

Edward Strapp
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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.

I am an experienced health care provider and am confident that Dry Needling will enhance the therapeutic modalities I can offer to my patients. Dry Needling is a modality used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles.

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

But why do I want to be able to Dry Needle? 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.

For me, its also a challenge as I provide medical coverage for 2 National Teams (USA Snowboard and Skeleton and US Ski and Snowboard) and have trained several times at two of the 3 US Olympic Training Centers. I have traveled internationally for 17 years with various teams for events from World Championships, World Cups, to Junior World Championships. As a traveling Rotational Athletic Trainer I am bound by my state practice act while traveling with the teams. Because of this Dry Needling restriction in Maryland, I am unable to provide this treatment while preparing our athletes at all levels for elite competitions. This handcuffs me both in the state and internationally and limits the tools available to me as a clinician and health care provider.

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

Sincerely,

Ed Strapp
FP-C, TP-C, NRP, LAT, ATC
Maryland Athletic Trainer