

Delegate Shane E. Pendergrass, Chair  
Room 241  
House Office Building  
Annapolis, Maryland 21401

March 4, 2022

**Re: HB 1016 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration**

Dear Chairwoman Pendergrass and Members of the Committee:

I am contacting you as a Maryland constituent regarding Maryland HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and name it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

Licensed acupuncturists are highly trained, skilled providers in the use of filiform needles. According to the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), the minimum training to be certified is a 3-year master's degree program. In addition to a minimum required 660 supervised clinical hours in the use of needles, licensed acupuncturists are required to have a minimum of 450 hours of biomedicine. The NCCAOM also administers an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncturists position paper regarding dry needling, "The US Food and Drug Administration (FDA) defines the acupuncture needle as a Class II medical device and has explicitly stated that the sale of acupuncture needles 'must be clearly restricted to qualified practitioners of acupuncture as determined by the States.' As 'dry needling' is acupuncture, it presents the same inherent risks including but not limited to perforation of the lungs and other internal organs, nerve damage, and infection. Recent reports of serious and potentially life-threatening injuries associated with 'dry needling' include pneumothoraxes and spinal cord injury. These and other injuries support the statement that 'dry needling' presents a substantial threat to public safety when performed without adequate education, training, and independent competency examination. Adequate training and competency testing are essential to public safety."

As noted from the Maryland Board of Physicians Athletic Trainer Advisory Committee meeting notes from Tuesday, January 12, 2021, "Health Occ. §14-5D-1(m)(3) states that the practice of athletic training does not include the practice of physical therapy, and if dry needling falls within the scope of practice of physical therapy then it cannot be included in the scope of practice of athletic training." Ms. Darin, esq. also noted "adding dry needling to the scope of practice would require a change to the statute."

Additionally, many physician groups have already issued statements going back to 2012 regarding invasive procedures being allowed by providers with minimal training and zero regulations based on patient safety.

According to AMA policy H-410.949 from 2016, "Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard

training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists."

The American Academy of Medical Acupuncture issued a statement in 2016 with the following conclusion: "To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice. Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

The American Academy of Medical Acupuncture has issued the following position statement:

## **AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE ®**

2512 Artesia Blvd., Ste 200 Redondo Beach, CA 90278 310/379- FAX

### **AAMA Policy on Dry-Needling**

The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to ensuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle into a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury.

Acupuncture, like Western Medicine is a complex subject. It cannot be mastered in a weekend or in a month. All AAMA members, in addition to four (4) years of medical school (MD or DO), must have 300 hours of didactic and clinical acupuncture education and training. In most states, a non-physician must have in excess of 2,000 hours of clinical and didactic education and training before they can become certified to treat patients.

Dry needling, like acupuncture, involves the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used by physicians and licensed acupuncturists for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not an holistic procedure and does not use meridians or other Eastern medicine paradigms to

determine the insertion sites. Regardless of the theory, it is incontrovertible that dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. It is critical to understand that dry needling, in the hands of minimally educated practitioners can cause extreme harm. Any invasive procedure has associated and potentially serious medical risks and is safe only if performed by a properly educated, trained and experienced health professional. The technique of dry needling frequently involves needling of muscular structures that may be deep and/or hidden under layers of other muscles and tissues and close to sensitive structures and organs including blood vessels, nerves and organs as, for example, the lungs. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Angle the needle incorrectly and, for example, the lung may be punctured. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient). In the worst case scenario, vital organs can be pierced, resulting in complex medical situations or even death.

Physical therapy is not a field that has historically included the use of needles. The recent trend of some physical therapists to embrace dry needling under the umbrella of physical therapy practice is one that marks a distinct departure from traditional physical therapy practice. The fact that many physical therapists receive only minimal hours of training speaks to the potential danger of their practice.

To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice.

Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

Unanimously adopted by AAMA Board of Directors December 9, 2014

Unanimously re-affirmed by AAMA Board of Directors March 21, 2017

The American Academy of Physical Medicine and Rehabilitation issued the following in 2012: "The American Academy of Physical Medicine and Rehabilitation recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAPMR maintains that this procedure should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed acupuncturists or licensed medical physicians."

Furthermore, the recent acceptance of acupuncture by CMS for treatment of low back pain states the following regarding requirements for practice: "Physicians (as defined in 1861(r)(1) of the Social Security Act (the Act) may furnish acupuncture in accordance with applicable state requirements. Physician

assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa)(5) of the Act), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and,
- a current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the United States, or District of Columbia."

In addition to the requirement that non-physician providers have a minimal master's level training in acupuncture or Oriental Medicine, "All types of acupuncture *including dry needling* for any condition other than cLBP are non-covered by Medicare." CMS considers dry needling to be the practice of acupuncture.

For all these reasons, I am asking you to oppose HB1016.

William Gavin Elliott, MD, MMM, FAAMA  
American Academy of Medical Acupuncture  
Co-Chair Legislative Committee  
8720 Georgia Ave  
Suite 1002  
Silver Spring, MD 20910