

Brian Hortz, Ph.D., ATC

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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**. Over the last five years, I have taken over 200 hours of dry needling training. I have taught over 50 dry needling courses to physicians, athletic trainers, physical therapists, and chiropractors dry needling. I am a former Ohio State Licensing board member and, as such, understand the regulatory concerns of public safety. I recently published an article titled "Current Athletic Training Educational Preparation for Dry Needling, 2019". In this article, I outlined the educational preparation for athletic trainers and the degree to which the current athletic training educational competencies and standards prepare practitioners for the performance of dry needling tasks. Results demonstrated that 11% of the tasks were dry needling specific, and these were regarded as not provided through entry-level education. However, 89% of the tasks were provided through entry-level education. This document clearly outlined the 11% of content athletic trainers need in continuing education to be adequately educated to perform this task. This 11% can easily be taught in a weekend 25-27 hour course as the bulk of the knowledge and skills to be a safe needler are encompassed through the allied medical education athletic training professionals already received.

Dry needling can be performed safely by allied medical professionals trained in weekend courses. Physical therapists, chiropractors, and athletic trainers in other states are already performing this technique safely. Boyce recently published a study of adverse events associated with dry needling. They studied four hundred and twenty therapists' minor and major adverse events during 20,464 dry needling treatment sessions. They found minor adverse events such as mild bleeding, bruising, and or soreness and pain during dry needling. They found that major adverse events were rare. Based on the findings of this study, they concluded the overall risk of a major adverse event during dry needling is minimal.

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 shared with other medical professionals such as physical therapists, chiropractors, and physicians. Athletic trainers are prepared to administer dry needling treatments with appropriate training. Most courses last over four days and involve over 25 hours of coursework and hands-on practice, which includes other health professionals like physical therapists and chiropractors.

Athletic trainers cannot use dry needling as a course of treatment for their patients because it is not included in the MD Practice Act. As a result, many Athletic Trainers, including in the university settings, 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. 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.

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. It could restrict 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 and SB 232.

Sincerely,

Brian Hartz, Ph.D., ATC