Victoria A. Padgett
6 Baffin Bay Court Rockville, MD 20853
tannpadgett@gmail.com
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.

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.

Dry Needling is a modality used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles.

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. 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. So 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 and SB 232.

Sincerely,

Victoria A. Padgett