

From: gmcmanus@therapyone.net
To: [Therapy, Physical, RLD](#)
Subject: [EXT] Functional Dry Needling
Date: Wednesday, January 9, 2019 5:47:53 PM

January 9th, 2019

New Mexico Regulation and Licensing Department

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New Mexico Board of Physical Therapy

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

As a practicing physical therapist of over 20 years, I don't recall any regulation that imposes cyclical educational requirements for a certified skill set. The proposed changes in the New Mexico Physical Therapy practice act, does just that. By imposing a non-evidenced based rule of 100 encounters in 2 years, places not only a burden of unceasing administrative cataloging of patients but also suggests educational deficiencies in the certification process.

Under section A of the Application of Dry Needling Certification there is, nor should there be any argument. However, section B is both redundant of most dry needling certifications and would adversely pressure a practitioner of performing Functional Dry Needling in order to maintain their ability to perform future application. Most Functional Dry Needling courses have a set criterion of the minimal months or years that a physical therapist must practice in order to attend their course. In addition, most courses initially are an introductory and or Level 1 certification that allows a practitioner to practice only on the muscular component covered in that course. If the practitioner chooses to advance their skill set, then they will provide a catalog of Functional Dry Needling interventions that they performed in order to take advanced Dry Needling courses. The burden of education therefore should not be on the practitioner but be on the continuing educational arm of the licensing board. Not every institution that offers Dry Needling certifications are equal, and as such, a stringent criterion for Dry Needling certification courses should be set by our state along with a list of approved providers. By doing so you protect the patient population, patient cataloging is complete (not biannual), and safety protocols are adequately directed and taught.

When we use manipulation-mobilization, muscle stimulation or even fascial release

techniques, we are typically taught either through our doctoral education or the continuing education process. The aforementioned treatments can arguably impose a greater risk to our patients than a 40-60 mm myofilament. We are not asked to continuously take educational courses to maintain our skill sets in these treatment techniques, and nor should we with Functional Dry Needling. The argument in favor of this often comes from other professions who deem that Dry Needling is acupuncture; however, the myofilament is a **tool** and how it is used is completely relevant. I do not practice acupuncture, nor profess that I do, and the term acupuncture is not in the vernacular when I educate a patient on what Dry Needling is. To suggest that they are the same, is simply a deficiency in the understanding and application of what Dry Needling is.

Please take my letter into consideration.

Sincerely,

Greg McManus DPT, MS, ATC

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PT4834

Karen Lovely

Under 16.20.13.7 Definitions: "is defined as" is listed 2x. Is there anything that needs to be included for practitioners who currently do dry needle? Will all PTs who dry needle now need to log 100 hours of "non-high risk area" needling before returning to needling in high risk areas? Do we want a clause to grandfather people in who became certified prior to these changes? Told to email the board with her questions as well.



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January 9, 2019

New Mexico Physical Therapy Licensing Board
Via e-mail

Dear Board Members,

I wish to provide comment on proposed amendments to the Physical therapy rules, specifically 16.20.13 NMAC - (New Part) Dry Needling Provision. I am an active licensed physical therapist in the state of New Mexico, where I have practiced since 1979. Between my two practice locations in Hobbs and Lovington I employ a total of nine (9) physical therapists, of which three perform dry needling. I have served two non-consecutive six year terms on the licensing board, including serving as President.

I plan to be at the Rules Hearing on Friday and speak against this amendment. Let me remind you that the Board is charged with providing minimum requirements for licensure to protect the public.

My rationale for speaking against the amendment follows:

1. There is no need to include a 6-month waiting period for a new physical therapist to begin dry needling. Students are being taught the technique and all the indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles and appropriate selection of clients in the classroom (Texas Tech University and Shenandoah University to name 2 programs). I propose that these newly licensed practitioners may have a better recollection of anatomy and be more cognizant of contraindications than many seasoned practitioners.
2. Physical therapists training and education allows them the choice to learn and apply many different treatment techniques during their career. Their education is sufficient for an individual therapist to determine if they need a "24-hour board approved course in dry needling" in order to begin practice using dry needles. The board does not have sufficient resources to legislate and police specialty certifications for every treatment technique that comes along. Currently the Board is having difficulties responding in a timely fashion to re-licensure questions. I have three therapists who have left multiple e-mails and calls in the past two weeks, with not a single response to their questions.
3. What is dry needling in "high risk areas"? Is there a list of those somewhere? This seems very nebulous and certainly not something that a board administrator can ascertain. I don't see how a log of 100 patient encounters ensures public safety for this.
4. The Board can't regulate learning when it comes to continuing education. Once you have learned to dry needle, you may or may not want further continuing education in this area. I agree the therapist should have the current required 30 hours of continuing education every two years. I do not agree that someone performing dry needling needs 8 hours of specialized dry needling CE every two years. Again, the Board does not have the resources to follow through on this. I come from an era when the board attempted to "marry" PTA licenses to PT licenses. It was never able to be adequately tracked by the Board and was eventually dropped. Why write a rule you will not be able to enforce?
5. I realize there are risks to dry needling. There are also risks in the use of heat, and application of exercise, balance and gait training. In the 2016 Claim Report Executive Summary of Physical Therapy Professional Liability Exposure (CNA and Healthcare Providers Service Organization), an analysis of injuries that occurred in physical therapy clinics shows:

- a. Fractures account for the highest percentage of injuries
- b. Burns account for the second-highest percentage of closed claims
- c. Paralysis as an injury represents the highest average paid indemnity

Dry needling as a cause of injury is not mentioned in this report which covers 2011 and 2015 closed claims that paid over \$10,000.00. If this board is charged with protecting the public why are they wasting time on dry needling certification?

This Board is charged with enforcing the laws pertaining to autonomous licensed professional physical therapists. These therapists must follow the Code of Ethics and Standards of Behavior as delineated in the practice act. We autonomous licensed professional physical therapists are individually capable of determining safe practice when it comes to dry needling and do not need state legislation/rules governing this part of our practice.

Thank you for your time and consideration.

Handwritten signature of Dr. Kim Osborne, PT, DPT in black ink.

Dr. Kim Osborne, PT, DPT
NM License #379

Citation:

Physical Therapy Professional Liability Exposure: 2016 Claim Report Executive Summary.

Retrieved 1-9-19 from

http://www.hpsso.com/Documents/pdfs/CNA_PT_CS_EXEC_012916p_CF_PROD_ASIZE_ONLINE_040417_SEC.pdf

From: [Gallegos, Martha, RLD](#)
To: [Therapy, Physical, RLD](#)
Subject: FW: [EXT] Public Comment on Proposed Dry Needling Rules 16 20 13
Date: Thursday, January 10, 2019 1:31:54 PM
Attachments: [Physical Therapy 16 20 13 new rule 1.9.19 NMAPTA UNM Track Edits.docx](#)
[NMAPTA Dry Needling Comments from Members \(2\). \(1\).pdf](#)
[Physical Therapy 16 20 13 new rule 1.9.19 NMAPTA UNM Clean Version.docx](#)

From: Arantzazu Garate Cioce [<mailto:zazuciocedpt@gmail.com>]
Sent: Wednesday, January 9, 2019 10:06 PM
To: Lyons, Cynthia , RLD <Cynthia.Lyons@state.nm.us>
Subject: [EXT] Public Comment on Proposed Dry Needling Rules 16 20 13

To the PT Licensing Board of NM,

The New Mexico chapter of the American Physical Therapy Association, in collaboration with the UNM DPT Program and the American Physical Therapy Association have created a document with proposed amendments to the original language posted on 12/11/2018. We have received feedback on our proposed amendments from clinicians across the state of New Mexico, (NMAPTA members and non-members) and with further refinement have arrived at the document we are submitting to you for consideration. I have also included comments from clinicians practicing across the state (through 1/8/2019).

The amendments we are proposing are clarifying certain areas in the document which better help to protect the public and continue access for patients currently getting benefit from these services, without increasing the administrative/financial burden to both the PT licensing board or the clinicians currently practicing dry needling.

If you have any questions regarding the proposed amendments, please feel free to reach out to our President Leslea Latham and/or the NMAPTA Legislative Chair Zazu Cioce.

Thank you for your consideration in this very important matter.

Very respectfully,
NMAPTA and UNM DPT Program