



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'm writing today to follow up on my opposition to HB 1016, which I submitted last week. Today I am responding to each of the main arguments of those who support this unethical and dangerous bill. Here are the arguments and my responses:

1. Dry needling is not Acupuncture.

Dry needling, or lifting and thrusting of needles at painful trigger points is indeed one of the many techniques within the scope of acupuncture. This technique is regularly employed by licensed acupuncturists to treat sports injuries and a variety of other conditions.

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."

2. Athletic Trainers needle deeper than Acupuncturists.

Acupuncturists needle at a variety of depths, depending on anatomy and the condition being treated. While this argument demonstrates ignorance of acupuncture in general, the more salient point is that deeper needling at certain locations presents greater risk

than shallow needling. It would follow then, that the deeper the needling the greater the importance of proper training so as not to cause injury. In sum, this argument is actually an argument *against* allowing athletic trainers to needle patients.

3. Acupuncturists insert a small needle in the skin which sits there and nothing else happens.

Once again, this argument simply demonstrates ignorance of what acupuncture actually does, and does not make a real case for allowing those without proper training to treat patients. Acupuncturists employ a wide variety of techniques to achieve desired results, and have the proper training to do so.

4. Physical Therapists perform dry needling and Athletic Trainers are no different.

To practice as a physical therapist in the U.S., you must earn a Doctor of Physical Therapy degree from an accredited school with a physical therapist education program. *This is a clinical doctorate program.* The program generally takes at least three years. Additionally, PTs must pass a state licensure exam. *The job of the PT is to treat patients. It is a clinical position.*

Physical trainers, by contrast, can become certified with only a bachelor's degree and a 12-week certification program. Additionally, *there is nothing in a physical trainer's job description about treating patients. It is a non-clinical position.*

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.

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 than 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."

5. Acupuncturists want to have the franchise on dry needling so that is why we oppose the Bill.

Acupuncturists are first and foremost concerned with patient care. It is neither ethical nor safe to allow those without proper training to treat patients.

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.

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."

6. Athletic Trainers needle the muscles which is supported by science and affect movement while Acupuncturists needle to affect energy.

This is nonsensical. Acupuncture affects both energy and matter (the body). There is simply no way to separate the two.

For all these reasons, I urge you to you to oppose HB1016, which puts the wellbeing of our citizens at risk.

Sincerely,

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