

Andrew Fitzgerald
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Position: SUPPORT

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

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

Athletic Trainers are licensed and board-certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than 70% 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.

Dry Needling is a modality used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles.

Maryland COMAR 10.38.12.02 defines Dry Needling as an intramuscular manual therapy that involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Deactivation of the trigger points and related tissue can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

Maryland COMAR already has language differentiating between Acupuncture and Dry Needling.

Qualified athletic trainers in 28 other states and the District of Columbia are allowed to use this skill on their athletes. The skill of Dry Needling is one that is shared with other medical professionals such as physical therapists, chiropractors, and physicians. With appropriate training, athletic trainers are very well prepared to administer dry needling treatments. Most courses last over a four-day span which involve over 25 hours of coursework and hands-on practice which includes other health professionals like physical therapists and chiropractors.

Currently, athletic trainers are unable to use dry needling as a course of treatment for their patients because it is not included in the MD Practice Act. As a result, many Athletic Trainers, including in the university settings, are hindered in their ability to provide a high standard of care to their current student-athletes. This places Maryland athletes at a disadvantage because they cannot otherwise receive dry needling in a manner that easily accommodates their already demanding class and practice schedules.

In some professional settings where athletes may have an alternate location outside of Maryland, the athletic trainer can utilize the dry needling modality in accordance with that state's practice act. However, due to the restriction on dry needling in the state of Maryland they will not be able to continue treating the athletes that have shown positive results to dry

needling when they return to the state of Maryland. Passing this bill would allow certain Athletic Trainers the ability to administer dry needling to their patients, which many may have done in another state before coming to Maryland and continue to provide the best care for their athletes.

As an Athletic Training Student, we have been taught the principles of dry needling in a classroom setting. We have done research and have been outsourced to recorded videos of how dry needling is performed and the benefits behind it. However, due to restrictions in the state of Maryland we are unable to utilize, and visibly see the usage of dry needling in an Athletic Training facility in this state, which could potentially put us at a disadvantage to future job opportunities or advanced degrees outside of Maryland. On top of that, our athletes in the state of Maryland would also be at a disadvantage because they are unable to receive usage of a modality that has been shown to provide various benefits to treat common injuries.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Andrew Fitzgerald

Athletic Training Student