

Testimony of the Board of Acupuncture

**Before the
Senate Committee on Commerce, Consumer Protection, and Health
Tuesday, January 28, 2020
9:00 a.m.
State Capitol, Conference Room 229**

**On the following measure:
S.B. 2225, RELATING TO THE PHYSICAL THERAPY PRACTICE ACT**

Chair Baker and Members of the Committee:

My name is Relley Araceley, and I am the Executive Officer of the Board of Acupuncture (Board). The Board offers comments on this bill.

The purposes of this bill are to: (1) clarify the scope of practice for licensed physical therapists to include the practice of dry needling; and (2) expand other competence-related activities to include dry needling specific knowledge.

The Board will review this bill at its next publicly scheduled meeting on February 6, 2020. In the meantime, the Board offers comments based on its testimony in opposition to H.B. 701, Relating to the Physical Therapy Practice Act, from the 2019 legislative session: “Dry needling” is a modality of acupuncture that uses acupuncture needles and is clearly defined in the scope of practice of acupuncture. For the Committee’s information, in 2016, the American Medical Association (AMA) issued Practice Parameters for Dry Needling (Parameters), which state: “Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and acupuncturists.”¹ Based on its own research and the above Parameters, the Board believes a lack of comprehensive education, examination, and training in the practice of acupuncture by any profession wishing to include dry needling in its scope of practice presents an inherent danger to the public consumer.

Thank you for the opportunity to testify on this bill.

¹ Practice Parameters: Dry Needling is an Invasive Procedure H-410.949, AMA POLICYFINDER, <https://policysearch.ama-assn.org/policyfinder/detail/dry%20needling?uri=%2FAMADoc%2FHOD-410.949.xml> (last visited Jan. 25, 2020).

Testimony of the Board of Physical Therapy

**Before the
Senate Committee on Commerce, Consumer Protection, and Health
Tuesday, January 28, 2020
9:00 a.m.
State Capitol, Conference Room 229**

**On the following measure:
S.B. 2225, RELATING TO THE PHYSICAL THERAPY PRACTICE ACT**

Chair Baker and Members of the Committee:

My name is Neil Shimabukuro, and I am the Chairperson of the Board of Physical Therapy (Board). The Board supports sections 1 to 3 of this bill, opposes the language in section 4 that revises continuing competency credits, requests language that would establish an explicit licensing violation relating to dry needling, and requests amending section 6 to reflect a delayed effective date.

The purposes of this bill are to: (1) clarify the scope of practice for licensed physical therapists to include the practice of dry needling; and (2) enumerate specific competence-related activities relating to dry needling.

As the Legislature is aware, Hawaii is one of only seven states that do not include dry needling in the physical therapist's scope of practice. According to a report by the nonprofit Human Resources Research Organization,¹ more than four-fifths of what physical therapists need to know to be competent in dry needling is acquired during the course of their entry-level education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. At the same time, dry needling is not an entry-level skill and requires advanced or specialized training (e.g., dry needling course, residency program) in needling technique (e.g., selection, placement, and manipulation of needles; identification of contraindications) and psychomotor skills needed to handle needles and palpate tissues.

¹ Joseph Caramagno, et al., *Analysis of Competencies for Dry Needling by Physical Therapists – Final Report 13-14* (2015), <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Dry-Needling-Competencies> (last visited Jan. 25, 2020).

If the Committee chooses to pass this measure, the Board respectfully requests adding provisions that will give the Board authority to discipline any practitioner who performs dry needling incorrectly, without proper training, or in a manner that would likely harm a patient. In addition, the Board requests a delayed implementation date to allow the Board time to amend its administrative rules to specify the requisite requirements for physical therapists to perform dry needling.

Finally, the Board opposes language in section 4 of this bill, which amends the continuing competency requirements of physical therapists by enumerating competency activities relating to dry needling. The current statute places responsibility for continued competency selections within the Board, and therefore, the Board has ample authority to promulgate rules and otherwise provide guidance on all continued competency activities within the scope of practice of the physical therapist.

Thank you for the opportunity to testify on this bill.

SB-2225

Submitted on: 1/26/2020 6:33:48 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gregg Pacilio	Testifying for APTA Hawaii	Support	Yes

Comments:

(800) 554-5569 x13 • www.aptahi.org • info@hapta.org

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Chair Baker and Members of the Senate CPH Committee:

I am Gregg Pacilio, PT and Board President of APTA-Hawaii formerly known as Hawaii Chapter of the American Physical Therapy Association (HAPTA), a non-profit professional organization serving more than 340-members of Physical Therapists and Physical Therapist Assistants. We are movement specialists and are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

We appreciate the introduction and hearing of Senate Bill 2225 which will update the current Chapter 461-J, Physical Therapy Practice Act (1986) to allow Physical Therapists to practice at their highest level of training and education for optimum patient care to include dry needling. The proposed bill reflects the evolution of the practice. Thirty years ago, when the Practice Act was written, healthcare was focused on the curing of illness. Since that time, healthcare has evolved to include a greater focus on the prevention of illness and disability and modernization of skillset. Physical therapy is a vital component of that vision, as adopted by our national organization, and APTA-Hawaii.

Dry Needling:

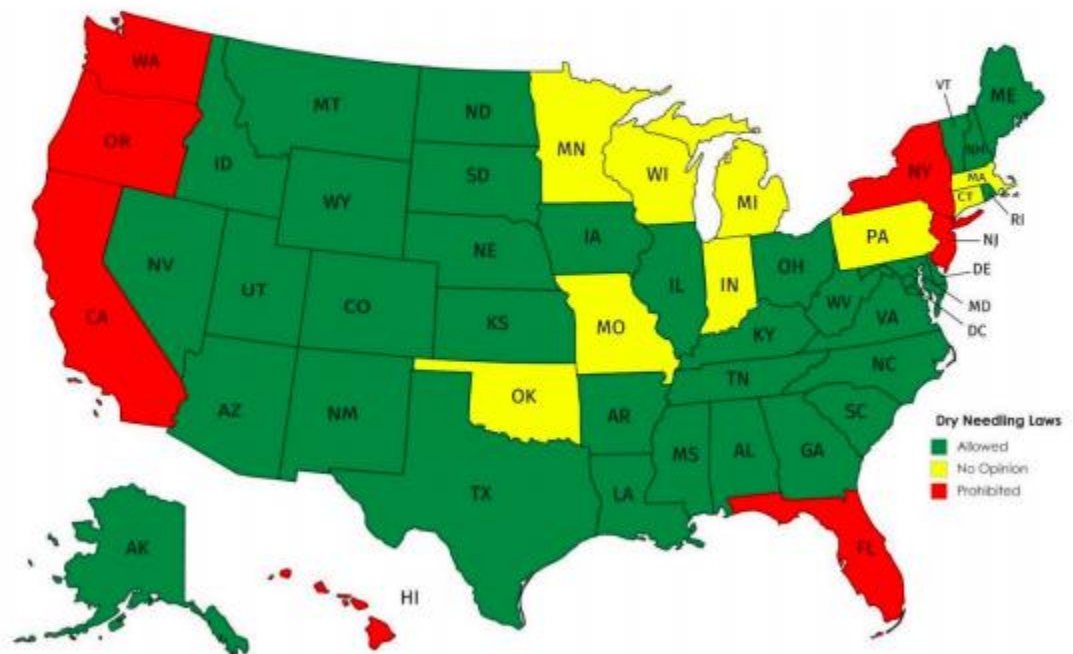
Our chapter has received growing interest and support for dry needling by Hawaii physical therapists and by patients who benefited from its use by a physical therapist in

a different state. Dry needling is a general term for a therapeutic treatment procedure that involves advances of a filament needle into the muscle in the area of the body that produces pain and/ or a restriction of motion.

- It is used when appropriate in conjunction with other physical therapy interventions to improve movement, function, and treat chronic pain.
- It is practiced safely by physical therapists within the United States and by physical therapists in the U.S. military system and numerous countries around the world including Canada, Australia, and the Netherlands.
- 34 states have legislatively authorized dry needling (plus Indiana who recently passed legislation) (See attached, State Laws and Regulations Governing Dry Needling Performed by Physical Therapists in the US)

State Laws and Regulations Governing Dry Needling Performed by Physical Therapists in the US

Laws that govern physical therapists' ability to perform dry needling vary among the states. This map and the key below identify which state laws permit dry needling, which prohibit it, and which are silent on it.



Law permits PTs to perform dry needling (34 states and DC)

Alabama	Idaho	Mississippi	North Dakota	Utah
Alaska	Illinois	Montana	Ohio	Vermont
Arizona	Iowa	Nebraska	Rhode Island	Virginia
Arkansas	Kansas	Nevada	South Carolina	Washington, DC
Colorado	Kentucky	New Hampshire	South Dakota	West Virginia
Delaware	Louisiana	New Mexico	Tennessee	Wyoming
Georgia	Maine	North Carolina	Texas	

Law prohibits PTs from performing dry needling (7 states)

California	Hawaii	New York	Washington
Florida	New Jersey	Oregon	

Law is silent on PTs performing dry needling (9 states)

Connecticut	Massachusetts	Minnesota	Oklahoma	Wisconsin
Indiana	Michigan	Missouri	Pennsylvania	

Dry Needling Education, Training and Competency:

The Federation of State Boards of Physical Therapy (FSBPT) commissioned HumRRO (Human Resources Research Organization) to complete a practice analysis and competency report of dry needling. https://www.fsbpt.org/Portals/0/documents/free-resources/DryNeedlingFinalReport_20150812.pdf

It was determined that over 86% of the knowledge required to be competent in performing dry needling is acquired through physical therapist entry level education. Recent PT graduates have 4 years of undergraduate studies plus 3 years of doctoral education and training, to include courses often alongside medical students. This education includes a cadaver dissection lab that gives students an in-depth anatomical knowledge of muscles, nerves, blood vessels, and vital organs. The remaining 14% or 16 skills requirements for safe use of dry needling can be learned through postgraduate courses and approved by Hawaii's DCCA PT Board. SB2225 delineates the 16 postgraduate requirements for dry needling by licensed PTs.

Physical Therapists have professional liability coverage administered by Healthcare Providers Service Organization (HPSO) and underwritten by American Casualty Company of Reading, PA, a CNA Company. A five-year CNA claims review (2012-2017) showed that of the total 3,413 Physical Therapist claims, there were only 34 dry needling claims, which is less than .01% of the total physical therapy claims.

Benefits of Dry Needling:

The use of dry needling by physical therapists in Hawaii would provide civilian patients access to a valuable and safe treatment modality that can accelerate the return to functional mobility, in some cases early return to work, and overall a better quality of life.

Dry needling can serve as a valuable therapeutic treatment intervention for the control of pain and movement restrictions. As an example of how this technique has been utilized to enhance patient care, an emergency department in St. Francis, New Jersey reported reduced opioid use by 58% while implementing dry needling for muscle spasms and low back pain alongside several other methods. Our focus is to allow physical therapists to practice at their highest level of training and education for optimum patient care.

Other Changes to the Physical Therapy Practice Act:

1. In conjunction with the acceptance of dry needling by licensed physical therapists in Hawaii, the prohibitive practice clause, [§461J-2.5] Prohibited Practices, would need to recognize the exception of dry needling to break or puncture a person's good skin integrity. Hawaii is the only state that has such a provision and no other healthcare profession in the state has a similar, prohibitive section in its Practice Act. It prevents physical therapists from practicing at their highest level of education and has limited physical therapist's ability to perform sharp debridement in specific wounds such as hematomas, blisters, and seromas which can delay or impede wound care services vital for tissue healing, in turn reducing the quality of care for patients. The removal of this section would provide the necessary clarification for physical therapists to provide the full range of wound care services within the scope of physical therapist education and training.
1. Adding "...the promotion and maintenance of fitness, health, and quality of life in all age populations." to the definition of physical therapy or physical therapy services. Page 6, (2) line 14-19.

We support the physical therapist's role in transforming society and physical therapist practice by developing and disseminating best practices in prevention, health promotion, and wellness for all individuals and populations. Currently, over 21 states have language outlining the role of health promotion and wellness in their practice act. The American Physical Therapy Association (APTA) advocates for prevention,

wellness, fitness, health promotion, and management of disease and disability. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/PTRoleAdvocacy.pdf

Updating the current Physical Therapy Practice Act aligns the practice of physical therapy in Hawaii with current practice standards, enables physical therapists to practice at their highest level of training, and better positions the profession to adapt to the evolving needs of healthcare in the future. Ultimately it will benefit Hawaii consumers.

Your support of SB 2225 is appreciated. Thank you for the opportunity to testify. Please feel free to contact me, Gregg Pacilio at 808-346-5972 for further information.



Institute of Clinical Acupuncture and Oriental Medicine

100 N. Beretania Street, Suite 203B
Honolulu, Hawaii 96817
www.orientalmedicine.edu

808.521.2288 Ph
808.521.2271 Fax
info@orientalmedicine.edu

Senate Committee on Commerce, Consumer Protection, and Health

January 28, 2020

Tuesday, 9:00 a.m. Room 229

Testimony Opposing SB 2225 Relating to Physical Therapy Practice Act

To the Honorable Chair, Rosalyn Baker and The Honorable Vice Chair, Stanley Chang, and Members of the Senate CPH Committee:

My Name is Dr. Wai Hoa Low, President/CEO, testifying on behalf of the Institute of Clinical Acupuncture and Oriental Medicine (ICAOM). ICAOM **strongly opposes** SB 2225 for the following reasons:

1. The Centers for Medicare & Medicaid Services (CMS) considers dry needling as a type of acupuncture.
2. Filiform needles are the same type of Acupuncture needles that puncture the skin;
3. Creates a precedent that will undermine current standards requiring Knowledge, Skills, and Abilities (KSA) set by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) for the practice of Acupuncture;
4. Allows a loophole in the law for other healthcare providers to bypass the stringent requirements;
5. Western and Eastern branches of medicine are complementary, yet extremely diverse;
6. There is no shortage of Acupuncturists to provide "dry needling" treatments in Hawaii;
7. Acupuncture students complete a rigorous curriculum of 180 credits/3,240 hours whereas, Physical Therapy students complete an average of 100 credits/1,800 hours with only an average of 45 or as little as 12 hours of acupuncture;
8. Acupuncture students are required to pass the written and practical Clean Needle Technique (CNT) Examination prior to licensure whereas, Physical Therapy students have no Clean Needle Technique (CNT) requirement;
9. Creates other healthcare providers to be "Jack of all trades but masters of none;" and
10. Jeopardizes the health and safety of the public through potential adverse injuries.

The American Medical Association (AMA) in their 2016 Annual Policymaking Meeting recognized "dry needling" as an invasive procedure and maintains that "dry needling" should

only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.

The following are reported adverse injuries from dry needling performed by physical therapists:

Colorado:

November 2013, 17-year-old professional freeskier Torin Yater-Wallace suffered a penetrating right lung injury caused by a physical therapist.

April 2015, 36-year-old senior recruiter Amanda Hilton suffered a penetrating left lung injury caused by a physical therapist.

June, 2015, 41-year-old clinical social worker Lisa Kerscher suffered a penetrating right lung injury caused by a physical therapist.

Georgia:

August 2015, 70-year-old Eva Campbell suffered a penetrating left lung injury caused by a physical therapist.

February 2016, 47-year-old Anong Pipatjarasgit suffered a penetrating thoracic spinal cord injury caused by a physical therapist.

South Carolina:

September 2014, a patient suffered a penetrating lung injury caused by a physical therapist.

Virginia:

December 2013, a 50-year-old female patient suffered a penetrating right lung injury caused by a physical therapist.

Fall 2016, 23-year-old physical therapy student Wes Jenkins suffered a penetrating lung injury caused by a physical therapist.

Maryland:

October 2012, 24-year-old science teacher Emily Kuykendall suffered a penetrating nerve injury in her left leg caused by a physical therapist.

North Carolina:

December 2014, a female patient suffered a penetrating lung injury caused by a physical therapist.

February 2016, a female patient suffered a penetrating cervical spinal cord injury caused by a physical therapist.

Ohio:

January 2016, 51-year-old Brenda Bierman suffered a penetrating right lung injury caused by a physical therapist.

Senate Bill 2225 is circumventing the nomenclature of Acupuncture with "Dry Needling" to confuse our Legislators. In 2003, DCCA requested a legal opinion from the Office of the Attorney General regarding the term "Medical Acupuncture" and the response was that it is not sufficiently distinct from Traditional Acupuncture. Therefore, "Dry Needling" would be the same as Medical Acupuncture and is within the Scope of Practice of Acupuncture.

Senate Bill 2225 would create a population of inadequately trained practitioners, under the guise of Physical Therapists, allowing them to perform Acupuncture without the extensive education and training as a licensed Acupuncturist. Please do not undermine the integrity of an ancient art of medicine that is validated everyday through the restoration of health and wellness for millions of people. Clearly, I have to say that Acupuncturists are being sidelined by the Physical Therapists and their proposal of such a misleading bill insults the intelligence of our State Legislators.

For these reasons and more importantly, protecting the public from any adverse injuries, **we respectfully request that SB 2225 be held.** Thank you for the opportunity to testify on this measure.

Sincerely,



Dr. Wai Hoa Low, DAOM, MBA, L.Ac.
President/CEO of ICAOM

Attachments:

- AMA Practice Parameters: Dry Needling is an Invasive Procedure H-410.949
- AMA 2016 Annual Meeting: Physicians take on timely public health issues
- Accreditation Commission for Acupuncture & OM: Glossary on Acupuncture and Modality (p 2)
- Accreditation of Physical Therapist Education Programs: Standard 7 Curriculum (p 26-30)
- American Academy of Medical Acupuncture: Policy on Dry Needling
- Council of Colleges of Acupuncture and Oriental Medicine: Position Paper on Dry Needling
- Hawaii AG Opinion: Medical Acupuncture as it Relates to the Scope of Practice of Acupuncture
- Institute of Clinical Acupuncture and Oriental Medicine: Accredited Curriculum
- Journal of Bone and Joint Surgery: Deep Infection Following Dry Needling in Young Athlete
- PT school curriculums: University of Colorado, Mercy College, Texas State University
- Radiology Case Reports: A case with iatrogenic pneumothorax due to deep dry needling
- CMS acupuncture education and training requirements for providing cLBP treatments

Practice Parameters

Practice Parameters

Dry Needling is an Invasive Procedure H-410.949

Topic: Practice Parameters **Policy Subtopic:** NA

Meeting Type: Annual **Year Last Modified:** 2016

Action: NA **Type:** Health Policies

Council & Committees: NA

Our AMA recognizes **dry needling** as an invasive procedure and maintains that **dry needling** should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.

Policy Timeline

Res. 223, A-16

Physicians take on timely public health issues

JUNE 15, 2016

Staff News Writer
American Medical Association
Full Bio

In Days 2 and 3 of policymaking at the 2016 AMA Annual Meeting, delegates adopted a variety of policies on important issues affecting the health of patients across the country. Issues range from controlled LED lighting to safe provision of dry needling procedures to better training for hemorrhage control.

Standards of practice for dry needling

Ensuring patient safety is paramount for physicians. To that end, delegates adopted new policy that recognizes the procedure of dry needling as invasive.

Physical therapists are increasingly incorporating dry needling into their practice. Dry needling is indistinguishable from acupuncture, yet physical therapists are using this invasive procedure with as little as 12 hours of training, while the industry standard minimum for physicians to practice acupuncture is 300 hours of training.

Delegates agreed that the practice of dry needling by physical therapists and other non-physician groups

should include—at a minimum—the benchmarking of training and standards to already existing standards of training, certification and continuing education that exist for the practice of acupuncture.

The policy also maintains that dry needling as an invasive procedure should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.

“Lax regulation and nonexistent standards surround this invasive practice,” AMA Board Member Russel W.H. Kridel said in a news release. “For patients’ safety, practitioners should meet standards required for acupuncturists and physicians.”

Physicians suggest controlled LED lighting

Strong arguments exist for overhauling the lighting systems on roadways with light emitting diode (LED), but conversions to improper LED technology can have adverse consequences.

In response, physicians adopted guidance for communities on selecting LED lighting options to minimize potential harmful human and environmental effects. The guidance was based on a report from the AMA Council on Science and Public Health.

Converting conventional street light to energy-efficient LED lighting leads to cost and energy savings, and a lower reliance on fossil-based fuels.

Approximately 10 percent of existing U.S. street



The Accreditation Commission for Acupuncture and Oriental Medicine

Policy Title: ACAOM Glossary

Approved By: ACAOM Executive Committee

Document History: Implementation Date: 1988

Last Updated: 11 December 2018

Related Policies: ACAOM Accreditation Procedures; ACAOM Commission Actions Policy; ACAOM Fees and Dues Schedule; ACAOM Public Disclosure Policy

References: 34 CFR §600.2; 20 U.S.C. 1099b; Federal Student Aid Handbook

Responsible Official: ACAOM Executive Director

Policy Summary: This is a glossary of common terms used by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM or Commission).

GLOSSARY

Academic Year [See also: *Credit, Credit Hour, Credit-Ratio*]

Equivalent to 30 semester credit hours or 45 quarter credit hours per year. An academic year is defined as at least 30 instructional weeks, which can consist of three quarters, two semesters, or three terms or trimesters.

ACAOM or Commission

The Accreditation Commission for Acupuncture and Oriental Medicine.

ACAOM-Accreditable Programs

Only programs for which ACAOM has established accreditation standards and criteria are accreditable. ACAOM currently accredits or pre-accredits the following programs:

Entry-Level Programs:

1. **Master's-level degree or diploma program:** a graduate-level program that provides knowledge and skills necessary for professional recognition, credentialing, or licensure required to practice professionally in the fields of acupuncture and/or Oriental medicine (AOM).
2. **Professional doctorate (PD) degree program:** a graduate-level program, leading to a doctoral-level degree, that provides additional and expanded knowledge and skills (see criterion 7.04 *Professional Competencies*) necessary for professional recognition, credentialing, or licensure required to practice in the fields of acupuncture and/or Oriental medicine. These programs may have academic tracks that enable master's-level graduates to earn the PD degree.

Post-Professional Degree Programs:

Post-professional doctorate (DAOM) degree program: a post-professional program, leading to a doctoral-level degree, that provides advanced, in-depth education in AOM clinical specialty areas and research literacy. Program applicants must be graduates of an entry-level program. The only designation recognized by ACAOM for this degree is *Doctorate of Acupuncture and Oriental Medicine (DAOM)*.

Graduate-Level Certificate Programs:

Chinese herbology certificate program: a graduate program that provides knowledge and skills necessary for the professional practice of herbal medicine. Program applicants must be currently enrolled in or graduates of an entry-level program.

ACAOM Chair

The Chairperson of the Accreditation Commission for Acupuncture and Oriental Medicine.

Accreditation

The status of public recognition that ACAOM grants to an educational institution or program that meets its standards and criteria requirements for accreditation.

Accreditation Criteria [See also *Accreditation Standards*]

Written benchmarks, conditions, and thresholds adopted by the Commission to: (1) assess whether the quality of an institution/program merits pre-accreditation/accreditation status, and (2) maintain a culture of continuous improvement of academic quality at the institutions/programs.

Accreditation Record

An institution/program's *Self-Study Report*, along with the *Site Visit Report* and the related *Formal Institutional Response* to that report. The accreditation record also includes written third-party testimony, if any, the institution's written response to the third-party testimony, and written decisions by the Commission.

Accreditation Standards [See also *Accreditation Criteria*]

Broad classifications used to categorize related accreditation criteria.

Accredited Institution

An institution that is accredited by a recognized accrediting agency. (See "recognized accrediting agency.")

Acupuncture

The term "acupuncture" can be used to describe a specific modality or a comprehensive system of medicine.

Modality – The practice of "acupuncture" includes any insertion and/or manipulation of a filiform acupuncture needle for a therapeutic purpose based upon both traditional theoretical understanding and modern scientific study of the musculoskeletal and nervous system. This practice encompasses interventions described by terminology such as "dry needling," "motor point needling," and "myofascial trigger point needling."

"Acupuncture" as a modality is distinguished from the use of the term to generally describe the system of medicine often referred to as traditional Chinese medicine, Oriental medicine, East Asian medicine etc., which includes a variety of techniques or therapeutic approaches, including acupuncture, for the promotion and maintenance of health and prevention of disease.

Standard 7

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

REQUIRED ELEMENTS:

- 7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, **diagnostic imaging**, histology, nutrition, and psychosocial aspects of health and disability.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated biological and physical sciences content areas is included in the professional curriculum. Do not include prerequisite courses.

Appendices & On-site Material: See SSR Instructions & Forms

- 7B** The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated content areas is included in the professional curriculum.

Appendices & On-site Material: See SSR Instructions & Forms

- 7C** The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated clinical sciences content areas is included in the professional curriculum.

Appendices & On-site Material: See SSR Instructions & Forms

- 7D** The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:

Evidence of Compliance:

Narrative:

- For each of the following elements:
 - Describe where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum);
 - Provide a maximum of 5 examples of course objectives that demonstrate the highest expected level of student performance, include course **prefix and number, course name, objective number and the full wording of the objective**. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives; and

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS** (Revised 11/11/15; 3/4/16; 10/31/17; 12/7/17)

- Describe outcome data, where available, that demonstrates the level of actual student achievement. **For Initial Accreditation ONLY**, describe how the program will determine the actual level of student achievement, including planned outcome data.
- **For Initial Accreditation ONLY:** if curricular changes have occurred since the program started, provide the requested information based on the curriculum experienced by the charter class. Contact Accreditation Staff to discuss what additional information should be provided for the current curriculum.
- If the program teaches content beyond what is addressed in Elements 7D1-7D43, identify the content, where and how it is taught and the highest expected performance level. If being taught to competency, identify how and where competency is tested.

Appendices & On-site Material: See SSR Instructions & Forms

Professional Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Practice in a manner consistent with the APTA *Code of Ethics*.
- 7D5** Practice in a manner consistent with the APTA *Core Values*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
- 7D9** Access and critically analyze scientific literature.
- 7D10** Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
- 7D11** Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14** Advocate for the profession and the healthcare needs of society through legislative and political processes.
- 7D15** Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS** (Revised 11/11/15; 3/4/16; 10/31/17; 12/7/17)

Patient/Client Management

Screening

- 7D16** Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Examination, Evaluation and Diagnosis

- 7D17** Obtain a history and relevant information from the patient/client and from other sources as needed.
- 7D18** Perform systems review⁵¹.
- 7D19** Select, and competently administer tests and measures⁵² appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:
- a. Aerobic Capacity/Endurance
 - b. Anthropometric Characteristics
 - c. Assistive Technology
 - d. Balance
 - e. Circulation (Arterial, Venous, Lymphatic)
 - f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
 - g. Cranial and Peripheral Nerve Integrity
 - h. Environmental Factors
 - i. Gait
 - j. Integumentary Integrity
 - k. Joint Integrity and Mobility
 - l. Mental Functions
 - m. Mobility (including Locomotion)
 - n. Motor Function
 - o. Muscle Performance (including Strength, Power, Endurance, and Length)
 - p. Neuromotor Development and Sensory Processing
 - q. Pain
 - r. Posture
 - s. Range of Motion
 - t. Reflex Integrity
 - u. Sensory Integrity
 - v. Skeletal Integrity
 - w. Ventilation and Respiration or Gas Exchange
- 7D20** Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.
- 7D21** Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.
- 7D22** Determine a diagnosis that guides future patient/client management.

⁵¹ **Systems Review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

⁵² **Test and Measures:** The list is adapted from the *Guide to Physical Therapist Practice* (2014).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS** (Revised 11/11/15; 3/4/16; 10/31/17; 12/7/17)

Prognosis and Plan of Care

- 7D23** Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
- 7D24** Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.
- 7D25** Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.
- 7D26** Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention⁵³

- 7D27** Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
- a. Airway Clearance Techniques
 - b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
 - c. Biophysical Agents
 - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
 - e. Integumentary Repair and Protection
 - f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
 - g. Motor Function Training (balance, gait, etc.)
 - h. Patient/Client education
 - i. Therapeutic Exercise

Management of Care Delivery

- 7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- 7D29** Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.
- 7D30** Monitor and adjust the plan of care in response to patient/client status.
- 7D31** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.
- 7D32** Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

⁵³ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice* (2014).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS** (Revised 11/11/15; 3/4/16; 10/31/17; 12/7/17)

- 7D33** Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35** Provide care through direct access.
- 7D36** Participate in the case management process.

Participation in Health Care Environment

- 7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38** Participate in activities for ongoing assessment and improvement of quality services.
- 7D39** Participate in patient-centered interprofessional collaborative practice.
- 7D40** Use health informatics⁵⁴ in the health care environment.
- 7D41** Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

- 7D42** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
- 7D43** Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

⁵⁴ As defined by the U.S. National Library of Medicine, **health informatics** is the interdisciplinary study of the design, development, adoption, and application of IT-based innovations in healthcare services delivery, management, and planning. Medical**Informatics**, physician, **Health IT**. Jan 7, 2014



**AMERICAN ACADEMY
OF MEDICAL ACUPUNCTURE ®**

2512 Artesia Blvd., Ste 200
Redondo Beach, CA 90278
310/379-8261 • 310/379-8283 FAX

AAMA Policy on Dry-Needling

The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to insuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle into a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury.

Acupuncture, like Western Medicine is a complex subject. It cannot be mastered in a weekend or in a month. All AAMA members, in addition to four (4) years of medical school (MD or DO), must have 300 hours of didactic and clinical acupuncture education and training. In most states, a non-physician must have in excess of 2,000 hours of clinical and didactic education and training before they can become certified to treat patients.

Dry needling, like acupuncture, involves the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used by physicians and licensed acupuncturists for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not an holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. Regardless of the theory, it is incontrovertible that dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. It is critical to understand that dry needling, in the hands of minimally educated practitioners can cause extreme harm. Any invasive procedure has associated and potentially serious medical risks and is safe only if

performed by a properly educated, trained and experienced health professional. The technique of dry needling frequently involves needling of muscular structures that may be deep and/or hidden under layers of other muscles and tissues and close to sensitive structures and organs including blood vessels, nerves and organs as, for example, the lungs. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Angle the needle incorrectly and, for example, the lung may be punctured. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient). In the worse case scenario, vital organs can be pierced, resulting in complex medical situations or even death.

Physical therapy is not a field that has historically included the use of needles. The recent trend of some physical therapists to embrace dry needling under the umbrella of physical therapy practice is one that marks a distinct departure from traditional physical therapy practice. The fact that many physical therapists receive only minimal hours of training speaks to the potential danger of their practice.

To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice.

Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

Unanimously adopted by
AAMA Board of Directors
December 9, 2014

Unanimously re-affirmed by
AAMA Board of Directors
March 21, 2017



Council of Colleges of
Acupuncture and Oriental Medicine

Council of Colleges of Acupuncture and Oriental Medicine*

Position Paper on Dry Needling

It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.

Rationale

A recent trend in the expansion in the scopes of practice of western trained health professionals to include "dry needling" has resulted in redefining acupuncture and re-framing acupuncture techniques in western biomedical language. Advancement and integration of medical technique across professions is a recognized progression. However, the aspirations of one profession should not be used to redefine another established profession.

In addition proponents of "dry needling" by non-acupuncture professionals are attempting to expand trigger point dry needling to any systemic treatment using acupuncture needles and whole body treatment that includes dry needling by using western anatomical nomenclature to describe these techniques. It is the position of the CCAOM that these treatment techniques are the *de facto* practice of acupuncture, not just the adoption of a technique of treatment.

Terminology

The invasive procedure of dry needling has been used synonymously with the following terms:

Trigger Point Dry Needling

Manual Trigger Point Therapy, when using dry needling

Intramuscular Dry Needling

Intramuscular Manual Therapy, when using dry needling

Intramuscular Stimulation, when using dry needling

History

The system of medicine derived from China has a centuries-long continuous distinct practice with an extensive literature over 2000 years old. After President Nixon's visit to China in the early 1970s, public interest in and demand for

* Contact Person: Valerie Hobbs, MSOM, LAc (VHobbs@acupuncturecollege.edu).

acupuncture resulted in the establishment of first-professional degrees in acupuncture in the United States. Today over 50 accredited¹ first-professional colleges teach a diversity of styles of health care utilizing acupuncture, Chinese herbology, manual techniques such as tuina (Chinese therapeutic massage), nutrition, and exercise/breathing therapy. Individuals who attain this degree undergo a rigorous training program at a minimum standard of three academic years that contains 450 hours in biomedical science (biology, anatomy, physiology, western pathology, and pharmacology), 90 hours in patient counseling and practice management, and 1365 hours in acupuncture. Of the 1365 hours in acupuncture, 660 hours must be clinical hours.

Acupuncture is a system of medicine that utilizes needles to achieve therapeutic effect. The language used to describe and understand this effect is not limited and is articulated in both traditional and modern scientific terms. The National Institutes of Health has recognized the efficacy of acupuncture in its consensus statement of 1997² and continued funding of research. It is clear that other professions such as physical therapy and others also recognize the efficacy of acupuncture and its various representations such as dry needling due to the fact that they are attempting to use acupuncture and rename it as a physical therapy technique.

Dry needling is an acupuncture technique

As a system of treatment for pain, acupuncture relies on a category of points derived from the Chinese language as “*ashi*” (阿是) points. “*Ashi*” point theory describes the same physiological phenomenon identified as “trigger points,” a phrase coined by Dr Janet Travell³ and dates to the Tang Dynasty (618-907). While Dr. Travell coined the phrase “trigger point”, the physiological phenomenon has been long known to acupuncturists. Dr. Travell herself had contact with acupuncturists and chiropractors interested in acupuncture in the Los Angeles area in the 1980s. Dr. Mark Seem, author of *A New American Acupuncture*⁴, discussed the similarity of their techniques in the 1990s.⁵

Modern contributors from the field of acupuncture in the specialization of dry needling techniques are:

Dr. Mark Seem, Ph. D., L. Ac., published the textbook *A New American Acupuncture* covering the topic of dry needling in 1993. His books have been published for over two decades.

Matt Callison, L. Ac., is the founder of the Sports Medicine Acupuncture® certification program and the author of *Motor Points Index*. The continuing education certification program is available to licensed acupuncturists through a private seminar company and through postgraduate studies at the New England School of Acupuncture.

Whitfield Reaves, L. Ac. is the author of *The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment*. He also offers a

postgraduate continuing education program in Sports Acupuncture only for licensed acupuncturists.

From the above sources it is apparent that acupuncture has an established history of using treatment utilizing what are now labeled trigger points.

Documented practice of "dry needling" by acupuncturists

The National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), the certifying board for acupuncture, completed a job task analysis in 2003 and again in 2008. The analysis documented the prevalence of actual use of dry needling techniques, i.e. the treatment of trigger points or motor points with acupuncture needles, by practicing acupuncturists. In 2003, 82% of acupuncturists surveyed used needling of trigger points in patients that presented with pain. Of the patients that present for acupuncture treatment, it is estimated that 56% present with trigger point pain. The others present for non-pain conditions such as non-trigger point pain, digestive disorders, infertility and many other conditions. The other 18% of acupuncturists used acupuncture needling techniques in non-trigger point locations. These findings document that acupuncturists are well trained to use and have consistent historical usage of trigger and motor point "dry needling" treatment. Dry needling represents a substantial daily practice among American acupuncturists.

History of "dry needling" in North America

Dr. Chan Gunn, M.D., is the founder of dry needling in Canada. He wrote in 1976, "As a first step toward acceptance of acupuncture by the medical profession, it is suggested that a new system of acupuncture locus nomenclature be introduced, relating them to known neural structures."⁶ One may reasonably infer from this statement that Dr. Gunn believed that in order for acupuncture to be accepted in Western medicine, the technique would need to be redefined. Using a different name for the same technique does not rise to the level of creating a new technique. Dr. Chan Gunn's dry needling seminars are only four days in length.

Jan Dommerholt has published extensively on the technique and teaches dry needling to both western trained health professionals and licensed acupuncturists, but his teaching has been focused on the profession of Physical Therapy (PT). He argues that dry needling is a new emerging western technique described in western scientific terms. He is also attempting to redefine acupuncture based solely on eastern esoteric concepts.

A current author and provider of dry needling courses, Yun-tao Ma, Ph.D., extends dry needling beyond trigger points to include acupuncture points. He describes the points according to the neuroanatomical location and effects and calls them "Acu reflex" points. It is this adaptation and renaming of acupuncture to provide total body treatment that poses the greatest risk to the public, as it circumvents established standards for identical practice, i.e., acupuncture, without the rigorous training of acupuncture and the licensing of such.

It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.

State Board of Medicine complaints against acupuncturists for dry needling

In 2009, a physical therapist submitted a complaint to the Maryland Board of Acupuncture concerning the use of the term dry needling in chart notes by an acupuncturist. The Maryland Board of Acupuncture correctly dismissed the complaint because the procedure was done by a licensed acupuncturist trained in the use of dry needling, *i.e.*, acupuncture.

In filing the complaint, the physical therapist was not asserting that the acupuncturist caused any harm or potential of harm to the patient. Rather, the physical therapist asserted that the acupuncturist used proprietary language that was unique to physical therapy, when in fact the acupuncturist was using language that was common across professions. The Little Hoover Commission, in its 2004 report to the California legislature concluded, "interactions with other health care providers, including collaboration and referrals, as well as with many members of the public, benefit from the use of common, Western-based diagnostic terminology"¹

Summary Position of the CCAOM on Dry Needling

It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.

It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.

Adopted November 2010
Updated May 2011

¹ The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is recognized by the U.S. Department of Education to accredit colleges of acupuncture and Oriental medicine and authorizes such colleges to confer Master's level first-professional degrees.

² <http://consensus.nih.gov/1997/1997Acupuncture107html.htm>.

³ Travel, Janet G., and David G. Simons. Myofascial pain dysfunction: the trigger point manual. Lippincott Williams & Wilkins, 1983, Print.

⁴ Seem, Mark. *A new American acupuncture: acupuncture osteopathy, the myofascial release of the bodymind*. Blue Poppy Press, 1993. Print.

⁵ Private communication of October, 2007 with Whitfield Reaves, L. Ac., who attended study groups with Dr. Travell in the 1980s, and in a letter from Dr. Mark Seem to Jan Dommerholt November 11, 2007. Seem relates his invitation and demonstration of acupuncture "dry needling" techniques to Dr. Travell in New York City in the 1990s.

⁶ Gunn, CC, Ditchburn FG, King MH, Renwick GJ, *Acupuncture loci: a proposal for their classification according to their relationship to known neural structures*, *Am J Chin Med*, 1976 Summer; 4(2): 183-95.

⁷ Milton Marks "Little Hoover" commission on California State Government Organization and Economy by the UCSF Center for the Health Professions, *Acupuncture in California: Study of Scope of Practice*, May 2004, pg. 13.

LINDA LINGLE
GOVERNOR



MARK J. BENNETT
ATTORNEY GENERAL
RICHARD T. BISSEN, JR.
FIRST DEPUTY ATTORNEY GENERAL

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
425 QUEEN STREET
HONOLULU, HAWAII 96813
(808) 586-1500

August 18, 2003

The Honorable Mark E. Recktenwald
Director of Commerce and
Consumer Affairs
State of Hawaii
1010 Richards Street
Honolulu, Hawaii 96813

Dear Mr. Recktenwald:

Re: Medical Acupuncture as It Relates to the Scope of
Practice of Acupuncture

By memorandum dated July 9, 2003, you asked for legal advice as to whether medical acupuncture is sufficiently distinct from traditional acupuncture so as to fall outside the scope of the practice of acupuncture and whether physicians¹ licensed by the Board of Medical Examiners ("BME") may practice medical acupuncture without having to also be licensed by the Board of Acupuncture ("BOA").

BRIEF ANSWER

The short answers to these questions are: (1) medical acupuncture is not sufficiently distinct from traditional acupuncture so as to fall outside the scope of the practice of acupuncture and (2) physicians licensed by the BME cannot practice medical acupuncture absent licensure by the BOA.

¹ By Act 248, Session Laws of Hawaii 1999, the Legislature repealed the Board of Osteopathic Examiners and transferred its authority and functions, under chapter 460, Hawaii Revised Statutes (HRS), to the Board of Medical Examiners. Thus, the use of the term "physicians" in this document is meant to include both medical doctors (allopathic physicians) regulated under HRS chapter 453 and osteopathic physicians regulated under HRS chapter 460.

ICAOM

Master of Science in Oriental Medicine (MSOM)

CURRICULUM BY DEPARTMENTS

Department of Theoretical Foundations

T101	Chinese Medical Terminology	2	30
T102	Oriental Medicine I	3	45
T103	Oriental Medicine II	3	45
T104	History of Chinese Medicine	2	30
T105	Clinical Ethics and Safety	2	30
T201	Patterns of Disease I	3	45
T202	Patterns of Disease II	3	45
T203	Medical Qi Gong	2	30
T204	Case Management	2	30
T301	Internal OM I	3	45
T302	Internal OM II	3	45
T401	Internal OM III	3	45
T402	Internal OM IV	3	45
T403	Classics of Oriental Medicine	3	45
T404	Practice Management	3	45
Total		40	600

Department of Acupuncture

A100	Introductory Acupuncture	2	30
A101	Acu-Points I	3	45
A102	Acu-Points II	3	45
A201	Acu-Points III	3	45
A202	Acu-Points IV	3	45
A203	Techniques of Acu-Moxa	2	30
A301	Acupuncture Microsystems	2	30
A302	Tui Na	3	45
A303	Acupuncture Orthopedics	3	45
A401	Advanced Techniques	2	30
A402	Advanced Point Combination	2	30
Total		28	420

Department of Clinical Medicine

C101	Clinical Theater	3	90
C102	Practitioner Observation	1	30
C103	Intern Observation	2	60
C201	Clinic Level I-Internship	9	270
C301	Clinic Level II-Internship	9	270
C401	Clinic Level III-Internship	9	270
C405	Clinical Externship	3	90
Total		36	1080

Department of Chinese Herbal Medicine

H101	Introductory Herbology	3	45
H102	Materia Medica I	3	45
H201	Materia Medica II	3	45
H202	Materia Medica III	3	45
H301	Dui Yao	3	45
H302	Chinese Dietary Therapy	2	30
H303	Herbal Formulas I	3	45
H401	Herbal Formulas II	3	45
H402	Herbal Formulas III	3	45
H403	Shang Han Lun	2	30
H404	Wen Bing	2	30
H405	Advanced Herbal Prescribing	3	45
H406	Clinical Pearls (Case Studies)	2	30
Total		35	525

Department of Biomedicine

B101	History & Philosophy Medicine	1	15
B102	Western Medical Terminology	1	15
B103	Biology	3	45
B104	Chemistry	3	45
B105	Physics	2	30
B106	Functional Anatomy/Kinesiology	3	45
B201	Anatomy & Physiology I	3	45
B202	Anatomy & Physiology II	3	45
B203	Clinical Psychology	3	45
B302	Physical Examination	2	30
B303	Pharmacology	3	45
B304	Western Nutrition	2	30
B401	Survey of Clinical Practices	1	15
B402	East-West Research	2	30
B403	Patho physiology I	3	45
B404	Patho physiology II	3	45
B405	Patho physiology III	3	45
Total		41	615

PROGRAM TOTALS:

Didactic 144 credits / 2160 hours
Clinical 36 credits / 1080 hours

GRAND TOTAL: 180 CREDITS / 3240 HOURS

Deep Infection Following Dry Needling in a Young Athlete: An Underreported Complication of an Increasingly Prevalent Modality

A Case Report

Kim, Daniel C., MD, MS^{1,a}; Glenzer, Scott, MD¹; Johnson, Anna, MD¹; Nimityongskul, Prasit, MD¹

JBJS Case Connector: September 2018 - Volume 8 - Issue 3 - p e73-e73

doi: 10.2106/JBJS.CC.18.00097

Case Reports

Abstract **Author Information** **Authors** **Article Metrics**

Update This article was updated on November 1, 2018, because of a previous error. On page 2, in the legend for Figure 1, the source was not properly credited. The figure legend now reads "A physical therapist performing dry needling at the medial proximal aspect (top) and the lateral distal aspect of the right thigh (bottom). (Reproduced with permission from Myopain Seminars.)"

An erratum has been published: JBJS Case Connect. 2018 Dec 26;8(4):e110.

Case: Dry needling frequently is performed by a variety of practitioners for pain treatment. A 16-year-old boy had dry needling in the posterolateral aspect of the right thigh for treatment of pain after a knee injury. He developed an abscess on the posterolateral distal aspect of the right thigh deep to the site of the dry needling. Treatment included surgical drainage and intravenous antibiotics.

Conclusion: Deep infection is a rare but serious complication of dry needling. Standardized guidelines for safety and sterile technique with dry needling are needed to minimize the risk of infection.

¹Department of Orthopaedic Surgery, University of South Alabama, Mobile, Alabama

^aE-mail address for D.C. Kim: dckim@health.southalabama.edu

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Physical Therapy Program
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

DPT Curriculum Class 2018

12222015

All courses have the prefix DPT

Year 1

Course #	Course Name	Credit
Summer 1 (11 weeks) - 2016		
5001	Clinical Anatomy I	6
5201	Examination & Evaluation I	2
5211	Foundations of Intervention I	2
5711	Professional Development I	2
5841	Independent Study	1-3
Semester Total		12

Fall 1 (16 weeks) - 2016		
5011	Neuroscience	3
5101	Movement Science I	3
5141	Human Growth & Development	2
5151	Motor Control & Motor Learning	2
5202	Examination & Evaluation II	2
5212	Foundations of Intervention II	2
5621	Evidence Based Practice	3
5842	Independent Study	1-3
5901	ICE I (2 blocks of 1 week, total: 2 weeks)	1
Semester Total		18

Spring 1 (20 weeks) - 2017		
Academic Block January - April		
5111	Exercise Science	2
5161	Psychosocial Aspects of Care I	1
5301	Medical Conditions I	4
5401	Musculoskeletal Conditions I	4
5501	Neuromuscular Conditions I	3
5631	Clinical Reasoning I	1
5731	Health Care Delivery I	1
5843	Independent Study	1-3
IPE 5002	IPE	.
Semester Total		16

Year 1 Total **46**

Year 2

Course #	Course Name	Credit
Summer 2 (11 weeks) - 2017		
6931	Clinical Education I (4 of 8 weeks) June	5
Academic Block July-August		
6002	Clinical Anatomy II	3
6402	Musculoskeletal Conditions II	2
6502	Neuromuscular Conditions II	2
6851	Independent Study	1-3
Semester Total		12

Fall 2 (16 weeks) - 2017		
6102	Movement Science II	2
5162	Psychosocial Aspects of Care II	2
6302	Medical Conditions II	2
6403	Musculoskeletal Conditions III	4
6503	Neuromuscular Conditions III	4
6632	Clinical Reasoning II	1
6712	Professional Development II	2
IPE 6001	IPE	.
6852	Independent Study	1-3
6902	ICE II (2 week block)	1
Semester Total		18

Spring 2 (20 weeks) - 2018		
6932	Clinical Education II (10 weeks) January-March	6
Academic Block March-May		
7112	Applied Exercise Science	3
6303	Medical Conditions III	3
6633	Clinical Reasoning III	2
6713	Professional Development III	1
6732	Healthcare Delivery II	3
TBD	IPE Clinical Transformations	.
6853	Independent Study	1-3
Semester Total		18

Year 2 Total **48**

Year 3

Course #	Course Name	Credit
Summer 3 (11 weeks) - 2018		
7171	Health & Wellness	3
7212	Elective I	2-4
7641	Integrated Practice	3
7651	Clinical Reasoning Capstone	4
TBD	IPE Clinical Transformations	.
7861	Independent Study	1-3
Semester Total		12

Internship Phase - begins Fall 3 - 2018		
7862	Independent Study	1-3
7933	Clinical Education III (16 weeks)	10
Semester Total		10

Year 3 Total **22**

Program Total Credit Hours **116**

Total Weeks of Clinical Education **38**

* all credits for Clinical Education I are given in SU2, upon completion
Credits for Clinical Education courses (0.6 credits/week)

Approved

Margaret Schenkman, PT, PhD, FAPTA
Professor and Director, Physical Therapy Program
Associate Dean, Physical Therapy Education

Program Degree Type and Name: DPT Doctorate of Physical Therapy

Catalog Year: 2017 - 2018

Program Level: Graduate

* Denote core course with an asterisk and (cc) next to the course number

Year and Term: Year 1 Fall Trimester			Year and Term: Year 1 Spring Trimester		
Course Number & Title	Credits	Per Classification	Course Number & Title	Credits	Per Classification
HLSC 205 Safety Precautions	1	GE	HLSC 410 Applied Neuroscience	4	GE
BIOL 303 Human Anatomy lecture	3		PHTR 506 Kinesiology	4	
PHTR 507 Human Gross Anatomy lab	2		*PHTR 500 Intro to PT Measurement (cc)	2	
PHTR 509 Physiology	3		PHTR 508 Applied Physiology of Exercise	1	
PHTR 511 Rehabilitation Research 1	2				
Term Credit Total:	11		Term Credit Total:	11	
Year and Term: Year 1 Sum. Trimester			Year and Term: Year 2 Fall Trimester		
Course Number & Title	Credits	Per Classification	Course Number & Title	Credits	Per Classification
PHTR 505 Pharmacology for PT	1	GE	PHTR 535 Childhood and PT	6	GE
PHTR 516 Patient/Client Management 1	3		PHTR 536 Childhood and Prob Solving	1	
PHTR 525 Pathology	3		PHTR 541 Patient/Client Management 2	3	
PHTR 556 Intro to Teach and Learning	1				
PHTR 520 Motor Learning and Control	1				
Term Credit Total:	9		Term Credit Total:	10	
Year and Term: Year 2 Spring Trimester			Year and Term: Year 3 Fall Trimester		
Course Number & Title	Credits	Per Classification	Course Number & Title	Credits	Per Classification
PHTR 545 Adolescence and PT	5	GE	PHTR 616 Adulthood and PT I	3	GE
PHTR 546 Adolescence and Prob Solving	1		PHTR 617 Adulthood and PT II	3	
PHTR 561 Patient/Client Management 3	3		PHTR 618 Adulthood and Prob Solving	1	
PHTR 531 Rehab Research 2	2		PHTR 619 Medical Differential	2	
PHTR 556 Ethics, Values and Practice	1		PHTR 621 Radiology for PT	1	
Term Credit Total:	12		Term Credit Total:	10	
Year and Term: Year 3 Spring Trimester			Year and Term: Year 4 Fall Trimester		
Course Number & Title	Credits	Per Classification	Course Number & Title	Credits	Per Classification
PHTR 627 Maturity and PT I	3	GE	PHTR 710 Research Externship 2	2	GE
PHTR 628 Maturity and PT II	3		PHTR 720 Adv. Clinical Education 3	3	
PHTR 630 Case Study	3		Professional Practice Preparation	1	
PHTR 631 Maturity and Prob Solving	1				
Term Credit Total:	6		Term Credit Total:	6	
Year and Term: Year 3 Sum. Trimester			Year and Term: Year 4 Spring Trimester		
Course Number & Title	Credits	Per Classification	Course Number & Title	Credits	Per Classification
PHTR 620 Prof Mgmt. and Admin	3	GE	PHTR 710 Research Externship 2	2	GE
PHTR 700 Adv. Clinical Education 1	3		PHTR 720 Adv. Clinical Education 3	3	
PHTR 709 Research Externship 1	2				
PHTR 705 Adv. Clinical Education 2	3				
Term Credit Total:	11		Term Credit Total:	6	
Program Totals			Credits: 96		
			General Education: N/A		
			Major & Major Elective: 96		
			Open Elective: N/A		

Legend: CR: Credits GE: General Education Maj: Major / Major Elective OE: Open Elective

DPT Curriculum

DPT Curriculum – (Changes in effect Fall 2018)

2019-2022 Cohort

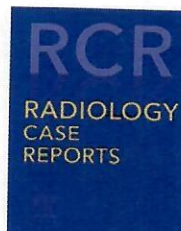
First Year (39 credits)		
Summer 2019	Fall 2019	Spring 2020
PT 7114 Professional Issues	PT 7125 Clinical Decision Making I	PT 7130 Clinical Ed Orientation
PT 7116 Health & Wellness in PT I	PT 7326 Neuroscience I - Functional Neuroanatomy	PT 7135 Clinical Decision Making II
PT 7211 Anatomy I	PT 7327 Research in Physical Therapy I	PT 7231 Anatomy II – Spine
PT 7312 Patient Care Skills I	PT 7328 Exam Techniques	PT 7333 Body Systems II
PT 7313 Body Systems I –Pathology	PT 7428 Therapeutic Interventions	PT 7336 Neuroscience II
		PT 7539 Musculoskeletal I
10 credits	14 credits	15 credits
Second Year (38 credits)		

Summer 2020	Fall 2020	Spring 2021
PT 7241 Anatomy III	PT 7150 Directed Clinical	PT 7150 Directed Clinical
PT 7346 Neuroscience III – Adult Neurology	PT 7155 Clinical Decision Making III	PT 7165 Clinical Decision Making IV
PT 7347 Research in Physical Therapy II	PT 7251 Anatomy IV – UE	PT 7263 Body Systems III - Diagnostics
PT 7549 Musculoskeletal II –LE	PT 7356 Neuroscience IV – Geriatrics	PT 7268 Advanced Therapeutic Interventions
	PT 7559 Musculoskeletal III – UE	PT 7364 Management Issues
	PT 7157 Research III	PT 7462 Patient Care Skills II
13 credits	12-13 credits	12-13 credits
Third Year		
(22 credits)		
Summer 2021	Fall 2021	Spring 2022
PT 7370 Clinical Ed I	PT 7480 Clinical Ed II	PT 7690 Clinical Ed IV
PT 7166 Health & Wellness in PT II	PT 7481 Clinical Ed III	PT 7190 Independent Study
PT 7274 Special Issues in PT	PT 7190 Independent Study	
PT 7190 Independent Study		
6-7 credits	8-9 credits	6-7 credits

99 credits total**PT 7150 must be taken once****PT 7190 must be taken twice**

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Case Report

A case with iatrogenic pneumothorax due to deep dry needling

Tugce Uzar^a, Irem Turkmen^a, Elif Berber Menekse, MD^b, Adem Dirican, MD^c, Pankina Ekaterina, MD^d, Sevket Ozkaya, MD^{e,*}^a Medical Intern, Bahcesehir University, Faculty of Medicine, Istanbul, Turkey^b Physical Therapy and Rehabilitation, Istinye University, Faculty of Medicine, Department of Physical Therapy and Rehabilitation, Istanbul, Turkey^c Samsun Medicalpark Hospital, Department of Pulmonary Medicine, Samsun, Turkey^d Bashkir State Medical University, Faculty of Medicine, Department of Pulmonary Medicine, Ufa, Russia^e Bahcesehir University, Faculty of Medicine, Department of Pulmonary Medicine, Istanbul, Turkey

ARTICLE INFO

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Radiology

ABSTRACT

Deep dry needling is an evidence-based treatment technique that is accepted and used by physical therapists for treatment of musculoskeletal pain. We present a case of iatrogenic pneumothorax due to deep dry needling over the posterior thorax. A 36-year old presented with right chest pain 2 hours after dry needling for pain in his back muscles. Chest radiograph suggested small right pneumothorax and the finding was confirmed by computed tomography. Not only should practitioners and their patients be aware of potential complications of dry needling, but also physicians who might see patients with complications.

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Introduction

Pneumothorax is a very rare but serious complication associated with acupuncture and dry needling around the thoracic region. Dry needling is a technique where a solid, very fine needle is inserted into a soft tissue in the body. Trigger point dry needling is an invasive procedure where an acupuncture needle is inserted into the skin and muscle. It is aimed at myofascial trigger points which are hyperirritable spots in skeletal muscle that are associated with a hypersensitive palpable nodule in a taut band. Trigger point dry needling

can be carried out a superficial or deep tissue level. Two techniques commonly used by physiotherapists are superficial dry needling and deep dry needling (DDN). Both techniques are used in the treatment of pain and referred pain from myofascial trigger points MTrp but superficial dry needling can also be used for treating pain from ligaments and joints. The primary areas associated with acupuncture or dry needling-induced pneumothorax are the regions of thorax including the upper trapezius, paraspinal, medial scapular, and subclavicular regions as seen in Figure 1 [1–3]. Present a case with iatrogenic pneumothorax due to DDN over the thorax.

Competing interest: The authors declare that they have no competing interests.

* Corresponding author.

E-mail address: ozkayasevket@yahoo.com (S. Ozkaya).<https://doi.org/10.1016/j.radcr.2018.08.019>1930-0433/© 2018 The Authors. Published by Elsevier Inc. on behalf of University of Washington. This is an open access article under the CC BY-NC-ND license. (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

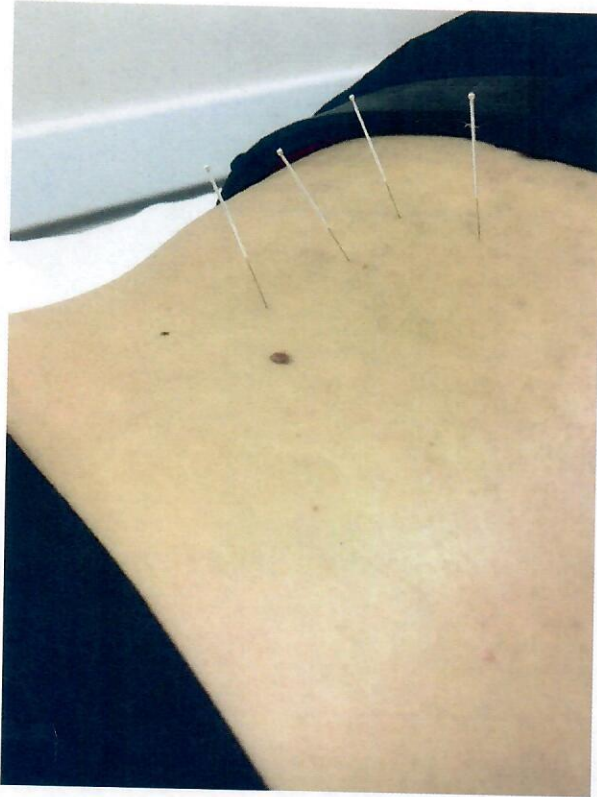


Fig. 1 – The technique of deep dry needling of thorax including the paraspinal, medial scapular, and subclavicular regions.

Case presentation

A 36-year-old male was admitted to our emergency department with a complaint of right chest pain. There was no relevant past medical history. He had undergone dry needling for pain in his back muscles 2 hours earlier and was now experiencing chest pain. Chest auscultation revealed the decreased breath sounds on the right hemithorax. Chest radiography initially seemed to be normal (Fig. 2A), but a minimal pneumothorax was seen as a thin line on the right hemithorax (Arrows in Fig. 2B). High-resolution computed tomography confirmed the iatrogenic pneumothorax due to DDN over the right hemithorax (Figs. 3 and 4). The entrance areas of the needles to lung parenchyma were also seen in Figure 5A. The areas of DDN on patient's chest were shown in the Figure 5B. The pneumothorax was fully recovered without any intervention on the third day (Fig. 6).

Discussion

Dry needling is an evidence-based treatment technique that is accepted and used by physical therapists. This treatment approach focuses on releasing or inactivating muscular trigger points to decrease pain, reduce muscle tension, and assist patients with an accelerated return to active rehabilitation [4].

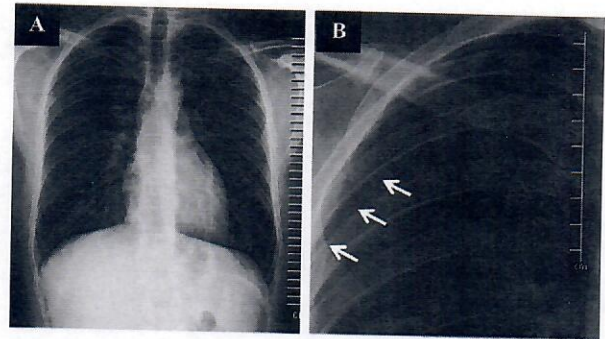


Fig. 2 – Chest roentgenography is looking as normal (Fig. 1A) but when looked carefully, pneumothorax appears as thin line there in the visceral pleura on the right hemithorax (arrows in Fig. 1B).

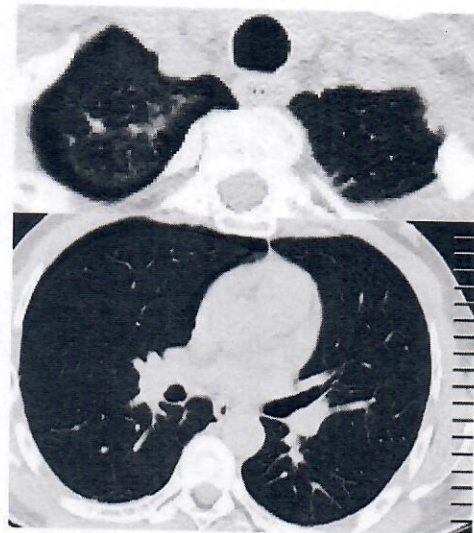


Fig. 3 – High-resolution computed tomography (HRCT) demonstrated the iatrogenic pneumothorax due to deep dry needling (DDN) over the right hemithorax.

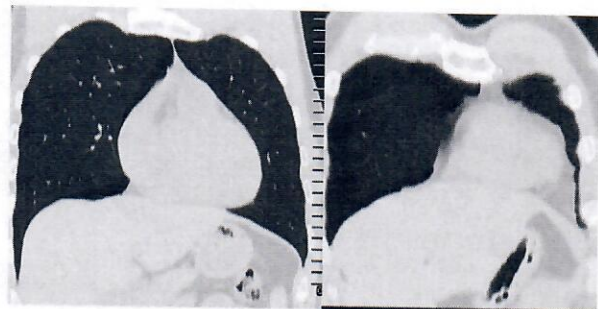


Fig. 4 – High-resolution computed tomography (HRCT) demonstrated the iatrogenic pneumothorax due to deep dry needling (DDN) over the thorax (Coronal plane).

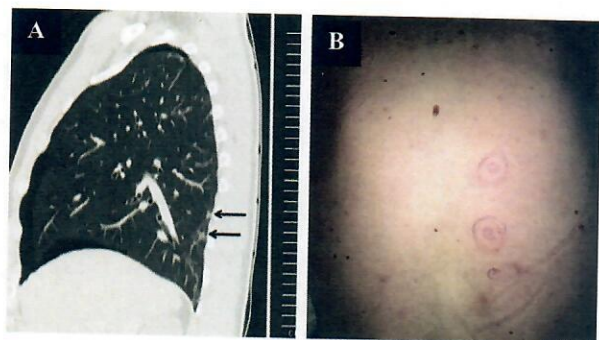


Fig. 5 – The entrance area of the needles to lung parenchyma are also seen in [Figure 4A](#) (arrows). The areas of DDN are showing on the patient's chest in the [Figure 4B](#). DDN, deep dry needling.

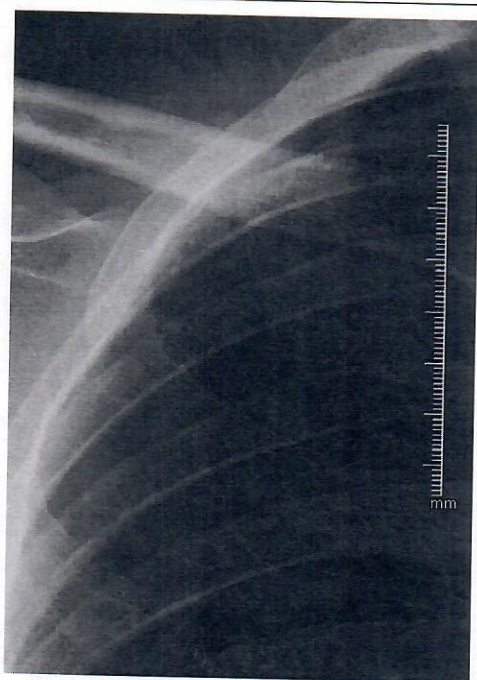


Fig. 6 – The pneumothorax was fully recovered without any intervention on the third day. There is no pneumothorax line on chest roentgenography.

When done correctly, this can be an effective way to minimize the chance of penetrating an unwanted region, such as the pleural cavity. Accidents can happen, however, when the needle slips along the side of a rib and penetrates further than anticipated, with the result compromising the pleural lining and a pneumothorax. Several studies have demonstrated that needling of the serratus anterior, rhomboids, supraspinatus, iliocostalis, and the lower cervical paraspinals can result in pneumothorax. The largest prospective survey of adverse events of acupuncture found 2 cases of pneumothorax related to 2.2 million acupuncture sessions in 0.22 million patients, but we do not know what proportion of the 2.2 million treatments surveyed involved needling over the thorax. DDN over the thorax is very likely to be associated with a higher inci-

dence of pneumothorax [5–7]. Respiratory failure was reported in a patient with iatrogenic bilateral pneumothorax and subsequent tension pneumothorax due to dry needling used in the treatment of myofascial pain [8].

In conclusion, not only must physiotherapists and their patients be aware of potential complications of DDN, but also doctors who might see patients with complications of this procedure. Detailed history-taking and clinical suspicion are important for the definitive diagnosis of pneumothorax in these cases.

Consent

Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

Authors' contributions

TU, IT, EBM, AD, and so have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. All authors read and approved the final manuscript.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.radcr.2018.08.019.

REFERENCES

- [1] Bensoussan A, Myers SP, Carlton AL. Risks associated with the practice of traditional Chinese medicine: an Australian study. *Arch Fam Med* 2000;9:1071–8.
- [2] Cummings M, Ross-Marrs R, Gerwin R. Pneumothorax complication of deep dry needling demonstration. *Acupunct Med* 2014;32:517–19.
- [3] Dommerholt J, Del Morel O, Grobli C. Trigger point dry needling. *J Man Manipulative Ther* 2006;14(4):70–87.
- [4] Halle JS, Halle RJ. Pertinent dry needling considerations for minimizing adverse effects-part one. *Int J Sports Phys Ther* 2016;11(4):651–62.
- [5] White A. A cumulative review of the range and incidence of significant adverse events associated with acupuncture. *Acupunct Med* 2004;22:122–33.
- [6] Witt CM, Pach D, Brinkhaus B, et al. Safety of acupuncture: results of a prospective observational study with 229,230 patients and introduction of a medical information and consent form. *Forsch Komplementmed* 2009;16:91–97.
- [7] McCutcheon Leigh, Yelland Michael. Iatrogenic pneumothorax: safety concerns when using acupuncture or dry needling in the thoracic region. *Phys Ther Rev* 2011;16(2):126–32.
- [8] Kozacı N, Yalcın NC, Ozkaya M, Kırpac V, Celik A. A Rare Complication Caused by Dry Needling Method: Tension Pneumothorax. *Respir Case Rep* 2017;6(3):145–8.

Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Decision Summary

A. The Centers for Medicare & Medicaid Services (CMS) will cover acupuncture for chronic low back pain under section 1862(a)(1)(A) of the Social Security Act. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- For the purpose of this decision, chronic low back pain (cLBP) is defined as:
 - Lasting 12 weeks or longer;
 - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
 - not associated with surgery; and
 - not associated with pregnancy.
- An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.
- Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1)) may furnish acupuncture in accordance with applicable state requirements.

Physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and
- current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

Auxiliary personnel furnishing acupuncture must be under the appropriate level of supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist required by our regulations at 42 CFR §§ 410.26 and 410.27.

B. Nationally Non-Covered Indications

All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare.

See Appendix B for the NCD manual language.

Decision Memo

TO: Administrative File: CAG-00452N

FROM: Tamara Syrek Jensen, JD
Director, Coverage and Analysis Group

Joseph Chin, MD, MS
Deputy Director, Coverage and Analysis Group

Melissa A. Evans, PhD, MSAE
Director, Division of Policy & Evidence Review

Lori Ashby, MA
Deputy Director, Division of Policy and Evidence Review

Andrew Ward, PhD, MPH
Director, Evidence Development Division

Susan Miller, MD
Lead Medical Officer

David Dolan, MBA
Lead Analyst

Xiufen Sui, MD, MS
Biostatistician

SUBJECT: National Coverage Determination for Acupuncture for Chronic Low Back Pain

DATE: January 21, 2020

I. Decision

A. The Centers for Medicare & Medicaid Services (CMS) will cover acupuncture for chronic low back pain under section 1862(a)(1)(A) of the Social Security Act. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- For the purpose of this decision, chronic low back pain (CLBP) is defined as:
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 - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
 - not associated with surgery; and
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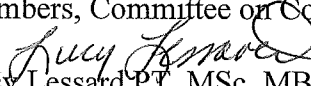
Physician assistants, nurse practitioners/clinical nurse specialists (as identified in 1861(aa)(5)), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and
- current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

From:  Lucy Lessard PT, MSc, MBA, Director Rehabilitation Services, The Queen's Medical Center

Date: January 27, 2020

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Tuesday, January 28, 2020 at 9:00 AM in Room 229

Re: Support for S.B. 2225, Relating to Physical Therapy Practice Act

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of S.B.2225, which would clarify the scope of practice for licensed physical therapists to allow physical therapists to practice dry needling. By allowing physical therapist to perform this therapy, it would provide a benefit to our patients and bring physical therapists in Hawaii up to physical therapy practice standards.

Physical therapists are an integral part of the care team, providing services to help restore function, improve mobility, relieve pain, and prevent or minimize permanent physical disabilities in patients with injury or disease. The changes to the Physical Therapy Practice Act proposed in the bill would update current state law and make it consistent with national standards of care.

Thank you for your time and consideration of this important issue.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

SB-2225

Submitted on: 1/24/2020 7:06:01 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Michelle Hill, DC, LAc	Testifying for Windward Wellness	Oppose	No

Comments:

Dear Chair Baker, Vice Chair Chang, and Committee on Commerce, Consumer Protection and Health,

Please OPPOSE SB2225.

Dry Needling IS a form of acupuncture and acupuncture is already regulated under the Hawaii Board of Acupuncture. "Dry-needling" uses acupuncture needles to alleviate pain and promote healing. It is a technique that has been used in acupuncture for thousands of years.

Even the Center for Medicaid and Medicare Services (CMS) recognizes that dry needling is acupuncture. CMS issued this statement in their decision on Jan 21, 2020 to cover acupuncture for chronic low back pain. "CMS considers dry needling as a type of acupuncture. We note that private payers consider dry needling to be experimental and do not cover this therapy." <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>

- Training for dry-needling by non-licensed acupuncturists is only 52 hours vs over 2000 for licensed acupuncturists.
- Allowing non-acupuncturists to practice dry needling is a public health threat.
- There is no accreditation for dry needling courses.
- There is no national standard or national oversight for dry needling.
- There is no insurance coverage for dry needling nor is there even a CPT code for it.

- There is no licensing process for dry-needling.

Please uphold the current regulations for acupuncture that have been determined by the Hawaii State legislature to be safe for the public.

Regards,

Michelle Hill, LAc

Windward Wellness

SB-2225

Submitted on: 1/24/2020 7:34:28 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
aaron ishigo	Testifying for Big Island Acupuncture	Oppose	No

Comments:

To whom it may concern,

I definitely oppose having physical therapists who would have barely any training performing "Dry needling". I have been doing acupuncture for 18 years and have had 2,000 hours of training to make sure patients would 1-have safe treatments and 2-have someone with a lot of training performing the treatment. Right now there would be no oversight or licensing that would be watching over those who would be doing "dry needling". Thank you for taking the public's safety into consideration and the amount of training needed to safely and effectively perform this type of therapy.

Thanks

Aaron Ishigo

SB-2225

Submitted on: 1/25/2020 8:22:23 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ragnhild Aasen Jenkins	Testifying for Maui Holistic Physical Therapy	Support	No

Comments:

To Whom It May Concern,

Physical Therapists are unfortunately not very good at promoting themselves and speaking up about our profession, although we have been around since the middle of the last century. We work in so many different settings including acute care, short term rehab, long term care, schools and outpatient clinics to mention a few. We have extensive training in working with developmental delays, injuries, neurological impairments, post surgical, functional impairments and pain related issues etc, etc

Physical Therapists have a knowledge in anatomy that few other professions match or pass. This is giving us the ability to identify structures below the skin such as our muscles, where they originate and where they insert on our bony structure known as the skeleton, just through gentle palpation.

Many muscles hold tension, known as active triggerpoints, which can be released through deep hands on work through deep tissue massage and manual triggerpoint release, OR they can with a lot less effort be released through needles being inserted into these points. We all have experienced tight shoulders and neck, where stretching just doesn't do it. It sure would feel good to just apply a needle into the upper trapezius muscle and the levator scapulae to relieve it, wouldn't it!

Making Dry Needling available to Physical Therapists in Hawaii would allow us to have another "tool" in our "tool bag" to ultimately facilitate helping our clients and patients get better faster. Dry needling for PTs is legal in most of the states in the US by now and it is very unfortunate that our Practice Act is written in such a way that we have to jump through hoops to make it legal here in Hawaii, too.

I humbly ask for your sincere consideration in this matter as it would benefit all of the people of Hawaii to have access to dry needling through their Physical Therapist.

Mahalo,

Ragnhild Aasen Jenkins

Owner and PT

Maui Holistic Physical Therapy

SB-2225

Submitted on: 1/24/2020 7:51:27 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Jones	Testifying for Molokai Acupuncture & Massage	Oppose	No

Comments:

"Dry Needling" or putting needles into patients without injecting or withdrawing liquids, is ACUPUNCTURE, plain and simple.

Without a license to practise acupuncture, no one should be doing this in the United States or anywhere else.

Does "dry needling" (ie. Acupuncture) help people by relieving pain? You betcha. And this is why PT's are doing it.... but why would they be allowed to if they have no training in acupuncture?

If we were talking about dentistry - teeth cleaning, extraction, oral surgery, etc.- no one would quip that all these practices be performed by someone licensed to do them.

This is no different.

Inserting needles into someone without injecting or withdrawing liquid is ACUPUNCTURE.

Calling it something else doesn't change this. It only undermines the professionals licensed to perform it.

Mahalo for considering this very important issue.

Michele Jones, L.Ac.

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Mark Yanai, President of Operations, Physical Therapist
Fukuji & Lum Physical Therapy Associates
Email: markyanai@fukujilumpt.com

SB-2225

Submitted on: 1/25/2020 7:44:15 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy and Errol Rubin	Testifying for Rubin Enterprises.Ilc	Oppose	No

Comments:

I am concerned for my safety as a patient, and do not want undereducated Physical therapists putting needles in me or my family. I appreciate the skill set that they are degreed and examined in, but I find that there are enough acupuncturists that are thoroughly trained to use needles. They are more than adequately schooled in that ancient and modern medical therapy.

SB-2225

Submitted on: 1/25/2020 4:27:32 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Yasuko Akiyama-Bevett	Testifying for Body Mind Therapy	Oppose	No

Comments:

I am an acupuncturist, who has been trained in Oriental Medicine. I strongly oppose dry needling by PT for the following reasons;

1) Safety for the patient

It takes at least 4 years of training in Oriental Medicine to practice acupuncture. It is not safe for the public to allow physical therapists to practice acupuncture without a proper training.

2) Dry Needling is same as acupuncture. Dry needling uses acupuncture needles to puncture skin to manipulate acupuncture points in the body.

SB-2225

Submitted on: 1/27/2020 12:20:10 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
JESSE PASAG	Testifying for R.O.C.K. Physical Therapy	Support	No

Comments:

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed and when appropriate.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would definitely take additional training and support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Jesse R Pasag, DPT, OCS

Member / Owner of R.O.C.K. Physical Therapy

2-2514 Kaumualii Hwy #211

Kalaheo, HI 96741

(808) 495-8668 jpasag.dpt@rock-pt.com

SB-2225

Submitted on: 1/27/2020 12:44:37 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Antonio Provencio	Testifying for East 2 West Integrative Medicine	Oppose	No

Comments:

I stand by the statements provided by the acupuncture community to oppose changing the law to allow PTs to pierce the skin using acupuncture needles.



Honorable Chair Rosalyn Baker

Honorable Vice Chair Stanley Chang

CPH, Commerce, Consumer Protection, and Health Concerns

Jeffrey A Tice, DACM, LAc
Longevity Health Center
2045 Main St
Wailuku, HI 96793
T (808) 242-8844
F (808) 244-7414
jeff@longevityhealthmaui.com
LongevityHealthMaui.com

Bill SB2225 on 1/28/2020 at 9:00am

**Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT SB2225:
OPPOSE**

Dear Honorable Chair Baker and Vice Chair Chang,

I am Jeffrey Tice, and am a Licensed Acupuncturist in the state of Hawaii (#732). My practice is in Wailuku, Maui where I co-own Longevity Health Center with my wife, Joyce Tamori of Maui Health Systems. I am also a director on the Board of Hawaii Acupuncture Association.

I am testifying on the measure relating to Physical Therapy Practice Act and am in opposition to this measure. I ask you to please oppose SB2225 for the safety of our community.

I hope to help you understand my position and offer insights for your decision with answering a few key questions:

What is dry needling (DN)? Dry needling is a term, loosely coined by medical doctors (Simons, Travell, and Simons) 40 years ago to describe a technique they used to treat musculoskeletal pain by a system they named myofascial trigger point therapy. The methodology had already been utilized by practitioners of East Asian Medicine for many centuries, but it was called acupuncture and the points were referred to as Ashi points, roughly translated as point of pain or tenderness. The name 'dry needling' evolved from the physicians utilizing hypodermic needles to manipulate the trigger point, but without any



LONGEVITY

HEALTH CENTER

Jeffrey A Tice, DACM, LAc
Longevity Health Center
2045 Main St
Wailuku, HI 96793
T (808) 242-8844
F (808) 244-7414
jeff@longevityhealthmaui.com
LongevityHealthMaui.com

injectable solution, thus the hypodermic needle was dry. In time the hypodermic needle was replaced with the solid, smooth filiform needle used by acupuncturists. This filiform needle is defined by the FDA as an acupuncture needle (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=880.5580>) and is the same device physical therapists are requesting to be a part of their scope. On January 21, 2020 the Centers for Medicare & Medicaid Services (CMS) finalized their decision to cover acupuncture for treatment of chronic low back pain. In the official statement by CMS regarding this decision, they refer to dry needling as a form of acupuncture (<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>). Therefore DN is acupuncture in practice and in the tool utilized, just renamed so as to not be called acupuncture and fall under the same licensing regulations as acupuncture. SB 2225 is a bill requesting the State of Hawaii allow physical therapists to practice a technique already defined and regulated by the Board of Acupuncture, but without requiring them to be licensed and regulated. This is incredibly deceptive and misleading to the community of Hawaii.

Is dry needling safe? This question is tricky. DN is a safe and effective tool for reducing pain and inflammation while helping to improve joint and muscle function, in the hands of a properly license and trained acupuncturist. However, it is not safe in the hands of anyone insufficiently trained. The state of Hawaii DCCA has a Board of Acupuncture to oversee licensing of acupuncture for the safety of its population. Medical Doctors, Osteopathic Physicians, Chiropractors, Nurse Practitioners and Naturopathic Doctors are all allowed to practice acupuncture in Hawaii if they adhere to the same regulations and requirements as a Licensed Acupuncturist (LAc). These requirements are to attend an accredited acupuncture school, pass national board exams and gain certification as a diplomate from the NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine). These requirements include many hundreds of hours of didactic and clinical training specific to the safety and practice of acupuncture, including a separate certification in clean needle technique. If any medical professional has not been licensed as an acupuncturist then they are not allowed to practice acupuncture. This is how the State of Hawaii has wisely chosen to protect its citizens. Physical therapists should be held to the same professional safety standards as all other medical professionals. The American Academy of Medical Acupuncturists not only disagree with PTs being allowed to practice DN, but they require their own membership (entirely MD's) to undergo a minimum of 300 hours didactic and clinical training before practicing acupuncture (<https://www.nccaom.org/about-us/press/press-releases/aama-policy-on-dry-needling/>). So yes, dry needling can be safely practiced, if regulatory guidelines already established are followed.

Are there too few Licensed Acupuncturists in Hawaii to sufficiently serve the public demand? The simple answer is: NO. Although many medical services are challenged in Hawaii as we routinely suffer shortages of nurses, and MDs, we do not suffer a shortage of active LACs.



The active license statistics for both physical therapist and LAc are comparable, and most acupuncture practices I am aware of remain open to new patients. So the demand can certainly be met.

I, Jeffrey Tice, oppose SB2225 wherein Physical Therapists are petitioning to include dry needling in their scope of practice. PTs are well educated and trained in many aspects of physical rehabilitation and condition relating to the musculoskeletal system, but are not trained in invasive procedures, such as puncturing of the skin, nor does their license allow them to practice acupuncture. Acupuncture is safely regulated by the Board of Acupuncture and practiced by Licensed Acupuncturists. Dry needling is a form of acupuncture and should remain under the supervision of the Board of Acupuncture.

Jeffrey A Tice, DACM, LAc
Longevity Health Center
2045 Main St
Wailuku, HI 96793
T (808) 242-8844
F (808) 244-7414
jeff@longevityhealthmaui.com
LongevityHealthMaui.com

Thank you for the opportunity to testify,

Jeffrey A Tice, DACM, LAc

SB-2225

Submitted on: 1/27/2020 2:43:23 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Timothy Nguyen	Testifying for Acupuncture & Wellness Center, LLC	Oppose	No

Comments:

Dear Chair Baker, Vice Chair Chang, and Committee of Commerce, Consumer Protection and Health,

We strongly urge the Committee to OPPOSE SB2225 for the following reasons:

1) Dry needling is a form of acupuncture; and acupuncture has been already regulated under the Hawaii Board of Acupuncture. Dry needling uses acupuncture needles to alleviate pain and promote healing. It is a technique that has been used in acupuncture for thousands of years.

2) Centers for Medicare and Medicaid Services (CMS) clearly defines dry needling as a "type of acupuncture" in their decision on January 21, 2020 to cover acupuncture for chronic low back pain.

3)

Only a physician as defined by [Medicare in 1861\(r\)\(1\)](#) (i.e. an MD or DO), and **those with “a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM)” may furnish acupuncture.** This clearly prevents those with substandard training from providing services, protecting the quality of care for beneficiaries

4) Training for dry needling for unlicensed acupuncturists is only 52 hours vs. over 2,000 hours for licensed acupuncturists. This insufficient/improper training would potentially impose harms to the public, which is one of our profession's utmost concerns.

5) There is neither accreditation for dry needling courses nor national standard oversight for dry needling.

With all that being said, we urge the Committee to uphold the current regulations for acupuncture that have been determined by the Hawaii State legislature to be safe for the public.

Aloha,

Acupuncture & Wellness Center, LLC

808-319-7791

SB-2225

Submitted on: 1/27/2020 8:54:55 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paulynn Hanief	Testifying for KVMH	Support	No

Comments:

Dear Chair and Committee Members,

I am a registered Physical Therapist in the island of Kauai and had been in practice for the past 4 years. I would like to ask for your approval on this proposed changes to the Physical Therapist Practice Act. The revision will allow for PT professionals to use dry needling as a treatment option when necessary. The Practice Act needs to be updated to allow our profession to grown and be current and up to date with the current and future climate of healthcare. Dry needling is a safe and effective method and is supported with recent studies and thus is an effective intervention without the use of opiods. I strongly urge you to support passage of this bill.

Mahalo nui loa for your consideration.

SB-2225

Submitted on: 1/25/2020 11:29:25 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen MacIsaac	Individual	Oppose	No

Comments:

Dear Chair Baker, Vice Chair Chang, and Committee on Commerce, Consumer Protection and Health,

Please OPPOSE SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated under the Hawaii Board of Acupuncture. "Dry-needling" uses acupuncture needles to alleviate pain and promote healing. It is a technique that has been used in acupuncture for thousands of years.

Even the Center for Medicaid and Medicare Services (CMS) recognizes that dry needling is acupuncture. CMS issued this statement in their decision on Jan 21, 2020 to cover acupuncture for chronic low back pain. "CMS considers dry needling as a type of acupuncture. We note that private payers consider dry needling to be experimental and do not cover this therapy."

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>

- Training for dry-needling by non-licensed acupuncturists is only 52 hours vs over 2000 for licensed acupuncturists.
- Allowing non-acupuncturists to practice dry needling is a public health threat.
- There is no accreditation for dry needling courses.
- There is no national standard or national oversight for dry needling.
- There is no insurance coverage for dry needling nor is there even a CPT code for it.
- There is no licensing process for dry-needling.

Please uphold the current regulations for acupuncture that have been determined by the Hawaii State legislature to be safe for the public.

Sincerely,

Karen MacIsaac, L.Ac.

Acupuncture and Herbs

kmac@westhawaii.net

808-329-4393

HAWAII ACUPUNCTURE ASSOCIATION

A NONPROFIT ORGANIZATION CHARTERED BY THE STATE OF HAWAII

P.O. Box 104, Kamuela, HI 9674

Honorable Chair Senator Rosalyn Baker
Honorable Vice Chair Senator Stanley Chang
CPH, Commerce, Consumer Protection, and Health Committee

Hawaii Acupuncture Association
P.O. Box 104
Kamuela, HI 96743

1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT
SB2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

We, the Hawaii Acupuncture Association, represent our members, colleagues, students, and proponents for the health and safety of the citizens of Hawaii. In the act of piercing the skin with a needle, as proposed by the Physical Therapist Practice Act and all its ramifications, we know that the safety and health of the public are at stake.

We are testifying on the measure Relating to Physical Therapy Practice Act and are in opposition to this measure and are asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture, and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and

Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure, and as such, could be a danger and safety concern to the public. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists of approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops.
- There is no accreditation for dry needling courses.
- There is no national standard or national oversight for dry needling.
- There is no licensing process for dry needling.
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking.
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master’s degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.

Physical Therapists are highly trained experts in their field of physical rehabilitation, though their education does not effectively include the invasive technique of dry needling acupuncture and all that this entails.

According to American Casualty Company of Reading Pennsylvania, the PT CNA company, it is purportedly reported that there were only 3,413 PT claims between 2012 -2017 and 1% of this were for reported losses of \$341,290.00 due to Dry Needling by Physical Therapist claims. This is only one insurance company reporting open claims, not closed claims. According to PT in Motion News (2016), the growth of Physical Therapy profession is exponentially rising, and with it reported and unreported safety incidents. The article states in a new report from Healthcare Provider's Service Organization (HPSO), that between 2012 -2015, malpractice claims rose to 42 million dollars. It is further stated that in allegations made against PT's and PTA's "now at 22.5% in the management category represents the largest percentage of closed claims". Examples of improper management are listed. A sub-standard education and training of dry needling acupuncture may readily fall into this category and a closer look should be made to verify the HPSO's claims that "working within physical therapy practices have the highest percentage of closed claims at 78.1%".

Evidence-based medicine is helping to describe classical acupuncture, which has always been inclusive of dry needling techniques, and traditional Chinese medicine in our western, bio-medicine world. Meta-analysis of acupuncture data concludes that acupuncture is effective for treatment of chronic pain and health disparities with treatment effects persisting over time. This speaks emphatically to our current Opioid and Addiction Crises and health care expenditures. Acupuncture is currently one of the most widely studied medical interventions, and much of the literature the Physical Therapy community uses is drawn from acupuncture research studies.

Patient and public safety is at stake here. In our State of Hawaii, an integration of cultures exists and are bonded with medicines that are part of this multi-cultural heritage. We want to keep our patients healthy and assure them that when they need medical services, they will receive the best that Hawaii has to offer. We want our medical community to be educated, trained, and practice their medicine with integrity for the safety of the patients of Hawaii.

Please uphold the current regulations that have been determined by the Hawaii State Legislature to be safe for the public. Here, we, the Hawaii Acupuncture Association, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Hawaii Acupuncture Association

Barbara Ota, DACM, DAc. President
Becky Jacobs, DACM, DAc, Vice-President
Antonio Provencio, cDACM LAc, Director
Janet Boyd, DACMc,LAc, Director
Denice Murphy, MSOM, LAc, Director
Jeffrey Tice, DACM, LAc, Director
Soraya Faris-Applegate, DACM, LAc, Director

Otab83@gmail.com
haamember@aol.com

References:

American Chronic Pain Association Resource Guide to Chronic Pain Management, An Integrated Guide to Medical, Interventional, Behavioral Pharmacologic and Rehabilitation Therapies. Feinberg S (ed.) American Chronic Pain

American Society of Acupuncturist (2020) <https://www.asacu.org>

Association Inc., Rocklin, California. 2019. Retrieved May 13, 2019 from: https://www.theacpa.org/wp-content/uploads/2019/02/ACPA_Resource_Guide_2019.pdf

Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017;166(7):493- 505. doi: 10.7326/M16-2459. Epub 2017 Feb 14.

Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N) <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Fan, A.Y. and Faggert, S (2017) Distribution of licensed acupuncturists and educational Institutions in the United States at the start of 2018. *Journal of Integrative Medicine*, , 16(1),1-5. Doi:10.1016, joim2017.12.003

NCCAOM (2020) www.NCCAOM.org

PT in Motion News (2016) www.apta.org

SB-2225

Submitted on: 1/25/2020 9:05:08 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Koji Kajiwara	Testifying for Hawaii Acupuncture Association	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker & Honorable Vice Chair Senator Stanley Chang,

I believe that the "public safety" is most important. Physical therapists are not competent enough to use any type of needles to puncture or piercing the skin of the patient. In the statute of Physical Therapy 461J-2.5 HRS Prohibited practices clearly defined. Again, Physical therapists are not trained well enough for using any type of needles. Please make your sound judgement. Thank you.

SB-2225

Submitted on: 1/26/2020 7:39:03 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Brooke Foreman	Testifying for Hawaii Acupuncture Association	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker

- Honorable Vice Chair Senator Stanley Chang

CPH, Commerce, Consumer Protection, and Health Committee

Dr. Brooke Foreman, Acupuncturist

Hawaii Acupuncture Association, Member

808-238-4887

Bill SB2225 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Dr. Brooke Foreman, and am “a Licensed Acupuncturist”, here in the State of Hawaii.

I provide safe and effective acupuncture to patients on the island of Kauai and belong to the Hawaii Acupuncture Association and am a diplomat of the National Certification Commission for Acupuncture & Oriental Medicine (NCCAOM).

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, YOUR NAME here, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Dr. Brooke Foreman, Acupuncturist

- Diplomat of Oriental Medicine, NCCAOM
- Hawaii AC1148

SB-2225

Submitted on: 1/27/2020 5:22:07 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marcy Newman	Testifying for Hawaii Acupuncture Association	Oppose	No

Comments:

Dear Legislators,

As an acupuncturist for 15 years and a registered nurse I am very focused on quality of care. There are inherent issues of patient safety with physical therapists doing dry needling. In my doctoral education in Acupuncture and Chinese Medicine - we spoke about the number of hours that physical therapists receive prior to them providing dry needling. Also, I have personally read alarming statistics depicting patients receiving this type of treatment and having ill effects. Please - as you consider this bill - consider my statement and do the right thing and oppose this bill!

Sincerely,

Marcy B. Newman, DACM, MS, RN, MPH

Licensed Acupuncturist and Registered Nurse (at the VA)

mbncaring@gmail.com

SB-2225

Submitted on: 1/25/2020 9:38:10 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Perry	Testifying for Hawaii Acupuncture Association	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker

- Honorable Vice Chair Senator Stanley Chang

CPH, Commerce, Consumer Protection, and Health Committee

Jennifer Perry

- Hawaii Acupuncture Association, Member

(808) 256-1035, P.O. Box 10455, Honolulu, HI 96816

Bill SB2225 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Jennifer Perry, and am “a Licensed Acupuncturist” .

I have been a licensed health care professional for 26 years. My clinic is in Kaimuki and I offer integrative therapies for pain relief, stress reduction, lymphatic health, and more. I am also a member of the Hawaii Acupuncture Association.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare

Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- · There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- · Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- · There is no accreditation for dry needling courses
- · There is no national standard or national oversight for dry needling
- · There is no licensing process for dry needling
- · The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- · For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master’s degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- · There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- · Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, YOUR NAME here, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Jennifer Perry, L.Ac. 997, M.S.O.M, LMT 3376, and Certified NET Practitioner

SB-2225

Submitted on: 1/26/2020 5:45:26 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
karen altergott	Testifying for HAA	Oppose	No

Comments:

As an acupuncturist since 2001, my Masters degree includes 3,300 of hours of academic and clinical hours. Anatomy and Physiology is just the start. Acupuncture point location; needle depth, insertion and function are a very thorough point of study. My schooling included a cadaver lab and intensive practical needling with classmates. As students, we worked in clinical settings on a weekly basis for three years with Liscensed Acupuncturist to learn proper bed side manner and patient care. Please realize Acupuncture is more than dry needling. Look at the history of the Oriental Medicine and it's entailed theories over the last several thousand years. As a Nationally certified Acupuncturist, I complete 60 credit hours in continuing education every four years.

SB-2225

Submitted on: 1/25/2020 4:59:29 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Billy F.Schultze	Testifying for Hawaii Acupuncture Association	Oppose	No

Comments:

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Billy F. Schultze, an acupuncture student, patient, and a proponent of public safety here in my home state of Hawaii.

I am a retired Army Officer that served 24 years of active duty service. Four of those years were based here out of Schofield Barracks with the 25th Infantry Division. I also did an additional two years here at Hawaii Pacific University with the 172nd Infantry Brigade while completing my college degree. I have a combined 13 years of deployments to both restricted and combat zones. About two years ago, I purchased my home in Makakilo and live there with my wife and son. We are very proud to call Hawaii our home. I have witnessed firsthand how acupuncture and oriental medicine is unparalleled in the treatment of veterans, especially those who suffer from the chronic physical and mental wounds of combat, like myself. So, as a strong advocate for my fellow veterans and their healthcare, I began studying Traditional Chinese Medicine last year with the Institute of Clinical Acupuncture and Oriental Medicine in Chinatown. It is my mission to graduate from there, get licensed, and specialize in veteran healthcare here. As a scholar, I also became a student member with the Hawaii Acupuncture Association, and I am writing this as part of our combined efforts.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that "those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish

acupuncture". For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture.

Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, Billy F. Schultze, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Billy F. Schultze

SB-2225

Submitted on: 1/25/2020 2:26:35 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Emily Cox	Individual	Oppose	No

Comments:

I am an acupuncture student at the Institute of Clinical Acupuncture and Oriental Medicine, and I oppose of dry needling being performed by physical therapists. My four-year education amounts around \$80,000 overall, and if you allow dry needling to be performed by physical therapists, you are making my education worthless. It is diminishing our profession that has over a 3,000 year history.

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

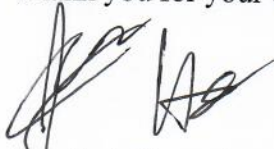
I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** HB1807 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

Physical Therapy Assistants are not able to do dry needling through our national practice guidelines. However, we do support changes to the Physical Therapy Practice Act so that our overseeing Physical Therapists are able to have access to their full skillset and provide the full range of services within their education and training. It is ultimately important that our shared patients gain the benefits of these changes.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be a stylized 'A' or 'J' followed by a flourish.

Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Justin Ho, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.


Signature

01/27/2020
Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** HB1807 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

Physical Therapy Assistants are not able to do dry needling through our national practice guidelines. However, we do support changes to the Physical Therapy Practice Act so that our overseeing Physical Therapists are able to have access to their full skillset and provide the full range of services within their education and training. It is ultimately important that our shared patients gain the benefits of these changes.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read 'Shufan', written in a cursive style.

Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Shanna Alunan, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

Shanna Alunan
Signature

1/27/2020
Date

Consent to Use Name and/ or Signature

I, Jon Ching, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

Jon Ching 1/27/20
Signature Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** HB1807 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** HB1807 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Breana Padua".

Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Breana Padua, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

Breana Padua
Signature

1/27/2020
Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in cursive script, reading "Nina Randuelli". The signature is written in dark ink and is positioned above the printed name of the signatory.

Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Nina Ramdedon'e, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.


Signature

01/27/20
Date

Consent to Use Name and/ or Signature

I, Martha Siza Garcia, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.



Signature

1/27/2020

Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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Physical Therapy Assistants are not able to do dry needling through our national practice guidelines. However, we do support changes to the Physical Therapy Practice Act so that our overseeing Physical Therapists are able to have access to their full skillset and provide the full range of services within their education and training. It is ultimately important that our shared patients gain the benefits of these changes.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Martha "JPa" Garcia

Physical Therapist Assistant Student



Consent to Use Name and/ or Signature

I, Porscha Tupinico, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.



Signature

1/21/2020

Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, consisting of a stylized, cursive 'P' followed by a long, horizontal flourish that tapers to the right.

Physical Therapist Assistant Student

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

 1/27/20

Consent to Use Name and/ or Signature

I, Stacie Shiroma, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

Stacie Shiroma
Signature

1/27/20
Date

Consent to Use Name and/ or Signature

I, Evan Nune, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.



Signature

1-27-20

Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

A handwritten signature in black ink, consisting of stylized, flowing letters that appear to be 'M' and 'A' followed by a long horizontal stroke.

Consent to Use Name and/ or Signature

I, Brooke Hoffman, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

Brooke Hoffman

Signature

1/27/2020

Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

A handwritten signature in blue ink, appearing to be 'Brie H', followed by a long horizontal line extending to the right.

Consent to Use Name and/ or Signature

I, Thea Ann Cayaban De Vero, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.


Signature

1-27-2020
Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

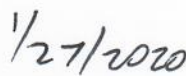
Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Francis Bobby Pagdilao, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.



Signature



Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be 'F. B. [unclear]', written in a cursive style.

Physical Therapist Assistant Student

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

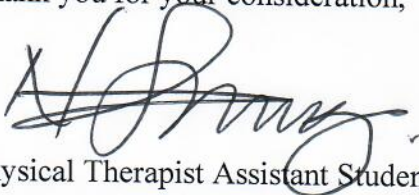
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be 'A. P. King', written over a horizontal line.

Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Noel Dora Cruz, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.


Signature

01/27/2020
Date

Consent to Use Name and/ or Signature

I, James G. Gaspar, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

James Gaspar
Signature

1/27/2020
Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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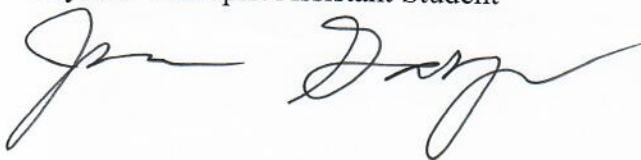
Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

A handwritten signature in black ink, appearing to read 'John Darg', written over a horizontal line.

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Reese M." with a stylized flourish at the end.

Physical Therapist Assistant Student

Consent to Use Name and/ or Signature

I, Reese Matsuno, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.

Reese Matsuno 1/27/2020
Signature Date

Consent to Use Name and/ or Signature

I, GREGORY BRUCE FOLE, hereby authorize the American Physical Therapy Association- Hawaii Chapter (APTA- HI) to use my signature and/ or submittal on written testimonies supporting the bill to amend the Physical Therapy Practice Act in Hawaii. I understand that this consent is required in order to make minor edits to the original documents, as bill numbers and versions may change, so that APTA- HI may submit timely and accurate testimonies on my behalf. I am authorizing the use of my signature and/ or for submitting testimonies to the Hawaii Senate and House of Representatives, and for no other purpose.


Signature

1/27/20
Date

HB 1807

Relating to the Physical Therapy Act

Stance: SUPPORT

Chair John Mizuno, Vice Chair Bertrand Kobayashi, and Members of the Health Committee

Chair Takashi Ohno, Vice Chair Dale Kobayashi and Members of the Intrastate Commerce Committee

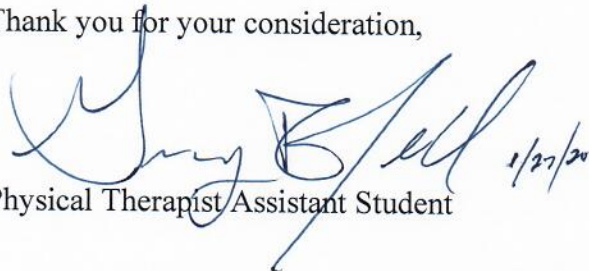
I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** HB1807 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

Physical Therapy Assistants are not able to do dry needling through our national practice guidelines. However, we do support changes to the Physical Therapy Practice Act so that our overseeing Physical Therapists are able to have access to their full skillset and provide the full range of services within their education and training. It is ultimately important that our shared patients gain the benefits of these changes.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

 1/27/20
Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

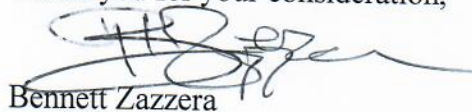
I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,



Bennett Zazzera

Doctor of Physical Therapy, Director of KCC PTA program
bzazzera@hawaii.edu

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

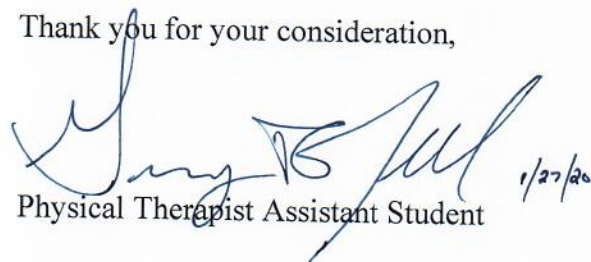
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Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Physical Therapist Assistant Student 1/27/20

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

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Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Handwritten signature of Reese Mo in cursive script.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** SB 2225 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

A handwritten signature in cursive script, appearing to read "Jan Drey".

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

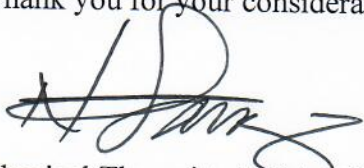
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Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be 'A. Davis', written over a faint circular stamp.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** SB 2225 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA student, I have experienced how our profession impacts the community and promotes the continued wellbeing of the residents of Hawaii.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be 'F. B. S.', written in a cursive style.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

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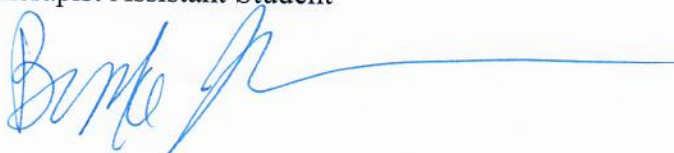
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

A handwritten signature in blue ink, appearing to be "Brynn R.", followed by a long horizontal line extending to the right.

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** SB 2225 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

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SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

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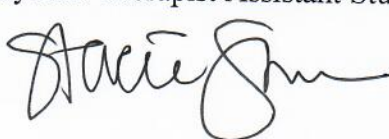
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

 1/27/20

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

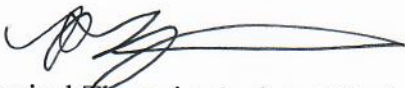
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, consisting of stylized initials and a long horizontal flourish.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** SB 2225 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Martha "Tifa" Garcia

Physical Therapist Assistant Student

Jeta Garcia

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in cursive script, reading "Nina Ramakeli". The signature is written in dark ink and is positioned above the printed name.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support** SB 2225 the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Bryanna Padua". The script is cursive and fluid.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to be 'SLP' followed by a stylized flourish.

Physical Therapist Assistant Student

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

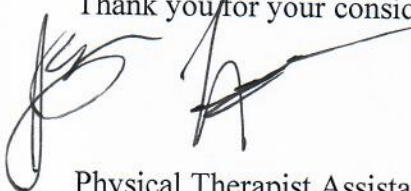
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, positioned above the printed name.

Physical Therapist Assistant Student

Honorable Chair Senator Rosalyn H. Baker
Honorable Vice Chair Senator Stanley Chang
CPH, Commerce, Consumer Protection, and Health Committee

Barbara Ota, DACM, DAc

Hawaii Acupuncture Association, President

Otab83@gmail.com, 808-882-7890

1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE
ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator
Chang,

My name is Dr. Barbara Ota, and am a doctoral approved licensed
acupuncturist in the State of Hawai'i, living and practicing on the
Big Island of Hawai'i. I have just been appointed by my colleagues
as President of the Hawai'i Acupuncture Association.

**I attended the University of Hawaii for my bachelor degree with
graduate and doctoral work done both in Hawaii and California. I
have practiced Acupuncture and Oriental/Chinese Medicine for the
past 19 years here. I strongly oppose the Physical Therapist Act
changes that include dry needling and the inclusive language used
to support their measure.**

I am testifying on the measure Relating to Physical Therapy
Practice Act and I am in opposition to this measure and am asking
you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine

(ACAOM). The ACAOM is recognized for this by the United States Department of Education.

- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.

While physical therapists are highly trained experts in their field of physical rehabilitation, their education does not effectively include invasive techniques that penetrate the skin surface nor the vast body of information on using needling therapeutically.

The physical therapy community is promulgating entry into this field with as little as 12-27 hours of unaccredited coursework. There are no objectively determined standards of education, curriculum, standardized national examination or requisite knowledge, skills, and abilities for physical therapists to do dry needling acupuncture. There is no system of demonstrating a physical therapist has minimal competency or safety in any training for the public without meeting the standards required for dry needling acupuncture.

Evidence-based medicine is helping to describe classical acupuncture and traditional Chinese medicine in our western, bio-medicine world with comprehensive language and terminology. Meta-analysis of acupuncture data concludes that acupuncture is effective for pain and health disparities with treatment effects persisting over time. This speaks emphatically to our current opioid crisis and health care expenditures. Acupuncture is currently one of the most widely studied medical interventions, and much of the literature the Physical Therapy community uses is drawn from acupuncture research studies.

Hawai'i has the highest density, at 52.8 per 100,000 people, of licensed acupuncturists of any state in America (Fan and Faggert, 2017). The profession is well equipped to provide safe and effective service for the citizens of Hawai'i.

Patient and public safety is at stake here. In our beloved state of Hawai'i, an integration of culture exists and are bonded with medicines that are part

of this multi-cultural heritage. I want to keep my patients healthy and assure them that when they need medical services, they will receive the best that Hawaii has to offer. We want our medical community to be educated, trained and practice their medicine with integrity for the safety of our patients.

Please uphold the current regulations for acupuncture that have been determined by the Hawaii State Legislature to be safe for the public. I, Dr. Barbara Ota, DACM, DAc, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for this opportunity to testify and OPPOSE SB2225 and ask the same of you,

Respectfully,

Barbara Ota, DACM, DAc

Otab83@gmail.com
808-882-7890

References

American Chronic Pain Association Resource Guide to Chronic Pain management, An Integrated Guide to Medical,

Interventional, Behavioral Pharmacologic and Rehabilitation Therapies.
Feinberg S (ed.) American Chronic Pain

American Society of Acupuncturist (2020) <https://www.asacu.org>

Association Inc., Rocklin, California. 2019. Retrieved May 13, 2019 from:
https://www.theacpa.org/wp-content/uploads/2019/02/ACPA_Resource_Guide_2019.pdf

Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017;166(7):493- 505. doi: 10.7326/M16-2459. Epub 2017 Feb 14.

Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N)
<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Fan, A.Y. and Faggert, S (2017) Distribution of licensed acupuncturists and educational Institutions in the United States at the start of 2018. *Journal of Integrative Medicine.*, 16(1),1-5. Doi:10.1016,joim2017.12.003

NCCAOM (2020) www.NCCAOM.org

ACUPUNCTURE VS DRY NEEDLING	
Educational Training	
Biomedical training, at least 2175 acupuncture-specific training including 660 hours of supervised clinical training ¹	Average 10 hours of classroom (online) study and 27-54 hours clinical instruction. ²
State Exam	
Must graduate from a nationally accredited acupuncture program having completed hours listed above to sit for state exam. ³	No state exam. No licensing process or accreditation necessary for schools.
National Certification and Licensure	
Pass a three part examination for licensure overseen by an independent certification commission. Complete Clean Needle Training and pass Clean Needle examinations. ⁴	No national standards.
Accumulate 30 continuing education units, biannually, 15 of which must be acupuncture specific to maintain licensure, overseen by NCCAOM ⁵	No continuing education requirements. No national oversight.
Accessibility and Insurance Coverage	
COVERED benefit by UHA, HMAA, Worker's Compensation, No-Fault Auto, Veteran's Administration, some HMSA, BCBS, and Kaiser plans. In trials for coverage for Medicare.	Dry-needling NOT a covered benefit for any major plans. There is currently not even a specific CPT code for dry-needling. ⁶
Hawaii has the highest number of acupuncturists per capita in the country.	There is no lack of accessibility to acupuncture in any form.

Dry Needling is **illegal by non-licensed acupuncturists** in the following states:
California, Oregon, New York, New Jersey, Washington, Massachusetts, Michigan, Minnesota, and Pennsylvania.

¹https://cca.hawaii.gov/pvl/files/2018/05/Info-Instruct-App-for-Acupuncture-Lic_05.18R.pdf

²<https://www.kinetacore.com/educational-offerings/course/level-1/>

³https://cca.hawaii.gov/pvl/files/2018/05/Info-Instruct-App-for-Acupuncture-Lic_05.18R.pdf

⁴<https://www.nccaom.org/certification/nccaom-certification-eligibility/>

⁵<https://www.nccaom.org/certification/certification-renewal/pda-ceu-points-required-for-active-certification-renewal/>

⁶<https://www.webpt.com/blog/post/billing-for-dry-needling>



January 24, 2020

Dear Chair Baker, Vice Chair Chang, and Committee on Commerce, Consumer Protection and Health,

Please OPPOSE SB2225.

Dry-needling is acupuncture and dry needling by a non-licensed acupuncturist is illegal. The Hawaii State legislature has prevented medical doctors, chiropractors, and osteopaths from circumventing the acupuncture regulations in the past (2002) when they attempted to pass a bill for medical acupuncture certification. Medical acupuncture certification would allow a shortened course 300 hours (100 of which are clinical), to qualify a medical professional to practice acupuncture. **The Hawaii State legislature requires that anyone who wishes to practice acupuncture must meet the same requirements of licensing: 2175 hours of training including 660 hours clinical.**

Even **the Center for Medicaid and Medicare Services (CMS)** recognizes that **dry needling is acupuncture**. CMS issued this statement in their decision on Jan 21, 2020 to cover acupuncture for chronic low back pain. **"CMS considers dry needling as a type of acupuncture. We note that private payers consider dry needling to be experimental and do not cover this therapy."** <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>

Dry Needling done by non-licensed acupuncturists is unsafe.

- Training for dry-needling by non-licensed acupuncturists is only 52 hours vs over 2000 for licensed acupuncturists.
- Allowing non-licensed acupuncturists to practice dry needling is a public health threat.
- There is no accreditation for dry needling courses.
- There is no national standard or national oversight for dry needling.
- There is no insurance coverage for dry needling nor is there even a CPT code for it.
- There is no licensing process for dry-needling.

The main concerns to public safety with acupuncture, whether called dry-needling or acupuncture, are pneumothorax (lung puncture) and skin infection. ⁷This is one reason why 660 hours of clinical training is required. There are many points one might choose to needle and each has a specific angle and depth of insertion to avoid organ puncture and minimize bleeding and nerve damage. Dry needling technique often requires very deep needling so one must be very cautious of the possibility of lung puncture. Is it safe to cut the clinical hours of training for physical therapists down to just 54 hours? Even the medical doctors felt at least 100 clinical hours were necessary.

Please uphold the current regulations for acupuncture that have been determined by the Hawaii State legislature to be safe for the public.

Mahalo nui loa,

Samantha Preis, L.Ac., Dipl.O.M.

⁷<https://www.evidencebasedacupuncture.org/safety/>

President, AcuPlan Hawaii

- *In the name of patient safety, the American Medical Association (AMA) adopted the following policy on June 15, 2016, stating that dry needling must be regulated with the same standards as acupuncture. "Regulating Dry Needling: The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture. Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians," AMA Board Member Russell W. H. Kridel, M.D. <https://www.ama-assn.org/ama-adopts-new-policies-final-day-annual-meeting>*
- *"Dry needling" uses the same FDA-regulated Class II medical device specifically defined as an "acupuncture needle." The FDA has explicitly stated that the sale of acupuncture needles "must be clearly restricted to qualified practitioners of acupuncture as determined by the States." <https://www.gpo.gov/fdsys/pkg/FR-1996-12-06/pdf/96-31047.pdf>*

SB-2225

Submitted on: 1/25/2020 3:23:11 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Sato	Individual	Oppose	No

Comments:

I oppose SB2225. Acupuncture should be done by acupuncturist.

SB-2225

Submitted on: 1/25/2020 4:36:18 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sue Neyens	Individual	Oppose	No

Comments:

I am a proponent of safety in Hawaii and therefore oppose this bill.

SB-2225

Submitted on: 1/25/2020 4:52:06 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Bevett	Individual	Oppose	No

Comments:

As a retired Naval Officer , a Doctor of Clinical Psychology and a patient of Acupuncture for the last several years I oppose this Bill because I can really appreciate the unique skills of a well trained acupuncturist. My physical condition is severe and I need the best care possible. My treatment with acupuncture has been extremely helpful. In order to use the needle accurately the Acupuncturist must have knowledge of the meridian system and know how to not needle an inflamed area but use a meridian point that will help to decrease the inflammation. Just knowing where to insert a needle is not enough.

Unless Physical therapists are trained as extensively as Acupuncturists I will always oppose Bill 2225.

Dr. David L. Bevett

SB-2225

Submitted on: 1/25/2020 5:23:30 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Yu Ling	Individual	Oppose	No

Comments:

Acupuncturist are well trained and have over 3,000 hours of training, PT do not have enough hours of acupuncture training and pose a serious danger to the public. Many people have been hurt by PT doing dry needling on the mainland. Please DO NOT pass this bill. Thank you.

SB-2225

Submitted on: 1/25/2020 5:43:28 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gemady Langfelder	Individual	Oppose	No

Comments:

Karen Tan, ND, MAcOM, LAc.

320 Ward Ave, Suite 105

Honolulu, HI 96814

808-591-8778

SB 2225 RELATING TO PHYSICAL THERAPY PRACTICE ACT

1/28/2020 at 9:00am

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Dr Karen Tan, a Naturopathic Physician and Licensed Acupuncturist in private practice in Honolulu since 1995.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- There is no accreditation for dry needling courses

- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Karen Tan, ND, MAcOM, LAc.

SB-2225

Submitted on: 1/24/2020 7:15:28 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lyna Morimoto	Individual	Oppose	No

Comments:

I totally oppose this Bill 2225

SB-2225

Submitted on: 1/25/2020 9:38:10 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hiroe Nguyen	Individual	Oppose	No

Comments:

I only believe the license acupuncturist can use needle. I don't think physical therapist can handle this type of therapy. Because they are not well train. Licensed Acupuncturist train very hard like at least 4yeas. Some of my acupuncturist from Japan They are more train and still need to explore the therapy. Please do not think about this easily and do not pass this bill . This is very important for our body therapy. Eastern way of therapy Needle is very difficult to get how to. It is not for every therapist only short time training.I opposed as patient!!

SB-2225

Submitted on: 1/25/2020 10:10:37 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keiko Kajiwara	Individual	Oppose	No

Comments:

I, as a consumer, cannot trust Physical Therapists, who don't have the same educational and clinical trainings as Acupuncturists have, to put any needles on my body. No matter how Physical Therapists try to differentiate their needling practice from that of Acupuncturists, the fact remains that PTs would penetrate my skin. PTs shouldn't "invent" a new term to confuse and minimize the safety of the clients for the sake of their own convenience and benefit. Therefore, I strongly oppose this bill.

Dr. Joni Kroll, D.Ac.
Mariya Gold, L.Ac.
320 Uluniu Street Suite 2
Kailua, Hawaii 96734
808-262-4550
855-594-5059 (fax)

January 25, 2020

Hawaii State Legislature
Consumer Protection Committee
Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

RE: OPPOSED TO SB2225

Dear Honorable Chair Baker and Vice Chair Senator Chang,

I am opposed to SB2225. Simply put, physical therapists are trying to rebrand acupuncture as “dry needling” in order to bypass the established educational requirements to be a licensed acupuncturist.

Although this bill lists courses for supposed competent practice of dry needling, these courses are not nationally accredited, there is no minimum hours stated and no minimum time frame to complete said training. As written, a physical therapist could take all these classes online with no hands-on supervised training. The classes could be as short as 10 minutes and still qualify. And could be taken over 3 days or spread out over thirty years and that would still meet the criteria as listed.

Safe and effective needling requires hundreds of in person practice with direct clinical supervision, as already established by our acupuncture licensing law.

Dry needling is an advanced and invasive procedure with the potential to cause serious harm and even death, and it requires years of training to practice safely and effectively. Physical therapists are suggesting that because their education teaches them anatomy and palpation, they are somehow qualified as experts in an invasive technique that carries the risk of infection and even lung puncture.

Licensed acupuncturists have over 600 hours of clinical experience needling. Many dry needling courses for PT's are 12 hour video courses! This is not acceptable for the safety of the patient.

How are consumers able to know the difference in training from a PT and acupuncturist when they both use an acupuncture needle to stimulate a tender point to promote healing?

Dry needling performed by physical therapists poses hazards to public safety due to under-trained and unregulated practitioners.

The seven other states that have specifically made it **illegal** for physical therapists to pierce the skin with dry needling are exactly the states that have the highest quality of educational standards and health care systems, as well as strong density of qualified acupuncturists available to consumers.

If a physical therapist thinks a patient would benefit from dry needling, they should refer the patient to the experts in the technique, licensed acupuncturists. Hawaii has no shortage of practitioners skilled in the technique. ***Hawaii actually has the highest density of acupuncturist per population of any state!***¹

Please protect the health and safety of residents and consumers in Hawaii by keeping acupuncture and so-called “dry needling” in the hands of trained professionals that are specialized in these skills, namely fully trained and licensed acupuncturists.

Sincerely,

Dr. Joni Kroll, D.Ac., L.Ac
Dipl Acup (NCCAOM)
Dipl Acup Orthopedics (NBAO)

¹ <https://www.sciencedirect.com/science/article/pii/S0965229918305041>

SB-2225

Submitted on: 1/26/2020 8:16:57 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
George Chang	Individual	Oppose	No

Comments:

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am George Chang, and am a proponent of public safety here in the State of Hawaii. I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225. Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain. The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master’s degree or Professional Doctorate degree that is accredited by the Accreditation Commission for

Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.

- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, YOUR NAME here, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify.

-George Chang

Barbara Gerbert, PhD
Professor Emeritus, UCSF

59-210 Laninui Drive
Kamuela, HI 96743

January 25, 2020

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang

Position on SB2225: Oppose

Aloha. My name is Barbara Gerbert, PhD, and I am currently Professor Emeritus at the University of California, San Francisco after a 40 year career there, I retired and moved to the Big Island. I am a constituent and have lived here fulltime for the past 7 years. My doctorate was earned at UCSF in Health Psychology in 1982 and I served as tenured faculty and Chair of the Behavioral Sciences Division throughout my career at UCSF, until my retirement in 2012.

I am writing to weigh in on SB2225. One of the first lessons I learned in academia is that one must make clear what their area of expertise is and how much training one has in that specialty. Although I was surrounded by physicians, dentists, and all other health care professionals, researchers, educators, and clinicians, I always made certain that colleagues knew I was not a clinician of any type and did not treat patients. I would have been immediately discredited if I had led other academics to believe I had expertise I did not have. Instead I was a distinguished researcher and held in the highest esteem, making it to the highest ranks in the UC system prior to retirement.

SB2225 uses the word evidence-based medicine when in fact the proposal to allow physical therapists to perform dry needling is the farthest from evidence-based as you can get. This demeans the decades of training that Oriental Medicine specialists have.

At UCSF, we had an outstanding physical therapist program and recently the Department of Physical Therapy added a PhD program to its degree programs. The extensive work that went into developing the most up-to-date doctoral program highlights the extent of the work needed to be first rate. This Bill shows none of that sophistication and thoughtfulness. From my work with my physical therapy colleagues, I have the utmost respect for physical therapy and physical therapists. They have a domain that is valuable and significant in the health care realm. Dry needling is not among the skills they have and the briefest introduction to the field does not make them capable of joining true acupuncturists in the practice of acupuncture.

While my presentation above is from my role as an academician, this orientation is one I would also follow in my role as a patient. I and all my colleagues in academia would only go as patients to health care professionals with the most training in their specialty, researching training, expertise, and outcomes, vetting the provider to be the most distinguished one available. I did this when I moved to the Big Island and found a highly experienced and credentialed Oriental Medicine professional.

There are many elements of this Bill that are poorly argued, but on its face, physical therapists should not be allowed to dry needle with so little training, since there are sufficient numbers of Oriental Medicine professionals with years of education and experience to serve our state well.

Thank you for the opportunity to testify on this Bill.

Sincerely,

Barbara Gerbert, PhD
Professor Emeritus, UCSF

Position on SB2225: Oppose

SB-2225

Submitted on: 1/26/2020 8:35:11 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Van der Tuin	Individual	Oppose	No

Comments:

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am a patient who has benefited from safe, effective acupuncture provided by a trained, licensed acupuncturist. I have also benefited from physical therapy which did not employ dry needling. Having educated myself about the different training and licensure required by these two fields, as well as the controversial use of dry needling by anyone outside the field where its use is regulated (i.e., acupuncture), I do not support this bill, which could potentially put patients like me in danger, as discussed below.

I receive acupuncture from a Licensed Acupuncturist and appreciate their extensive training, education, licensing, and professionalism to uphold the highest and safest standards.

Dry Needling is a form of acupuncture, and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.

- · Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- · There is no accreditation for dry needling courses
- · There is no national standard or national oversight for dry needling
- · There is no licensing process for dry needling
- · The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- · For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- · There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- · Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here.

Please uphold the current regulations that have been determined by the Hawaii State Legislature to be safe for the public. I, Melanie Van der Tuin, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Melanie Van der Tuin, MSCP

SB-2225

Submitted on: 1/25/2020 10:13:38 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mei Shikiya	Individual	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker

- Honorable Vice Chair Senator Stanley Chang

CPH, Commerce, Consumer Protection, and Health Committee

Mei Li Shikiya

Hawaii Acupuncture Association, Member

808-382-3226

Bill SB2225 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Mei Li Shikiya, and am a Licensed Acupuncturist here in the State of Hawaii.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the

Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture". For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

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- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, YOUR NAME here, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Mei Li Shikiya, L.Ac. (license number HI 986)

SB-2225

Submitted on: 1/26/2020 11:37:03 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Jernail	Individual	Support	No

Comments:

I completely support expanding the scope of PT practice in Hawaii to include dry needling. Research supports the usefulness of this treatment to release or inactivate trigger points for relief of pain and improvement of ROM. Physical Therapists are very well educated in anatomy and movement of the body and this modality would be of benefit to the patients they treat. PTs wishing to perform dry needling would need to supplement their knowledge and skills by obtaining appropriate postgraduate education and training in dry needling. I believe 35 states plus DC already permit PTs to perform dry needling.

SB-2225

Submitted on: 1/26/2020 12:37:33 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Murray Brush	Individual	Oppose	No

Comments:

As someone who receives acupuncture on a monthly basis, I think this bill is not correctly accounting for the safety of patients. In my opinion, the bill should require much more extensive education & training to ensure proper and safe acupuncture treatment. I oppose this bill.

SB-2225

Submitted on: 1/26/2020 12:54:32 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Douglas Pedro	Individual	Oppose	No

Comments:

This is very simple. Do you go to an Auto Mechanic for a Colonoscopy? Then why would you go to a Physical Therapist for Accupuncture? If you think these two professions are similar then why is Accupucure a "specialty"? I totally oppose this because I had a bad experience with a Physical Therapist who thought they could do Accupuncture. It made sense then and it still makes sense now. Keep the the two professions separated. If this is allowed to pass then when does it stop? Would you want a Dentist installing a pace maker in your chest?! Put yourself in the situation as if this is happening to you.

SB-2225

Submitted on: 1/26/2020 9:31:46 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Faith N Tengan	Individual	Oppose	No

Comments:

Licensed acupuncturists go through extensive schooling and testing in order to perform acupuncture and obtain a license to practice. Allowing physical therapists to perform dry needling (and even acknowledging dry needling to be a pure form of acupuncture) on patients would be detrimental to the integrity and practice of licensed acupuncturists and to the patient well being as well. Having been through many work comp and motor vehicle injuries in which I received both acupuncture and physical therapy; I would be very hesitant to allow a physical therapist to perform dry needling without the undergoing the rigorous schooling/training that licensed acupuncturists now have to go through. Hawai'i has always had a high standard of licensing guidelines which should be maintained. Quality of care should be top priority in all decisions. What will come next should this bill be passed? Acupuncturists being licensed to perform physical therapy after taking a 30 hour class? Chiropractors doing physical therapy? again with limited training? I strongly oppose this bill. Thank you for allowing me to voice my views and opposition to this bill.

SB-2225

Submitted on: 1/26/2020 1:05:09 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Greg Fritz	Individual	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker

Honorable Vice Chair Senator Stanley Chang

CPH, Commerce, Consumer Protection, and Health Committee

Gregory S Fritz

Hawaii Acupuncture Association Member

PO Box 2496

Ewa Beach, HI 96706

Bill SB2225 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

My name is Greg Fritz, and I am a Licensed Acupuncturist and business owner here in the State of Hawaii. I am founder and owner of Five Stone Acupuncture, LLC in Ewa Beach.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225. I am concerned about expanding the scope of practice in Hawaii for Physical Therapists to include dry needling. This issue is not primarily a territorial issue between acupuncturists and physical therapists, but is first and foremost a health safety issue for the citizens of and visitors to Hawaii.

The American Physical Therapy Association claims the law permits PTs to perform dry needling in 34 states and D.C. This is false and misleading, considering only eight

states have enacted such laws. All other state permissions for PTs doing dry needling have been admitted through PT Regulatory Board position statements, rulemaking or silence.

The present bill's language provides scarce boundaries for PTs performing dry needling, and the minimal hours of continuing education sought by PTs appears insufficient when compared with Licensed Acupuncturists, whose four-year 2,700-hour education requires 660 hours of supervised clinical training in patient safety and proper technique. Even in states that allow medical acupuncture, around 300 hours of post-doctoral training is required of MDs.

While Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public.

I again ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Greg Fritz, MSA, MSOM, LAc

SB-2225

Submitted on: 1/26/2020 1:03:27 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Wilcox	Individual	Support	No

Comments:

SB-2225

Submitted on: 1/26/2020 1:27:36 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Janet H. Boyd	Individual	Oppose	Yes

Comments:

SB-2225

Submitted on: 1/26/2020 2:55:21 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keriann Osada	Individual	Oppose	No

Comments:

Physical Therapists should only be allowed to practice dry needling with certified accredited training.

SB-2225

Submitted on: 1/26/2020 3:35:47 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Debbie McMenemy	Individual	Oppose	No

Comments:

My name is Dr. Deborah McMenemy, and am a doctoral approved licensed acupuncturist in the State of Hawai'i, living and practicing on Maui in the State of Hawai'i. I also serve on the State of Hawaii Acupuncture Board.

I attended Five Branches University for my master's and doctoral degree with work done both in Hawaii and California. I have practiced Acupuncture and Oriental/Chinese Medicine for the past 10 years here. I strongly oppose the Physical Therapist Act changes that include dry needling and the inclusive language used to support their measure.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that "those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture". For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/ncadecision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops

- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.

Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique. While physical therapists are highly trained experts in their field of physical rehabilitation, their education does not effectively include invasive techniques that penetrate the skin surface nor the vast body of information on using needling therapeutically.

I do not counsel my patients on physical therapy but refer out to a properly trained and licensed physical therapist. I expect other professions to do the same instead of appropriating therapies as they see fit. I hope our legislators will uphold the standards that have been put in place to keep the public safe.

Please uphold the current regulations for acupuncture that have been determined by the Hawaii State Legislature to be safe for the public. We want our medical community to be educated, trained and practice their medicine with integrity for the safety of our patients.

Respectfully, Dr. Deborah McMenemy, D.Ac., DAOM

Honorable Chair Senator Rosalyn Baker
Honorable Vice Chair Senator Stanley Chang
CPH, Commerce, Consumer Protection, and Health Committee

Yumiko Freeman, MOMA, LAc.
P.O. Box 1581
Makawao, HI 96768
808-468-2459

Bill SB2225 on 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT SB 2225:
OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Yumiko Freeman, and am a Licensed Acupuncturist in the State of Hawaii (ACU-1150). I have a practice in Wailuku and Pukalani in Maui. I specialize in pediatrics and am an owner of Maui Kids Acupuncture.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

I have a patient who has received dry needling treatments for his psoas pain. He informed me that his pain got significantly worse after receiving 3 sessions of DN treatments from a PT in Oregon. He also reported that he felt great pain during needling. Based on his report, the practitioner used much longer and thicker needles than licensed acupuncturists use and vigorous and a forceful thrusting needling technique. This concerns me a great deal. During our studies at acupuncture school, we went through a full year of needling technique training. We learned a great deal about needling depth, angle, and anatomy in order for us to provide safe care to our patients.

I am very concerned about the lack of training, education, and competent instructors in DN workshops. As you can see in this video (https://www.youtube.com/watch?v=EWb69O__NiE), several incidents of pneumothorax caused by DN are reported. In this video, the instructor uses very poor judgement in anatomy, needling technique (oblique insertion should be used, not vertical insertion), and needle gauge, resulting a pneumothorax in the model. Incidents like this give acupuncture a negative image and can hurt our profession.

Dry needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board

of Acupuncture. Dry needling pierces the skin using needles and was clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295> Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.^{[1][SEP]}
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops.^{[1][SEP]}
- There is no accreditation for dry needling courses.^{[1][SEP]}
- There is no national standard or national oversight for dry needling.^{[1][SEP]}
- There is no licensing process for dry needling.^{[1][SEP]}
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking.^{[1][SEP]}
- For a licensed acupuncturist in Hawaii training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.^{[1][SEP]}
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.^{[1][SEP]}
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.^{[1][SEP]}

Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, Yumiko Freeman, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Yumiko Freeman, MOMA, L.Ac.

SB-2225

Submitted on: 1/26/2020 4:01:19 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Allen	Individual	Oppose	No

Comments:

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Lynn Allen and a Licensed Acupuncturist (Acu-724) having practiced in Hawaii for 15 years.

I am testifying on the measure relating to Physical Therapy Practice Act and am in opposition to this measure. I am asking you to OPPOSE SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii

Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

Thank you for reading my testimony,

Lynn Allen, PhD, LAc

Honorable Chair Senator Rosalyn Baker
Honorable Vice Chair Senator Stanley Chang
CPH, Commerce, Consumer Protection, and Health Committee

Mariya Kai Gold, L.Ac.
Hawaii Acupuncture Association, Member
951 Kainui Dr,
Kailua, HI 96734
808-220-9297

Bill SB2225
1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT
SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

My name is Mariya Gold and I have been practicing acupuncture at Kailua Acupuncture Clinic on the windward side of Oahu since 2011. I graduated from the Institute of Clinical Acupuncture and Oriental Medicine in Honolulu. I have been a patient of acupuncture and manager of the clinic since 2006.

I am testifying on the measure Relating to Physical Therapy Practice Act. **I am in opposition to this measure and am asking you to please oppose SB2225.**

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling

- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field; however their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here.

Please uphold the current regulations determined by the Hawaii State Legislature to be safe for the public. I, Mariya Gold, ask you to **oppose SB2225** for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,
Mariya Gold, Licensed Acupuncturist, HI (Acu 983)

SB-2225

Submitted on: 1/26/2020 4:55:25 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Rosenblatt, MD, PhD	Individual	Oppose	No

Comments:

Dear Honorable Senators:

I oppose this measure.

I am an MD licensed in Hawaii and California. I am a licensed Acupuncturist in California. I am national board certified in both Acupuncture and in Oriental Medicine.

I oppose this measure because to allow poor trained and unqualified physical therapists to insert needles in patients does not act to protect the public from the often traumatic side effects of these treatments when done by those who are not qualified. The insertion of needles is continuing to be used for therapeutic results by Acupuncturist and Medical Doctors. They are well trained in the use of this technique. To allow other therapists to use this technique who are less trained and experienced puts our patient population and the citizens of this state at great risk.

Thank you for your attention to this matter,

Steven Rosenblatt, MD, PhD, LAc

SB-2225

Submitted on: 1/26/2020 5:32:20 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carastona Poppas	Individual	Oppose	No

Comments:

- Honorable Vice Chair Senator Stanley Chang

CPH, Commerce, Consumer Protection, and Health Committee

Carastona Poppas, DC, 354 Uluniu St, Ste 404, Kailua, HI 96734

- Bill SB2225 [1/28/2020 at 9:00am](#)

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I, Carastona Poppas, am a "patient and proponent of public safety" here in the State of Hawaii.

I receive acupuncture from a Licensed Acupuncturist and appreciate their extensive training, education, licensing, and professionalism to uphold the highest and safest standards.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that “those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- · There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
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- · There is no accreditation for dry needling courses
- · There is no national standard or national oversight for dry needling
- · There is no licensing process for dry needling
- · The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- · For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master’s degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- · There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- · Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.

- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, Carastona Poppas, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Carastona Poppas

SB-2225

Submitted on: 1/26/2020 5:34:31 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pamela Leslein	Individual	Oppose	No

Comments:

Physical therapists have not had the crucial extensive training in understanding acupuncture and therefore should not be administering dry needling as it is not within their scope of expertise. As there is not currently accreditation for dry needling outside the scope of acupuncture, any workshops taken on the practice are not standardized and should not be considered acceptable.

Hawaii does not have a shortage of highly qualified acupuncturists, and therefore there is not a reason to add uncertified practitioners to the field.

SB-2225

Submitted on: 1/26/2020 1:37:10 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Helen Higa	Individual	Oppose	No

Comments:

- SB2225 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Helen Higa and am a " patient and proponent of public safety" here in the State of Hawaii.

I receive acupuncture from a Licensed Acupuncturist and appreciate their extensive training, education, licensing, and professionalism to uphold the highest and safest standards.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that "those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation

Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture”. For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

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- · Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- · There is no accreditation for dry needling courses
- · There is no national standard or national oversight for dry needling
- · There is no licensing process for dry needling
- · The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- · For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master’s degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- · There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- · Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, YOUR NAME here, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify,

Helen Higa

Dr. Jayne Tsuchiyama, DAOM, D.Ac., Dipl. OM
1301 Punchbowl, Honolulu, HI 96826
jtsuchiyama @queens.org 808.691.8777

Honorable Chair Senator Rosalyn Baker
Honorable Vice Chair Senator Stanley Chang
CPH, Commerce, Consumer Protection, and Health Committee

January 26, 2020

RE: OPPOSE BILL SB2225

Chair Baker, Vice-Chair Chang and members of the committee,

My name is Jayne Tsuchiyama, I hold a doctorate in Acupuncture and Oriental Medicine and am one of ten Commissioners for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), the national governing board for my profession. I have held practice at the Queen's Medical Center since 2009, treating patients with acupuncture.

Appointed by Governors Abercrombie and Ige, I have served for 8 years on the state Board of Acupuncture with the last four years as Chair.

My collaborative work with oncology patients, young and old was recognized with awards by the Healthcare Association of Hawaii, Academic Consortium for Complementary and Alternative Healthcare, Acupuncturists without Borders and I'mi Hale, a native Hawaiian Cancer Network.

As you can tell, I am an active proponent of safe, effective patient care by knowledgeable practitioners.

Which is why I oppose SB2225.

Rather than repeat the opposition points my colleagues will present, I will point out specific issues I have with this bill.

SAFETY ISSUES

- CNA claims 2012-2017

I believe this data is misleading. Since 2017, PT acupuncture / dry needling on the mainland has increased and this data only reports on 19 states. Efforts to provide post 2017 data, including all states with PT Dry Needling would be appreciated.

- "eighty-six per cent of the knowledge requirements for dry needling competency is acquired during physical therapy basic entry level education" This is insulting as 100% of our 4 year accredited education is ONLY on acupuncture / dry needling.

- "invasive procedure is the breaking or puncturing of a person's good skin integrity, for example, through surgery or injections, with the exception of dry needling."

Anything that pierces the skin, can transmit blood borne infection and cause tissue and nerve injury is invasive. To claim acupuncture | dry needling not invasive is ludicrous.

Dr. Jayne Tsuchiyama, DAOM, D.Ac., Dipl. OM
1301 Punchbowl, Honolulu, HI 96826
jtsuchiyama@queens.org 808.691.8777

- “Competence related activities may include and reflect the following requirements for acupuncture dry needling specific knowledge”

This bill does not list any clinical training. Acupuncturists have hundreds of clinical hours and patient requirements.

ECONOMIC ISSUES

Insurance coverage wields power. At the moment, Physical Therapy (PT) is widely covered by ALL insurance providers in this state. An MD writes an order for PT and the patient can receive a number of PT sessions, generally 12-20 sessions per a specific disorder.

Acupuncture however is not covered by most insurance providers in this state. While it is exciting that Medicare has recognized acupuncture as an approved treatment for low back pain, that benefit may take time to implement. At the moment most of my patients pay out of pocket.

If a patient had a choice, would they go for a covered or an uncovered service? And what appearance does that give to the patient, that insurance recognizes Physical Therapy Acupuncture | Dry Needling as a covered service, but not Acupuncture from an Acupuncturist.

As presented last year for HB701, Hawaii has a very high concentration of acupuncturists per population. There is no shortage of acupuncturists to provide the relief Physical Therapists want to deliver with their form of invasive acupuncture - dry needling. I believe last year in response to HB 701, Representative Gene Ward requested a look at the market share of “dry-needling” to ensure that the “issue is health and not profit”.

With the recent Medicare ruling recognizing acupuncture for pain, I believe the real answer is to get the insurance companies to reimburse patients for acupuncture provided by a licensed acupuncturist.

Because of this lucrative medical triad of Insurance companies, MDs and PTs, along with the tremendous national lobbying strength of the PT association, this group has glossed over patient safety while eyeballing the billable opportunity of incorporating acupuncture (referred to as dry needling) into their Physical Therapy practice.

Please oppose SB2225.

Respectfully yours,

Dr. Jayne Tsuchiyama, DAOM, D.Ac, Dipl. OM
Acupuncturist

Joshua Gerbert, DPM
Professor Emeritus, Samuel Merritt University

59-210 Laninui Drive
Kamuela, HI 96743

January 25, 2020

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang

Position on SB2225: Oppose

Aloha. My name is Joshua Gerbert, DPM, a board certified foot and ankle surgeon and medical educator. I am currently Professor Emeritus of foot and ankle surgery at Samuel Merritt University in Oakland, California. After a 50 year career as a medical educator and foot and ankle surgeon, I retired and moved to the Big Island. I am a constituent and have lived here fulltime for the past 7 years. During my tenure as a medical educator, I have taught medical students, residents, practicing physicians and at times physical therapists.

I am writing to weigh in on SB2225. One lesson I learned was that to develop an area of expertise one must receive the appropriate classroom training and clinical experience to accomplish that goal. Even though I have taught various levels of medical individuals during their initial schooling and then again at various continual medical education courses, I always would emphasize that though they sat through a specific lecture, seminar or workshop did not make them a competent individual in the area being presented. It requires considerable education, hands-on training, clinical experience and examination of that knowledge and skills. While every technical portion of providing competent medical care requires different lengths of time to acquire those skills, the idea of taking several weekend seminars will not be sufficient.

SB2225 uses the word evidence-based medicine when in fact the proposal to allow physical therapists to perform dry needling is the farthest from evidence-based as you can get. This demeans the decades of training that Oriental Medicine specialists have. I personally was a member of the curriculum committee at Samuel Merritt University when I was there and found that in many situations involving physical therapy they tried to insert certain courses into their curriculum in order to justify their profession asking the state to grant them increase medical privileges upon graduation; however clinical experience was never part of the increased course work. Again, I stress that it requires sufficient classroom education and sufficient clinical experience under supervision by qualified instructors prior to being able to deliver the quality of care that a new law would give them.

At Samuel Merritt University they had an outstanding physical therapist program and recently the Department of Physical Therapy added a PhD program to its degree programs. However, by adding the extra year to the program to qualify for a PhD it did not provide for any additional clinical training. I have the utmost respect for physical therapy and physical therapists. They have a domain that is valuable and significant in the health care realm. Dry needling is not

among the skills they have and the briefest introduction to the field does not make them capable of joining true acupuncturists in the practice of acupuncture.

There are many elements of this Bill that are poorly argued, but on its face, physical therapists should not be allowed to dry needle with so little training, since there are sufficient numbers of Oriental Medicine professionals with years of education and experience to serve our state well.

Thank you for the opportunity to testify on this Bill.

Sincerely,

Joshua Gerbert, DPM
Professor Emeritus, Samuel Merritt University

Position on SB2225: Oppose

SB-2225

Submitted on: 1/26/2020 8:25:45 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Horton	Individual	Support	Yes

Comments:

As a physician who has treated patients clinically for 29 years, I have both personally experienced and seen physical therapists perform dry needling on multiple patients. It is an effective modality that is well suited to their treasure chest of possible treatment modalities, and I strongly support passage of this bill. It will allow this therapy to be used in a much greater patient population than currently gets acupuncture, and I do not believe that it will infringe on the realm of private acupuncturists, as they seem quite different patient groups. As the Director of a hospitalist program in a small Kauai HHSC community hospital, if this bill were to be passed, since we have qualified therapists, I would be able to refer patients to their treatment and it would allow persons in our small community to have a better chance of a pain-free existence which would not be possible without the passage of this bill. As the opioid overdose death epidemic rages, it is in all of our best interests, and the very lives of many Hawaii citizens, to support all efforts to expand the use of non-opioid pain control. I strongly urge you to support the passage of SB 2225.

SB-2225

Submitted on: 1/26/2020 8:49:09 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Poiani	Individual	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker

Honorable Vice Chair Senator Stanley ChangCPH, Commerce, Consumer Protection, and Health Committee

Bill SB2225

1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am a proponent of public safety here in the State of Hawaii. I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225. Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain. The CMS statement also adds that "those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture". Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops

- There is no accreditation for dry needling courses
- There is no national standard or national oversight for dry needling
- There is no licensing process for dry needling
- The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
- There are five national psychometrically valid and reliable National Board Certification (NCCAOM) examinations to ensure minimal competence in needling that need to be passed to become a licensed acupuncturist.
- Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Dawn Poiani

SB-2225

Submitted on: 1/26/2020 10:06:41 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gina Hart	Individual	Oppose	No

Comments:

Just being in attendance is very important. Please register to submit your written testimony at <https://www.capitolhawaii.gov> or go to <https://www.capitol.hawaii.gov/submittestimony.sapx?billtype=SB&billnumber=2225> ;

Register, then you will be able to go to the bill SB2225 and follow through via clicking on the button that says 'submit testimony' and OPPOSE and type out your own testimony or you can follow the guidelines I have prepared for you following this. This needs to be done before Sunday. Doing it now is imperative, last year the PT's submitted so many, so quickly, that the government site couldn't receive all of our testimonies, so time is of essence. This is a sample, you need to make it your own!

**Fill in your information, have your patients, friends and family do the same.
Thank you for your time and effort.**

Our best,

Hawaii AcupuncturHonorable Chair Senator Rosalyn Baker

- Honorable Vice Chair Senator Stanley Chang

CPH, Commerce, Consumer Protection, and Health Committee

Gina Hart

808-256-4381

Bill SB2225 1/28/2020 at 9:00am

Position on RELATING TO PHYSICAL THERAPY PRACTICE ACT

SB 2225: OPPOSE

Dear Honorable Chair Senator Baker and Vice Chair Senator Chang,

I am Gina Hart, and am a "patient and proponent of public safety" here in the State of Hawaii.

I receive acupuncture from a Licensed Acupuncturist and appreciate their extensive training, education, licensing, and professionalism to uphold the highest and safest standards.

I am testifying on the measure Relating to Physical Therapy Practice Act and I am in opposition to this measure and am asking you too, to please oppose SB2225.

Dry Needling is a form of acupuncture and acupuncture is already regulated by the Hawaii Board of Acupuncture. Dry needling pierces the skin using needles and was just clearly defined as a type of acupuncture by the Center for Medicaid and Medicare Services (CMS) in their January 21, 2020 statement in their decision to cover acupuncture for chronic low back pain.

The CMS statement also adds that "those with a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on acupuncture and Oriental Medicine (ACAOM) may furnish acupuncture". For a full read on this please see <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAid=295>

Piercing the skin with a needle is a safety issue for the citizens of Hawaii. Piercing the skin is an invasive procedure. Please note:

- • There is no national standard entry-level academic curriculum that offers training or education in any form of needling for physical therapists.
- • Training for dry needling for non-acupuncturist consists approximately 10 to 52 hours of continuing education workshops with no minimum hours or curriculum standards for these workshops
- • There is no accreditation for dry needling courses
- • There is no national standard or national oversight for dry needling
- • There is no licensing process for dry needling
- • The Physical Therapy study is far from unbiased since they funded and directed the outcome they were seeking
- • For a licensed acupuncturist in Hawaii, training starts on day one beginning a minimum of four years or 3,240 hours of postgraduate education with a minimum of 900 hours of supervised clinical training at an institution, graduating with a Master's degree or Professional Doctorate degree that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is recognized for this by the United States Department of Education.
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- • Hawaii has no shortage in qualified, licensed acupuncturists to perform this acupuncture technique.
- Physical Therapists are highly trained experts in their field, their education does not effectively include the invasive technique of dry needling acupuncture. Patient and public safety is at stake here. Please uphold the current regulations for that have been determined by the Hawaii State Legislature to be safe for the public. I, YOUR NAME here, ask you to oppose SB2225 for the health and safety of the citizens of Hawaii.

Thank you for the opportunity to testify

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii that works at Tripler Army Medical Center and have worked at Hickam Air Force Base. I learned dry needling at Schofield Army Barracks from an Active Duty Service Member and have been doing since November 2014. Civilians and Active Duty Members are performing dry needling currently on military bases in healthcare facilities across Oahu. I have also included a petition with signatures of fellow physical therapists, physical therapy assistants, and military physical therapy technicians working at Tripler Army Medical Center that perform dry needling, have received dry needling treatment, and/ or support physical therapists performing dry needling.

I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

There are some people who do not understand or know what physical therapists do, including the use of the needle and the educational background needed to obtain a physical therapy degree.

Per Hawaii's Physical Therapy Practice Act Section 461J-1 Definitions, Physical therapy is defined as "a person who is licensed to practice physical therapy in this State." I do not want to change this definition but we are much more than that. We are clinical professionals that treat any health conditions from head to toe that affects the functional mobility in people's everyday lives.

These health conditions may vary from urinary/ bowel incontinence, vertigo, musculoskeletal injury, neurological injury as in a traumatic brain injury, spinal cord injury, stroke, headaches, jaw pain, deconditioning following pneumonia or cardiac arrest, and so much more. However, we cannot do it alone and usually work with other healthcare professionals consisting of speech therapy, occupational therapy, physiatrist, pain management physicians, surgeons, psychologists, primary care physicians, nurses, and registered dietitians to name a few. All of which is to establish a holistic approach to treatment.

In the last 10 years, there has been a major change in the profession where all physical therapy educational programs are required to be at the doctorate level. This education includes curriculum that focuses on pharmacology, radiology, and differential diagnosis to allow physical therapist to understand what we can and cannot treat in our scope of practice. In a time where there is a shortage of medical doctors and primary physicians,

physical therapists can be an avenue to help decrease rising healthcare costs and allow increase healthcare access. Currently, there is a physical therapist that works at Tripler's Family Medicine Clinic where patients can have direct access to a healthcare professional that can examine, evaluate, and treat neuro-musculoskeletal injuries and pain. It takes time for a patient to see a primary care physician who may already send a patient to physical therapy. Why not see a physical therapist first and be on the road to recovery sooner than later?

Physical Therapy Myths:

1. Myth: Physical therapy is a treatment as in "Have you had physical therapy treatment?"
 - This should be changed to "Have you had physical therapy?" Because physical therapy is the clinical reasoning on how to combine various forms of treatments which can include strengthening, stretching, range of motion, manual therapy using our hands to manipulate joints, muscles, and other soft tissue, balance, postural training, workplace ergonomics, and neuromuscular re-education for coordination.
 - This can be achieved in a variety of ways including "use of physical agents such as heat, cold, water, air, sound, compression, light, electricity, and electromagnetic radiation," or in "exercise with or without devices, joint mobility, mechanical stimulation; biofeedback; postural drainage, traction; positioning, massage, splinting..." All of this found in same section 461J-1 Definitions. This list goes on and on.
 - The point is that a physical therapist can choose a plethora of different techniques to treat people, not just one. As a physical therapist, I do not only use dry needling to treat my patients instead it is used in conjunction with other treatments that I deem appropriate.
2. Physical therapists do not have adequate training to use a needle.
 - Physical therapists have a strong educational background in the nervous system, anatomy, and physiology of the human body, unlike what some people may believe. As before mentioned, we now have a doctoral level of education.
 - For physical therapy doctorate programs, there is a list of prerequisites that require human anatomy and physiology, chemistry and biology and then the physical therapy doctorate programs that includes human anatomy and physiology including the dissection of human cadavers.
 - My personal academic background includes my undergraduate degree in pre-physical therapy at San Diego State University where completed 2 human cadaver anatomy courses and a teacher's assistant creating lesson plans and teaching other students. I was accepted at University of St. Augustine University for Health Sciences where I took Human Anatomy associated with a human cadaver dissection lab. I have included the prerequisites and school curriculum from my doctorate alma mater, the University of St. Augustine for Health Sciences.

Patient Case Scenarios:

- Patient #1: A born and raised Hawaiian locale who is in the Army National Guard, was seen on two occasion for ankle/ foot pain after a chronic running injury and a neck strain after a weight lifting injury. She was given a steroid injection to her neck and pain medications that did not help her pain and function but had to take off work due to her pain. She was treated with dry needling first to help accelerate her recovery along with massage, stretching, strengthening, range of motion, posture training, and a run analysis. At her last appointment when she was able to resume her normal activities, she asked if she would be able to receive dry needling from a physical therapy when she was finished with her active duty orders. I had to explain to her that Hawaii did not allow dry needling. She expressed tremendous gratitude to me for helping her regain her normal quality of life, but she is denied access to a treatment modality that has helped her.
- Patient #2: An active duty service member, arrived to my office with painful crouch-over walking pattern and significant muscle guarding. His chief complaint was calf pain on both sides after running and his primary care physician diagnosed him with Achilles tendonitis. After examining him, I provided a treatment plan of care to treat this diagnosis that was similar to my patient #1 scenario. However after one month of my treatments, he reported that he had not changed and so I tried dry needling on both of his calves as my last tool in my tool box. However, he reported no change. Because he had significant muscle guarding, I asked him if he had pain elsewhere besides his calf. He then revealed he also had low back pain but that it was chronic. After doing testing, his low back pain and ankle pain did not make any sense. I decided that there may be something else and recommended an X-ray and MRI on his lumbar spine. This revealed a significant abnormal mass on his kidney. I referred him back to her his primary physician and eventually was diagnosed with kidney cancer, which was later removed surgically. Dry needling was how I differentiated my diagnose in order to have my patient get the treatment he needed.

Dry needling is a safe and effective form of treatment that I have personally used. I utilized it, along with other techniques, to improve mobility and function and to treat pain in my patients. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

With this in mind, I strongly urge you to support passage of this bill.

Any opinions expressed in this testimony and the included petition do not represent the opinions of the United States military, only the opinions of a physical therapist.

Thank you for your consideration,

April Bronowski, PT, DPT, OCS
Board Certified Clinical Specialist in Orthopedic Physical Therapy

SB-2225

Submitted on: 1/26/2020 10:25:43 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
chunmay chang	Individual	Oppose	No

Comments:

Honorable Chair Senator Rosalyn Baker

Honorable Vice Chair Senator Stanley Chang

I am Chunmay Chang. I oppose SB2225 relating to Physical Therapy Practice Act in particular dry needling. Having been a patient of acupuncturists, i firmly believe needling for an acupuncturist requires sufficient education comparable to a master or doctorate degree and/or many years of experience to practice with safety. To safely dry needling, the physical therapist must meet the same requirement as a licensed acupuncturist. To do otherwise will certainly endanger the health and safety of potential patients. Having had experienced more than a hundred sessions with acupuncturists, I would absolutely refuse a licensed physical therapist to do any dry needling without more. Please oppose SB2225

Thank you for your time and attention.

Chunmay Chang

January 26, 2020

Dear Sir or Madam,

My name is Karen James and I am writing in SUPPORT of SRS SB2225 or HB1807I am the unique position to present testimony from several perspectives. I have:

1. Lived in Hawaii which does NOT allow dry needling
2. Lived in Virginia which DOES allow dry needling
3. Have had acupuncture for 6 years in Hawaii in support of chronic pain
4. Have had dry needling in Virginia for 8 years in support of chronic pain
5. Watched my children go to physical therapy for chronic pain treatment in both Hawaii and Virginia
6. Seen the benefits of physical therapy with dry needling support FOR BOTH MYSELF AND TWO OF MY CHILDREN

To get to the end of the story first, **dry needling is a key component in management of unrelenting chronic muscle pain suffered by myself and my two children.** After a car accident we found out we have Ehlers Danlos Syndrome. Symptoms of Ehlers-Danlos Syndrome (EDS), a very rare syndrome, causes muscles to tighten like a knot, or feel like pulling a muscle in your back. Dry needling allowed my children to go to a physical therapist early in the morning, a few days a week, get dry needling, and then go off to school and be able to sit up at their desks, spend time with friends and get good grades. They could get a quick, painless treatment a couple or few times a week and then lead a mostly normal life. Before having to move to the mainland, I ended up applying and getting Social Security Disability. Today, eight years later, I am walking again and am living a functional life. **Dry needling is a critical part of the pain management care plan for myself and my two children.** I will be moving home to Hawaii the coming fall and will not have access to a pain management medical treatment that is legal in Virginia and so many other states. My daughter, Nicole, decided that she would rather live in pain, in Hawaii, than with managed pain, in Virginia. She is a junior at University of Hawaii studying to be a special education teacher. Every day she wonders how she will be able to be a teacher. She can't go to a physical therapist for a quick, easy method of pain relief – dry needling.

The most important thing to know, in my opinion, is there is not just one way to treat the same problem. Every body is different and medical problems may take one or more methods of complementary medicine. Bringing dry needling to Hawaii is a question of what resources you want to put into the toolkits of your medical professionals. It is a question of allowing a medical professional to choose the best treatment option for each patient. It is a question of what choices you allow patients to make to optimize their recovery. One method may work for my body, and not for someone else's. I may need to use BOTH acupuncture and dry needling, while someone else may choose that chiropractic medicine, acupuncture or osteopathy meets their medical needs. By allowing dry needling in Hawaii, you are providing another tool in the pain management and rehabilitation toolkit.

Over the course of the six years, post accident, that I went to acupuncture in Hawaii (before knowing about dry needling), I had never once had a muscle released. I never once had a "twitch response" that is at the core of the technique. That is a good thing. That was not the goal of acupuncture. Dry needling is a different method. **Acupuncturists can no more do dry needling than a physical therapist can do acupuncture. Both are specifically trained in their own discipline.** I am more than aware that there is

debate about safety and training for physical therapists doing dry needling. I ended up becoming very well versed about dry needling. I investigated what the training programs currently available on the mainland and have done extensive reading in the medical literature. The results speak for themselves. **Physical therapists trained in dry needling are a safe option for effective rehabilitation or chronic pain management.**

Background and History of Personal Dry Needling Experience

In 2005 myself and my three children were in a severe car accident in Waipio Gentry. I thought we were just sore and that the muscle pain would go away. That month we started an odyssey of searching for diagnosis and then treatment. Muscle disorders, and muscle pain, are invisible illness. On the outside I am happy, engaging and appear to go about my life as a mom, wife, company CEO the way anyone else would. My children, Nicole and Tyler, have good grades in school, participate in afterschool activities and enjoy art and video games just like any other child.

But here is the secret. We are all in pain. Muscle pain. Every moment, every second, every day, and every night. We are in unrelenting pain and all anyone sees is the mask we put on pretending to be “normal” and healthy. We could be your neighbor. **You would never know that we can’t “fix” the pain.**

While in Hawaii, right after the accident I went **three days a week, every week to PT**. I did all the exercises I was told to. It kept hurting so I went to a chiropractor. Then a pain specialist was added in, then **more PT’s** and neurologists. I went to each and every appointment, followed all the instructions. Over years I became a regular at **acupuncture two - three times a week**. I went to Kaiser PT, Rehab of the Pacific, private practice PT’s and more. I added in trigger point injections. Injections of lidocaine into muscles all over the body. The goal being to elicit a “twitch response” to release the muscle. The pain didn’t stop.

I watched my children have pain that nobody could see. Now my kids were asking to stay home from school and asking to withdraw from after school activities. No less than three days a week, myself and my husband took Nicole and Tyler to PT. Kaiser, Shriner’s, Kapiolani. Doctors, PT’s, and acupuncture. **My daughter, age 7 at the time of the accident started acupuncture 2-3 times a week to manage the pain.**

Managing pain was a full-time job to keep us as functioning humans but we were losing the battle. I could no longer run my growing information technology federal contracting company, GeminiTech. We supported the IT systems for the State of Hawaii Legislature. I had to walk away. Both kids had ever increasing absences from school to go to physical therapy, acupuncture and doctor appointments. They didn’t want to play with other kids.

I ended up shuttering a multimillion dollar Hawaii small business. My husband was offered a job on the mainland. We decided to go. Leesburg Virginia was a small town outside of Washington DC. We also focused on the fact that maybe we could find doctors, diagnosis and treatments that could help.

Shortly after moving to Leesburg, Virginia I found a physical therapist and on the window of their office it said “myofascial release” and “dry needling”. I had no idea what it was. I made an appointment. My new physical therapist was passionate about how well her patients with muscle pain/strain responded to dry needling. She showed me the solid filament needles, often used in acupuncture. I explained that over the past 7 years **I had been to both PT and acupuncture on a regular basis so I didn’t see how dry**

needling would be different. Thankfully I was open minded. The Washington Redskins used PT with dry needling and so do Olympic athletes. That was a pretty good recommendation for giving it a try. Part of what I found interesting is that my physical therapist was certified and had attended significant additional training.

Her goal was to elicit a “twitch response”. She inserted the needle into a specific location on a muscle and moved the needle throughout the area in a clockwise direction. As the needle went up and down I could feel muscle after muscle twitch, and then let go. They would dry needle “referred pain points”. Seemingly disconnected areas that turned out to have a daisy chain effect to release muscles in locations other than where the needle was inserted.

The needles used were the same, dry needling calling the tool a solid filament needle and eastern medicine calling the tool an acupuncture needle. It didn’t matter what the tool was called, the two uses were wholly and completely different. I am a HUGE advocate of acupuncture and will never stop using it. It can increase blood flow to muscles and organs and target things like a sluggish thyroid and adrenal systems.

Dry needling on the other hand released tight and spasmed muscles. I had not had pain relief like that – ever. I went 2-3 times a week. First I would do some warm up, then get dry needled. What that accomplished was releasing muscles so I could move and allow my body to increase my range of motion. Rather than do two repetitions of an exercise, I worked my way up to five repetitions. My physical therapist worked on several body parts during each session, but not too many, so that I could systematically strengthen my now horribly weak muscles.

I started to use an complementary integrated approach to my chronic pain management. I would go to a doctor for a trigger point injection to release a large muscle.; Then a couple days later to a physical therapist for them to release the smaller muscles. A doctor can only do one or two injections at a time. A PT can release multiple body parts in a single session – and there is no down time. After the PT released my spine with dry needling (paraspinal muscle release) I would go to a chiropractor for them to adjust my spine and hips that had been locked down for almost 10 years at that point. I also used massage and acupuncture to complement treatments. About a year later I was no longer using a walker and could go up and down stairs, unassisted. Yes, I still hurt, but I have a chronic muscle pain syndrome. I won’t get “better”, but I can manage my pain. I wouldn’t want to give up any of these rehabilitative techniques. They all have important roles in helping my pain.

Nicole and Tyler continued to go to physical therapy. About a year after moving to Virginia I couldn’t take watching my kids in so much pain. Doctors couldn’t help. Doctors in both Hawaii and Virginia provided great care but they honestly couldn’t help. There was nothing in their tool kit that could help them. By this point my children had both been put on a variety of pain medications, on and off label.

I asked Nicole’s PCP if she could get a referral to physical therapy, with dry needling. Nicole was as desperate as I was at this point. She too had been through the ringer of specialists, Eastern, Western and everywhere in between.

Dry needling is very common on the mainland. Nicole went to a physical therapist at Integrated Sports Medicine. We used to joke that she was going to before and after school study groups. There were tons

of other children and teens that had been injured in sports activities and needed dry needling to complement their physical therapy and speed their recovery.

Nicole and Tyler were now being managed by the pain clinic at Children's National Hospital in Washington DC. While the doctors there did the trigger point injections and medicine management, they continued the PT with dry needling referrals as part of the kids treatment plans. Soon after, the pain clinic at Children's National Hospital had a doctor and licensed nurse practitioner doing dry needling for pediatric patients right at the clinic.

Dry needling changed the lives of myself and my two children. It is an exceptional tool in a physical therapists toolkit as it releases muscles quickly relieves pain enough so that rehabilitation exercises and stretching can be more effective. I personally believe that dry needling is so effective that it can reduce the need for opioid intervention. Dry needling lowers the overall cost of healthcare. Physical therapists excel at palpation of muscles and muscle structure and anatomy that can be manipulated with dry needling. PCP's can do two things. They can write a referral to another specialty (chiropractic, pain specialist, neurologist, behavioral therapy, etc) or they can write a prescription. PCP's and emergency rooms are the first line of defense for muscle injury and they can't do anything. But if the PT that they are referred to can dry needle as fast as possible after the muscle injury, it prevents the injured muscle from setting in. Rehab is a smoother path when secondary instability doesn't set in. I would personally like for emergency rooms to do dry needling in the future, I am that much of an advocate for it's use.

This testimony is long. I know it is long, but I needed you to put my advocacy into context. It is one thing to talk about the benefits, it is another to live the benefits. My daughter is at UH. She calls me crying because she hurts so much. Right now, she goes every couple of months to Queens Hospital and put under anesthesia for extensive trigger point injections and nerve ablation. A 21-year-old shouldn't have to have anesthesia every 3 months when if she lived in a different state she could just go to a PT. I will be moving back to Hawaii in the fall and will need a physical therapist that can dry needle me. Our home is in Hawaii but to be at home we must choose pain.

Please let physical therapists dry needle and help our family and so many others.

Respectfully,

Karen James

SB-2225

Submitted on: 1/26/2020 10:48:24 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole James	Individual	Support	No

Comments:

Aloha,

My name is Nicole James. I am writing in SUPPORT OF SB2225 and HB1807. I am 21 and a student at University of Hawaii, Manoa. I am enrolled in the exceptional students and elementary education dual teacher certification program. I also have Ehlers Danlos Syndrome. My muscles tighten and won't release without medical intervention. I have lived both with and without dry needling and I am here to tell you that WITH dry needling is far better. Dry needling has been, and still is, the most effective method of pain management. for me. On a daily basis I question if I will ever be able to be a teacher, knowing that I have chronic pain that is unmanageable in my home state. I am not alone. Although Ehlers Danlos is rare, my best friend was just diagnosed with EDS and I am on a facebook group with 73 other EDS patients living with chronic pain. The need isn't just mine.

At 7 years old I was a cheerleader on the No Ka Oi All - Star cheer team. Then the car I was riding in was hit by a driver that missed a stop sign while looking at their phone. My life was never the same. I thought I was just sore after the accident but it wasn't going away. It got so bad that my mom took me out of cheer and flew me to the mainland for what we thought would fix my pain - and hers. It didn't work.

Over the next 6 years I went to PT at Kaiser Moanalua, Shriners Hospital, Kapiolani, Queens, and so many other places trying to do rehabilitation to get "better" None of it worked. The pain got worse and worse. I loved school but I had to keep missing it to go to doctor appointments When I could go to school it hurt and I didn't want to talk to anyone or do the things I used to do. Despite it all, I still got my work done and got good grades. My back hurt, my neck hurt, my arm hurt and my wrist would cramp. I did everything the physical therapists said to do. I did everything the doctors said to do. I went to acupuncture 2 times a week-Loved going, but it didn't stop the pain.

In 2011 our family had to move to Virginia. While I hated the cold of winter and the hot mugginess of summer, my mom started to set up our new medical support network and so i would cuddle into the car for our long drives to Children's National Hospital in Washington DC. A couple hour drive in, 3 hours there, and several hour drive home in rush-hour so I could get trigger point injections. The doctor would inject medicine

directly into several groups of muscles: shoulders, neck, lower back. I couldn't move for two days after each round.

About a year after we got here my mom took me to a physical therapist that did dry needling. Her office was just a couple miles from my house so I could go more frequently. As they started the dry needling muscles started to release. I could move and stretch body parts I hadn't been able to move in years. The strength and flexibility I had as a 7 year old cheerleader started to come back.

I would go get dry needled in the morning before school 2-3 days a week. That would prop me up so I could make it through the day. I wanted my old life back and still wanted to be a cheerleader. Dry needling gave that back to me. In 9th grade I became a winter varsity cheerleader. I could not have done that without dry needling. I had physical therapy in Hawaii with really good PT's, but it wasn't enough to help. Adding the dry needling to my physical therapy gave me the ability to do a pre accident activity that I loved.

The advantages to having dry needling, rather than trigger point injections from a doctor, is that there was no down time, it was close to my house so I could go several times a week or as needed, and, honestly, it was covered by insurance. My acupuncture was also covered by insurance, but that didn't manage the muscle pain.

I know that I have Ehlers Danlos and won't get "fixed", but dry needling readily available became my intervention of choice. Dry needling is still my intervention of choice, but not in Hawaii. I don't get to choose what treatment is best for my body because at this time physical therapists are not allowed to deliver dry needling.

After graduation I moved back home to Hawaii. I enrolled first at HPU and then moved to UH. I chose to major in Special Education and Elementary Education. I knew that I would be leaving the pain management treatment that helps me the most and makes me the most productive and functional. I made that choice but there isn't a day that goes by that goes by that I don't wish I could go get dry needling to take away the pain so I can do homework, go to class, or even just with friends.

Without dry needling, I have ended up having to have trigger point injections and nerve ablation every couple months. I have to miss school (and someday miss work) and check myself into Queens Hospital. I am put under anesthesia while they burn the nerves coming out of my spine to control the pain. If Hawaii joined with the other states that allow physical therapists to do dry needling, I wouldn't have to go through that for minimal results - and long term nerve damage.

Dry needling is a low risk, high reward treatment. For people with chronic pain conditions we need easy access to highly effective therapies that have the least amount of down time and side effects. Dry needling meets those needs.

I want to stay in Hawaii. I want to be a teacher. I truly believe that I can achieve both of those goals with a pain management system that includes dry needling.

I urge you to support SRS SB2225 and HB1807I. I have lived both with and without dry needling and I am here to tell you that WITH dry needling is better. With dry needling I know I can manage my pain easily and safely. Without dry needling in Hawaii I will have to continue using high risk procedures that are expensive and not nearly as effective.

Mahalo for your time and consideration,

Nicole James

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist (PT), and a board certified orthopaedic specialist, in Hawaii that currently works in a private practice outpatient orthopaedic physical therapy clinic called OrthoSport Hawaii. I have been practicing for over 6 years and have been the clinic director of our downtown Honolulu location over the past 3 years. In this capacity, I come across hundreds of working residents of our community per week with complaints of pain, stiffness of a joint, weakness, or a functional limitation. I also must oversee the clinical mechanisms to figure out the optimal way to treat these patients to offer the best possible treatment and outcomes for such individuals.

I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education, which is now at the doctorate entry-level in the United States.

There are some people who do not understand or know the educational background needed to obtain a physical therapy degree, what physical therapists do, and how physical therapists can choose multiple forms of treatment methods to attain the most optimal outcomes for the patient. This can include use of our hands for manual therapy, use of modalities to stimulate blood flow, supervised exercise with specific and detailed cueing to improve motor control from the brain to the body, and yes also the ability to use a thin filament needle to perform a technique called dry needling.

Physical therapists have a very strong educational background in the nervous system, biomechanics, anatomy, and physiology of the human body with PT schools today mimicking typical medical school training. Even before physical therapy programs were required to be at the doctorate level, PT programs involved prerequisites for human anatomy, human physiology, chemistry, biology, and when accepted into these programs, a course in dissection of human cadavers were incorporated. My undergraduate program at Saint Martin's University where I completed a Bachelor's Degree in pre-med Biology included two human cadaver anatomy courses, advanced anatomy and physiology, as well as cellular biology. Immediately after undergraduate education, I was accepted and became a Doctor of Physical Therapy at University of St. Augustine University for Health Sciences which entailed another cadaver dissection.

In the last 10 years, there has been a major change in this profession where all physical therapy educational programs are required to be at the doctorate level, requiring curriculum that focuses on pharmacology, radiology, and differential diagnosis to allow physical therapists to have autonomous practice. This in part by licensed PT's understanding what we can and cannot treat in our scope of practice as well as being able to screen out the "bad and nasty" diagnoses that we must refer out to other healthcare providers. In a time where there is a shortage of medical doctors and primary care physicians, PT's can be an avenue to help decrease rising healthcare costs and allow increased access to needed healthcare. Currently in Hawaii, there are two private insurance companies that allows patients direct access to a PT with no need for a physician referral and still have full coverage. In this capacity, the PT provides an examination, evaluation, and timely treatment to a neuromusculoskeletal injury that would otherwise be seen weeks or even months after the initial injury took place. Instead of having an inconvenient delay in care, why not see a physical therapist first and be on the road to recovery sooner rather than later? Currently, the other insurance companies, as well as Medicare require a physician referral to PT, in turn leading to delayed treatments, increased healthcare costs for the visits, imaging, medications (often opioids), and eventually will be seen by a PT after the optimal time for healing, strength, and motor control has passed which leads to extended recovery times and inflated healthcare costs.

Physical therapists collaborate with other healthcare professionals including physicians, surgeons, physiatrists, pain management doctors, psychologists, primary care physicians, nurses, speech therapists, occupational therapists and registered dietitians to name a few. I personally work closely with urgent care physicians and our medical gym model at OrthoSport Hawaii where we strive to bridge the gap between healthcare and wellness for all individuals. I passionately believe that healthcare needs to transform into a preventive wellness paradigm where people have a conservative non-opioid choice to treating pain and dysfunction in a timely manner. A catalyst to this transformation can happen with legislation.

Per Hawaii's Physical Therapy Practice Act Section 461J-1 Definitions, a physical therapist is defined as "a person who is licensed to practice physical therapy in this State." I do not want to change this definition but I want to clarify that we are much more than our Practice Act's definition. We are clinical professionals that specialize in treating any health conditions from head to toe that effects the functional mobility in people's everyday lives to improve their overall quality of life. Physical therapists in healthcare have been referred to as, "musculoskeletal specialists" and "movement specialists". A typical PT treatment session entails ongoing evaluation, differential diagnosing and clinical reasoning on how to combine various forms of treatments which can include strengthening, stretching, range of motion, manual therapy or hands-on techniques, balance, postural training and coordination. There is a plethora of

different approaches and techniques that we use in our “tool box.” Dry needling is only one tool of many tools that should and can be available in our tool box. As a PT, I will not use dry needling exclusively during the treatment of my patients, instead it will be used in conjunction with other treatments that I deem appropriate. When dry needling becomes available for PT's in Hawaii, these PT's still must hold true to their code of ethics and use of clinical reasoning that the patient will be a good candidate for such a treatment.

One last point I would like to make, is how dry needling in the scope of PT is not acupuncture. Dry needling was developed by Chan Gunn, MD, around 40 years ago and is based on modern scientific study of the neuromusculoskeletal system including anatomy, physiology, histology, biomechanics, neuroscience, kinesiology, pharmacology and pathology. Not based on eastern medicine and meridians. In an opinion filed on 7 December 2018, the North Carolina Supreme court, in a unanimous decision, upheld the ruling of a lower court, saying “dry needling falls within the scope of physical therapy.” This is a case that goes back to 2011, beginning with the Attorney General and eventually all the way to the supreme court. At each level, it was determined that dry needling is part of physical therapy and not solely in the purview of acupuncture.

I sincerely hope you consider incorporating dry needling as well as adding language into the Hawaii Physical Therapy Practice Act that will outline promotion of health and wellness. Prevention of disability and illness is at the forefront of all healthcare professions. I fervently believe we can make a difference in lives of people, working together to make healthcare more accessible and readily available without taking away from other healthcare providers for the best possible treatments being available to the patient population.

I strongly recommend you to support passage of this bill. Feel free to contact me with any questions or concerns at dr.nickbronowski.pt@gmail.com or by phone (808) 546-0937.

Very Respectfully,

Dr. Nicholas Bronowski, PT
Board Certified Orthopaedic Specialist
Hawaii PT License #3637

TESTIMONY.... RE: SB2225, OPPOSE, Relating to Thysical Therapy Practice Act

Dear Honorable Chair Senator Baker and Vice Chair Chang,

My name is Denice Murphy, Dipl.Ac., L.Ac., and I have been practicing as a Licensed Diplomate in Acupuncture (NCCAOM, nationally certified) in Hawaii for over 28 years. I have also taught Traditional Oriental Medical curriculum at the Traditional Chinese Medical College of Hawaii for over 5 years during this time. Currently, I have a busy private practice and holistic clinic here in Kona, on the big island of Hawaii.

I want to address your consideration SB2225, currently on your agenda.

I urge you to consider that Traditional Chinese Medicine and its roots of deep cultural, and medical importance, is valuable to keep intact in the field of medicine. The training it requires renders it a complete medical system, and isn't intended to be dissected for its parts and pieces for other medical communities to "add on" for few minimum hours of education.

The correct and upright training and education of TCM, Traditional Chinese Medicine, including Acupuncture is long and arduous, (several thousand hours) and also includes biomedical components that absolutely relate to the current allopathic understandings and conditions in health today. Patient safety and efficacy are highly regarded aspects of TCM. In fact, Dry Needling is indeed a form of acupuncture, and acupuncture is already regulated by the Hawaii Licensing Board of Acupuncture.

Other medical communities (in this case, physical therapists or PT's), that attempt to use a single aspect of the TCM modality, such as "inserting filiform needles", would not be equipped with the proposed minimum training requirements to understand all of the layers of influence(s) that are rendered with a minimum 1 to 2 weekend of training to "insert needles" with what they refer to as "a dry needling technique", DNT. Along with such minimum training, there are no accreditation or national standards, no continuing education requirements, and no licensing for such.

I wouldn't expect to be competent in physical therapy principles with a couple of weekends of training in how to perform exercises for strengthening or balancing the body from weakness or injury. Even though my training renders a comprehensive education of physiology and anatomy, it is used specifically for the purposes of location and application in the Chinese Medicinal modality, and the very effective healing and balancing from those principles. It simply can't be learned in a few hours, and neither can **safe** needling.

Most importantly, the consideration of the patient's safety is paramount! With the proposed minimum training for dry needling, inexperience equals mistakes, hence injuries to the patient (think pneumothorax, dysfunctional & compromised mobility from permanent nerve damage). This bill proposes self-regulation, which renders complacency, along with low educational standards and non-existent re-certification, no required continuing education. Altogether, this does not reflect expertise in a field where the PT community excels in so many other ways.

This potential offering of "dry needling" also greatly confuses the public. And it is unfortunate that bodies of legislators in certain states have not been informed correctly regarding the realities of the potential and harm that will and have occurred, and have inadvertently given the green light to the physical therapy profession. That does not make it right. Currently we could site Oregon as one of the states reversing that law after finding out the truth of the matter. We needn't be one of those states!

Personally, I've had several patients that were initially fearful of needles for an acupuncture session as they had suffered greatly from a previous "dry needling" or "intra-muscular therapy" (IMT), session by a physical therapist, and never want to go back. (I see patients/visitors from out of state/country where dry needling/IMT may be legal). Bruising, very painful and achy local areas of the body parts for up to a week, and slow recovery for an injury made worse are some unfortunate, but common examples. One patient recently asked "Please tell me you don't perform dry needling, as I'll leave the room right now, I'm here for only for acupuncture!" Obviously, she knew the difference, and appreciated the healing qualities of the Acupuncture that Chinese Medicine offers.

Of the many patients in my practice, I have taken an informal verbal survey regarding Physical Therapists doing the dry needling for part of their health care, and considering the minimum educational requirements, I couldn't find one willing person to agree to try it. Anyone I had asked was happy to sign the petition in my office opposing "dry needling" DNT or IMT practice by a physical therapist.

The question has to be asked... would you feel comfortable or put your trust in the practitioner who studied for several years, for thousands of hours, takes continuing education courses annually, and has dedicated their career to the study of healing by inserting needles, one that continues to learn and hone their expertise over the course of their career becoming the true expert? Yes, this would be the Licensed Acupuncturist, with the Masters or Doctoral level of training, Nationally certified.... or the practitioner who added on this new "skill" for a mere few hours of training, online, at home, and a few hours in a classroom?

Should there be such an interest in needling by other medical practitioners, including physical therapists, there are many TCM schools available for the opportunity to study and graduate, sit for the proper exams and acquire the acupuncture license to do so.

Certainly, I am happy to refer my patients for other therapies that I know will assist in their healing, and I don't hesitate to refer to physical therapists, as I personally know several excellent ones in the area. Most PT's that I've spoken to, don't need/want to add dry needling for their therapy modalities, as they have enough knowledge to implement for successful treatment, and refer to someone like me for the needling techniques that complement the treatment and work so well. As the highest ratio of acupuncturists per capita in the state of Hawaii, we have plenty here to fill the needs of our population.

I strongly oppose SB2225 for all the reasons given above. I belong to (and sit on the board of) the Hawaii Acupuncture Association. We join in support of our national organizations, the National Certification Commission of Acupuncture & Oriental Medicine, and the American Society of Acupuncturists, to name a couple, on this position of opposition. It is my frustration that the Physical Therapy professionals outnumber the Acupuncture professionals by many times, so it seems from their numbers in support of this bill, that there's population to support this movement. It could not be further from the truth. Simple polling proves this to be untrue.

Finally, we aim to protect the public while educating our legislature in our home state and nationally with this collaborative effort. Thank you for considering our joint Position Statement on Dry Needling to oppose SB2225.

Sincerely,

Denice Murphy, MSOM, L.Ac., Dipl.Ac.
Director, Hawaii Acupuncture Association



Dear Chair and Committee Members:

I have been a Physical Therapist in Hawaii for the past 41 years. For the past 2 years I have been working at the Waianae Coast Comprehensive Health Center's Chronic Pain Management Program.

I strongly support SB2225 and the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to treat patients at their highest level of training and education.

In more than 30 states physical therapists can apply dry needling to their patients. This is a technique where a fine needle is inserted into the muscle tissue to reduce spasms and control pain. The procedure is safe and effective in the alleviation of muscle spasm when performed by physical therapists. However, in Hawaii we are forbidden to utilize this approach due to a provision unique to our practice act compared to other jurisdictions.

Considering the current opioid epidemic we are constantly looking for alternatives to pharmaceuticals in the management of pain. Allowing physical therapists to perform dry needling creates an additional avenue in bringing a patient to wellness. Currently patients followed in federal facilities in Hawaii can be treated by physical therapists with dry needling. The general public should have equal access to this treatment.

I strongly urge you to support passage of this bill.

Thank you for your consideration.

Herbert Yee, PT
Physical Therapist

January 26, 2020

Dear Chair and Committee members,

I am a Physical Therapist practicing in Hawaii. I am writing this letter to show my strong support in the proposed bill SB2225 which introduces changes to the Physical Therapy Practice Act. Those changes will allow physical therapists to provide care for Hawaii residents at their highest potential level.

I was practicing in the state of Georgia for 5 years where physical therapists are allowed to utilize dry needling as one of the interventions to treat neuromusculoskeletal conditions. This intervention is recognized and widely used as a skilled intervention within scope of physical therapist practice in all but 7 states including Hawaii. Therefore, since I moved here on the island, I have not been able to provide my patients with this effective treatment. There are so many past and current cases that I could have used dry needling as one of the interventions to reduce patients' pain and facilitate their recovery faster.

As for any neuromusculoskeletal dysfunctions, no one treatment fixes all. For any given conditions and individuals, their responses to one particular treatment may vary. However, physical therapists are able to identify and provide the most appropriate interventions based on the presentation of the particular patient. This is due to extensive physical therapy education and training in human anatomy and functional movement as well as assessment skills. Physical therapy interventions can be very effective when appropriate interventions are carefully selected and provided for the appropriate patient population. Dry needling is no exception. It is a very safe and effective treatment that can be utilized in treating patients who suffer from various neuromusculoskeletal conditions.

Based on our education and training, physical therapists are competent in assessing the appropriateness and performing this intervention. Physical therapists in Hawaii should also be permitted to utilize dry needling as one of the skilled physical therapy interventions when assessed to be appropriate. This will allow physical therapists to provide more treatment options for the people of Hawaii to promote pain reduction and optimize movement function.

Sincerely,

Miwa Matsumoto, PT, DPT, OCS, ATC

SB-2225

Submitted on: 1/27/2020 8:11:26 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Art Lum	Individual	Support	No

Comments:

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

The healthcare reimbursement model from fee for service to Alternative Payment Models of quality and outcomes are in place. The time is right for dry needling to be included into the Practice Act. Adding to the quality and achieving improved outcomes.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Arthur M.H. Lum, P.T.

artlum@fukujilumpt.com

Dear Chair and Committee Members:

I am a travel Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Katherine O'Donnell PT, DPT
Kodonnell1851@mail.usciences.edu

SB-2225

Submitted on: 1/27/2020 7:01:07 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ken Inouye	Individual	Support	No

Comments:

Chair Baker, Vice Chair Chang, and members of the Senate Committee on Commerce, Consumer Protection and Health,

My name is Ken Inouye, and I appreciate this opportunity to voice my support for Senate Bill 2225, which would allow physical therapists in the state of Hawai'i to legally perform dry needling on their patients. During my time living out of state, as a patient I experienced the therapeutic advantages of dry needling first hand. Based on my experience, dry needling is a safe, effective, and extraordinarily beneficial procedure. Prior to relocating to Hawai'i, I have had dry needling done on two occasions. Once to treat a partially torn calf muscle, and on another occasion to treat a fractured shoulder. In each case, dry needling was a valuable aid in my treatment and significantly reduced the time required to regain full use of my limbs.

In contrast, since relocating here in 2015, I have had two injuries requiring physical therapy during which I have asked my physical therapists if we could try dry needling as part of the therapy, only to be told it was not an option. Each time I was told that dry needling would have significantly reduced my treatment time. In both of these cases (one involving my right forearm, the second involving my left knee), my therapy took long enough that my insurance carrier stopped covering me and I had to pay out of pocket in order to complete my therapy and regain the full use of my limbs. It is arguable that had I had the option of undergoing dry needling that my treatment would have concluded significantly sooner, preventing the scenario under which my insurance carrier stopped covering me before my treatment was completed.

Now that my wife, daughter, and I have relocated to Hawai'i to be closer to family, I want everyone in the State of Hawai'i to be able to take advantage of dry needling's benefits. I have experienced the benefits of this procedure, and I feel it is highly unfortunate that skilled and qualified physical therapists in our state are unable to integrate this extremely beneficial technique into their practice. As of this writing, 43 of our 50 states allow dry needling as a part of standard physical therapy practice. Only seven states, including the state of Hawai'i, have prohibitions on the use of dry needling by physical therapists. I strongly encourage the members of this committee to consider this matter and allow our state to join the 43 states currently allowing this essential

procedure.

SB-2225

Submitted on: 1/27/2020 8:58:35 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexis Harvey	Individual	Oppose	No

Comments:

SB-2225

Submitted on: 1/27/2020 9:53:09 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tina Nguyen	Individual	Oppose	No

Comments:

Please dont pass this bill because physical therapies do not go through an intensive training to administer on dry needling which is the same as acupuncture.

They can cause more harm than benefits to a patient such as pneumothorax, lung injuries and bruise in elderly patients

Thank you,

Tina Nguyen

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Dry needling is a safe and effective form of treatment that I have used while working in another state. This is only one of many forms of treatment I have provided to my patients. The benefits of dry needling may include increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly better quality of life. I have seen such positive outcomes personally with my patients. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

August Kryger, PT, DPT
84-808 Hanalei St, Unit 1
Waianae, HI 96792

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am an Interventional Pain Management Specialist, working in Hawaii, and I value the role of Physical Therapists in our patient care. As a Physician in Hawaii, I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position the PT profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be a vehicle to assist in this transition. Medical teams rely on Physical Therapists to speed the recovery and healing process efficiently and safely.

As an Interventional Pain Management Specialist, I am aware that dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function, and to treat pain in their patients. If dry needling was allowed in Hawaii, I would support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to their extensive training in human anatomy and physiology as well as human movement and function. Physical therapists are well suited to perform this intervention with certain dry needling specific education, and their extensive training in human anatomy and physiology, as well as human movement and function.

As a Physician in HI today, we need Physical Therapists to perform optimally, for effective medical care. This saves healthcare spending, and optimizes patient outcomes. We rely on Physical Therapists for the recoveries and wellness of many patients, and appreciate their safe and effective multimodal care. Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states. With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Dr Daniel Choi, MD
dchoimd@gmail.com

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Dry needling is a safe and effective form of treatment that I have used while working in another state. This is only one of many forms of treatment I have provided to my patients. The benefits of dry needling may include increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly better quality of life. I have seen such positive outcomes personally with my patients. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Jeffrey Gatling, DPT
HI PT License #2884
Ohana Sports Medicine Kapaa, LLC 4-
901 Kuhio Hwy, Ste. A Kapaa, HI
96746 jgatlingdpt@gmail.com

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

My name is Jeffrey Rogge, I have a CMTPT certification through Myopain and have also passed level 1 and 2 through Kinetacore. Last year I published an article on the benefits of dry needling with patients with failed back syndrome.¹ I am a physical therapist practicing at The Mayo Clinic in Phoenix AZ. I strongly support the proposed changes to the Hawaii Physical Therapy Practice Act. These changes will improve patient access to needed healthcare in Hawaii by allowing physical therapists to use dry needling as a treatment option to help decrease visits, cost, by putting the needs of the patient first.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up to date with the current and future climate of healthcare. Dry needling can also be a treatment option to assist preventing patients' acute symptoms to turning into a more costly chronic issue which is often associated with depression.

Dry Needling is a technique that has shown to be very effective in patients with muscular dysfunction and myofascial pain.² Trigger point dry needling has been shown to reduce pain, normalize the chemical environment of a MTrP, restore homeostasis, and restore range of motion and muscle activation patterns.² Research has shown that TDN is a useful adjunct to other therapies for patients with musculoskeletal pain (LBP).³

Please provide Hawaii physical therapist the option to treat patients with the best possible techniques by allowing patients access to dry needling. I strongly urge you to support passage of this bill.

Thank you for your consideration,

Jeffrey Rogge

Jeffrey Rogge, PT, DPT, OCS, CMTPT

| Physical Therapist | Orthopedic Clinical Specialist | Physical Medicine and Rehabilitation | [Mayo Clinic](#) | Mayo Clinic 13400 E. Shea Blvd., Scottsdale, AZ 85259 rogge.jeffrey@mayo.edu 480-342-4025

References:

1. Rogge J, Krause. Use of Trigger Point Dry Needling as a Component of a Rehabilitation Program for a Patient with Nonspecific Chronic Low Back Pain and a History of a Lumbar Discectomy. *Orthopaedic Practice*, July 2019; 136-142
2. Dommerholt J. Dry needling-peripheral and central considerations. *J Man Manip Ther*. 2011;19(4):223-237.
3. Furlan A, van Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B: Acupuncture and dry needling for low back pain: an updated systematic review within the framework of the Cochrane Collaboration. *Spine*. 2005;30(8):944-963.

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii with 17 years of experience in the fields of orthopedics and pelvic health. I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. There is a significant and growing amount of research indicating the benefit of dry needling for pain management, including as it pertains to pelvic pain. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Michelle Pacilio, MPT
Pelvic Health Specialist
Ohana Sports Medicine
2-2488 Kaumualii Hwy
Kalaheo, HI 96741
mpaciliompt@gmail.com

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Medical Doctor working in Emergency Departments across Hawaii, and I value the role of Physical Therapists in our Emergency Rooms. As a Physician in Hawaii, I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position the PT profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be a vehicle to assist in this transition. Medical teams rely on Physical Therapists to speed the recovery and healing process efficiently and safely.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function, and to treat pain in their patients. If dry needling was allowed in Hawaii, I would support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to their extensive training in human anatomy and physiology as well as human movement and function. Physical therapists are well suited to perform this intervention with certain dry needling specific education, and their extensive training in human anatomy and physiology, as well as human movement and function.

As a Physician in HI today, we need Physical Therapists to perform optimally, for effective medical care. This saves healthcare spending, and optimizes patient outcomes. We rely on Physical Therapists for the recovery and wellness of many patients, and appreciate their safe and effective multimodal care. Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states. With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,
Dr Travis Parker, MD
tparker@hhsc.org

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a General Surgeon on Kauai that has worked with Physical Therapists for many years. As a Surgeon in Hawaii, I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position the PT profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be a vehicle to assist in this transition. Medical teams rely on Physical Therapists to speed the recovery and healing process efficiently and safely.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function, and to treat pain in their patients. If dry needling was allowed in Hawaii, I would support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention with dry needling specific education, and their extensive training in human anatomy and physiology, as well as human movement and function.

As a Physician in HI today, we need Physical Therapists to perform optimally, for effective medical care. This saves healthcare spending, and optimizes patient outcomes. We rely on Physical Therapists for the recoveries and wellness of many patients, and appreciate their safe and effective multimodal care. Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states. With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Dr Elisabeth Biuk, MD
ebiuk@hhsc.org

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I have been a Family Physician for 16 years, with 11 years in Hawaii. In my pain management practice, I refer patients to PT as an alternative to opioids, and to complement the benefits of a maintenance drug regimen. I strongly support the proposed changes to the Hawaii Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position the PT profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be a vehicle to assist in this transition. Medical teams rely on Physical Therapists to speed the recovery and healing process efficiently and safely.

As a Medical Doctor, I am aware that dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function, and to treat pain in their patients. If dry needling was allowed in Hawaii, I would support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to their extensive training in human anatomy and physiology as well as human movement and function. Physical therapists are well suited to perform this intervention with certain dry needling specific education, and their extensive training in human anatomy and physiology, as well as human movement and function.

As a Physician in HI today, we need Physical Therapists to perform optimally, for effective medical care. This saves healthcare spending, and optimizes patient outcomes. We rely on Physical Therapists for the recoveries and wellness of many patients, and appreciate their safe and effective multimodal care. Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states. With this in mind, I strongly urge you to support passage of this bill. With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Dr Graham Chelius, M.D.
Chief of Staff for the Kauai Region, HHSC
gchelius@hhsc.org

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Jamie Dominguez, PT, DPT
Doctor of Physical Therapy
2819 Kaonawai Pl #2A
Honolulu, HI 96822
Jamie@jacorehab.com

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Jeshua Spadino, DPT
2-2488 Kaumualii Hwy
Kalaheo, HI 96741
jspadino@liberty.edu

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Marco Adamé Jr. PT, DPT, OCS, ATC
Doctor of Physical Therapy
Board Certified Clinical Specialist in Orthopedic Physical Therapy
Certified Athletic trainer
1644 Piikoi St #1
Honolulu, HI 96822

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Dry needling is a safe and effective form of treatment that I have used while working in another state. This is only one of many forms of treatment I have provided to my patients. The benefits of dry needling may include increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly better quality of life. I have seen such positive outcomes personally with my patients. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

Please provide Hawaii patients with the choice of and access to dry needling care that is allowed in all but seven states. With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Miwa Matsumoto
94-510 Lumiaina St
M103
Waipahu, HI 96797

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Jonathan R. Rider, PT
Owner, Rider Physical Therapy Hanalei
5-5161 Kuhio Highway, Suite E202
Hanalei, HI 96714
RiderPhysicalTherapy@gmail.com
tel: 808.826.7433
fax:808.826.7437

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Shawna Yee, DPT, OCS, CSCS
Doctor of Physical Therapy
Board Certified Clinical Specialist in Orthopedic Physical Therapy
Certified Strength and Conditioning Specialist
1314 South King Street #1455
Honolulu, HI 96814

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. When I was a PT student in Illinois I had the opportunity to directly see how dry needling was used for treatment in the clinic by my Clinical Instructor. I witnessed all the positive benefits it had in terms of patient pain level, mobility, muscle activation, and overall progress in therapy when able to freely use this modality in a comprehensive treatment plan.

If dry needling was allowed in Hawaii, I would either take additional training and/ or support physical therapists to perform this treatment modality as deemed necessary. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,

Brittany Washko, PT, DPT.
Staff PT, Ohana Sports Medicine
2-2488 Kaumualii Hwy
Kalaheo, HI 96741-8311
tel: 808.335.5808
fax:808.335.5657

SB 2225, RELATING TO PHYSICAL THERAPY ACT

Sen CPH Hearing

Tuesday, January 28, 2020 – 9:00 AM

Room 229

Position: Support

Dear Chair Baker and CPH Committee Members:

I am a Physical Therapist in Hawaii who worked at Tripler Army Medical Center and has been practicing dry needling since 2015. I strongly support the proposed changes to the Physical Therapy Practice Act. Please note my opinion does not represent the Department of the United States Army, or any other Federal entities. It solely represents my opinion as a physical therapist.

I received my Doctorate in Physical Therapy from The Army-Baylor DPT program in August 2016. Our program was the first to certify its students in Level One trigger point dry needling (TDN) as part of the required curriculum. This change to the curriculum was at the forefront of a growing trend throughout the profession to include TDN within entry level DPT education. This growth has not been in isolation, as it has been stimulated nationally by growing scientific evidence in support of TDN and burgeoning demand by the patient population.

Before our TDN instruction at Army-Baylor, we take multiple anatomy and physiology courses utilizing human cadaver dissections with hundreds of hours of class instruction. Later in the curriculum we take a Level One TDN course certifying us to perform TDN on the upper and lower extremities. Certification on the thorax, face and abdominal region are deferred until completion of post graduate study in advanced level courses.

To deliver the best possible care to the public, any health care professional must be allowed to practice at the highest level of his or her licensure. Much like any other physical therapy intervention, TDN is one of many tools without our treatment arsenal, but one highly capable of delivering rapid, monumental clinical outcomes with relatively low risks. Any barriers to autonomous clinical practice, especially those restricting our use of TDN treatments well within our clinical training, are simply detrimental to our patient population.

With opioid addiction now recognized by the Center for Disease Control as a full blown public health epidemic, it is imperative that physical therapists have the autonomy to provide conservative care at the fullest potential of our skillset. Buttressing the physical therapy practice act in our state to include TDN is one step in advancing conservative care for pain. The evidence has been quite clear that early access to conservative care is a proven strategy to circumvent the nefarious path toward opioid addiction. Allowing physical therapists to practice TDN best equips us to deal with the growing opioid crisis.

Not only is TDN beneficial to the patient, it also helps the physical therapist receive quicker results with less physical stress to our bodies. With these quicker results, TDN can help increase access-to-care with more healthy therapists available to serve the community and patients having to spend less time in treatment. As a result, more new patients can receive care proactively within the injury cycle before a condition reaches the chronic stage. We are trained to be evidence-based clinicians and are considered to be the musculoskeletal experts of the medical care team. These proposed changes would allow us to stay up-to-date with the constantly evolving medical field and allow for us to practice at our fullest potential.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Despite the overwhelming evidence documenting the safety of TDN as practiced by physical therapists, Hawaii is one of seven states that does not allow dry needling. Adding dry needling to the practice act can make a positive impact to healthcare in this state.

In sum, dry needling is a safe and effective form of treatment that I use on my patients working in the military setting and have successfully experienced as a patient myself. Dry needling is only one of many treatments in our treatment arsenal, but a very potent one allowing us to maximize our clinical examination and treatment skills. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function. As one of the first states to grant direct access privileges to physical therapists, Hawaii has been a leader in facilitating the delivery of effective care to our citizens. Adding dry needling privileges to the state's physical therapy practice act would continue this proud tradition of Hawaii's commitment to public health.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Brooke Sorrell, PT, DPT, ATC Physical Therapist Texas PT license #1284073
brooke.a.sorrell.mil@mail.mil

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii that has been practicing dry needling since 2016 currently working at Warrior Ohana in Barber's Point and have worked at Tripler Army Medical Center. Although I have Texas PT license, I am allowed to practice at any federal medical treatment facility. I strongly support the proposed changes to the Hawaii Physical Therapy Practice Act. I want to ensure that my opinion is not a reflection of the Department of United States Army, or any other Federal entity but only my opinion as a licensed physical therapist.

About 3 years ago, I was taught dry needling during schooling for my Doctorate of Physical Therapy degree at Baylor University. In preparation for this and other procedures we were instructed multiple semesters worth of anatomy, physiology, and neuroscience courses. My dry needling training occurred at the end of the didactic portion of my schooling to ensure proper understanding of the risks and benefits of this procedure. Working in military treatment facilities in Hawaii and Texas, I have countless patients that have benefited from this treatment. Dry needling provides a "jump start" for patients who have muscular pain that prevents daily functional movement. Instead of longer duration of massage, soft tissue mobility techniques, dry needling can provide faster relief of pain and help the patient move better.

Dry needling is only a single, but to some important, tool in the process to recovery. For example a prior patient I treated was hoping to run in the Honolulu Marathon but developed knee pain while training. This pain limited her ability to run and a month and a half prior to the marathon the patient was no longer able to run more than five miles without severe knee pain. My first visit with her occurred two weeks before she was to run the marathon. After 3 dry needling treatment sessions combined with a home exercise program the patient was able to complete the Honolulu Marathon knee pain free. I have had many other patients with similar responses to dry needling and it is time to allow other Physical Therapists in Hawaii to use this effective technique other than only those that are federally employed.

These proposed changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education as it is now a doctoral program.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of

health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. There needs to be a change to the practice act in order to allow dry needling be performed by physical therapists.

With this in mind, I strongly urge you to support passage of this bill. You may contact me at my email if you have any questions or concerns.

Thank you for your
consideration,
Trent Larsen, PT, DPT Physical Therapist Texas PT license #1298869
trent.h.larsen.mil@mail.mil

SB 2225, RELATING TO PHYSICAL THERAPY ACT
Sen CPH Hearing
Tuesday, January 28, 2020 – 9:00 AM
Room 229
Position: Support

Dear Chair Baker and Senate CPH Committee Members:

I am a Physical Therapist in Hawaii that has been practicing dry needling since 2016 currently working at Warrior Ohana in Barber's Point and have worked at Tripler Army Medical Center. Although I have Texas PT license, I am allowed to practice at any federal medical treatment facility. I strongly support the proposed changes to the Hawaii Physical Therapy Practice Act. I want to ensure that my opinion is not a reflection of the Department of United States Army, or any other Federal entity but only my opinion as a licensed physical therapist.

About 3 years ago, I was taught dry needling during schooling for my Doctorate of Physical Therapy degree at Baylor University. In preparation for this and other procedures we were instructed multiple semesters worth of anatomy, physiology, and neuroscience courses. My dry needling training occurred at the end of the didactic portion of my schooling to ensure proper understanding of the risks and benefits of this procedure. Working in military treatment facilities in Hawaii and Texas, I have countless patients that have benefited from this treatment. Dry needling provides a "jump start" for patients who have muscular pain that prevents daily functional movement. Instead of longer duration of massage, soft tissue mobility techniques, dry needling can provide faster relief of pain and help the patient move better.

Dry needling is only a single, but to some important, tool in the process to recovery. For example a prior patient I treated was hoping to run in the Honolulu Marathon but developed knee pain while training. This pain limited her ability to run and a month and a half prior to the marathon the patient was no longer able to run more than five miles without severe knee pain. My first visit with her occurred two weeks before she was to run the marathon. After 3 dry needling treatment sessions combined with a home exercise program the patient was able to complete the Honolulu Marathon knee pain free. I have had many other patients with similar responses to dry needling and it is time to allow other Physical Therapists in Hawaii to use this effective technique other than only those that are federally employed.

These proposed changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education as it is now a doctoral program.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of

health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. There needs to be a change to the practice act in order to allow dry needling be performed by physical therapists.

With this in mind, I strongly urge you to support passage of this bill. You may contact me at my email if you have any questions or concerns.

Thank you for your
consideration,
Trent Larsen, PT, DPT Physical Therapist Texas PT license #1298869
trent.h.larsen.mil@mail.mil

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,

My name is Joanne Zazzera and I strongly urge you to pass SB 2225, relating to the Physical Therapy Practice Act. It allows physical therapists to use dry needling, similar to most other states, and gives patients access to this effective intervention tool in rehabilitative care.

Dry Needling is a skilled intervention involving a thin filiform needle that penetrates the skin and stimulates underlying myofascial triggerpoints, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. It can be used to diminish persistent nociceptive or painful inputs, and opens the door to other effective physical therapy exercises that may not have been tolerated otherwise. My colleagues in other states have shared their experience with dry needling and how our education makes it safe, and in terms of patient care, "it's like getting on a highway" where overall care can be shorter, as they are quicker to progress in their rehab.

Dry needling can be very effective for certain pain conditions. I have recently become increasingly aware of a genetic connective tissue disorder called Ehlers Danlos Syndrome (EDS), particularly because both of my young children have this genetic condition. Every time I put on a long sleeve shirt and their fingers pull backwards completely because of their joint hypermobility, I am reminded of their family history. Their father, whose shoulder would dislocate whenever he would try the monkey bars as a child. Or their grandfather, who has always been on disability due to the debilitating pain. Or their Aunt, who at the young age of 45, was unable to get out of bed due to severe arthritis pain. Meeting others with this same condition makes me aware that chronic pain is unfortunately a common and unsolicited side effect.

As a physical therapist, I hope that my children will gravitate towards conservative care options and never have to take strong pain medications or require surgery. That they can look up to their Aunt who decided to become a body builder and got so strong that it provided the joint stability her connective tissues couldn't. But it will not always be my choice, one day it will be theirs. I can only advocate that they have more options. In Physical Therapy, I always refer to this phrase "there is not one thing that works for everyone, but everyone will have one thing that works for them." I am not here to say that dry needling is the solution to everyone pain, but I will advocate for those that it is their ticket away from medication, or surgery, and been a bridge back to function.

I strongly urge you to be in support of this bill. To allow better options for pain within our state and allowing access to healthcare for those that will benefit.

Thank you for your consideration,

Joanne Zazzera, Doctor of Physical Therapy

A handwritten signature in cursive script that reads "Joanne Zazzera". The ink is dark and the signature is fluid, with a large loop at the end of the last name.

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am a Physician in Hawaii with a specialization in pain. I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Hawaii is the only state that has such a provision, and no other healthcare profession in the state has a similar, preventative section in its Practice Act. This includes physicians, physician assistants, dentists, nurses, acupuncturists, chiropractors, etc. The section is at its least, redundant and at its worst, preventing physical therapists from being able to practice at their highest level of education, and should be removed. With the removal of this section physical therapists will be able to provide more modern services to their patients, like Dry Needling.

Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function and to treat pain in their patients. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

As a Physician, we need Physical Therapists to be as effective as they can be in the treatment of our referred and shared patients. This saves healthcare spending, and optimizes patient outcomes. We rely on Physical Therapists for the recoveries and wellness of many patients, and appreciate their safe and effective multimodal care.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Jeffrey Loh", followed by a horizontal line and the letters "MD".

Jeffrey Loh, MD

jloh@queens.org

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,

I am writing this letter in support of HB701 to allow Trigger Point Dry Needling (TDN) to be practiced as a treatment modality in the state of Hawaii. I am a Doctor of Physical Therapy that has been practicing in Hawaii for nearly 10 years.

Currently I serve as a physical therapy provider in the Hawaii Army National Guard and was fortunate enough to be trained in TDN prior to being mobilized to Tripler Army Medical Center (TAMC) to support the outpatient physical therapy department when one of the physical therapists was deployed. My training consisted of a 3 day course with lecture, demonstration, and final skills assessment. In order to practice TDN with patients at TAMC, there is a credentialing process where your education and experience are assessed. It is also required to have a mentor(s) observe your TDN techniques, clinical decision making and safety with a minimum of 20 patients before submitting for the addition of TDN in your credentialing packet. Peer review of documentation is also done monthly in order to ensure all treatment and documentation standards are met.

I feel very lucky to have TDN in my "tool bag" in the treatment of patient. I have noted that use of this modality has been able to break the cycle of pain and allow for less painful movement and decreased dependence on pain medications. It is a relatively quick and painless treatment that can have an immediate effect. The military values efficient and effective treatments to quickly return injured soldiers back to duty and I believe this is why they entrust their physical therapists with this treatment modality. When I returned to my civilian job, I identified many patients who could have benefitted from TDN however due to state laws I was not allowed to use it. This is a disservice to the patient by withholding treatment that could make a difference in function. It is an efficient and effective treatment and the patient's safety is always the most important consideration when using this treatment. I am happy to see the trends of other states incorporating TDN safely and effectively into their daily practice for the benefit of the patients as I believe we are doing what everything thing we can to improve the patient's lives.

In closing, I want to implore you to support this bill to provide physical therapist with Trigger Point Dry Needling in order to improve patient outcomes

Respectfully,

Alika Kuamoo

Alika Kuamoo , PT #3016
Doctor of Physical Therapy

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

Although I do not practice dry needling, I am aware that dry needling is a safe and effective form of treatment. If dry needling was allowed in Hawaii, I would either take additional training and/or support physical therapists to perform this treatment modality. I am fully aware that the benefits of dry needling can make a positive impact on patients including increases in range of motion, muscular strength and control as well as pain reduction and management in order to progress towards overall daily function and more importantly a better quality of life. Physical therapists are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function.

I strongly urge you to support passage of this bill.

Thank you for your consideration,



Christopher Otoshi

chrisotoshi@gmail.com

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,

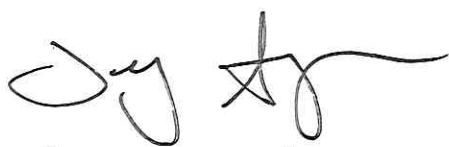
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I strongly urge you to support passage of this bill.

Thank you for your consideration,



Jeremy Angaran, PT

jersangaran@gmail.com

SB 2225

Relating to the Physical Therapy Act

Stance: SUPPORT

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

I am an Occupational Therapist in Hawaii. I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will allow physical therapists to work at their highest level of training and education.


Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position their profession to remain up-to-date with the current and future climate of healthcare.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Hawaii is the only state that has such a provision, and no other healthcare profession in the state has a similar, preventative section in its Practice Act. This includes physicians, physician assistants, dentists, nurses, acupuncturists, chiropractors, etc. The section is at its least, redundant and at its worst, preventing physical therapists from being able to practice at their highest level of education, and should be removed. With the removal of this section physical therapists will be able to provide more modern services to their patients, like Dry Needling.

Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function and to treat pain in their patients. Physical therapists are well suited to perform this intervention due to their extensive training in human anatomy and physiology as well as human movement and function.

With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Occupational Therapist
Kari-lyn Whitaker
kwhitaker@queens.org

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,

I am a Physical Therapist in Hawaii and I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will improve access to needed healthcare in our state by allowing physical therapists to use dry needling as a treatment option when needed.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines the promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. Dry needling can also be vehicle to assist in this transition.

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I strongly urge you to support passage of this bill.

Thank you for your consideration,

Cori Ng, PT

Corinne Nakasui, PT

cnakasui@queens.org

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

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I strongly urge you to support passage of this bill.

Thank you for your consideration,

Handwritten signature of Kyle Sato in black ink.

ksato@queens.org

Kyle Sato

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,

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I strongly urge you to support passage of this bill.

Thank you for your consideration,



Keri Rivara, DPT OCS

Kerivara@queens.org

SB 2225

Tuesday, January 28, 2020.

Conference Room 229

STANCE- STRONGLY SUPPORT

Chair Rosalyn Baker, Vice Chair Stanley Chang and members of the Committee on Commerce, Consumer Protection and Health,


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I strongly urge you to support passage of this bill.

Thank you for your consideration,

 , PT, cert. MST

SB-2225

Submitted on: 1/27/2020 11:11:15 AM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Fasulo	Individual	Support	No

Comments:

Aloha,

My name is Thomas Fasulo and I am the director for the Medical Gym at OrthoSpot Hawaii. As a licensed massage therapist, a personal trainer, and a Kinesiologist, I am writing to strongly support bill SB2225, allowing Physical Therapists to use dry needling. Being acutely aware of scope of practice, I was at first wary of the overlap between acupuncture and dry needling. After a brief research, I noticed it is vastly different and if anything, would lead to the promotion of patients going to see an acupuncturist. Using eastern medicine myself... cupping, gua sha, reflexology, etc... I personally feel the difference, the intention, and the clientele will be glaringly different.

Having been in the health field for the last 15 years, working closely alongside Physical Therapists the past 5, the priority is always the patients/ clients and what can most efficiently remove the pain. What can we as practitioners do, to ensure that the person in front of us is receiving the most quality care possible, with our ego removed? In Physical Therapy especially, the goal is not to hold on to clients for years at a time, in fact, quite the opposite. It is to heal them as quickly as possible, then to discharge them.

If a client receives quality care from dry needling and they associate that with acupuncture, would this not influence the patient to seek acupuncture when they are discharged? Physical Therapy will become a great referral and introduction to many people who may have never experienced this before and I think it will be nothing but beneficial. Why should those whose insurance does not cover acupuncture, and can not afford the out of pocket expense be punished?

Please consider this as an option of care that the people of our community deserve.

Thank you for your time,

Thomas

1111 North Fairfax Street
Alexandria, VA 22314-1488
703/684-2782
www.apta.org

January 27, 2020

Senator Rosalyn H. Baker
Chair, Senate Commerce, Consumer Protection, and Health Committee
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Re: Support Hawaii Senate Bill 2225 Relating to the Physical Therapy Practice Act

Dear Senator Baker:

On behalf of our more than 100,000-member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) appreciates the opportunity to express our support for SB 2225 that is scheduled to be heard in your committee tomorrow, January 28.

The mission of APTA is to build a community to advance the physical therapy profession to improve the health of society. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation.

SB 2225 proposes to modify Hawaii §461J-1 to include dry needling as an authorized component of the practice of physical therapy. APTA supports the inclusion of dry needling in physical therapist practice and the inclusion of the language found in SB 2225. Currently, the vast majority of states allow physical therapists to perform dry needling. Only 7 states, including Hawaii, prohibit physical therapists from performing dry needling and of those 7 about half in 2020 are expected to consider allowing it.

Dry needling is a technique to alleviate pain and improve function and movement. The technique is performed with a thin filiform needle that most commonly is inserted into myofascial trigger points. Dry needling is part of a comprehensive physical therapy management plan and the technique is used by physical therapists.

We urge your support for SB 2225.

Sincerely,



Daniel Markels
APTA State Affairs Manager

cc: Members of the Senate Commerce, Consumer Protection and Health Committee

SB-2225

Submitted on: 1/27/2020 12:52:30 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Devon Izumigawa	Individual	Oppose	No

Comments:

I am a recent graduate of an Acupuncture school and am also struggling with student debt. I spent 4 years learning my practice for not only musculoskeletal conditions, but also complex conditions, both that require specific acupuncture point protocols for efficacy. Physical therapists should attend an acupuncture school if they wish to perform dry needling as they can cause serious harm if they do not know what points they are using and why.

SB-2225

Submitted on: 1/27/2020 12:54:59 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charne Stoebner	Individual	Oppose	No

Comments:

I am about to graduate acupuncutue school and I have studied acupuncture and Traditional Chinese Medicine for the past 4 years! This program and time has take a lot of rescouses getting myself in a lot or debt. I have worked hard for this education and license to be able to make a living and survie. Dry needling is the same as acupuncture!!!

SB-2225

Submitted on: 1/27/2020 1:21:47 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Pierce	Individual	Oppose	No

Comments:

As a 4th year acupuncture student, I strongly oppose this bill. The standard of training to perform acupuncture is extremely high, with specific training in clean needle technique, needle manipulation, location, depth and function. Our profession revolves around the use of needles, with particular attention placed on safety of the patient. Penetrating the skin with a filiform (acupuncture) needle is not within the scope of practice for a physical therapist. There are many different body types that require experienced, supervised training to be able to distinguish the depth and location of the needle, which physical therapists do not receive. Allowing physical therapists whose scope of practice and training do not include this, to perform these invasive procedures, jeopardizes the health and safety of the public.

SB-2225

Submitted on: 1/27/2020 3:07:38 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Johnson	Individual	Oppose	No

Comments:

I strongly oppose this bill. I am currently an Acupuncture student in Hawaii. My program is quite extensive and takes 4 years of studying and over 1,000 clinical hours in order to complete the Masters degree. The course work does include anatomy and physiology, but it mainly focuses on point location, which includes over 361 points, safety of needling and technique, diagnosis and treatment protocols. Acupuncture is a science and art form. It takes many many years of practice to even begin a career in this feild and you are always learning, researching and continuing your education.

Acupuncuture must be done by trained practictioners in the actual field. It would be irresposible and dangerous to allow those that are not certified and trained through a masters program to needle patients. Physical therapists are not trained in everything that is involved in proper treatment using Acupuncture needles.

Moreover, it is important to create clear boundaries between various professions. Just as we are not trained to do physical therapy, PT's are not trained to doing needling. This bill would not only take jobs from trained and licensed professionals in the feild, but it would not be safe or ethical to allowed Physical therapist to practice this technique.

I urge you to oppose this bill.

Mahalo!

SB-2225

Submitted on: 1/27/2020 3:08:08 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
hayley clark	Individual	Oppose	No

Comments:

Dry needling practices seem very similar to acupuncture on the surface. However, in order to perform acupuncture, one must go through 4 years of training and an extensive clinical internship as well as pass multiple national boards exams to obtain a license.

To perform dry needling, one must go through only 12 hours of training, which is unjust and unfair to those acupuncturists and students who have dedicated years of their lives learning and understanding the of medicine. Frankly I feel it a risk to public health for PT's to perform dry needling with only 12 hours of training in the specialty. There is much more to acupuncture than just inserting needles into the skin, and it is my belief that 12 hours of training could not possibly give the PT's enough information to practice effectively and safely.

LATE

SB-2225

Submitted on: 1/27/2020 3:20:15 PM

Testimony for CPH on 1/28/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Derek Asato	Individual	Oppose	No

Comments:

Dry needling is acupuncture. We spend over 3240 hours in class and clinic to become acupuncturists. PT's can't possibly learn acupuncture in 54 hours or less. If an MD in Hawaii needs to go to four years of year round schooling to become an acupuncturist so should a PT. By giving PT's an easy way to become an acupuncturist you're devaluing all our years in school and clinic not to mention time spent studying for boards. It's also dangerous to have someone with so little training to play around with something that takes years to understand.

January 27, 2020

LATE

Honorable Rosalyn H. Baker, Chair
Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection and Health
415 South Beretania Street Room 230
State Capitol
Honolulu, Hawaii, 96813

RE: SB 2225
Relating to the Amendment of the Physical Therapy Practice Act
Prohibited Practices

Chair Baker, Vice Chair Chang and Committee Members,

As you deliberate on SB 2225 I would urge serious caution considering the proposed request for a change of language in the Board of Physical Therapists current statute, 461J-2.5 Prohibited Practices, prohibiting the use of invasive procedures.

I have had the opportunity to see both professional Physical Therapists and licensed Acupuncturists for treatment of various health conditions. While both practitioners are well versed in their field, I have strong concerns about Physical Therapists performing certain aspects of Acupuncture on patients. Dry needling is the domain of licensed, trained Acupuncturists and should remain as such. Their many years of training and accredited coursework and oversight are a personal assurance that I am safely receiving the best care from a knowledgeable professional.

Physical Therapists taking only a few hours of a class, including home and self-study courses to perform an invasive procedure will pose a serious risk to patient's health. How will Physical Therapists reach the adequate levels of training currently found in the equivalent medical techniques used by licensed Acupuncturists in only a few hours? If a Physical Therapist deems dry needling beneficial to a patient, they should refer him or her to a properly licensed Acupuncturist.

The potential of harm to the public far outweighs the benefit of convenient access to invasive therapy. I urge your strong opposition to SB 2225.

Sincerely,

Bert Kobayashi
Senior Advisor
Kobayashi Group, LLC.

Why Needles are better in the hands of trained Acupuncturists.

LATE

Currently there has been much debate whether clinicians, other than acupuncturists, should be allowed to include acupuncture needles in their scope of practice, with 1 or 2 weekend course in needling. Hard to compare this to an NCCAOM National Board Certified Acupuncturists' training of three year and six month Master's program consisting of 2,520 Hours of education including 720 hours of clinical practice. The Physical Therapy Board gets around this by defining "Dry Needling" as not an acupuncture technique. According to them, this is a proven technique that is helping people. As a result, they created a new scope of practice within themselves with their own minimum amount of hours to do this procedure. And some are incorporating it into their practice without any approval.

Coming from 15+ years of studying and 12 years of practicing Traditional Chinese Medicine (TCM) and Acupuncture, to me it is a matter of safety, and integrity. They are sneaking it into approval with sometimes as little as 24 hours notice to the rest of the public. (Acucolnew.com 2018). It has been legalized in New York, Colorado and many other states by politicians who are unaware of the risks involved.

The actual physical therapy scope of practice is determined by each individual state. Needling isn't in their scope of practice. As clearly stated below:

In the statute of Physical Therapy 461J-2.5 HRS states:

461J-2.5 Prohibited practices.

A physical therapist shall not use invasive procedures. For purposes of this reason, an invasive procedure is the breaking or puncturing of a person's good skin integrity, for example, through surgery or injections.

But the Federation of State Boards of Physical Therapy (FSBPT) is deciding they want to change it. There is a list at <https://integrativedryneedling.com/resources/state-training-guidelines/#Colorado> -this shows which states now allow dry needling for physical therapists scope of practice. Each state's training and amount of training may vary. It is also stated through the American Physical Therapy Association that:

When a state's practice act is silent on an issue or intervention, the determination of what constitutes practice "beyond the scope" of physical therapy is predominantly the responsibility of licensing board members. Scope of practice changes as contemporary practice evolves, and state regulatory boards need the latitude to determine the appropriateness of physical therapist interventions as they relate to both established and evolving scope of practice.

(From apta.org/ScopeOfPractice/Jurisdictional/)

Although the actual training to be a Physical Therapist involves neuroscience, motor control, kinesiology, and exercise physiology, there is nothing about injecting or cutting into or needling about this degree, it is all external processes. How is this profession in integrity to teach themselves something they have no experience in?

Physical Therapists decided their educational training is enough to aggressively use needles to release myofascial trigger points up to 6 inches deep with only 29-46 hours of practicing and learning how to use needles. Much less than acupuncture training.

Although it is stated in the Hawaii Revised Statute Chapter 436E
 “§436E-3 License required. Except as otherwise provided by law, no person shall practice acupuncture in this State either gratuitously or for pay, or shall offer to so practice, or shall announce themselves either publicly or privately as prepared or qualified to so practice **any method of acupuncture without having a valid unrevoked license or intern permit from the State**; provided that the requirement for a permit shall not be enforced until the board has initially adopted rules pursuant to section 436E-3.6.”

The way PT's avoid this is by saying they aren't performing acupuncture. One argument is that acupuncture is just about meridians and energy, but there is definitely some lack of understanding in this area. Actually, acupuncture is about energy and meridians and how they relate to the physical body, muscles, organs, blood vessels etc. And with proper research one would discover "Dry needling" is actually using acupuncture needles and an acupuncture technique, called Ashi points. The Chinese 5000 years ago, may have not used our modern day lingo, but as defined in the **Chinese Medical QiGong Therapy** by Dr. Jerry Allen Johnson Ph.D, DTCM, DMQ (China), "*Ashi points also called Trigger Points are places on the body which are tender spots or painful areas near diseased or injured tissue*". Dr. Johnson is an expert from the U.S. that chose to study original TCM in China. And to take it one step deeper, Ashi point was first described in the first century BCE in the *Yellow Emperor's Inner Classic* (traditional Chinese: 黃帝內經; pinyin: *Huáng Dì nèi jīng*), the foundational text of Chinese medicine. (National Center of Acupuncture Safety and Integrity, 2018).

So lets say it's not acupuncture. Let's look at the actual scientific evidence of their "creation and discovery", myofascial trigger point release therapy with dry needling. Does it work? Well, there's not actually enough research to prove this. In fact, the research that has been done has shown no evidence dry needling works. The Physical Therapists have done an excellent job of promoting themselves. But as someone in the field of TCM that speaks with other Chiropractors, Medical Doctors and patients, the feedback we hear many times is- they didn't like it, and it didn't solve their problem, or they will never get acupuncture because it was so

painful or damaged them. Now it is affecting our Acupuncture practice, even though the Physical Therapists say- “this is not acupuncture”.

According to the National Pain Report again, there is not enough evidence to show dry needling going after “trigger points”, ‘which locations may vary and could be considered hit or miss, is not even an effective treatment necessarily. Not only has this form of treatment “dry needling” caused numerous pneumothoraxes, but also nerve damage and even deep infections.’ (Quintner, 2014)

Ok, don’t believe me, let’s look at the research. As soon as you put “dry needling” into the highly medically regarded PubMed search engine the first article is *A Case with Iatrogenic Pneumothorax due to Deep Dry Needling*, (Uzar et al, 2018). The second is *Deep Infection Following Dry Needling in Young Athlete; an underreported complication of an Increasing Prevalent Modality: A Case Report*. (Kim et al, 2018). And many following show no results or inadequate research at this time. For example, *Immediate and Short Term effect of Dry Needling on Triceps Surae Range of Motion And Functional Movement, A Randomized Trial*. “DN did not markedly influence range of motion nor functional assessment measures, ..” (Lake et al 2018). And #9 on the Pubmed list for dry needling, *Effectiveness and adequacy of blinding in the moderation of pain outcomes; Systematic Review and Meta-analysis of Dry Needling*, shows in the results the methodology was highly unclear and biased, and without evidence. (Braithwaite et al, 2018)

The Chartered Society of Physiotherapy (CSP) confront all the pneumothorax claims putting “dry needling” in the same category as acupuncture (even though they specifically say it’s not acupuncture) their statement to it all is this:

“The most common injury reported to the CSP is iatrogenic pneumothorax, a collection of air in the pleural cavity causing lung collapse.

Signs and symptoms include sudden onset of chest pain and a varying degree of shortness of breath. Iatrogenic pneumothorax is an avoidable risk and an unacceptable consequence.

In all reported cases the physiotherapist has either admitted or been proven to be clinically negligent.” (CSP website 2016)

I’m not sure how this makes it ok to continue dry needling with a weekend seminar.

According to the National Center for Acupuncture Safety and Integrity in Colorado the number of **reported** dry needling damage by Physical Therapists is up to 34 since 2014 with many of them being punctures to the pleural cavity, followed by nerve damage.

There is the most disturbing report showing a deep dry needling demonstrating where the teacher actually punctures the pleural cavity during a training course. The demonstrator went easily 2 +inches straight into the back in the thoracic area. (Cummings et al 2014). Another recent article from the Caymen news (May 2018) not only shows pneumothorax injury (requiring ER) from deep dry needling, it is again equated with acupuncture. In actuality acupuncturists have less injuries because they know how to effect areas over the lungs without needing to needle the lung area or go deep. (Cummings, 2014)

So physical therapists are using needles because they discovered an acupuncture technique actually works AND gave it a new name. If Physical Therapists truly want to needle aggressively and up to 6 inches deep with an acupuncture/filiform needle, they need the proper education to do so. As health care practitioners I think we can all agree our goal is to help people, as opposed to creating more damage, as well as, an emergency situation.

Article written by Laura Michele, LAc, L.M.T. NCCAOM Board Certified, graduated from Colorado School of Traditional Chinese Medicine with a Masters in Oriental Medicine and an emphasis in herbology. Laura practiced qigong and tai qi and along with acupuncture, she is trained to use all of the TCM tools such as moxabustion, cupping, gua sha, auriculartherapy and incorporates diet and lifestyle suggestions as well as more modern techniques such as tuning forks, E-stim and Russian scenar, and Bemer. Laura enjoys treating most everything including patients with injuries and chronic pain, inflammation, colds and flu's, chronic lung issues, skin issues, UTI's, OB-GYN issues and emotional imbalances. She has been practicing on the island of Kauai for the last 12 years.

References

Braithwaite Felicity A, Walters Julie L, Katrina Li Lok Sze, Williams Marie T, McEvoy Maureen P, Mosely G Lorimer . **Effectiveness and adequacy of blinding in the moderation of pain outcomes; Systematic Review and Meta-analysis of Dry Needling**, Peer J, V6 2018

[Data file.] Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6074757/>

Cummings, M. Mars, R. Ross-Marrs. R. Gerwin. **Pneumothorax Complication of Deep Dry Needling Demonstration**. Acupuncture in Medicine. Volume 32, Issue 6 2014 [Data file.]

Retrieved from <https://aim.bmj.com/content/32/6/517>

Dry Needle Therapy Leads to Medical Emergency. Caymen News. March 2018

[Data file.] Retrieved from <https://caymannewsservice.com/2018/03/deep-dry-needling-medical-emergency/>

Haines, Charissa. **Message from the President. The Colorado Acupuncturist Newsletter** – April 15, 2018. Acupuncture Association of Colorado

[Data file.] Retrieved from <https://acucol.com/news/6095692>

Hood, S. Randall. **Is Dry Needling Safe for Treatment?** May 10, 2018

[Data file.] Retrieved from <https://www.mcgowanhood.com/2018/05/10/is-dry-needling-a-safe-treatment-for-pain/>

Kim DC, Glenzer, S, Johnson A, Nimityongskul P. **Deep infection following dry needling in a young athlete: An underreported complication of an increasingly prevalent modality; Case Report**. J Bone Joint Surg Am. July-Sep 2018.

[Data file.] Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30256243>

Lake, Ashley David, PT DPT, SCS. Myers, Heather PT, DPT, SCS, Aefsky, PT DPT, SCS, Butler, Robert, PT, DPT Ph.D. **Immediate and Short Term Effect of Dry Needling on Triceps Surae Range of Motion And Functional Movement, A Randomized Trial.**

[Data file.] Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6063060/>

Learning from Litigation. CSP.org website. May 2016.

[Data file.] Retrieved from <https://www.csp.org.uk/publications/learning-litigation-pneumothorax-acupuncture-andor-dry-needling>

National Center for Acupuncture Safety and Integrity. September 2018. [Data file.]

Retrieved from <https://www.acupuncturesafety.org/>

The Physical Therapy Scope of Practice. [Data file.] Retrieved from

<http://www.apta.org/ScopeOfPractice/>

Dr. Quintner, John. **To Needle or Not To Needle? What You Don't Know Can Hurt You.**

[Data file.] Retrieved from <http://nationalpainreport.com/to-needle-or-not-to-needle-8824782.html>

State Training Guidelines. IDN.com [Data file.] Retrieved from

<https://integrativedryneedling.com/resources/state-training-guidelines/#Colorado>

Uzar, Tugce. Turkmen, Irem. Menekse, Elif Berber MD. Dirican, Adam MD. Ekaterina, Pankina MD. Ozkaya, Sevet MD. **A Case with Iatrogenic Pneumothorax Due to Deep Dry Needling.** Radial Case Report v13(6); 2018 December.

[Data file.] Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6148831/>

Vier C, Almeida MB, Neves ML, Santos ARSD, Bracht MA. **The Effectiveness of Dry Needling for Patients with Orofacial Pain Associated with Temporomandibular**

Dysfunction: A Systemic Review and meta-analysis. Braz J Phys Ther Aug. 22 2018, Pii:

S1413-3555(18)30051-0 [Data file.] Retrieved from
<https://www.ncbi.nlm.nih.gov/pubmed/30146108>

LATE

My name is Casey Potetz. I am a Licensed Acupuncturist who graduated in 2017 at the World Medicine Institute in Honolulu, HI. I am in strong opposition to SB547. The following statements support my position.

1. ‘Dry Needling’ is acupuncture. Physical Therapists who perform acupuncture procedures should meet the same acupuncture certification standards as Licensed Acupuncturists. The World Health Organization defines acupuncture as “the method of treatment based on influencing the body by inserting needles in the specific points of human body, called acupoints.” According to the National Institute of Health, “The term “acupuncture” describes a family of procedures involving the stimulation of points on the body using a variety of techniques. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. Under both these definitions, Physical Therapists who perform ‘dry needling’ are actually performing acupuncture. <http://apps.who.int/medicinedocs/en/d/Jwhozip56e/3.5.3.html> <https://nccih.nih.gov/health/acupuncture> “Some physical therapists and other healthcare providers have claimed that “dry needling” “Some physical therapists and other healthcare providers have claimed that “dry needling” is “new” and “not acupuncture”, because the point locations and needling style are based on anatomical structures and physiological function rather than on traditional Chinese medicine acupuncture theory. In fact, licensed acupuncturists receive training in the application of both traditional foundations of acupuncture and modern biomedical theories, and have done so since long before the term “dry needling” was invented. “ <https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Dry%20Needling%20Position%20Statement.pdf>

2. Physical Therapist who want to perform acupuncture techniques should be required to be certified through the standards of acupuncture training set by the World Health Organization. The World Health Organization published Guidelines on Basic Training and Acupuncture in 1999 and included in the guidelines, among other requirements, is a standard acupuncture training program of “two years full time (2500 hours), or the part-time equivalent, with not less than 1000 hours of practical and clinical work.”

3. There is no required accredited academic program for the training of physical therapists to practice dry needling acupuncture.

4. There is no valid and reliable examination to test competency of physical therapists in the practice of dry needling acupuncture.

5. Physical Therapists who practice dry needling acupuncture should be certified through the The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) NCCAOM is the only nationally accredited certification organization that assures entry-level competency of acupuncturists. The NCCAOM certifies both Licensed Acupuncture candidates, physicians, and chiropractors who meet national requirement standards.

6. The American Medical Association statement regarding dry needling:
“Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists.” <https://policysearch.ama-assn.org/policyfinder/detail/dry%20needling?uri=%2FAMADoc%2FHOD-410.949.xml>

7. The following professional organizations have all released statements in opposition to the practice of ‘dry needling’ by Physical Therapists:

American Academy of Medical Acupuncture Position Statement
American Academy of Physical Medicine and Rehabilitation
American Alliance for Professional Acupuncture Safety
American Association of Acupuncture and Oriental Medicine
American Medical Association
American Society of Acupuncturists
American Traditional Chinese Medical Association
Council of Colleges of Acupuncture and Oriental Medicine

8. ‘Dry Needling’ is an invasive procedure that falls under the defines of acupuncture as defined by the State of Hawaii, "Practice of acupuncture" means stimulation of a certain acupuncture point or points on the human body for the purpose of controlling and regulating the flow and balance of energy in the body. The practice includes the techniques of piercing the skin by inserting needles and point stimulation by the use of acupressure, electrical, mechanical, thermal therapy, moxibustion, cupping, or traditional therapeutic means.” Current licensing requirements for acupuncture in the state of Hawaii are:

- a) Graduation from an accredited school or a school recognized as a candidate for accreditation and
- b) Completion of 1,515 academic course hours plus 660 clinical training hours and
- c) Passage of the NCCAOM exam

<https://theacupunctureobserver.com/wp-content/uploads/2014/02/State+Law+Summary.pdf>

Thank you for the opportunity to this submit testimony. I hope the court rules in opposition to SB2225 for the safety of its citizens and for the integrity of the Hawaii's healthcare standards.

Sincerely,
Casey Potetz, MSOM LAc.