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**Delegate Ken Kerr HB 172--Health Occupations - Licensed Athletic Trainers - Dry
Needling Approval**

HB172 involves scope of practice. These bills always face opposition as academic preparation and clinical experience outpace scope of practice statutes. One practice of medicine inevitably sees its territory encroached upon and seeks to protect its turf, even as other beneficial practices evolve and offer new health benefits. In the case of athletic trainers using a tool commonly associated with acupuncture, the claim of infringement is unfounded as my panel and other advocates will demonstrate.

Let me start with an analogy:

The violin was innovated in 1485 in northern Italy. What differentiated it from its stringed predecessor, the viola de gamba, was a bracing technique that allowed for thinner wood to be used thereby producing a louder, more refined tone. In addition to the bracing innovation, the violin had strings made of sheep intestine and wooden pegs that allowed for the strings to be tuned. Antonio Stradivari perfected the design. Interestingly, it was the properties of the wood and the varnish used that give the Stradivarius violin its distinct and prized tone rather than the design of the instrument.

In mid-18th Century Spain, Francesco Sanguino used these same bracing, wood selection, and varnish technologies to create the modern acoustic guitar. The guitar included with the same wooden pegs and sheep intestine strings so the instruments could be easily tuned. These two modern instruments—the violin and the guitar--had the same technological origin, but only the most unfamiliar of observers would confuse one for the other. And to the professional musician, the two have very little in common. They are held differently, the strings are manipulated differently, and the skills used in playing one in no way transfer or offer even minimal proficiency in playing the other. Identical origins, different instruments, same broad outcome—making music. But few would confuse the sound of the violin with that of the guitar.

Similarly, acupuncture is a practice of medicine with ancient origins in China dating back some 3000 years. It was about that time that qi—a life energy that flows through the body—was studied and the meridian lines along which it travels were identified and mapped. Through the millennia, the practice has improved, needle technology has advanced, and the insertion points along the meridians have been more precisely identified and standardized--largely through thousands of years of experience passed down from earlier practitioners.

It was not until 1973 that the FDA approved the filiform needles used in acupuncture for experimental use and not until 1996 did the FDA determine that needles were safe and effective when used by licensed practitioners. It is important to note that the FDA approved only the filiform needles—not the practice of acupuncture. That was left to the individual states

Filiform needles are also used in the practice of “Dry Needling.” Dry needling is a practice permitted in Maryland and performed by physical therapists. It is important to recognize that the origins of **Dry Needling** are drawn from the principals and scientific, research-based conclusions of Western Medicine. Acupuncture is based on ancient eastern traditions.

Dry Needling effectively treats musculoskeletal pain and dysfunction while acupuncture aims to influence “energy” and “meridians.” The only similarity between the two practices is that they share a common tool—a fine needle. As with the violin and guitar--use of the same instrument does not mean or even suggest that the same job is being performed.

In 1942, Dr. Janet Travell and colleagues first published a report on the method of injections into trigger points. In 1979, Dr. Karel Lewit concluded that the effects of injections were primarily caused by the mechanical stimulation of a trigger point with the needle alone (not the medication being injected). Since then, Dry Needling has been widely used for the treatment of trigger points in skeletal muscles. More recent studies have found Dry Needling to be most effective when local twitch responses are elicited, probably because of rapid depolarization of the involved muscle fibers, which manifest as local twitches. After the muscle has finished twitching, the spontaneous electrical activity subsides, and the pain and dysfunction decrease dramatically. Conversely, the Acupuncture technique does not aim to necessarily even pierce muscle tissue, nor cause this important muscle twitch response that is definitive of Dry Needling.

Last year, this same legislation (SB 711) passed in the Senate 45-1. The House did not bring the bill to the floor. After careful consideration, we request a favorable committee report for HB 172