniques that most certainly are outside the scope of a 12 or 18 hour course. Most introductory courses are really only meant to address trigger points which your Rule fails to address.

With this Rule, you reason that the inclusion of dry needling in the instruction at chiropractic colleges and the now widespread availability of continuing education is the basis for inclusion in your scope of practice. I was unable to find any curriculum information on the websites of 19 colleges that are accredited in the US. I also asked your Board to share that information with the Montana Association of Acupuncture and Oriental Medicine in an email on July 29, 2019, but we never received a reply. Since this is the basis of your decision, it would be useful to know what that limited number of schools are teaching and how many hours of instruction they are devoting to the therapy to determine if this is truly part of the curriculum or if it is merely a novelty. And if in fact there are courses or significant parts of courses dedicated to this modality, then perhaps they might inform some guidelines on appropriate levels of CEU training, for assuredly few if any DCs in Montana were taught this in school.

It is expected that you will proceed with this Rule, which is gratefully more than you intended last spring when the motion passed to include the therapy in your scope. You presumed then and now that all chiropractors will get properly trained prior to applying the needle to a trusting public. It is the responsibility of this Board to protect the public, so when the Rule moves forward, I urge you to make some changes that might mitigate dangers to the public. First, make clear declarations as to what dry needling is meant to treat

and what it is not meant to treat... migraines from tight cervical muscles and misaligned vertebrae vs hormonal migraines. Then put some minimum numbers on the CEU hours. You will get nowhere near commensurate with acupuncture training, but perhaps 50 hours minimum. This would at least get you in the realm of safe technique for all the tissue groups you are allowing your DCs to needle. Also, each year a random sampling of licensees practicing dry needling should be conducted to ensure compliance with training requirements. I assume the Board conducts such assessments as does the BOME for acupuncture CEUs. This would be only a slight addition to the procedure and should not be burdensome. Additionally, the invasive nature of dry needling sets it apart from other modalities that are part of chiropractic medicine and warrants this extra level of monitoring. No one ever punctured a lung with kinesio tape!

Sincerely,

Lauren M. Oechsli, LAc.

829 N 17th Ave
Bozeman, MT 59715

406-539-2529
bozeman5eacupuncture.com