

Jean Perez
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Position: SUPPORT

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

I am writing in Support of **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. In these programs, athletic trainers take courses in epidemiology, injury assessment, treatment, and rehabilitation, human performance, pathophysiology. Before even being admitted into these programs, they must have completed pre-requisite courses such as anatomy, physiology, chemistry, biology, statistics, exercise physiology, and psychology. These are similar to the requirements needed to apply for physical therapy school.

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 included 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. I serve as the Director of Student Health and Wellness at Goucher College and am the hiring manager for athletic trainers here. As a result, many Athletic Trainers, including in my setting, 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. It also limits the number of qualified candidates that are willing to work in this state. 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.

This restriction also limits our athletic training educational programs in the state of Maryland. We now only have two master's level programs in the state of Maryland, and they report difficulty recruiting high level students to their programs due to our practice act restrictions. Many of their counterparts are able to include dry needling as an additional certification they received during their education, and we are losing students in this state to those educational institutions.

Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. Limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

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

Sincerely,

Jean Perez, MS, LAT, ATC
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Goucher College