



Bill: SB 711/HB 1016- Health Occupations- Licensed Athletic Trainers- Dry Needling
Registration

Position: Support

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Shaylyn O'Keefe and I am a certified athletic trainer currently working at the Naval Academy in Annapolis, Maryland. I was previously certified in dry needling at the University of Oklahoma to aid in the care of the athletes at the university. This sports medicine staff saw fit to get the entire athletic training staff certified as it played a vital role in the care of our athletes and their recoveries from injury. Athletic trainers are licensed, board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than seventy percent of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. This bill would allow certain certified and trained athletic trainers to practice dry needling in the State.

As with anything in medicine, there usually are multiple ways to go about achieving favorable outcomes for patients. So when a situation presents itself where dry needling might be considered as a course of treatment it is our responsibility as health care professionals to determine if it is the correct path to pursue. Athletic trainers by nature and job description prevent injury, or even the possibility of injury, wherever possible, so when dry needling is chosen as a treatment course we understand the benefits in that particular case far outweigh the risks.

One example where dry needling aided in the recovery of an athlete was in the case of a tennis athlete I was working with. Last year I was working with a nationally ranked tennis player



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who was religious about coming in for rehabilitation and treatment to overcome his case of lateral epicondylitis. He could not swing the racket without pain. We tried everything from injections, soft tissue work, and eccentric and isometric exercises. It was not until I introduced dry needling into his treatment plan that he experienced relief and after a few weeks of treatment got him to a pain free steady state again. The dry needling was done in a sterile environment and done under the guidelines of our physical therapist on staff as well. He went on to finish his year of tennis with 10 straight wins and remained pain free the entire time.

Since moving to Maryland and having this skill taken out of my toolbox I have seen many cases that could have benefitted from the intervention of dry needling. Instead we have had to use other treatment options, sometimes resulting in loss of time participating in athletics and just resorting to rest as a method of intervention as well. If dry needling had been an option as a treatment, many of these athletes could have returned to their sports quicker, or not even lost time from athletics at all ultimately resulting in more favorable outcomes.

For these reasons, I, Shaylyn O'Keefe ATC,LAT, respectfully request for a favorable vote.

Should you have any questions, please feel free to contact Shaylyn O'Keefe at sokeefe@usna.edu or 248-931-0672. Thank you for your time,

Shaylyn O'Keefe

Athletic Trainer

United States Naval Academy