

Support Athletic Trainers' (AT) Ability to Perform Dry Needling in MD



What is dry needling?

The use of a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is UNLIKE any other treatment because it treats parts of the muscle and deeper layers of muscles that hands and fingers cannot reach and deactivates trigger points to bring immediate symptom relief.

COMAR 10.38.12.02 makes clear that Dry Needling "Is not performed for: The purposes of acupuncture as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland" ⁱ

Can AT's practice dry needling in other states?

Yes. AT's in at least 28 other states and Washington DC.

12 States allow ATs to dry needle through regulation or the AT practice act. While **16 States and DC** consider dry needling a method of treatment available to ATs without specific statutory authority.

Knowledge and Education

A 2019 study showed that approximately 89% of the skills required for dry needling treatments are taught during professional, entry level AT programs. ATs acquire the remaining 11% of skills through dry needling educational courses. ⁱⁱ This percentage is higher than Physical Therapists who receive approximately 86% of their skills in said courses.

This bill adds dry needling to the ATs' scope of practice using the exact same requirements for a physical therapist to practice dry needling.

Why is it important that MD ATs be able to practice dry needling?

A number of ATs in MD are educated and trained in dry needling but are unable to utilize such skill because it is not in the AT scope of practice. This includes ATs relocating to MD from another state that permits ATs to dry needle.

ATs are interested in adding dry needling to their clinical practice, including those working for MD's professional sports teams, universities, and the armed forces.

Performance of Dry Needling by MD AT's Will Require Demonstration of Sufficient Education, Training, and Physician Direction

MATA has worked with the MD Board of Physicians to determine the educational requirements to demonstrate appropriate education and training in dry needling. This includes proper oversight from the physician who signs an AT's Evaluation and Treatment Protocol. Based on review of available dry needling courses and precedent set for Maryland physical therapists, MATA requires 40 hours of dry needling specific instruction through Board of Certification approved courses as a minimum to establish education and training. This is the same requirements as physical therapists.

For more information or to discuss, please contact **MATA Legislative Chair Jane Miraglia** at jane.miraglia@gmail.com or **MATA's Legislative Consultant Sarah Peters** at Speters@hbstrategies.us.

Dry Needling, Combined With Other AT Treatments, Can Help the Following Conditions:

- Acute and chronic tendonitis/tendinosis
- Athletic overuse injuries
- Baseball throwing related tightness/discomfort
- Carpal tunnel syndrome
- Chronic pain conditions
- Frozen shoulder
- Groin and hamstring strains
- Hip pain and knee pain
- IT band syndrome
- Muscle spasms
- Neck and lower back pain
- Repetitive strain injuries
- Shoulder pain
- Tennis/golfer's elbow
- Other musculoskeletal conditions

ⁱ COMAR 10.38.12.02: Dry Needling (a) 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; Requires ongoing evaluation, assessment, and re-evaluation of the impairments; Is only utilized in parts of the body with neuromuscular or musculoskeletal links to the impairments; and Is not performed for: The purposes of acupuncture as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland;

ⁱⁱ Hartz, Brian V.; Falson, Sue; and Tulimieri, Duncan (2019) "Current Athletic Training Educational Preparation for Dry Needling," *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association*. Vol. 4 : Iss. 3 , Article 5. DOI: 10.25035/jsmahs.04.03.05

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