

## **AGENDA ITEM 26**

### **EXECUTIVE OFFICER'S REPORT.**

- a) Administrative Update, including information on the Board's budget, personnel, BreEZe, and 2025 meetings.
- b) Pending Regulatory Proposals.
- c) Enforcement Unit data.
- d) Licensing Unit data.
- e) Future Agenda Items.
- f) Data or information requested at prior Board meeting.

## **AGENDA ITEM 26.F**

**DATA OR INFORMATION REQUESTED AT PRIOR BOARD MEETING.**

## Dry Needling Licensing Entity Actions

STATE	ACTION AND/OR LANGUAGE
	<p><b>States/territories with no language and/or reference to dry needling include the following:</b></p> <p>AL, AK, AZ, AR, DE, GU, HI, ID, IN, KS, KY, LA, ME, MA, MI, MN, MO, MT, NH, NJ, NY, OK, PA, PR, RI, SC, SD, UT, VT, WA, WV</p>
<b>CA</b>	<p>The OT Practice Act and regulations are silent on dry needling.</p> <p>However, Business and Professions Code (BPC) Section 4935(a)(1), states in part, that it is a violation “...for any person who does not hold a current and valid license to practice acupuncture under this chapter...”</p> <p>BPC Section 4927 defines <i>acupuncture</i> as “the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body...”</p>
<b>CO</b>	<p>In May 2024, the OT Association of Colorado received the following statement from DORA regarding dry needling and posted it on oyd facebook page: "OT's in Colorado are not permitted by statute or rule to perform dry needling, a modality that presents unique risks and requires specific training. In contrast, both physical therapists and chiropractors have explicit authorizations in statute to puncture skin with needles, and both have rules specific to dry needling that require additional training and signed client consent forms to perform the modality. Remember that the Department of Regulatory Agencies is an executive branch agency and acts to enforce laws made by the Colorado General Assembly."</p>
<b>CT</b>	<p><a href="#">CT Medical Assistance Program Provider Bulletin 2022-50</a> Effective for dates of service July 1, 2022, moving forward, DSS added CPT codes 20560 and 20561 to the Independent PT and OT fee schedule. Providers are eligible if the services are consistent with the Department of Public Health practitioner’s scope of practice requirements. If dry needling is not within the scope of practice, the service should not be billed to CMAP.</p>
<b>DC</b>	<p>During a <a href="#">Board meeting in September 2019</a>, after discussion, the Board agreed that though not specified in the OT regulations, OTs who have advanced training or certification in dry needling would be allowed to practice it.</p>
<b>FL</b>	<p>On June 1, 2023, The OT Board responded to a <a href="#">Petition for Declaratory Statement</a>, which cited the Board’s existing regulations on electrical stimulation devices, ultrasound devices, and neurofeedback device, and asking for “guidance as to whether she can perform/receive reimbursement for taking CE courses and becoming certified in the modality of dry needling.” The Board ruled that dry needling is “not a statutorily accepted prescription device” and would therefore “be outside the scope of Occupational Therapy.”</p>
<b>GA</b>	<p><b>POSITION STATEMENT ON DRY NEEDLING</b> posted on Board website in April, 2024: <a href="https://sos.ga.gov/sites/default/files/2024-04/Dry%20Needling%20Position%20Statement.pdf">https://sos.ga.gov/sites/default/files/2024-04/Dry%20Needling%20Position%20Statement.pdf</a></p> <p>The American Occupational Therapy Association (AOTA) notified each agency/board responsible for licensing occupational therapists (OTs) and occupational therapy assistants (OTA)s of their intent to propose an Adjunctive &amp; Preparatory Techniques policy asserting</p>

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	<p>that dry needling is an adjunctive and preparatory technique. The policy further stipulates that adjunctive and preparatory techniques, to include but not limited to dry needling, can be utilized by OTs and OTAs who possess the advanced training or certification to do so and who operate in accordance with local and state policies, rules, and regulations.</p> <p>As a result of AOTA's proposed policy, the increase in courses offering dry needling certification to OTs and OTAs, and the national conversation surrounding the practice of dry needling by licensed OTs and OTAs, the Georgia State Board of Occupational Therapy has noted a substantial increase in the number of inquiries involving the legalities of the practice of dry needling by Georgia licensed occupational therapists and occupational therapy assistants. In response, the Board requested counsel to conduct a review of the laws governing the practice of occupational therapy and other professions within the State of Georgia to determine if any statutory authority exists to allow the practice of dry needling by the persons licensed under the Georgia Occupational Therapy Practice Act.</p> <p><b>After careful consideration of the statutory review, it has been determined that dry needling is not statutorily authorized in the Occupational Therapy Practice Act and is therefore not within the scope of occupational therapy within the State of Georgia. A legislative change to the Occupational Therapy Practice Act would be necessary to permit the practice of dry needling by OTs and OTAs in this state.</b> (Emphasis added.)</p> <p>The Georgia State Board of Occupational Therapy is not eligible to present a Bill to the Georgia General Assembly for consideration; however, the Board may consider amendments proposed by other persons as well as any public comments relative to the proposals and release a position statement if warranted. The Board will distribute a copy of this statement to AOTA and Georgia Occupational Therapy Association (GOTA) and post a copy on the Board website for the public to review. Members of the public who are interested in identifying whether a Bill has been proposed to the legislature to amend the Occupational Therapy Practice Act are encouraged to visit the Georgia General Assembly website at <a href="https://www.legis.ga.gov/search">https://www.legis.ga.gov/search</a> to conduct a search using the keywords feature.</p>
IL	<p><b>Statute: 225 ILCS 75/2. Definitions.</b></p> <p>(7) "Occupational therapy services" means services that may be provided to individuals, groups, and populations, when provided to treat an occupational therapy need, including the following:</p> <ul style="list-style-type: none"> <li>(a) evaluating, developing, improving, sustaining, or, restoring skills in activities of daily living, work, or productive activities, including instrumental activities of daily living and play and leisure activities;</li> <li>(b) evaluating, developing, remediating, or restoring, sensorimotor, cognitive, or psychosocial components of performance with considerations for cultural context and activity demands that affect performance;</li> <li>(c) designing, fabricating, applying, or training in, the use of assistive technology, adaptive devices, seating and positioning, or temporary, orthoses and training in the use of orthoses and prostheses;</li> <li>(d) adapting environments and processes, including, the application of ergonomic principles, to enhance performance and safety in daily life roles;</li> </ul>

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	<p>(e) for the occupational therapist or occupational, therapy assistant possessing advanced training, skill, and competency as demonstrated through criteria that shall be determined by the Department, applying physical agent modalities, including dry needling, as an adjunct to or in preparation for engagement in occupations;</p> <p>(f) evaluating and providing intervention in, collaboration with the client, family, caregiver, or others;</p> <p>(g) educating the client, family, caregiver, or, others in carrying out appropriate nonskilled interventions;</p> <p>(h) consulting with groups, programs, organizations, or communities to provide population-based services;</p> <p>(i) assessing, recommending, and training in, techniques to enhance functional mobility, including wheelchair management;</p> <p>(j) driver rehabilitation and community, mobility;</p> <p>(k) management of feeding, eating, and, swallowing to enable or enhance performance of these tasks;</p> <p>(l) low vision rehabilitation;</p> <p>(m) lymphedema and wound care management;</p> <p>(n) pain management; and</p> <p>(o) care coordination, case management, and, transition services.</p> <p><b><u>Statute: 225 ILCS 75/3.7 Use of dry needling.</u></b></p> <p>(a) For the purpose of this Act, "dry needling", also known as intramuscular therapy, means an advanced needling, skill or technique limited to the treatment of myofascial pain, using a single use, single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. "Dry needling" does not include the teaching or application of acupuncture described by the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or other acupuncture theory.</p> <p>(b) An occupational therapist or occupational therapy assistant licensed under this Act may only perform dry needling after completion of requirements, as determined by the Department by rule, that meet or exceed the following:</p> <ol style="list-style-type: none"> <li>(1) 50 hours of instructional courses that include, but are not limited to, studies in the musculoskeletal and neuromuscular system, the anatomical basis of pain mechanisms, chronic pain, and referred pain, myofascial trigger point theory, and universal precautions;</li> <li>(2) completion of at least 30 hours of didactic course work specific to dry needling;</li> <li>(3) successful completion of at least 54 practicum hours in dry needling</li> <li>(4) completion of at least 200 supervised patient treatment sessions; and</li> <li>(5) successful completion of a competency examination. Dry needling shall only be performed by a licensed occupational therapist or licensed occupational therapy assistant upon referral.</li> </ol>

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	<p><b><u>Regulation:</u> Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Section 1315.162. Modalities in Occupational Therapy</b></p> <p>Occupational therapy services include the use of physical agent modalities for occupational therapists and occupational therapy assistants who have the training, skill and competency to apply these modalities.</p> <p>a) Physical agent modalities:</p> <ol style="list-style-type: none"> <li>1) refer to those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity;</li> <li>2) are characterized as adjunctive methods used in conjunction with or in immediate preparation for: patient involvement in purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness; and</li> <li>3) include but are not limited to the following:               <ol style="list-style-type: none"> <li>A) modalities using electricity. These would cover pain control, edema reduction, and muscle reeducation. Examples include, but are not limited to, biofeedback, neuromuscular electrical stimulation/functional electrical stimulation (NMES/FES), transcutaneous electrical nerve stimulation (TENS), high volt pulsed stimulation (HVPS), interferential, and iontophoresis;</li> <li>B) thermal modalities, including superficial and deep heat and cryotherapy. Examples include, but are not limited to, hot and cold packs, ice massage, fluidotherapy, warm whirlpool, cool whirlpool, ultrasound, phonophoresis, paraffin and contrast baths, and lasers;</li> <li>C) modalities using mechanical forces including touch, pressure, traction, stretch, stroke, petrissage, friction, vibration, oscillating and/or translating in different vectors/planes. Examples include, but are not limited to, soft tissue mobilization such as manual lymph drainage, elastic taping application, joint mobilization and tool assisted fascial remodeling such as assisted soft tissue mobilization (ASYM), dynamic cupping or pneumatic compression;</li> <li>D) dry needling/Intramuscular Manual Therapy.</li> </ol> </li> </ol> <p>d) The training required for the use of dry needling/intramuscular manual therapy under Section 3.7 of the Act must include:</p> <ol style="list-style-type: none"> <li>1) Successful completion of 50 hours of college-level instruction from an accredited program... in the following areas:               <ol style="list-style-type: none"> <li>A) the musculoskeletal and neuromuscular system;</li> <li>B) the anatomical basis of pain mechanisms, chronic pain and referred pain;</li> <li>C) myofascial trigger point theory; and</li> <li>D) universal precautions.</li> </ol> </li> <li>2) Completion of at least 30 hours of didactic course work specific to intramuscular manual therapy. This requirement can be fulfilled... by didactic pre-study required for the intramuscular manual therapy practicum course. This may include, but is not limited to, distance learning such as web-based courses or webinars, required textbook assignments and pre-course work.</li> <li>3) Practicum Hours.               <ol style="list-style-type: none"> <li>A) Successful completion of at least 54 practicum hours in intramuscular manual therapy offered through an approved CE sponsor as defined in Section 1315.145. Each instructional course shall specify what anatomical regions are included in the instruction and</li> </ol> </li> </ol>

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	<p>describe whether the course offers introductory or advanced instruction in intramuscular manual therapy. Each instruction course shall include the following areas:</p> <ul style="list-style-type: none"> <li>i) intramuscular manual therapy technique;</li> <li>ii) intramuscular manual therapy indications and contraindications;</li> <li>iii) documentation of intramuscular manual therapy;</li> <li>iv) management of adverse effects;</li> <li>v) practical psychomotor competency; and</li> <li>vi) the Occupational Safety and Health Administrations Bloodborne Pathogens standard.</li> </ul> <p>B) Classes qualifying for completion of the mandated 54 hours of intramuscular manual therapy shall be in one or more modules, with the initial module being no fewer than 27 hours. The 54 practicum hours must be completed within 24 months after the start of study.</p> <p>4) Completion of at least 200 patient treatment sessions.</p> <p>A) Occupational therapists must complete the treatment sessions under general supervision by a medical professional who has previously fulfilled the necessary dry needling/intramuscular manual therapy credentials.</p> <p>B) Occupational therapy assistants must complete the treatment sessions under direct line of sight supervision by a licensed occupational therapist who has previously met the requirements for dry needling/intramuscular manual therapy credentials.</p> <p>5) Successful completion of a competency examination approved by the Division. The Division will accept competency examinations administered as part of the intramuscular manual therapy practicum course work.</p> <p>6) Each licensee is responsible for maintaining records of the completion of the requirements of this subsection (a) and shall be prepared to produce those records upon request by the Division.</p> <p>7) Intramuscular manual therapy may be performed by a licensed occupational therapist and only be delegated to a licensed occupational therapy assistant that has met the requirements of this subsection (d) and is supervised by a licensed occupational therapist who has met the requirements of this subsection (d) and maintains direct line of sight observation and supervision of the occupational therapy assistant at all times while the treatment is rendered.</p> <p>8) An occupational therapist or occupational therapy assistant shall not advertise, describe to patients or the public, or otherwise represent that dry needling/intramuscular manual therapy is acupuncture, nor shall he or she represent that he or she practices acupuncture unless separately licensed under the Acupuncture Practice Act [225 ILCS 2].</p> <p>e) Nothing in this Section shall be construed as preventing or restricting the practices, services or activities of any person licensed in this State by any other law or occupation for which the person is licensed.</p>
<b>IA</b>	The OT Board formed a subcommittee in 2021 to research and provide a recommendation to the entire Board at a future meeting.

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MD	<p>Proposed regulations (published January 2024):</p> <p><b>.01 Scope.</b> This chapter establishes standards for the provision of dry needling as an intervention performed by occupational therapists who are certified hand therapists (CHTs).</p> <p><b>.02 Definitions.</b> A. In this chapter, the following terms have the meanings indicated. B. Terms Defined. (1) "Board" means the Maryland Board of Occupational Therapy Practice. (2) "Dry needling" means a physical agent modality as defined in COMAR 10.46.06.03, also known as intramuscular manual therapy, that: (a) Involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to effect change in muscle and related tissues of the hand, wrist, elbow, and shoulder; (b) Requires ongoing evaluation, assessment, and re-evaluation of the impairments; (c) Is only utilized in parts of the body with neuromuscular or musculoskeletal links to the impairments; and (d) Is not performed for: (i) The purposes of acupuncture and East Asian medicine as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland; or (ii) Any purpose outside the scope of occupational therapy.</p> <p><b>.03 Minimum Education and Training Necessary to Perform Dry Needling.</b> A. In order to perform dry needling, an occupational therapist shall be a certified hand therapist in good standing, in addition to having completed at least 52 total hours of further instruction, which includes: (1) A total of at least 27 hours of instruction in the following dry-needling-specific course content areas: (a) Theory and application of dry needling to the hand, wrist, elbow, and shoulder; (b) Dry needling technique to the hand, wrist, elbow, and shoulder; (c) Dry needling indications and contraindications; (d) Infection control, the Occupational Safety and Health Administration's Bloodborne Pathogen Protocol, and safe handling of needles; (e) Emergency preparedness and response procedures related to complications associated with dry needling; and (f) Appropriate documentation of dry needling; and (2) At least 25 hours of practical, hands-on instruction in the application and technique of dry needling, under the supervision of a licensed health care practitioner competent in dry needling procedures who has: (a) Completed the requisite course work under §A(1) of this regulation; and (b) Practiced dry needling for at least 5 years.</p>



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	<p>B. The instruction required under §A(1) of this regulation shall be provided by a continuing education course approved by the Board.</p> <p>C. All instruction required under this regulation shall include an assessment of competency.</p> <p>D. The instruction required under §A(1) of this regulation shall be offered:</p> <ol style="list-style-type: none"> <li>(1) In person at a face-to-face session; or</li> <li>(2) In real time through electronic means that allow for simultaneous interaction between the instructor and the participants.</li> </ol> <p>E. An occupational therapist may not fulfill any portion of the practical, hands-on instruction required under §A(2) of this regulation with online or distance learning.</p> <p>F. An occupational therapist shall have practiced occupational therapy for at least 2 years, in addition to having been certified as a hand therapist, before performing dry needling in the State.</p> <p>G. Registration.</p> <ol style="list-style-type: none"> <li>(1) An occupational therapist shall be registered with the Board as having the appropriate education and training required by this regulation to be approved to practice dry needling.</li> <li>(2) In order to be registered to practice dry needling, an occupational therapist shall submit a completed application on a form supplied by the Board with proof of the hand therapist certification.</li> <li>(3) In order to continue to practice dry needling, an approved occupational therapist shall submit proof of their certified hand therapy recertification.</li> </ol> <p>H. An occupational therapist who practices dry needling without the education and training required by this regulation shall be subject to discipline pursuant to COMAR 10.46.07.</p> <p><b>.04 Standards of Practice in Performing Dry Needling.</b></p> <p>A. An occupational therapist shall:</p> <ol style="list-style-type: none"> <li>(1) Fully explain dry needling to the patient in advance of treatment; and</li> <li>(2) Obtain written informed consent specific to dry needling that shall be included in the patient's medical record.</li> </ol> <p>B. An occupational therapist shall perform dry needling to the hand, wrist, elbow, and shoulder in a manner consistent with standards set forth in the Maryland Occupational Safety and Health Act, Labor and Employment Article, Title 5, Annotated Code of Maryland.</p> <p>C. An occupational therapist shall document the provision of dry needling services in accordance with the documentation requirements set forth under COMAR 10.46.01.03.</p> <p>D. An occupational therapist who practices dry needling in a manner inconsistent with the standards of practice enumerated in this regulation shall be subject to discipline pursuant to COMAR 10.46.07.</p> <p>E. Dry needling is not within the scope of practice of limited occupational therapy and shall only be performed by a licensed occupational therapist with a hand therapy certification.</p>
<b>MS</b>	<p><b>Rule 8.2.3 Definitions.</b></p> <p>The following terms shall have the meaning set forth below, unless the context otherwise requires:</p>

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	<p><b>16. Dry needling</b> shall mean a physical agent modality that aims to restore and/or optimize the neuro-muscular-skeletal systems. Dry needling involves the use and insertion of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction by increased blood flow, decreased banding, decreased spontaneous electrical activity, biomechanical and central nervous system changes.</p> <p><b>Rule 8.2.4 Requirements to perform dry needling.</b></p> <p>As with all other physical agent modalities in occupational therapy, dry needling is to be utilized in the therapeutic process in order to ultimately achieve improved function and therefore not to be applied as a stand-alone treatment. Dry needling does not include the stimulation of auricular or distal points. Dry needling is not part of an occupational therapist's academic or clinical preparation for entry-level practice; therefore, this rule establishes the minimum standards required for an occupational therapist to be deemed competent to perform dry needling.</p> <ol style="list-style-type: none"> <li>1. Dry needling shall be performed only by an occupational therapist who is competent by education and training to perform dry needling as specified in this regulation. Online/virtual/remote study and/or self-study for dry needling instruction shall not be considered appropriate training.</li> <li>2. An occupational therapist must meet the following requirements in order to be deemed competent to perform dry needling: <ol style="list-style-type: none"> <li>a. A minimum of 3 years clinical experience as a licensed occupational therapist</li> <li>b. Documented successful completion of dry needling course(s) of study approved by the Department that includes: <ol style="list-style-type: none"> <li>(i) A minimum of 50 hours face-to-face instruction; an online study is not allowed. Advanced dry needling (i.e., craniofacial, spine, abdominal, etc.,) will require more advanced training than the minimum requirements. It is the responsibility of each occupational therapist to acquire specialty certification through additional training beyond the minimum requirements.</li> <li>(ii) Each course shall specify which anatomical regions/structures are included in the certification and whether the instruction was introductory or advanced concepts in dry needling</li> <li>(iii) Every course instructor must be a licensed healthcare provider and have a minimum of two years of experience performing dry needling</li> <li>(iv) A practical examination and a written examination with a passing score</li> <li>(v) Anatomical review for safety and effectiveness</li> <li>(vi) Indications and contraindications for dry needling</li> <li>(vii) Management of adverse effects</li> <li>(vii) Evidence-based instructions on the theory of dry needling</li> <li>(ix) Sterile needle procedures which shall include the standards of the U.S. centers for disease control or the U.S. occupational safety and health administration</li> </ol> </li> </ol> </li> </ol>

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	<p>c. An occupational therapist performing dry needling in his/her practice must have written informed consent for each patient that is maintained in the patient's chart/medical record. The patient must sign and receive a copy of an informed consent form created by the therapist. The consent form must, at a minimum, clearly state the following information:</p> <ul style="list-style-type: none"> <li>(i) Risks and benefits of dry needling</li> <li>(ii) The occupational therapist's level of education and training in dry needling</li> <li>(iii) The occupational therapist will not dry needle any auricular or points distal to the identified treatment area.</li> </ul> <p>3. Each licensed occupational therapist performing dry needling must have a written physician's order for dry needling or receive verbal authorization from the patient's physician approving dry needling that is documented in the patient's chart/medical record.</p> <p>4. When dry needling is performed, the occupational therapist must document in the patient's daily/encounter/procedure note. The note shall indicate how the patient tolerated the intervention as well as the outcome of the intervention, including any adverse reactions/events that occurred if any.</p> <p>5. Dry needling shall not be delegated and must be performed only by a qualified, licensed occupational therapist who has met the minimum standards in this section.</p> <p>6. Dry needling is not to be performed by an occupational therapy assistant under any circumstances including certification training or supervision.</p> <p>7. After completion of the Department approved dry needling course, the occupational therapist will submit proof of certification. This will include confirmation of passing scores on written and practical exams. The Department must review and approve documents prior to beginning use of dry needling. This also includes any advanced courses that may follow.</p> <p>8. Failure of an occupational therapist who is performing dry needling to provide written documentation that confirms he/she has met the requirements of this section shall be evidence that the occupational therapist is not competent and not permitted to perform dry needling. An occupational therapist performing dry needling in violation of this section shall be subject to disciplinary action as specified in Rule 8.8.1(1), (2), (6), (20), and (21).</p>
<b>NE</b>	<p><a href="#">2016 Attorney General Opinion</a> regarding whether dry needling is within the scope of practice of PTs, OTs, and athletic trainers. Its conclusion was that dry needling was not in the scope of practice for OTs.</p>
<b>NV</b>	<p><a href="#">Advisory Notice</a> posted on the occupational therapy licensing board website:</p> <p style="text-align: center;"><b>ADVISORY NOTICE      Occupational Therapy Scope of Practice      Dry Needling</b></p> <p>The provision of Dry Needling IS NOT authorized as being within the Scope of Practice of Occupational Therapy in Nevada. The Nevada Legislative Counsel Bureau, in response to an inquiry by Senator Parks, regarding whether dry needling was within the scope of practice of physical therapy, issued an opinion regarding dry needling in the State of Nevada. Pertinent sections of that opinion reads in part: "After thoroughly examining all the relevant statutory provisions in NRS Title 54, and after interpreting those statutory provisions in a manner that best promotes the protective public policy of NRS Title 54 and best carries out the intent of the Legislature to safeguard the public from potential societal harms, we believe that the practice of dry needling is a healing art</p>

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	<p>encompassed within the scope of practice of: ( 1) physicians practicing medicine under NRS Chapter 630; (2) osteopathic physicians practicing osteopathic medicine under NRS Chapter 633; (3) homeopathic physicians practicing neural therapy under NRS Chapter 630A; and ( 4) doctors of Oriental medicine practicing acupuncture under NRS Chapter 634A.”</p> <p>“In order for licensed physical therapists to practice dry needling in Nevada, it is the opinion of this office that the Legislature would need to change Nevada's existing laws by enacting clear statutory authority allowing licensed physical therapists to practice dry needling in Nevada.”</p> <p>At the 2019 Legislative Session, the Nevada Legislature passed SB 186 which created clear statutory authority for Physical Therapists and Athletic Trainers to perform dry needling with the appropriate training as established through regulation.</p> <p>Occupational Therapists are NOT authorized to perform dry needling until such time as statutory authority is granted by the Nevada Legislature. (As of) August 10, 2019</p>
<b>NM</b>	Board discussed dry needling in late 2019 and early 2020. The Board decided not to draft dry needling regulations because there wasn't enough documentation of its effectiveness at the time. However, the Board notes that the law and rules do not prohibit its use.
<b>NC</b>	<p>OT Board <a href="#">FAQ posted on its website</a> regarding dry needling: <b>Question: What is the Board's position on dry needling?</b></p> <p>Answer: At its July 22, 2019, Board meeting, the Board agreed that dry needling is not within the scope of practice of occupational therapy, at this time.</p>
<b>ND</b>	<a href="#">Statement on OT Board website</a> : The Board does not regulate or require certification for OT's performing specific modalities, including dry needling. It is the responsibility of the OT to be proficient in the specific modality he/she is practicing. Should a complaint or lawsuit arise involving an OT's application of a specific modality, the OT would be responsible for proving his/her proficiency and appropriateness of application of the modality.
<b>OH</b>	Licensing board determined in 2012 that “There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from completing dry needling (intramuscular manual therapy) as part of the occupational therapy treatment/intervention plan, provided that the occupational therapist has received training, and demonstrated and documented competence in this activity.”
<b>OR</b>	<p>Webpage on <a href="#">Oregon OT Licensing Board website</a>: <b><i>Can OT's practice Dry Needling in Oregon? No</i></b></p> <p>In May, 2023, the AOTA Representative Assembly adopted a new policy, <b>E.18: Interventions to Support Occupations</b>. Regarding dry needling, the document states the following: “AOTA asserts that interventions to support occupations including but not limited to physical agent modalities (PAMs), <b>dry needling</b>, and other techniques may be used in preparation for, or concurrently with occupations and activities or interventions that ultimately enhance a client's engagement in occupation.” (Emphasis added.)</p> <p><b>In Oregon, licensed acupuncturists are the only professionals that can legally practice dry needling.</b> The Oregon Medical Board and its Acupuncture Advisory Committee regulate the practice of acupuncture in Oregon. They concluded that "dry needling" is</p>

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	<p>acupuncture and can only be performed by a licensed acupuncturist. Their rules state that no person may practice acupuncture without a license.</p> <p><b>847-070-0007 Practice of Acupuncture</b></p> <p>(1) No person may practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board.</p> <p><i>Other professions have challenged the rule but have not been successful:</i></p> <p>In 2017, the Oregon Board of Physical Therapy paid for a very costly review by the Dept. of Justice General Counsel Division. However, the opinion was dry needling is not within the scope of a PT. In 2011, the Board of Chiropractic Examiners adopted a rule authorizing chiropractors to practice dry needling which led to the decision of the Oregon Appeals Court Commissioner to stay the dry needling rule. In 2013, the Oregon Court of Appeals concluded that dry needling is not within the chiropractic scope of practice, and the rule was rescinded.</p>
TN	<p><b><u>Statute: Tennessee Code Annotated §63-13-103 Chapter Definitions.</u></b></p> <p>As used in this chapter, unless the context otherwise requires:</p> <p>(6) “Dry needling” means a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments;</p> <p>(10)(B) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:</p> <ul style="list-style-type: none"> <li>(i) Training in the use of prosthetic devices;</li> <li>(ii) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices;</li> <li>(iii) Application of physical agent modalities with proper training and certification;</li> <li>(iv) Assessment and application of ergonomic principles;</li> <li>(v) Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness; and</li> <li>(vi) Practice of dry needling of the upper limb, with proper training and certification;</li> </ul> <p>(D) “Occupational therapy practice” includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization that include, but are not limited to, hand therapy, neurodevelopmental treatment, dry needling of the upper limb, sensory integration, pediatrics, geriatrics and neuro-rehabilitation, through programs approved by AOTA or other nationally recognized organizations;</p>

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	<p><b><u>Regulation:</u> Tennessee Rules and Regulations Rule 1150-02-.21 DRY NEEDLING TO THE UPPER LIMB</b></p> <p>(1) In order to perform dry needling to the upper limb, an occupational therapist must obtain all of the educational instruction described in paragraphs (2)(a) and (2)(b) herein. All such educational instruction must be obtained in person and may not be obtained online or through video conferencing.</p> <p>(2) Mandatory Training - Before performing dry needling to the upper limb, a practitioner must complete educational requirements in each of the following areas:</p> <p>(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in occupational therapy school or continuing education from a Board-approved continuing education provider:</p> <ol style="list-style-type: none"> <li>1. Musculoskeletal and Neuromuscular systems;</li> <li>2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;</li> <li>3. Trigger Points; and</li> <li>4. Universal Precautions.</li> </ol> <p>(b) Twenty-four (24) hours of dry needling instruction that includes specific instruction of the upper limb defined as hand, wrist, elbow, and shoulder girdle.</p> <ol style="list-style-type: none"> <li>1. The twenty-four (24) hours must include instruction in each of the following six (6) areas: <ol style="list-style-type: none"> <li>(i) Dry needling technique;</li> <li>(ii) Dry needling indications and contraindications;</li> <li>(iii) Documentation of dry needling;</li> <li>(iv) Management of adverse effects;</li> <li>(v) Practical psychomotor competency; and</li> <li>(vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.</li> </ol> </li> <li>2. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling.</li> <li>3. Each course must be pre-approved or approved by the Board or its consultant, or the Board may delegate the approval process to recognized health-related organizations or accredited occupational therapy educational institutions.</li> </ol> <p>(c) A newly licensed occupation therapist shall not practice dry needling to the upper limb for at least one (1) year from the date of initial licensure unless the practitioner can demonstrate compliance with paragraph (2) through his or her pre-licensure educational coursework.</p> <p>(3) Any occupational therapist who obtained the requisite twenty-four (24) hours of instruction as described in paragraph (2)(b) in another state or country must provide the same documentation to the Board, as described in paragraph (2)(b), that is required of a</p>

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	<p>course provider. The Board or its consultant must approve the occupational therapist's dry needling coursework before the therapist can practice dry needling in this state.</p> <p>(4) Dry needling to the upper limb may only be performed by a licensed occupational therapist and may not be delegated to an occupational therapy assistant or support personnel.</p> <p>(5) An occupational therapist practicing dry needling to the upper limb must supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule.</p> <p>(6) All occupational therapy patients receiving dry needling to the upper limb shall be provided with information from the patient's occupational therapist that includes a definition and description of the practice of dry needling and a description of the risks, benefits, and potential side effects of dry needling.</p>
TX	<p>Statement from the OT board: "The occupational therapy practitioners must know how to perform and demonstrate proficiency in, as noted, any modalities, techniques, or procedures performed; however, please note that the Texas Board does not specify certifications they must hold for specific modalities, etc.</p> <p>The occupational therapy practitioners are responsible for all of the modalities, techniques, or procedures that are used and the use of such must comply with the OT Act and Rules."</p>
VA	<p>At the <a href="#">June 13, 2023 meeting of the OT Advisory Committee</a>, it was reaffirmed that dry needling does not appear to be within the OT scope of practice and that a legislative change would be needed to allow OTs to perform dry needling.</p>
WI	<p>According to the state OT association, the OT Board's position is that if an OT wanted to provide dry needling or any other treatment, the OT would need to have documented evidence of proper training, skills, and abilities to use the treatment in their practice setting.</p>
WY	<p><b><u>Rule: Occupational Therapy Board Chapter 3, Section 6. Dry Needling</u></b></p> <p>(a) Licensed occupational therapists may use dry needling techniques on patients. Occupational therapists must be able to demonstrate that they have received dry needling training that meets the Board's requirements.</p> <p>(i) Dry needling training under this section must include a minimum of twenty-four (24) hours of live, face-to-face post professional instruction in dry needling.</p> <p>(ii) Dry needling training under this section must include, but is not limited to, anatomy, training in indications for dry needling, contraindications for dry needling, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.</p> <p>(iii) Occupational therapists who practice dry needling must retain written records of receiving dry needling training and present these records to the Board upon request.</p> <p>(b) Occupational therapy assistants or other support personnel may not perform dry needling techniques.</p>