

Madame Chair and Distinguished Members of the Committee,

Thank you for this opportunity to speak against SB 351 and 363. My name is Susan Harms and I am serving as the President of the Kansas Physical Therapy Association representing over 1200 members. I have been a physical therapist for nearly 34 years and I work in a hospital out-patient clinic in Manhattan, Kansas.

First let me state that the KPTA is not opposed to the licensing of acupuncturists as we believe it benefits the greater good of the Kansas community assuring the public that a certain standard of care is provided by qualified and competent acupuncturists.

What the KPTA does oppose is the language defining what acupuncture includes AND that PTs are not exempted from this bill as this will limit our scope of practice as it relates to dry needling and deprive Kansans of beneficial health services they presently receive from physical therapists. The KPTA was deeply disappointed that the acupuncturists did not agree to conference with us to address our concerns prior to the introduction of this bill.

The KPTA opposes the language on page 2, line 13 that reads, "...acupuncture includes... dry needling, trigger point therapy and intramuscular therapy." Given acupuncture is an Oriental medicine treatment that is based on "traditional and modern oriental concepts, ones arising from Chinese medicine, traditional Chinese medicine, Asian medicine, East Asian medicine" (page 1 lines 27-28), there is a disconnect as to why dry needling, trigger point therapy, and intramuscular therapy would be considered as acupuncture. These are western medical concepts first used by Dr. Janet Travell M.D. in 1983 for the treatment of myofascial pain.

It is our understanding that traditional acupuncture involves the insertion of needles at a point or combination of points on the surface of the body that has been predetermined (meridians/ashi points) on the basis of the theory that there exists physiological interrelationships of body organs with these associated points. In contrast, the performance of modern dry needling by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal and nervous system. Physical therapists that perform dry needling do not use traditional acupuncture theories or acupuncture terminology. They may use the same solid filiform needle.

It has been frequently acknowledged in the courts and within professional regulatory bodies that there will be overlap of treatment techniques among scopes of practice. It is also believed that a tool (a needle in this case) does not define a profession, scope does.

While acupuncturists use acupuncture needles to alleviate pain, they also use them to impact health conditions such as depression, infertility, allergies or to induce weight loss and smoking cessation. Dry needling by PTs is a skilled intervention

involving the insertion of a needle that penetrates the skin and or underlying tissues to improve the health of a dysfunctional motor unit (trigger point) that has been causing pain and faulty movement. But this is done only after a thorough examination which includes a systems review and assessment including but not limited to; muscle length, strength, power, endurance, joint mobility, sensation, balance, coordination, gait/movements patterns, reflexes and soft tissue palpation to locate the trigger point. Following trigger point dry needling, corrective exercises to restore normal movement are prescribed by the PT. Does this sound like the same services you would receive from an acupuncturist? Dry needling by a PT is much different than traditional Chinese medicine.

By including dry needling and trigger point therapy as acupuncture treatments and in their scope of practice in SB 351 and 363, acupuncturists are claiming they are competent in these Western principled procedures. Where is the evidence in their education and training that they are when their entry level preparation has its basis in Oriental medicine?

In fact, the truth is, acupuncturists must attend courses taught by physical therapists to become certified in dry needling.

In contrast, dry needling competency for physical therapists is well documented in a comprehensive independent research study by HumRRO. This study was commissioned by the Federation of State Boards of Physical Therapy to address the controversies surrounding competency in dry needling by PTs as this was a common challenge by acupuncturists in many states. This very important and comprehensive study concluded that 86% of the competency needed to perform dry needling is covered in the entry-level preparation of the PT. The 14% of knowledge requirements related to competency that were missing included psychomotor skills related to specialized palpation of tissues and handling of the needle. These must be achieved through postgraduate education and specialized training in dry needling.

Also consider that the dry needling research done thus far has been done predominantly by physical therapists and a few chiropractors, not acupuncturists. Yet, they claim it is within their scope of practice and not ours. Does this make sense?

Our second main issue with SB 351 and 363, Section 4 where physical therapists have not been identified as exempt from the acupuncture licensure bill along with practitioners of medicine and surgery, chiropractors and naturopaths.

Physical therapists have been performing dry needling around the world for decades and with increasing prevalence since the early 1990s in the US. In fact, the vast majority of states now explicitly allow this practice with only five specifically prohibiting it due to statutory language that does not allow PT to pierce the skin in their particular state. This is not true in Kansas, as PT's have been performing needle EMG and nerve conduction tests since the late 1970s.

Physical therapists in Kansas have been in conversation with the Kansas State Board of Healing Arts for multiple years surrounding the controversy as to whether dry needling lies within their scope of practice.

The following facts have been presented by the KPTA for the Board's review over the years.

1) The Kansas Physical Therapy Advisory Council, who is a group of PTs appointed by the governor, a chiropractor, medical doctor and a public member that advises the Board on professional issues, recommended to the Board that dry needling is within the scope of practice of PTs in Kansas.

2) The American Physical Therapy Association Guide to PT Practice 3.0, a core document of the physical therapy profession, has dry needling listed as a treatment technique PTs provide.

3) The Federation of State Boards of Physical Therapy supports dry needling within the PT's scope of practice.

4) Legal interpretation from a former Kansas State Board of Healing Arts attorney stated that dry needling was not prohibited in our PT statute.

In June of 2015 the Kansas State Board of Healing Arts declined to give an opinion as to whether dry needling was or wasn't in the physical therapist scope of practice and recommended we seek a legislative solution. The Kansas statute for physical therapy does not contain a laundry list of all the interventions provided by physical therapists so the statutes need not be amended with each development in practice. The statute does include broad terms such as "manual therapy" and "mechanical devices" used by PTs to treat pain and improve mobility. These particular terms have been recognized by multiple Attorney General opinions (MD, KY, LA, MI) to be inclusive of dry needling and the solid filiform needle used.

Given the Board's decision as stated earlier, the KPTA developed, recommended and published best practice guidelines for its members recognizing that dry needling was beyond an entry level skill and required additional education and training before the HumRRO study was ever released.

Physical therapists have been dry needling in Kansas since 2010 and there has not been a complaint or disciplinary action filed against them by the Board. If this bill is passed without exempting the physical therapist there will be many Kansans that will be deprived of the dry needling benefits they are presently receiving from PTs in Kansas. Their voices are included in this testimony and for your reference in the information we have provided you.

In closing, dry needling is only one of the tools physical therapists may use to relieve pain and restore healthy movement. We do not want to become acupuncturists. This is about continuing to provide Kansans the opportunity to have a choice in

health care providers practicing within their scope of practice.

Thank you for listening and the service you provide for the state of Kansas.

I welcome any questions you may have.

Sincerely,

Susan Harms, PT, MHS

President, Kansas Physical Therapy Association