

**From:** [Gallegos, Martha, RLD](#) on behalf of [Therapy, Physical, RLD](#)  
**To:** [Therapy, Physical, RLD](#)  
**Subject:** FW: Dry Needling Proposal  
**Date:** Monday, January 7, 2019 2:16:55 PM

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**From:** Angel, Ashlie A. [<mailto:AANGEL@sjrmc.net>]  
**Sent:** Monday, January 7, 2019 1:10 PM  
**To:** Lyons, Cynthia , RLD <[Cynthia.Lyons@state.nm.us](mailto:Cynthia.Lyons@state.nm.us)>  
**Subject:** [EXT] Dry Needling Proposal

January 3, 2019

Dear NM Board of Physical Therapy,

I am writing in regards to my concerns in requiring continuing education in the field of dry needling every two years in order to remain certified and be able to practice the technique in the state of New Mexico.

I have been certified in dry needling for nine years. Dry needling is one of the most important tools in my tool box and one of the tools that I use the most. Nine years ago I took two separate courses in dry needling. Over the years I have considered taking two other dry needling courses that offer a different perspective. It would be a way to expand my scope within dry needling. However, despite not taking any additional dry needling courses in the past nine years, I still feel extremely competent in the skill. My best estimate is that I have dry needled approximately 10,000 patient sessions.

To require eight hours of CE every two years that is focused on the skill of dry needling would be very limiting to a therapist's professional development. To my knowledge there are no one-day refresher courses available. Courses are usually three days or 24 credit hours. As we all have limited finances and time, it is unrealistic to think that to stay certified in a skill I have been competent in for the past nine years, I will have to take a three day course every two years. This would force me to forego other professional development or to abandon the dry needling technique. Either would be tragic for my patients. If I chose to forego other professional development, I would undoubtedly also be forced to retake courses over time, as there are very few different course out there.

I believe the proposed CE requirement of, "Documentation of at least 8 hours of continuing education....., every two years, during the renewal period for licensure," should NOT be a requirement to continue dry needling in the state of New Mexico. This would most likely negatively impact patients, as therapist would be forced to abandon this important technique, and it would be destructive to the professional development of physical therapists in the state of New Mexico.

Thank you for taking my concerns under consideration.

Sincerely,

Ashlie Angel, PT, MSPT, CMPT  
San Juan Regional Medical Center  
Rehabilitation Outpatient Center

NM license number 4434  
Farmington, NM  
(505) 609-6575

**From:** [Coker, Brittney](#)  
**To:** [Therapy, Physical, RLD](#)  
**Cc:** [brittneynorman10@hotmail.com](mailto:brittneynorman10@hotmail.com)  
**Subject:** [EXT] Dry Needling  
**Date:** Thursday, December 20, 2018 10:49:05 AM

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I would like to voice my concerns regarding the proposed changes to the dry needling provision. I am in STRONG disagreement with the requirement of having 8hours of continuing education every 2 years. I feel this is unrealistic considering I do not know of any dry needling “refresher” courses. Therapists would either be forced to take then next level or pay a significant amount of money to re-take a course they have already been certified in (and these courses are not cheap!). Even if the therapist chose to advance, they would max out in 6 years, then what? Would we be forced to abandon the technique all together? My patients progression has improved since implementing this technique. I am not opposed to documenting 100 patient encounter per year to maintain this certification. However, I do not see ANY benefit in requiring continuing education when such a thing does not exist. I propose to remove the CE Requirement for 8hours every two years from the proposed changes. Please take my opinion under advisement. I predict I am not the only one that feels this way.

Thank you for your time,

*Brittney Coker, PT  
ROC Co-Coordinator  
301 S. Auburn, Farmington, NM 87401  
505-609-6575*

From: [Masitti, Cherald A.](#)  
To: [Therapy, Physical, BLD](#)  
Subject: [EXT] comment on proposed rule for dry needling  
Date: Wednesday, December 26, 2018 12:51:11 PM

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Re: Proposed rule 16.20.13.8 (Application for Dry Needling Certification) Section B 4

Requiring 8 hours continuing education every 2 years following initial certification is unreasonable given the lack of available continuing education courses in dry needling. Practitioners will not be able to meet this requirement.

Thank you for taking this into consideration when approving the final rule.

Cherald Masitti

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**From:** [McClellan, Dan W.](#)  
**To:** [Therapy, Physical, RLD](#)  
**Subject:** [EXT] New Rules proposed for Dry Needling  
**Date:** Tuesday, December 18, 2018 4:36:25 PM

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Hello NM Board of Physical Therapy,  
Requiring dry needling continuing education for the renewal of license to remain a dry needle therapists seem unrealistic and vague. I am assuming 8 hours of CE is meant to be focused on the technique of dry needling. To my knowledge there are no “refresher” courses for dry needling. This would mean that a therapist would either have to continue to advance the level of dry needling certification at least every two years or abandon the technique. Even a therapist who decided to advance their dry needle certification level would eventually have to retake classes or abandon the technique. If a refresher course is offered in response to this new rule it would create an environment where therapist are either forced to forego other professional development interests or abandon the dry needling technique. If it is the purpose to eliminate the technique from the profession this rule moves toward that goal.

The exact wording is: “Documentation of a least 8 hours of continuing education and a minimum of 100 patient encounters (via a patient log, using initials only), every two years, during the renewal period for licensure”

It is my opinion the CE requirement be removed from the rules on dry needling as it imposes restrictions on the technique and does not serve the patient and is destructive to the professional development of physical therapist who are and will be dry needle certified.

Thank you,  
Dan McClellan PT, DPT  
San Juan Regional Medical Center  
Rehabilitation Outpatient Center  
505-609-6575

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**From:** [Gallegos, Martha, RLD](mailto:Gallegos.Martha.RLD)  
**To:** [Therapy, Physical, RLD](mailto:Therapy.Physical.RLD)  
**Subject:** FW: [EXT] Dry Needling Legislation  
**Date:** Monday, January 7, 2019 9:28:59 AM

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From: Rachel HG [<mailto:r.hannum1@gmail.com>]  
Sent: Monday, January 7, 2019 1:57 AM  
To: Lyons, Cynthia , RLD <[Cynthia.Lyons@state.nm.us](mailto:Cynthia.Lyons@state.nm.us)>  
Subject: [EXT] Dry Needling Legislation

Good Morning,

I initially responded to Zazu Cioce who asked me to also send my comments to you. My license number is: PT4558. Here is my original comment, thank you:

Thank you for your work with the Dry Needling Rule. I have not had the opportunity to pursue the needling coursework but plan to. With that said I am concerned on the requirement of logging 100 patient encounters prior to being able to needle in high risk areas. Other than proving sheer practice in numbers how does this ensure competency? My understanding is that the lab work in the continuing education courses supervise and check the therapist's competency. Should it not be the professional responsibility of the therapist to determine if they will needle in a high risk area?

My other concern is access to care. If a therapist only has one or two dry needling patients a week it would take months before they reach the required 100 encounters. If a patient would benefit from needling in a high risk area how is that therapist suppose to explain to their patient that they are not allowed to needle in that area? The patient may not understand or lose trust in their provider.

Having just finished working in a military facility overseas I encountered similar unnecessary regulations and oversight in performing internal examinations and treatments for pelvic health referrals. I took multiple continuing education courses in pelvic health from Herman & Wallace only to be told afterwards I could not perform the internal work because there was no one local who could proctor/supervise me. I eventually left the facility because it was unfair and a misrepresentation of pelvic health to the women referred to me when I had to tell them I was not allowed to perform the internal work. The lab work in those courses, my doctorate degree, and my personal scrutiny should be enough to prove competency.

Thank you for your time!

Dr. Rachel Hannum-Grinstead PT, DPT, ATC

## Gallegos, Martha, RLD

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**From:** Eric Payne <Dr.Payne@gainpt.com>  
**Sent:** Tuesday, December 11, 2018 11:30 PM  
**To:** Therapy, Physical, RLD  
**Subject:** [EXT] Comments for implementation of 16.20.NMAC Part 13 Dry Needling

My name is Eric Payne. I am a licensed physical therapist in New Mexico. I have read the proposed regulations concerning dry needling. As a physical therapist who employs dry needling on a daily basis, I understand the Board's intent to regulate dry needling. Without the proper training, dry needling could pose a risk to our patient population and risk that this intervention could be banned due to patient injuries. With proper training, this intervention can lead to very positive outcomes both in terms of drug free pain reduction and improved muscle function and range of motion which I have witnessed in my own practice.

My concerns with the proposed regulations concern the Board approval of the training courses and how this will be done. I received outstanding training in a lesser known training program from Double E Physical Therapy Education which is an organization which trains physical therapists primarily in North Carolina. I believe that the Board should establish set curriculum requirements for the training and allow for physical therapists and organizations to apply for approval of dry needling training providers prior to implantation of this proposal. The process should allow all continuing education organizations to be open for Board approval without bias or favoritism. Any organization with qualified instructors who provide didactic and hands-on training that includes proper hygiene, needle disposal, lung field safety, infection control, patient education, and specific muscle dry needling instruction should receive approval from the Board.

Additionally, having served as a primary and clinical instructor for the Double E Physical Therapy Education program, I believe that only 24 hours of training is not a sufficient training level to allow physical therapists to independently provide dry needling for all areas of the body. Typically, programs that provide dry needling training will not include training over the lung field during the first dry needling course and will require the physical therapists to attend a follow on course to receive that instruction. Many states to include North Carolina have set the training level between 50-56 hours to ensure that physical therapists receive training in dry needling over the lung field.

This proposal also needs to be very specific in what body regions are consider "high risk." The proposal is vague and needs to be clarified. Is the Board considering "high risk" to be over the lung field or also include dry needling along the spine or in and around regions with more superficial blood vessels. This vagueness could lead to physical therapists performing dry needling in areas in which they have not been trained risking the health of the patient.

In terms of the implementation of the proposal, physical therapists who are trained in dry needling should be able to continue to perform dry needling as they work through the certification process. This is very important as our patients are receiving very effective treatment and any break in this care would be detrimental to patient outcomes. Perhaps a gradual implantation in which physical therapists would submit certification information during the 2019-2020 license period with implementation starting in 2021.

A few of the requirements for certification also seem to be burdensome. Instead of a log of at least 100 patient encounters, would it not be less of an administrative burden to require a therapist to sign a one page form attesting that they have performed at least 100 patient encounters over the past two

years. Would the Board ever conduct an audit on this patient log? If not then the log should be omitted in lieu of an attestation from the licensed physical therapist.

I appreciate the opportunity to comment on this proposal. I feel patient safety is of utmost importance, and this proposal's intent is valuable. With that said, I feel the proposal needs to be amended to make the proposal more effective in ensuring patient safety but less of a burden to the licensed practicing physical therapist.

Please feel free to contact me at [dr.payne@gainpt.com](mailto:dr.payne@gainpt.com) or 505 257-8288 should there be any question concerning my comments.

Thank you

Eric Payne

Owner, Gain Physical Therapy LLC

**From:** [Erika Firebaugh](#)  
**To:** [Therapy, Physical, RLD](#)  
**Subject:** [EXT] Comments regarding 16.20.NMAC Part 13: Dry Needling Provision  
**Date:** Wednesday, January 2, 2019 10:50:25 AM

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Cynthia Lyons,

I am emailing you regarding the proposed changes to 16.20.NMAC Part 13: Dry Needling Provision. It is my professional opinion that the section “(4) Documentation of a least 8 hours of continuing education and a minimum of 100 patient encounters (via a patient log, using initials only), every two years, during the renewal period for licensure” be removed from this provision for the following reasons: 1) As far as I can tell by researching the available continuing education courses provided by reputable companies (i.e. Kinetacore) currently providing education for practitioners about functional dry needling a course that is only 8 hours does not currently exist. Most courses are a minimum of 23 hours. 2) Requiring clinicians to complete a dry needling course every 2 years in order to be deemed competent would be redundant. As a clinician, I would prefer to be able to earn my CEUs learning NEW information and material about a variety of topics within the field of physical therapy. This allows me to learn NEW methods to better treat my patients. 3) Dry needling courses are very expensive. Most clinicians would not be able to afford to pay the average price of \$1200 for a dry needling course every 2 years in order to maintain the currently proposed provisions to be recognized as “competent to perform dry needling”. These currently proposed provisions would greatly limit the number of skilled physical therapists who are able to provide dry needling, which would be very unfortunate for patients as this treatment method is very valuable for many different conditions.

I am in full agreement with the proposed provisions/document prepared by the NM APTA and UNM which outlines the requirements as follows:

#### 16.20.13.8 REQUIREMENTS FOR PHYSICAL THERAPISTS TO PROVIDE DRY NEEDLING

A. Dry needling may be performed by a physical therapist who meets the following requirements:

(1) Completes and maintains documentation of completing a board approved dry needling course that includes, but is not limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients. Dry needling courses must be a minimum of 24 hours, with both a written and practical component (16.20.13.8B2).

(2) Prior to performing dry needling in high risk areas, a physical therapist must complete at least 100 dry needling patient encounters in non-high risk areas to prove competency in needle handling technique. Patient encounters should be documented via a patient log, using initials only.

(3) A physical therapist must have at least 6 months of experience as a licensed physical therapist before providing dry needling (16.20.13.8.B1).

(4) Dry needling shall only be performed by a competent and licensed physical therapist and may not be delegated to a physical therapist assistant, aides or assistive personnel.

(5) The physical therapist bears the burden of proof of sufficient education and training to ensure competence. If requested by the Board or a member of the public, the physical therapist practicing dry needling shall provide documentation of completion of the training required by this regulation. Failure to provide written documentation to the Board of meeting the training requirements shall be deemed prima facie evidence that the physical therapist is not competent and shall not be permitted to perform dry needling.

(16.20.13.8.B10)

Sincerely,  
Erika Firebaugh, DPT

**From:** [Harris, Jacob D.](#)  
**To:** [Therapy, Physical, RLD](#)  
**Subject:** [EXT] Dry needling provision  
**Date:** Thursday, December 20, 2018 11:05:19 AM

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NM Board of Physical Therapy,  
Requiring dry needling continuing education for the renewal of license to remain a dry needle therapists seems unrealistic and vague. If the proposed rule is designed to eliminate the technique from the profession, this rule moves towards that goal. I assume that the 8 hours of CE is meant to be focused on the technique of dry needling. To my knowledge there are no “refresher” courses for dry needling. This would mean that a therapist would either have to continue to advance the level of dry needling certification at least every two years or abandon the technique.

It is my opinion the CE requirement be removed from the rules on dry needling as it imposes expectations that cannot currently be met. This will limit the number of therapists who are able to perform dry needling and subsequently have a negative impact patient care.

Thank you,

Jacob Harris, DPT  
SJRMCC  
Rehabilitation Outpatient Center  
Office: 505.609.6575  
Fax: 505.609.6576



1/2/2019

NM PT Board

NMAPTA and UNM DPT Program

RE: Feedback to the New Proposed Ruling 16.20.13.8 Application for Dry Needling Certification

The above ruling proposes certification for dry needling by the NM PT Board.

As Dry Needling (DN) practitioners, we are already certified by CE Providers upon completion of required DN course work to attain our designation as DN practitioners. We have been practicing DN since it was allowed by NM Practice Act prior to the new proposed DN ruling, we attained the right to practice DN since then. How can the agency determine the DN certification if it is not a provider of the DN CE itself?

- A. 1. Completes a board approved dry needling courses that include, but are not limited to, training indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, appropriate selection of clients.

Once again, there are several DN practitioners that has taken all the necessary coursework and are practicing DN prior to this proposal. Board approved dry needling courses can be bias to other DN courses that are within the standards of DN practice and cost effective to aspiring DN practitioners.

- B. Competency Requirements:

1. Proof the applicant has at least 6 months of experience as a licensed physical therapist. Argument here is that once you are licensed you should have all the rights as other licensed PT.

2. Prior to performing dry needling in high risk areas, the applicant must submit documentation of at least 100 patient encounters to prove competency.

The argument here is how does the board define high risk areas, this seems to be unnecessary for the fact that DN practitioners have the training that is mandated for CE providers to cover all areas of the body why would the practitioner prove treatment in “Non-High Risk” areas to show competency in High Risk ones?

How does the least amount of 100 patient encounters prove competency?

3. Documentation of at least 8 hours of continuing education and a minimum of 100 patient encounters, every 2 years, during the renewal period for licensure.

There is no State PT Board in the US that requires 8 hours of continuing education for DN Certification renewals. New Mexico will be the first PT Board that will require this.

How does the 8 hours of continuing education and the minimum 100 patient encounters every 2 years prove competency? Are there any published studies to prove this competency measures?

There are no 8-hour CE available for DN to be reviewed in its entirety. This will just add financial burden to DN practitioners.

The above arguments are the culmination of shared thoughts of my DN instructor and myself. Hopefully these arguments will make way to the NM PT Board to consider our future practice of DN in NM. DN is changing the way we practice PT, it has been a powerful tool in healing our clients and progressing them faster to their desired physical goals. Limiting the practice of DN because of fears of high risk areas is not the solution to burden successful DN practitioners of NM. This proposal is not moving us Forward.

Respectfully,



Jeremias Torres II, PT, DPT, CIDN, CCI

Therapy MOBZ Ortho+ Sports PT

**From:** [Rose, Kevin J.](#)  
**To:** [Therapy, Physical, RLD](#)  
**Subject:** [EXT] RE: changes to NM practice rules for dry needling  
**Date:** Saturday, January 5, 2019 6:18:58 PM

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To whom it may concern:

I want to express my sincerest opposition to the proposed changes to the rules regarding the maintenance of certification for PTs that are using dry needling. The reasons I am opposed to this change include the following:

1. The number of encounters someone has does not prove competency in any way. If I punctured someone's lung 100 times, I would have had 100 encounters, but I wouldn't be very competent. The primary reason for patient encounters is for clinicians to improve their technique with the needle prior to proceeding to level 2 when they will be working in higher risk areas.
2. Prior to becoming certified there is both a written and practical exam that is rigorous. Only clinicians who can pass this exam are allowed to become certified. This is sufficient to determine that a clinician has an understanding of the safety protocols in regards to preventing risk to the patient.
3. The NM state board has no business dictating how often a clinician should use a modality. It is up to the physical therapist to determine when a technique is appropriate. This is unprecedented for the NM state board to suggest any kind of encounters using a specific modality for a clinician to remain certified in that modality.
4. This law would not be consistent with other state's laws.

Please consider this reasoning when deciding on the new NM state laws. There are better ways to prove that someone is competent in dry needling such as the continuing education and possible re-testing every so often to prove competency through written and practical exams.

Kevin Rose, PT, DPT  
San Juan Regional Medical Center  
Physical Therapist  
505-609-2744

## Gallegos, Martha, RLD

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**From:** Maggie McConville <mmconville1210@gmail.com>  
**Sent:** Thursday, December 13, 2018 10:38 AM  
**To:** Therapy, Physical, RLD  
**Subject:** [EXT] Comment on proposed changes

Good Morning,

First of all – thank you for all of the work you put in to drafting and communicating rules and regulations for therapists in our state. I appreciate the time everyone puts in and the consideration provided to comments received.

The proposed changes seem appropriate, however it may be worthwhile to consider the following in regards to the Dry Needling Provision.

### Organization Suggestions:

#### 16.20.13.8 Dry Needling Certification (instead of Application For...)

- A. application requirements
- B. continuing education
- C. approved practitioners
- D. documentation

### Content Suggestions:

- Often a definition of Dry Needling (DN) or intramuscular manual therapy is provided. The APTA defines DN as follows: “Dry needling (DN) is a skilled intervention used by physical therapists (where allowed by state law) that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments.”  
<https://www.apta.org/StateIssues/DryNeedling/ResourcePaper/>
  - Some practice acts clarify that DN is based on Western medical concepts and application of the technique does not rely on Eastern practices – such as meridians utilized in acupuncture.
- In Part A (1) for the application process requirements of the training process are often listed including number of course hours (varying from 24-50 hours), instructor qualifications (certified instructor, number of years experience), and topic categories.
  - Instruction is often required as face-to-face hands-on training and online or distance-learning courses are usually excluded
- Part A (2) should be reassigned as a separate section Part C
- For Part B (4) this requirement seems excessive and potentially cost prohibitive; CEUs for DN can be expensive. While I agree that CEUs are a good approach and not currently implemented in the majority of state practice acts perhaps 2-4 hours (representing 6.7-13.3% of the 30 hour CEU requirement) would be adequate and decrease the already hefty financial burden on therapists (debt:earning ratio is high).

- The additional 100 patient encounters seems unnecessary and this requirement is not listed for other states at this time – therapists who pursue DN applications will be actively practicing the technique consistently
- What I have seen that is missing from our requirements deals with documentation, we may want to consider adding a section (Part D?) for:
  - Informed consent provided to and signed by patients
  - Treatment notes that document DN and patient tolerance

Thank you in advance for accepting comments!

Regards,

Margaret McConville PT, DPT

## Gallegos, Martha, RLD

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**From:** Mary Johnston <Mary.Johnston@lovelace.com>  
**Sent:** Wednesday, December 12, 2018 3:59 PM  
**To:** Therapy, Physical, RLD  
**Subject:** [EXT] comment on Title 16 Chapter 20 Part 13

Hi Cynthia,

I want to comment on Title 16 Chapter 20 Part 13 - Dry Needling Provision

1. What is considered a “high risk area”? Will a list be published of high risk areas? What makes these area high risk?
2. Does the 8 hours of CEUs have to be dry needling CEUs? What evidence do you have that shows therapists need continuing education directly related to dry needling to be proficient at practicing dry needling?
  - We as physical therapists are trained in specific areas and then continue getting CEUs to further our education not for remedial education.
  - 8 hour Dry Needling courses are not offered. All classes are typically 24 hours. These classes are done in series and typically end after 2-4 classes. After the series are finished, then we will be seeking remedial education.
  - Dry needling course work is more expensive than most other course work. By requiring physical therapists to get 8 hours of dry needling CEUs every license renewal period, the board is limiting the type of education these therapists will seek. This is limiting our funds for CEUs and designating education time to be for 1 treatment technique rather than allowing us to expand our knowledge in all treatment techniques.

The board should consider 1. Being more concise on what a “high risk area” means, and 2. Revoking the requirement of 8 hours of CEUs to continue dry needling. There is not enough information or evidence to show that these 2 rules are needed to ensure the safety of our patients.

Thank you for your considerations,

Mary Johnston PT

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## Gallegos, Martha, RLD

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**From:** Robert Drenning <rdrenning40@yahoo.com>  
**Sent:** Tuesday, December 11, 2018 9:02 PM  
**To:** Therapy, Physical, RLD  
**Cc:** Lyons, Cynthia , RLD  
**Subject:** [EXT] dry needling provision

Dear Dr Lyons,

I am glad to see some dry needling provisions in place now to protect our patients. I do have some feedback that I would really like you and the board to consider:

First, regarding 13.8 B4 - you may change the wording to 8 hours of continued education ***OR*** 100 documented needle sticks. Or better yet, take it out completely. It seems highly unreasonable that I need to take a continuing ed course EVERY 2 YEARS if I'm level 2 certified and needling almost daily. I don't get much cont ed money and see that as a waste of it. It seems that once in our competency/skill set, then so it should be. I do upper cervical manipulations, which also may carry some risk, but I don't need to do a manipulation course every 2 years to continue to do so safely. Please re-consider the practicality of this section. I'm not sure what an 8 hour course on dry needling would even look like...I've never seen a 1 day dry needling course??? 8 hours is random and arbitrary...seems as though it likely came from someone not practicing in the field of Physical Therapy.

Second, 13.8 B3 - For performing needling in "high risk areas", I may suggest another qualification. If I needle someone's quad 100 times, that would technically qualify me to needle the thoracic cage? How is that protecting the patients? Maybe I'm misinterpreting here? Perhaps something more along the lines of a PT "shall only perform dry needling in regions he or she has been trained according to the documented and above mentioned dry needling course"

Thanks for your work in this important area. Look forward to your feedback

Rob Drenning PT, OCS, FAAOMPT

**From:** [Martinez, Rudy](#)  
**To:** [Therapy, Physical, RLD](#)  
**Subject:** [EXT] Dry Needling  
**Date:** Thursday, January 3, 2019 1:06:27 PM

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Dear Cynthia Lyons,

I am writing to support the allowance of dry needling by physical therapists in the state of New Mexico. I agree with the requirements needed for clinicians to begin dry needling. I am undecided on the requirements needed to fulfill continuation of needling at re-licensure as not all patients require needling nor do they meet criteria to begin needling. Requiring 100 needling sessions is a bit much. There are some practice settings and rural areas where I feel this may be difficult to fulfill.

I feel that physical therapists have an in-depth knowledge of human anatomy and have great palpation skill sets which are necessary for dry needling. I have taken level 1 and level 2 certifications and feel that dry needling has helped many of my patients. It is a shame that I unable (Presbyterian Healthcare Services does not allow it's PT's to perform dry needling at this time until the board makes a clearer decision) to use this skill-set which I worked hard to obtain. Please use my comments to assist in the decision to vote for the allowance of PT's to perform dry needling.

Thank you,  
Rudy Martinez PT, DPT #3449

\*-\*- Presbyterian\_Healthcare\_Services\_DISCLAIMER \*-\*-\*

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