



Bill: SB 232- Health Occupations- Licensed Athletic Trainers- Dry Needling Approval

Position: Favorable

Dear Chair Pena-Melnyk, Vice-Chair Cullison, Subcommittee Chair Rosenberg, and Members of the Health & Government Operations Committee:

My name is Jane Miraglia, and I am the Maryland Athletic Trainers' Association Government Affairs Committee Chair. It is my honor write on behalf of the Athletic Trainers of Maryland.

SB 232 is the cross-filed version of HB 172 which this committee passed unanimously with amendments and the full House of Delegates passed unanimously passed last week.

I respectfully ask that you again pass this bill, SB 232, to allow athletic trainers to Dry Needle after going through the requirements of this bill.

Dry Needling is used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles. COMAR Title 10, more specifically, Chapter 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.

There are currently 28 other states and the District of Columbia where Athletic Trainers, who are properly trained and certified to Dry Needle, are allowed to perform 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. This is why the national organizations who teach and certify Dry Needling teach all healthcare professionals in the same classes. Athletic Trainers are in the same classes at the exact same time with Physical Therapists, Chiropractors, and Physicians. Passing the same skills and competency tests. Performing the exact same skill. Why would an organization take on the liability of certifying a healthcare professional who does not have the necessary preparation and ability to safely dry needle?

In my Athletic Training education program, I had 560 hours of anatomy and physiology specific classroom educational hours including a human cadaver dissection lab. The 560 hours do not include all other evaluation, assessment, pharmacology, psychology, chemistry, or physics requirements. Additionally, I had over 2500 clinical hours. Needless to say, Athletic Trainers have a very strong, and in depth background in how the human body moves and functions.

During this education and clinical experience, athletic trainers are taught that patient safety is always paramount. We have extensive training in emergency care. In fact, acute care of injuries is one of our national standard core competencies. Immediate emergent management is one of the reasons that athletic trainers are ideal candidates to be certified in Dry Needling.



The national organizations who certify healthcare professionals in Dry Needling set the prerequisites for the classes. Sue Falsone, a Physical Therapist and Athletic Trainer, founded one of the nation's premiere Dry Needling certification programs. She published a research study which compared Athletic Trainers' education preparation to the professionally developed guidance from the Federation of State Boards of Physical Therapists. Falsone's study found that 89% of the tasks were provided through entry-level athletic training education. This is very comparable to the results from the Federation of Stated Boards of Physical Therapists which found that 86% of the tasks were provided through PT education. In other words, Athletic Trainers and Physical Therapist have very similar educational backgrounds which prepare us for the advanced training required for Dry Needling certification.

This bill, SB 232, matches the same strict requirements and language that are currently in place for Maryland Physical Therapists. We are proposing the same advanced training requirements of 80 hours of instruction and hands on experience as the other stakeholders who are able to perform the skill of Dry Needling in the state of Maryland.

We worked with The Maryland Board of Physicians to ensure all administrative processes in place for implementation when this bill to pass. As our supervisory board, the Maryland Board of Physicians is prepared for this bill's passage. Additionally, all Athletic Trainers work under a physician license. This means our supervising physician must agree that we are prepared to dry needle in addition to the national certifying bodies.

The Ravens', the Orioles', University of Maryland, The Naval Academy, and Towson University are just a few organizations who have recruited Athletic Trainers' who are allowed to Dry Needle in other states. These are the same organizations who are experiencing turnover in Athletic Trainers as the Athletic Trainers cannot work to their fullest ability.

Lastly, COMAR already has language differentiating between Acupuncture and Dry Needling. COMAR 10.26.02.02 defines "Acupuncture" as a form of health care, based on a theory of energetic physiology, that describes the interrelationship of the body organs or functions of a human or animal with an associated point or combination of points.

As such, Maryland recognized dry needling and acupuncture as different skills.

Thank you for your time today. Please vote favorable for SB 232.

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