

Testimony of the Board of Physical Therapy

**Before the
House Committee on Health
Tuesday, February 12, 2019
9:00 a.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 701, RELATING TO THE PHYSICAL THERAPY PRACTICE ACT**

Chair Mizuno 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 this bill.

The purpose of this bill is to amend the physical therapy practice act to allow physical therapists to practice dry needling.

Physical therapists have a long history of treating myofascial pain and trigger points. Dry needling is an intervention to address these problems. It is not the sole intervention, but merely a tool used by physical therapists. The needle insertion is used to create a twitch response in the muscle to promote relaxation on the fibers; there is no use of energy flow or meridians. Many different professions, including acupuncturists, use the same or similar modalities. Hawaii is one of only eight states that does not include dry needling in the physical therapist's scope of practice. This modality is currently being taught as part of the curriculum in physical therapy schools across the United States.

The intent of physical therapy practice is to improve a person's physical functioning and well-being. 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 and populations. This means that even though physical therapists are experts in rehabilitation and habilitation, they also have the expertise and opportunity to help individuals and populations improve overall health and prevent the need for avoidable health care services.

Thank you for the opportunity to testify on this bill.

Testimony of the Board of Acupuncture

Before the
House Committee on Health
Tuesday, February 12, 2019
9:00 a.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 701, RELATING TO THE PHYSICAL THERAPY PRACTICE ACT

Chair Mizuno and Members of the Committee:

My name is Jayne Tsuchiyama, D. Ac., and I am the Chair of the Board of Acupuncture (Board). The Board opposes this bill.

The purpose of this bill is to amend the Physical Therapy Practice Act to allow physical therapists to practice dry needling.

Dry needling is a modality of acupuncture that uses acupuncture needles and is clearly defined in the scope of practice of a licensed acupuncturist. For the Committee's information, in 2016, the American Medical Association (AMA) issued Practice Parameters for Dry Needling (Parameters), which provide that:

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.

(Emphasis added.) Practice Parameters: Dry Needling is an Invasive Procedure H-410.949.

Based on its own research and the Parameters set forth above, the Board believes that a lack of comprehensive education, examination, and training in the practice of acupuncture by any profession wishing to include dry needling into its scope of practice presents an inherent danger to the public consumer.

Thank you for the opportunity to testify on this bill.



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

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

HB701, RELATING TO THE PHYSICAL THERAPY PRACTICE ACT

Hse HLT Hearing

Tuesday, Feb. 12, 2019 – 9:00am

Room 329

Position: Support

Chair Mizuno and Members of the House Health Committee:

I am Gregg Pacilio, PT and Board President of the Hawaii Chapter of the American Physical Therapy Association (HAPTA), a non-profit professional organization serving more than 330 member Physical Therapists, Physical Therapist Assistants and students. We are movement specialists and 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.

Sincere appreciation is expressed for the introduction and discussion about the proposed changes to the Physical Therapy Practice Act.

HAPTA **strongly supports HB701** 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. The proposed bill reflects the evolution of the practice. Over thirty years ago, when the Practice Act was written, healthcare was focused on the curing of illness, but since that time has evolved to include a greater focus on the prevention of illness and disability. Physical therapy is a vital component of that vision, as adopted by our national organization, and is strongly supported by HAPTA.

The American Physical Therapy Association (APTA) advocates for prevention, wellness, fitness, health promotion, and management of disease and disability. HAPTA supports the profession'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 respective practice acts. Furthermore, inclusion of this language in the PT practice act will align it with the United Nations' seventeen sustainable development goals as adopted by the 2018 Hawaii State Senate, specifically under goal (3) good health and well-being.

In the past few years, our Chapter has received growing interest and support for dry needling by interested therapists, experienced therapists who have used it in their practice in other states, local therapists in federal facilities, and by patients who benefited from its use from prior treatments. Dry needling is a general term for a therapeutic procedure that involves advancing a thin filiform needle into the muscle in an area of the body that produces pain and/or a restriction of movement. It is used in conjunction with other physical therapy interventions to improve movement, function, and treat chronic pain. It is recognized by the Federation of State Boards of Physical Therapy (FSBPT)¹ as within the physical therapist scope of practice and is included within the APTA Guide to Physical Therapist Practice.²

It is practiced by physical therapists in all but 7 states in the U.S., in federal/military facilities including those in Hawaii, and in numerous countries throughout the world including Canada, Australia, and the Netherlands. We note that the North Carolina Supreme Court recently affirmed that dry needling falls within the scope of physical therapy (North Carolina Supreme Court No 380A17, Filed December 7, 2018).

With the changes to section [§461J-2.5] Prohibited Practices, physical therapists in Hawaii will be allowed to perform this safe and effective intervention.

Dry needling, when performed by a trained physical therapist, has been demonstrated to have a low risk of reported significant adverse events at 0.04%.³ This risk is lower than the risk of taking over-the-counter pain medication, which is 13.7%. Furthermore, the FSBPT contracted with a third-party organization, the Human Resources Research Organization (HumRRO), to conduct a study to determine physical therapist competencies for dry needling. This "Analysis of Competencies for Dry Needling by Physical Therapists"⁴ revealed that more than four-fifths, 86%, of the relevant knowledge requirements needed to be competent in dry needling was obtained through entry-level physical therapist education. The remaining skills required for safe use can be learned through continuing education courses that meet the requirements of the FSBPT competency guidelines.

As a professional organization, we understand the increasing concern for patients with chronic pain who are a major contributor to healthcare expenditures. In order to make positive changes to our healthcare system our practice must advance and evolve. Dry needling can serve as a valuable therapeutic treatment intervention for the control of pain and movement restrictions, and the use of dry needling by physical therapists in Hawaii would provide the public with greater access to valuable and safe treatment options. 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.

We understand the acupuncture community's concern that dry needling will take away from their practice population. Dry needling is allowed in most states in the U.S. and it is observed that PT's have been co-practicing with acupuncturists without any evidence that it erodes their market share. For example, in Maryland, where dry needling has been practiced since 1980, there has not been a reduction in the number of licensed acupuncturists; in fact, the number has doubled. PT's practice in different settings and work with different patient populations. Our focus is on providing optimum patient care for the people of Hawaii, and this includes allowing physical therapist practice to evolve to include all available treatment modalities.

Passing this bill to update the Physical Therapy Practice Act would align the practice of physical therapy in Hawaii with current practice standards, enable physical therapists to practice at their highest level of training, and better position the profession to adapt to the evolving needs of healthcare in the future.

Your support of HB701 is appreciated. Thank you for the opportunity to testify. Please feel free to contact me, Gregg Pacilio at 808-346-5972 for further information or Justin Ledbetter, DPT, at (334) 740-0323.

¹ Adrian, L. (2013). FSBPT Dry Needling Resource Paper, 4th Edition (Intramuscular Manual Therapy). Alexandria, VA: Federation of State Boards of Physical Therapy. Retrieved October 20, 2018, from https://www.fsbpt.org/download/DryNeedlingResourcePaper_4thEdition.pdf

² APTA *Guide to Physical Therapist Practice*. American Physical Therapy Association. (2012). *Physical therapists & the performance of dry needling: An educational resource paper*. Alexandria, VA: Author.

³ Brady, S., McEvoy, J., Dommerholt, J., & Doody, C. (2014). Adverse events following trigger point dry needling: A prospective survey of chartered physiotherapists. *Journal of Manual Manipulative Therapy*, 22(3), 134-140.

⁴ Human Resources Research Organization. *Analysis of Competencies for Dry Needling by Physical Therapists*. Alexandria, VA: Federation of State Boards of Physical Therapy. Retrieved Sept 20, 2018, from http://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Dry_Needling/AnalysisCompetenciesforDryNeedlingbyPT.pdf

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

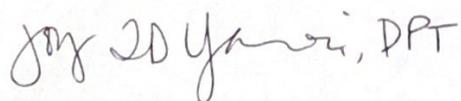
Dear Chair and Committee Members:

I am a Physical 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 treat patients 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. Changes to this section are needed to allow for 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.

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



Physical Therapist

Joy TD Yanai, DPT
PT-2055

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

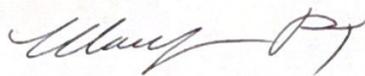
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Physical Therapist

Mark Yanai PT
PT-2558

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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

Thank you for your consideration,

Eva Freeh

 PT, DPT

Physical Therapist

PT-3885

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

Jenna Mullen

Jenna Mullen, PT, DPT
Physical Therapist PT-3382

Mahalo!

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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

Thank you for your consideration,



RYAN YORIMOTO
Physical Therapist

PT-2540

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

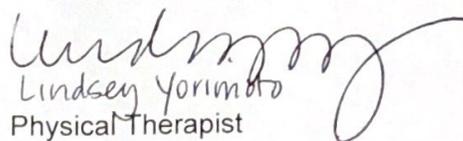
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Lindsey Yorimoto
Physical Therapist

PT-3082

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

Alyssa Fusco, PT, DPT

Alyssa Fusco

Physical Therapist

PT-4471

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

 PT, DPT, CSCS
Physical Therapist

adam@jacorohab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

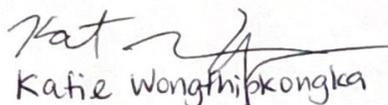
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Katie Wongthipkongka

Physical Therapist

PT-4237

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

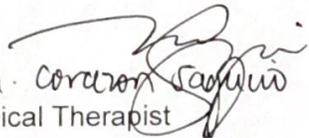
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Mel Condon, PT, DPT
Physical Therapist

PT-2986

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

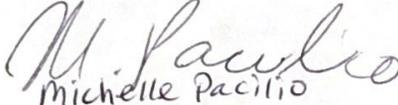
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Michelle Pacilio
Physical Therapist
PT-2283

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

 ,PT,DPT
Spencer Dehnavi, PT, DPT

Physical Therapist

PT-4610

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

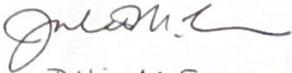
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Thank you for your consideration,



Julie M Enomoto PT2288

Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
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Position: SUPPORT

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Thank you for your consideration,



Physical Therapist

Havellee H. Leite - Ah Yo

PT-742
DC-597

HB 701 Relating to the Physical Therapy Practice Act
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Position: SUPPORT

Dear Chair and Committee Members:

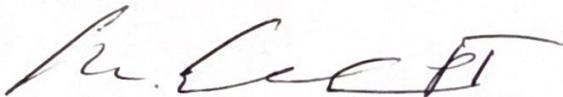
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Physical Therapist

Neil Shimabukuro, PT
PT-1941

HB 701 Relating to the Physical Therapy Practice Act
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Position: 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 green ink that reads "Katharine Raloff PT". The signature is written in a cursive style.

Physical Therapist

PT-696

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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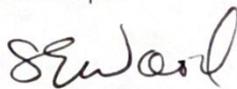
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

SANDRA WOOD

Physical Therapist


PT-433

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a Physical 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 treat patients 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,

Nicole Tramontano, DPT, CMT-LANA
Nicole Tramontano LIC#3262
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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Thank you for your consideration.



Physical Therapist

jennifervandelden@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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

Thank you for your consideration.

Catherine Culver, PT, DPT

Cat Culver PT, DPT

Physical Therapist

cat@jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration.



Physical Therapist

Ross.K.Lum@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration.


PT, DPT
Physical Therapist

rachel.jacorehab@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

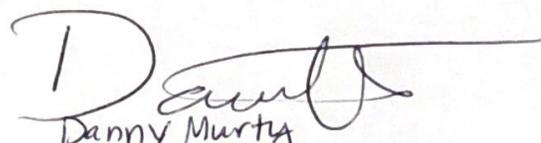
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration.


Danny Murty
Physical Therapist

dscmurty@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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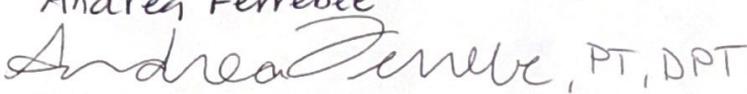
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration.

Andrea Ferrebee

aferrcb2@gmail.com
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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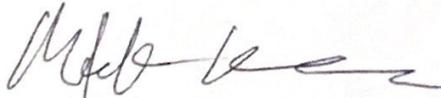
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration.

Motoki Nakamura



Physical Therapist

Motoki @jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

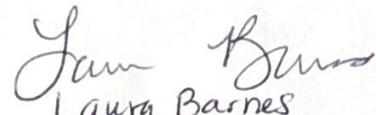
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration.


Laura Barnes
Physical Therapist

Lebarnes@buffalo.edu

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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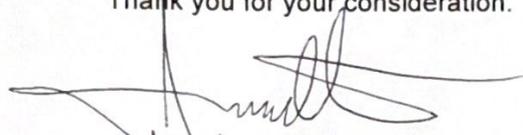
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration.



Jonathan Chow
Physical Therapist

Jonathan@jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
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Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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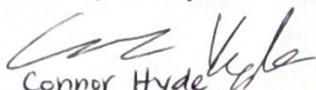
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Thank you for your consideration.


Connor Hyde
Connor@jacorehab.com

Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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Thank you for your consideration,



Physical Therapist

Jacob Van Delden
jacob@jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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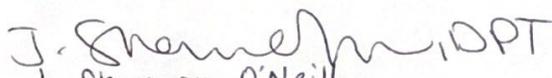
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


J. Shannon O'Neill
Physical Therapist

shannon@jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration,

Kathryn M. Teal
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Physical Therapist
PT-4559

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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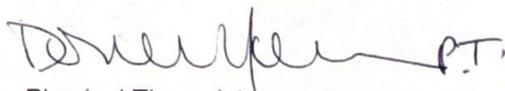
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Physical Therapist
Doreen Yarson
PT-1934

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

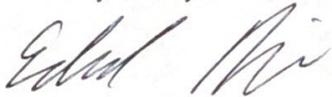
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Physical Therapist

Edward Nhiey, DPT
PT-4304



RE: HB701 Chair Mizuno and members of the HLT committee

Chair Mizuno and the members of the HLT committee:

My name is Edo Zylstra. I have been asked by the Hawaii Physical Therapy Association to answer some questions regarding the practice of dry needling to help formulate guidelines for the education and practice of dry needling by physical therapist in Hawaii, I am able to speak on this topic secondary to my experience in practicing, teaching and advocating for the use of this intervention for physical therapy practice in the United States for the last 12 years.

I am a licensed Doctor of Physical Therapy in Michigan 2012-current (PT License # 5501016106) and practiced in Colorado 2001-2015 (PT Lic # 7515, inactive). I am also board certified in orthopedics and I am the founder of KinetaCore®. KinetaCore was established in 2006 as a provider of high-quality continuing education for physical therapists and other appropriate medical providers, with a focus to education in dry needling (DN). To date, I have trained over 9000 physical therapists and other providers in all aspects of dry needling including background, history, psychomotor skill development, theory, patient assessment, hygienic standards, safety, competency assessment, management of adverse events and standards of consent.

I have participated in legislative issues regarding dry needling in physical therapy nationally since 2005 some of my legislative work as a clinical expert include serving on the APTA Dry Needling Task Force, the AAOMPT Dry Needling Task Force, and was one of 7 experts chosen by the Federation of State Boards of Physical Therapy (FSBPT) to participate in the practice analysis study designed to examine what Physical Therapists must know and be able to do to perform dry needling safely and effectively.

I have been involved in rule-making, have helped establish standards of education, have been an expert witness numerous times and have served as a clinical expert for legislative issues in numerous states as they have addressed dry needling in scope of practice, most notably and recently for the Florida Board of Physical Therapy.

Background Information for Precedence

- Dry Needling has been practiced by physical therapists in the US since before 1995 when the first company to teach the technique was developed.
- Dry Needling is based upon a western medical approach, originally performed by physicians, called “dry” needling as no injectable fluid was used in the syringe, which was the first tool used to dry needle. Now a solid filament needle is the standard tool utilized in the practice of dry needling.
- The APTA has written extensively in support of this technique guiding state boards throughout the United States effectively supporting 35+ states including dry needling in some fashion in their scope of practice.



- In 2015, the Guide to Physical Therapy Practice included dry needling under Manual Therapy.
- In 2015, the APTA commissioned the FSBPT to evaluate current competency levels of entry level physical therapy programs for the practice of dry needling.
- In 2018, CPT/CMS began developing a billing code for dry needling to be included in the 2020 CPT coding manual. (this is preliminary information but, in all likelihood, will be established next year)

Is dry needling safe and how does training ensure the physical therapist is competent to perform this intervention?

As an educator, my goals for our participants are to attain competency by the end of our weekend intensive. This competency is mainly focused upon the safe implementation of dry needling in the participants clinical practice.

We have trained 9000+ practitioners since 2006 and have maintained standards of training that include an average 6:1 ratio of student to instructor on our introductory courses and 8:1 on our advanced courses.

Participants are expected to practice and demonstrate all the techniques for each of the muscles taught to them on each course multiple times with supervision from our educators. If they are deemed unsafe or lacking competence, our teaching faculty will perform one on one training and assessment to assure competent application of the treatment. Our faculty signs off on each muscle the participant learns in the course and provides comments regarding how to further develop expertise with this skill of DN.

Our courses offer a heavy review and education of cross-sectional anatomy, which we have found to be imperative to the safe and effective implementation of this technique. We have found the precourse work requires 10-14 hours prior to attending our weekend intensive, which is either 19 or 27 hours of attended instruction and practical experience.

Having a low student to instructor ratio and immediate feedback on performance with a check-off on safe and competent application, helps to assure that the practitioner has the greatest chance to safely implement the technique in their own clinical practice.

Are courses regulated to cover the materials we need and how they provide certification to only those who meet that skill set? How are they approved to teach the material.

There are truly no standards outside the FSBPT recommendations that were produced in 2015. We are now seeing CAPTE consider this as entry-level education and even though this will likely take time to occur, national trends in legislation and education related to dry needling suggest that dry needling will soon become a standard in the practice of physical therapy just as other interventional techniques have.



The states of Maine and Utah have established a mechanism to vet educational programs coming into their state for DN education.

I don't fully agree with the requirements set forth as the hourly requirement is arbitrary and does not account for the education that students receive in school, particularly since many DPT programs are now including some education in dry needling.

UTAH Course Requirements

Course instruction must be a minimum of 54 hours of face to face instruction.

Option of going through ProCert or the UPTA to approve Dry Needling courses. UPTA will follow the FSBPT Analysis of Dry Needling Competencies for areas that need to be covered in course. Meet the standards set forth in Utah's statute:

R156-24b-505. Trigger Point Dry Needling - Education and Experience Required - Registration. (1) A triggerpoint dry needling course approved by one of the following organizations meets the standards of Section 58- 24b-505 if it includes the hours and treatment sessions specified in Section 58-24b-505: (a) American Physical Therapy Association (APTA) or any of its sections or local chapters; or (b) Federation of State Boards of Physical Therapy (FSBPT). (2) In accordance with Subsection 58-24b-505(1)(e) and (2)(b), the approved course and supervised patient treatment sessions shall be completed no later than three calendar years from the start of the course.

Instructor Requirements

Current CV

Professional license in either PT, MD, or Chiropractic

Proof of background of training techniques.

At least 2 years of clinical experience using dry needling technique.

If instructor is practicing in the state of Utah, then they must be registered through DOPL as registered in dry needling.

2 professional references

How has the Federation of State Boards of Physical Therapy (FSBPT) dealt with the dry needling competency?

The APTA determined, because of the extraordinary growth of PT's practicing dry needling, that they would approach the FSBPT to independently evaluate the current education and any necessary post professional education for the safe and competent implementation of dry needling in physical therapy practice.

The Federation prioritizes the public's best interest, and in line with this, they commissioned an outside independent entity to design, implement, and conduct the study. The Federation selected HumRRO, a Human Resource Research Organization. HumRRO is respected for utilizing the science and practice of education research, evaluation, and measurement to give data that can improve educational outcomes and inform education policy.



How do we assure the safe practice of DN?

As stated above, safe and competent practice of dry needling is truly our main goal. Education of anatomy (which is all review for physical therapists), understanding of indications, contraindications, precautions, management of adverse events, CDC and OSHA guidelines and establishing informed consent is all taught with checks on comprehension and competency. Outside of this, the practitioner must be licensed and have malpractice insurance as required to practice in their state.

We feel very comfortable with the model of education we have established and feel the survey data performed by the Colorado Physical Therapy Association represented what we see with regards to how dry needling is being practiced and its importance in clinical practice. See attached survey data.

Please feel free to contact for further insight regarding the future inclusion of dry needling into Hawaii's physical therapy scope of practice.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Edo. Zylstra', with a stylized flourish at the end.

Edo. Zylstra PT, DPT, OCS
KinetaCore® in partnership with EIM®



Duke Doctor of Physical Therapy

HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, February 12, 2019- 9:00am, Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

I am a Physical Therapist, educator, and researcher at Duke University in North Carolina. I have a strong background in dry needling as an instructor (entry level Doctor of Physical Therapy, post graduate residency and fellowship). I have also published studies on the use of dry needling and have been a part of a clinical practice guideline team that recommended the use of dry needling by physical therapists, specifically for neck pain. I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of the Hawaii physical therapy practice in Hawaii and will allow patients access to treatments deemed effective and appropriate by physical therapists.

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 Hawaii has a preventative section in its Practice Act, including physicians, physician assistants, dentists, nurses, acupuncturists, chiropractors, and others. The section is at its least, redundant preventing physical therapists from being able to practice at their highest level of education, and should be removed. At worse, the patients who seek care from physical therapists either will not receive this care or will utilize more than necessary healthcare services due to having to seek care from another provider type. With the removal of this section physical therapists will be able to provide a more robust, evidence based approach to care.

Dry needling is safe and effective. It is a form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function and to treat pain. As someone who personally educates entry level and post graduate students on dry needling, I can emphatically state without hesitation that physical therapists practice in a safe and effective manner. Their education includes thousands of hours in anatomy, physiology, and other pertinent material. This allows physical therapists to be well suited to perform this intervention.

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

Please do not hesitate to reach out to me with any questions.

Sincerely,

Derek Clewley, PT, DPT, PhD
Assistant Professor
Duke University, Doctor of Physical Therapy Division

1/17/2019

To Whom It May Concern:

I would like to offer my support to the practice of Dry Needling in Physical Therapy practice in Hawaii. I am the director of our post-professional program, A.T. Still University Physical Therapy Orthopedic Residency Program in Mesa, Arizona.

As the director of the program I have developed the curriculum of this program over the past decade. In light of the prevalence in practice and supportive research, I added dry needling to our curriculum two years ago. This was a significant addition to our program curriculum to reflect the importance of having this treatment modality in the patient care management of orthopedic conditions.

Please contact me if you have any questions or would like to discuss the topic of dry needling in contemporary practice.

Truly,



Cheri Hodges, PT, DPT, OCS, MAppSc, OCS, FAAOMPT
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November 12, 2018

Hawaii State Legislature
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HB701 Relating to Physical Therapy Practice Act
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support

Why Trigger Point Dry Needling is Not Acupuncture and Why It Should Be Within Physical Therapy Scope of Practice

Steven R. Goodman, M.D.

There have been and continue to be regulatory, legal and legislative efforts by various professional acupuncture organizations and entities to define and/or redefine the scope of practice for physical therapists to exclude the practice of trigger point dry needling. They claim that trigger point dry needling and acupuncture are synonymous, and as such physical therapists are practicing acupuncture, which is outside their scope of practice. It is simply not true that trigger point dry needling is indistinguishable from acupuncture. Aside from all of the historical, intellectual and rational reasons that address that question below, in the most obvious way, from either the experience of a patient receiving dry needling, or anyone watching the technique, would know *immediately* upon feeling it or seeing it being done that "This is not acupuncture".

I am a board certified Physical Medicine and Rehabilitation physician and have sub-specialized in the treatment of chronic pain for over 25 years. Chronic pain is a national epidemic that not only creates immeasurable suffering, impairment, disability and addiction but also is a major contributor to health care expenditures. It is increasingly recognized in the medical community that the type of pain that dry needling treats, 'trigger point' or 'myofascial pain', is a highly prevalent source of under-diagnosed pain in patients seen not only by primary care providers but also by specialists like myself at chronic pain clinics. As such the epidemic of chronic pain that drains our health care systems can never be reversed until trigger point myofascial pain is recognized and treated early and properly.

The Intramuscular Stimulation (IMS) model of trigger point dry needling was developed by C. C. Gunn, M.D., Clinical Assistant Professor at the University of Washington Pain Center, from whom I learned it in 1993. Dr. Gunn has been recognized internationally by the medical community and has been awarded the Order of Canada for his contributions to the understanding and treatment of chronic pain. Upon Dr. Gunn's recommendation I was appointed to the faculty at the University of Washington Pain Center where I taught IMS dry needling to other physicians from 2001-2003. Working with a physical therapist, I co-authored a chapter on the IMS form of dry needling in the 2018 2nd edition textbook 'Trigger Point Dry Needling: An Evidence and Clinical-Based Approach'. The editors of this textbook are physical therapists and the 24 contributors to this textbook are either M.D.s or P.T.s. I have never studied acupuncture.

Numerous clinical trials have been published in the peer review medical literature over the past 30 years (see references below) demonstrating the safety and efficacy of dry needling for trigger point myofascial pain. These articles have been authored by M.D.s and/or P.T.s without any reference to acupuncture principles, points or treatment techniques. IMS trigger point dry needling is currently provided and taught by both medical doctors and physical therapists at both the University of Washington and the University of British Columbia, as well as at other medical institutions and clinics in Europe, Israel and South America. It is widely available from physical therapists throughout Canada and increasingly throughout the United States.

The suggestion that dry needling is acupuncture is wrong. Acupuncture has a long and reputable history, originating in the orient and based on a system of 'energy flow' along what are called meridians throughout the body. Dry needling is a much more recent approach, about 40 years old, and based on an understanding of neuroanatomy and neurophysiology. Proper practice of dry needling requires a neuro-musculoskeletal physical examination which forms the basis for treatment. Dr. Gunn's neuropathic-myofascial model of chronic pain is based on the work of the eminent physiologist Walter Cannon, M.D., Ph.D. (1871-1945), Chairman of the Department of Physiology at Harvard (1906 -1945). In addition to his research on denervation (loss of nerve supply), he was the first investigator to research the 'fight or flight' response of the autonomic nervous system, the foundation for current vascular collapse-shock management. IMS dry needling is very definitely grounded on western scientific neuroanatomic and neurophysiological principles and evidence. In addition, alternative models of 'trigger point' myofascial pain, e.g. the 'Integrated Hypothesis', that are advocated in the medical and physical therapy community are also based completely on neuroanatomical, neurophysiological and biochemical principles and evidence, without reference to acupuncture.

While dry needling uses a similar monofilament needle as acupuncture, "why" the patient is sick, "what" to look for on physical examination and as such "where" and "how" to treat the patient are entirely different from acupuncture. To say that dry needling and acupuncture are the same because they use the same tool would be like saying that drawing a patient's blood to measure blood chemistries is the same as blood letting. Similarly it would be like saying that Mozart and Bluegrass are the same because they are both played on a violin. Ultrasound is used by a wide variety of health care practitioners including physical therapists for heating soft tissue, by ultrasonographers to visualize neuromusculoskeletal structures and by cardiologists to measure blood flow. Thus it is not the tool that defines the model and treatment results but how it is understood to be effective and applied. It is in all of these respects that dry needling shares little in common with acupuncture while much with physical therapy treatment of neuromusculoskeletal pain.

In addition to treating many different types of pain, the American Academy of Medical Acupuncture lists *all of the following conditions as potentially benefiting from acupuncture: insomnia, anorexia, allergic sinusitis, persistent hiccups, dermatological conditions, diarrhea, severe hyperthermia and urinary incontinence, to name just a few.*

Indeed, in lists of over 40 medical conditions that can be treated with acupuncture, 'trigger point' or 'myofascial pain' are not mentioned:

<http://www.medicalacupuncture.org/FAQ.aspx>

<http://www.medicalacupuncture.org/ForPatients/GeneralInformation/HealthConditions.aspx>

While I do not dispute the utility of acupuncture for any of these conditions, trigger point dry needling practitioners make no similar claims. Because dry needling is based on specific principles of anatomy and neurophysiology whose effects can be demonstrated using electromyographic, ultrasonographic and biochemical techniques, the condition for which it is useful is limited to exactly one: myofascial trigger point pain. *It does not even claim to treat ALL types of pain*, i.e. the pain caused by an acute injury like an ankle sprain or the pain of inflammation from arthritis. It has *one and only one* specific pathology that it targets: myofascial trigger point pain.

Over the course of my career I have worked closely with all of the various providers available to treat persistent pain and I can state with confidence that the health profession that can provide this service safely, properly and effectively to the largest number of patients who would benefit from it is physical therapy. Physical therapists have the proper education in the biomedical sciences, are already treating neuro-musculoskeletal injuries and conditions associated with trigger point myofascial pain, and *significantly, can provide these patients with the proper exercise and functional rehabilitation programs they also require*. Indeed physical therapists are the ideal practitioners to provide dry needling to the truly enormous numbers of people who could benefit from it. Canadian physical therapists have been safely and effectively using this treatment for over 20 years and since then increasing numbers of U.S. physical therapists. I have taught physical therapists the IMS form of trigger point dry needling at the Institute for the Study and Treatment of Pain, as well as through LearnIMS Continuing Education, Inc. for the past 15 years.

Having worked in an orthopedic surgery practice for many years at the beginning of my career, I am familiar with the treatment algorithm-flow chart for patients with subacute and persistent musculoskeletal pain: most of the patients that fail to respond to physical therapy do not typically then go to an acupuncturist; many of them go on to have surgery. If their problem is myofascial trigger point pain, surgery will not help the patient, and so if physical therapists do not have the option of offering their patients dry needling, many of these patients will go on to lives of chronic pain, opioid dependence, vocational impairment and disability.

Unfortunately to date acupuncture has not stemmed the tsunami of chronic pain, and preventing physical therapists from dry needling certainly will not change that. Alternatively, allowing physical therapists to offer dry needling when indicated will I believe have a very positive effect on the treatment of neuromusculoskeletal pain and actually NO effect on acupuncture practice. To state it again: patients who don't have the option of receiving trigger point dry needling from a physical therapist will NOT receive acupuncture, but often surgery. With a growing national epidemic of chronic pain, the expansion of physical therapy practice to include dry needling should be recognized as a major step towards improving the treatment of patients with chronic pain.

The acupuncture community's concerns are understandable but misguided: trigger point dry needling is both conceptually and technically distinct from acupuncture, AND, remembering that acupuncture offers treatment for a wide variety conditions which do not include trigger point pain, referrals to acupuncturists will be unaffected if physical therapists provide trigger point dry needling.

Patient access to dry needling has been severely limited due to the small number of physicians that offer it. Dry needling is a safe, effective, low cost and low tech treatment that can save large numbers of patients from chronic pain, unnecessary suffering, opioid dependence and disability. It is literally the treatment for persistent pain that 'we have been crying out for'. From reducing the need for prolonged physical therapy to avoiding unnecessary radiographic/MRI studies, lessening medication use and the need for surgery, over time the wider availability of trigger point dry needling will also provide substantial financial savings in the treatment of these conditions. With proper training physical therapists are increasingly offering trigger point dry needling as a therapeutic option to their patients, a development I whole-heartedly support.


Steven R. Goodman, M.D.
Spokane, Washington

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**HB701 Relating to Physical Therapy
Practice Act**

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

DEPARTMENT OF THE ARMY

TRIPLER ARMY MEDICAL CENTER

ATTN: MCHK-PT

1 JARRETT WHITE ROAD

HONOLULU, HAWAII 96859-5000

January 28, 2019

Dear Chair and Committee Members:

I am a licensed Doctor of Physical Therapy and board certified Orthopaedic Clinical Specialist (OCS) who is currently working at Tripler Army Medical Center, and have worked at Warrior Ohana Medical Home in Barber's Point, and Schofield Barracks Health Clinic in Hawaii for the past eight and a half years. I have performed trigger point dry needling (TDN) and all three of the above mentioned medical treatment facilities. I have heard there is a bill to change the Physical Therapy Practice Act, which includes allowing physical therapists to perform dry needling. I would like to give my personal opinion on why physical therapists should be allowed to perform dry needling in the state of Hawaii.

I have extensive knowledge of anatomy, physiology, and its relation to neuromusculoskeletal conditions. I am one out of only 14,368 board certified OCS physical therapists in the United States whom the American Board of Physical Therapy Specialties recognize as having knowledge, skill, and experience in the clinical specialization of orthopaedics exceeding that of an entry level physical therapist. I have practiced as a licensed Doctor of Physical therapy since May 2008. Even as an entry level therapist, just graduating school in 2008, I was put in charge of the busiest outpatient physical therapy military training clinic in the Army with the highest number of stress fracture and overuse injuries. As a new licensed physical therapist, I immediately began successfully supervising an entire clinic staff and independently evaluating, diagnosing, and treating patients successfully. Furthermore my scope of practice involved ordering and reading x-rays, MRI's, and Bone scans and I was contacted by the Office of the Surgeon General to weekly advise them on stress fracture management and policy. In 2009, after only being a licensed physical therapist for seven months, I spent a year deployed in Iraq, where I was the only physical therapist for 30,000 people. Due to not having all of the specialty care providers at our hospital in Iraq; I successfully functioned as the primary care doctor for all neuromusculoskeletal injuries, Podiatrist, Chiropractor, Occupational Therapist, Sports Medicine doctor, Osteopath, Massage Therapist, brace making specialist, and the Orthopaedic doctor. Due to my ability to successfully evaluate and treat patients and help them heal from injuries, I was the only medical provider in our three hospitals to be awarded the Bronze Star.

Physical therapists are highly skilled and can safely administer any treatment intervention that involves the muscles, bones, joints, tendons, and nerves. Their extensive knowledge of anatomy and physiology is second to none and makes them the experts in treating neuromusculoskeletal dysfunctions. In all my years of practice working with hundreds of physical therapists, I have never seen any procedure that myself or another physical therapist performed that caused or posed a serious risk to a patient's health. Physical therapists spend more time, than any medical provider, performing a thorough subjective and objective evaluation. Because of this they are

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January 28, 2019

able to choose the correct and appropriate treatment intervention for each patient. In regards to performing trigger point dry needling, I have worked with hundreds of physical therapists over the past six years that frequently perform needling for muscle trigger points and muscle dysfunction. Not once has a therapist that I know or have worked with, performing deep trigger point dry needling, caused an adverse health event or caused harm to a patient. Moreover, with the implementation of trigger point dry needling, I have personally witnessed with my patients and with other physical therapist's patients; significant improvements in injury healing, decreased pain, decreased muscle tension, and quality of life.

Due to my personal experience successful performing trigger point dry needling and witnessing hundreds of other physical therapists successfully perform it without harm to a patient, I can attest that physical therapists who receive certified trigger point dry needling training are 100% competent. Personally, I have attended three separate advanced training courses in trigger point dry needling (each was a two-day course), then initially had several hours of practicing trigger point dry needling under observation, and then had a dry needling practicing provider sign off on my competence. Additionally, in 2015, I was an assistant instructor for a trigger point dry needling course, which consisted of physician assistants, primary care doctors, and physical therapists. During the course, physical therapists demonstrated the most competence with the usage of the needles, where to insert the needles to target specific muscles, and the trigger point dry needling treatment technique. 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 one of state seven states that does not allow dry needling. With the addition to dry needling to the practice act, physical therapists will be able to provide more modern services to their patients.

Dry needling is a safe and effective form of treatment that I personally use daily, for the past six and a half years, on my patients working in the military setting. I utilize it, along with other techniques, to improve mobility and function and to treat pain in my patients. Dry needling is a valuable treatment tool that helps me give my patients the highest

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January 28, 2019

level of care to help them optimally heal. Because of Hawaii's laws restricting Physical Therapists from using dry needling, I will never practice in outside a government facility. Physical therapists are well suited to perform this intervention due to having the most extensive training in the medical progression 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 and I personally support giving the physical therapists in Hawaii the ability to practice dry needling. This is not the opinion of the Department of the Army, but I write this testimony on my own accord as a licensed physical therapist in Hawaii, state resident, and active member in the local community for the past eight and a half years.

Thank you for your consideration,



PT, DPT, OCS, CSCS

Nathan H. Carlson, PT, DPT, OCS, CSCS

Doctor of Physical Therapy / Staff Physical Therapist Tripler Army Medical Center

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**HB701 Relating to Physical
Therapy Practice Act
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support**

November 29, 2018

To whom it may concern:

Re: Testimonial about the Effectiveness of using Dry Needling in Physical Therapy practice for Oncology Patients.
By Julia Osborne, BSc (Hons) PT, CLT-LANA

INTRODUCTORY STATEMENTS:

Dry Needling is performed by Western Medical Practitioners using Acupuncture-type needles to treat taut, myofascial bands (trigger points) to affect the musculoskeletal and nervous system. The treatment is based on modern neuroanatomy science.

Acupuncture falls within the scope of traditional Chinese Medicine and involves needles inserted into meridians and chi lines.

While the tools used are the same, the technique and goals of treatment are different from each other. Here are more detailed explanations of “acupuncture” and “dry needling”.

***Acupuncture** is uniquely an Eastern Medicine modality – Acupuncture is not in the scope of Physical Therapy Practice. Acupuncture and Oriental medicine (AOM) is an ancient and empirical system of medicine based on the concept of qi, which is usually translated as energy. Oriental medicine includes the practice of Chinese herbology in addition to acupuncture. AOM treatments identify a pattern of energetic imbalance within a patient and redress that disharmony in a variety of ways that may include acupuncture needling, cupping, acupressure, exercises such as tai ji quan and qi gong, as well as Chinese herbal preparations.*

AAOM – American Association of Oriental Medicine – www.aaom.org

***“Dry needling** is a procedural intervention used by physical therapists (PT) to treat pain, functional impairments, and disabilities. The technique involves the insertion of solid filament needles into the skin and underlying tissue to disrupt pain sensory pathways and relax contracted fibers (Dommerholt, & Fernández-de-las-Peñas, 2013). Clinical research suggests that dry needling helps reduce local and peripheral pain and sensitization, thereby hastening the restoration of muscle function and range of motion (Lewit, 1979; Dommerholt, 2011; Clewley, Flynn, & Koppenhaver, 2014). Dry needling (alone or with other physical therapy interventions) has been shown to be an effective treatment for neuromusculoskeletal diseases or conditions, including arthritis, tendonitis, carpal tunnel, and chronic pain (Dommerholt, 2004; Kalichman, & Vulfsons, 2010). The theoretical genesis of dry needling is attributed to the pioneering work of Janet Travell, M.D. and David Simons, M.D. (Simons, Travell, & Simons, 1999) who used .22-gauge hypodermic needles to treat myofascial pain with trigger point therapy (i.e.,*

needling of taut bands of muscle fibers).” The use of hypodermic needles to do this work has been substituted for solid filament needles, also known as “acupuncture needles”.

Analysis of Competencies for Dry Needling by Physical Therapists Final Report (.pdf) - 7/10/15

Courtesy of FSBPT

TESTIMONIAL FOR DRY NEEDLING IN PHYSICAL THERAPY PRACTICE:

My name is Julia Osborne, BSc (Hons) PT, CLT-LANA and I have been practicing physical therapy since 1994, and specifically in the State of Colorado since 2002. It is in Colorado that the focus of my clinical practice moved into the field of oncology rehabilitation. During my early days of oncology specialization, my professional development began to evolve into the establishment of clinical pathways of oncological management for pre- and post-oncology surgery care, pre and post-radiation care, rehabilitation during and after chemotherapy, and lymphedema management for patients diagnosed with all types of cancer ranging from solid tissue types to liquid tumor types.

In 2009 I founded Oncology Rehab, an outpatient oncology rehabilitation clinic, in which we now have twenty-seven (27) PTs, OTs and SLPs. I guide and direct a multidisciplinary, collaborative, and comprehensive approach to the treatment of oncology patients. The clinic’s visit count is approximately 40,000 oncology patient visits a year, and from these visits we generate data to monitor the effectiveness of our patient treatment protocols, as well as capture our patient outcomes.

In 2014 I founded PORi – the Physiological Oncology Rehabilitation Institute. Through PORi I have launched four core curriculum 4-day assessment-based certificate programs, through which approximately 400 therapists (PTs, OTs, STs) in the USA are certified. The four core curriculum certificate programs include Breast Cancer, Head & Neck Cancer, Gynecological and Gastrointestinal Cancers, and program addressing Chemotoxicity/Oncology Exercise Prescription. Our successful patient outcomes have enabled us to expand our clinical oncology services to three HealthOne Hospital systems, as well as the opportunity to consult with three additional hospital systems in the USA, one being Hawaii Pacific Health, to help with oncology patient treatment implementation.

One of the cornerstones of our patient treatment system is our comprehensive body systems approach. We have several clinical pathways of management for oncology patients, two of which specifically include the use of Trigger Point Dry Needling (TpDN), which is within the scope of practice for physical therapists in the State of Colorado (please see the appendix for the Scope of Practice Guidelines for Dry Needling in the State of Colorado per the Department of Regulatory Agencies).

The two management pathways referenced above that specifically include TpDN for oncology patients are those for a) oncology patients with a Stage 3 Lymphedema who are no longer responding to Compete Decongestive Therapy (CDT); and b) oncology patients who are at least 3 months post oncology-based surgery and/or radiation treatment and who present with significant scar tissue formation resulting in loss of function. With both pathways our treatment outcomes using TpDN have demonstrated significant functional improvement in patients’ neuromuscular, musculo-skeletal, visceral, and lymphatic systems.

Oncology patients with Stage 3, liquid to solid phase, irreversible UE and trunk lymphedema: These patients have often undergone months, if not years of Complete Decongestive Therapy (CDT) treatment with compression bandaging, compression garments, night time garments etc. and they often are disillusioned and frustrated by a) the size and weight of their limb that no longer reduces in volume and/or responds in a sustainable way to compression (leading to UE functional, postural and balance issues), and b) they have frequent, recurring episodes of cellulitis (resulting in hospitalizations and short – intermediate – long term use of antibiotics). In understanding the application of TpDN as it pertains to this patient population, it is important to fully understand the anatomical constructs of the lymphatic system. There are three major access points that we have to the lymphatic system in an affected territory.

- The first is to the superficial system in the epidermis and dermis and interstitium in these tissue layers (where Manual Lymphatic Drainage – MLD – is applied).
- The second is to the deep lymphatic system within myofascial, ligamentous, tendinous, and joint structures within the affected territory.
- The third is to the deep lymphatic system within the visceral system within a territory.

It is the deeper lymphatic system in these last two bullet points that needs to be activated in patients with Stage 3 lymphedema. This is because these patients often have secondary skin changes with fibrotic and adipose thickening of epidermal and dermal layers, which results in reduced effectiveness of traditional MLD and therefore CDT. Using TpDN to activate the deeper lymphatic system within the myofascial, ligamentous, tendinous, and joint structures improves limb, trunk, and visceral function, and therefore improves the deep, internal functioning of the lymphatic system.

To use an analogy for explanation, the myofascial, joint, and visceral structures within a Stage 3 lymphedematous territory become congested, shortened, and contracted and the occlusion pressure they exert can be likened to that of placing a foot onto a garden hose and occluding it, the garden hose in this case representing the system of lymphatic vessels. For water to start to flow again in the garden hose, the occlusion pressure of the foot needs to be released by lifting the foot off the hose. In the same way the occlusion pressure from myofascial shortening and visceral and joint congestion needs to be released by the lengthening of the tissues, by reducing congestion in the viscera, and increasing range of motion in the joints. This will allow for the deeper lymphatic vessels to begin to function again. TpDN, directed into trigger points of tight and shortened muscles, as well as tight and congested joint capsules, releases occlusion pressure in these tissues, and therefore improve lymphatic flow and function of the system within the affected territory.

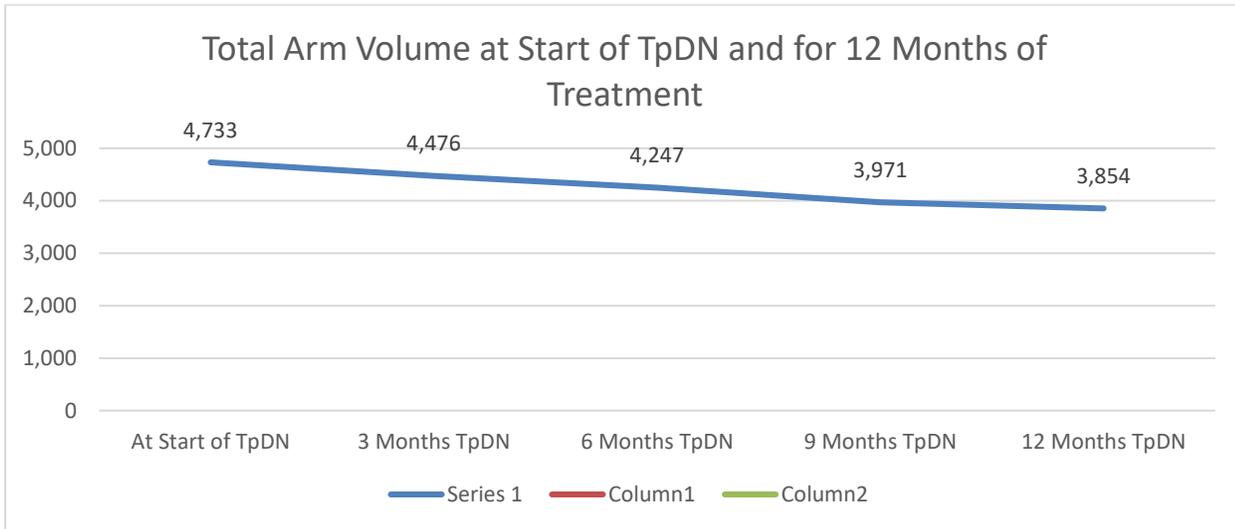
The use of TpDN has proven to be highly effective in the outcomes of our patients at Oncology Rehab. To reference a specific case, I was referred a patient with breast cancer related secondary lymphedema, Stage 3, whom had attended 2 years of CDT therapy, and whom had no reported changes in her volume reduction or functional outcomes for the previous 6 months of treatment prior to her being referred to me.

At initial evaluation, and the start of her treatment with TpDN, the patient was given a Lymphedema Life Impact Score (LLIS) Questionnaire to complete. She was provided the LLIS at 3-month intervals over a 12-month span of treatment.

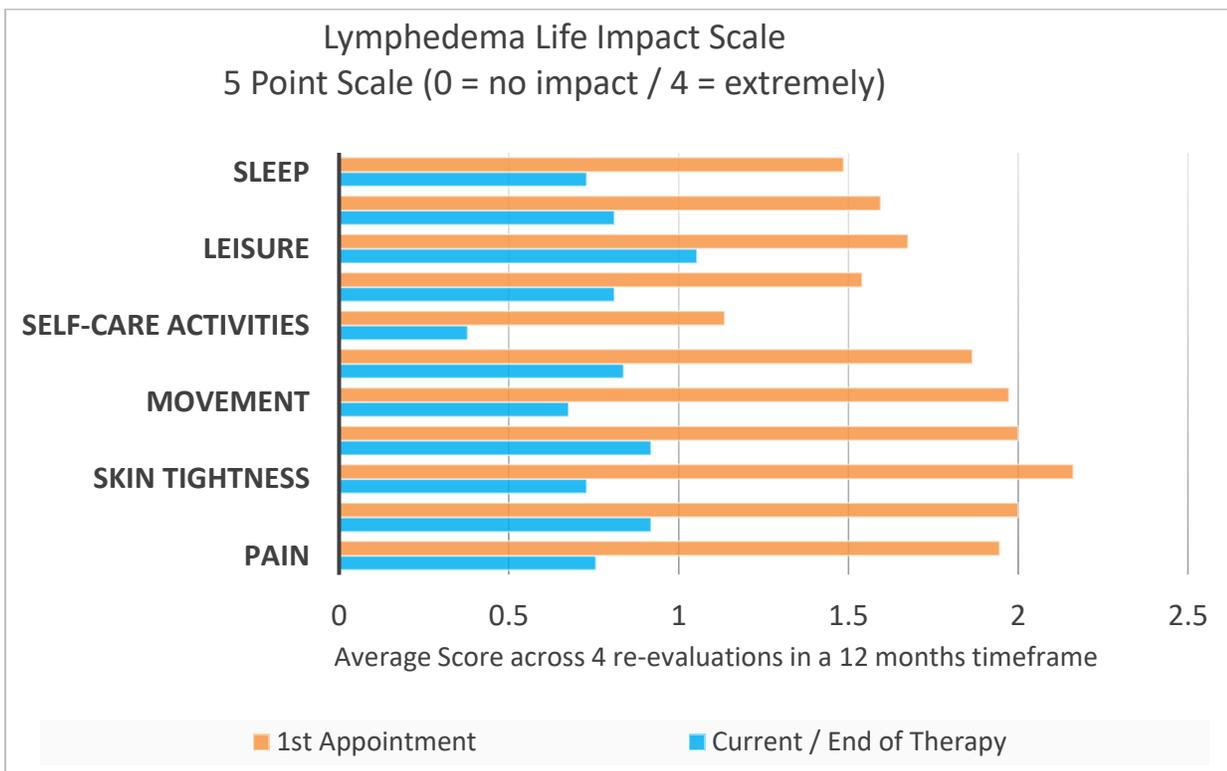
TpDN treatment was provided on a 1x/week basis, some appointments of which were canceled for various reasons, resulting in a total of 34 treatments over the 12-month time period.

During the time of treatment, the patient was able to:

- Cease wearing night time garments that were inhibiting her ability to sleep because of discomfort.
- Cease wearing her day time compression garments, except for times of increased stress on her lymphatic system.
- Achieve more sustainable fluid volume reduction results than she had before.



- Improve in all aspects of quality of life.



The patient had reported an average of 2-3 cellulitis infections per year, and since initiating TpDN, to date the patient has had no cellulitis infections. I believe this can be attributed to the improved functioning of the patient’s lymphatic system since the introduction of TpDN.

Oncology patients who are at least 3 months post oncology-based surgery and/or radiation treatment and who present with significant scar tissue formation resulting in loss of function: These make up the second group of patients with whom we perform TpDN at Oncology Rehab. These are patients who are 3+ months post-surgery and who develop significant scar tissue fibrosis, and/or who are post radiation treatment and who present with Radiation Induced Fibrosis (RIF). TpDn into myofascial tissues that are fibrotic and are shortening and contracting has proven to be very effective in improving joint range of motion, muscle balance through kinetic chains of movement, and overall function of the limb involved.

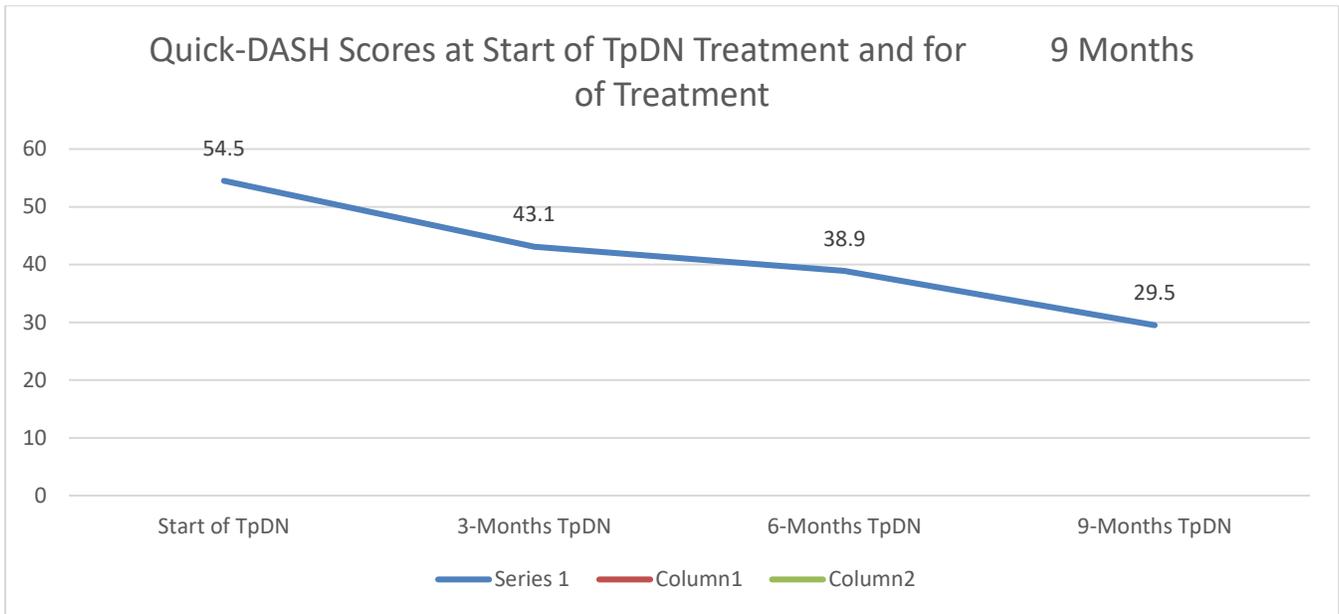
“RIF may manifest as skin induration and thickening, muscle shortening and atrophy, limited joint mobility, lymphedema, mucosal fibrosis, ulceration, fistula, hollow organ stenosis, and pain. More regionally specific manifestations include trismus, xerostomia, decreased vocal quality, osteoradionecrosis, dysphagia, and aspiration in patients with head and neck malignancy; cervical plexopathy, brachial plexopathy, interstitial fibrosis, dyspnea, and oxygen requirement in patients with breast or lung malignancy; and urinary urgency, increased urinary frequency, diarrhea, loss of reproductive function, and dyspareunia in patients with abdominopelvic malignancy.”

Straub, J. M., New, J., Hamilton, C. D., Lominska, C., Shnayder, Y., & Thomas, S. M. (2015). Radiation-induced fibrosis: mechanisms and implications for therapy. *Journal of Cancer Research and Clinical Oncology*, 141(11), 1985–1994.

A case scenario is as follows: I was referred a patient with a diagnosis of breast cancer, two years post treatment, who presented with severe RIF to her left (L) axilla and antero-lateral chest wall. Refraction fibrosis was also present posteriorly along the medial border of her scapula. She presented with decreased shoulder range of motion, with impaired scapulo-humeral rhythm, as well as impingement syndrome to her (L) shoulder during flexion and abduction. She reported significant overall loss of function in her (L) shoulder during all ADLs (home, occupational, community, recreational). At initial evaluation, and the start of her treatment with TpDN, the patient was given a Quick-DASH (Disabilities of the Arm, Shoulder and Hand) questionnaire to complete. She was provided the Quick-DASH at 3-month intervals over the 9-month span of treatment, and upon Discharge. TpDN treatment was provided on a 1x/week basis for 9 months, four appointments which were canceled for various reasons, resulting in a total of 32 treatments over the 9-month time period.

Upon completion of the treatment the patient was able to:

- Demonstrate improved (L) shoulder range of motion from 0–143 degrees flexion to 0–172 degrees flexion.
- Demonstrate improved (L) shoulder range of motion from 0-98 degrees abduction to 0-166 degrees abduction.
- Report impingement pain – patient was able to move though previous pain arc during flexion and abduction with no symptoms of shoulder pain.
- Demonstrate improved (L) scapulo-humeral rhythm as indicated by resolution of shoulder impingement syndrome.
- Report improved Quick-DASH scores indicating improved overall (L) shoulder and upper extremity function in all ADLs (home, occupational, community, recreational). The lower the score, the more improved the patient’s function.



CONCLUSION:

Dry needling in the context of physical therapy is based on a distinct philosophical and theoretical framework supported by modern scientific study of the musculoskeletal and nervous systems (American Physical Therapy Association, 2012; Cummings, 2013; Dunning, et al, 2014). At every stage of the physical therapy visit, from patient selection to the actual needling of the affected areas, the PT is guided by his/her education, clinical training and experience, professional responsibilities and competence, and legally defined scope of practice, as well as the patient’s reaction to needling. The type and number of needles used, as well as their location, depth, and manipulation, are heavily influenced by the PT’s knowledge of anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology, and pathology, as well as the overall plan of care of the patient.

[Analysis of Competencies for Dry Needling by Physical Therapists Final Report \(.pdf\) - 7/10/15](#)

Courtesy of FSBPT

APPENDIX

Scope of Practice Guidelines for Dry Needling in the State of Colorado per the Department of Regulatory Agencies:

- A. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose and treat neuromuscular pain and functional movement deficits; is based upon Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points.*
- B. Dry needling as defined pursuant to this rule is within the scope of practice of physical therapy.*
- C. A physical therapist must have the knowledge, skill, ability, and documented competency to perform an act that is within the physical therapist’s scope of practice.*
- D. To be deemed competent to perform dry needling a physical therapist must meet the following requirements:*
 - 1. Documented successful completion of a dry needling course of study. The course must meet the following requirements:*

a. A minimum of 46 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.

b. Two years of practice as a licensed physical therapist prior to using the dry needling technique.

E. A provider of a dry needling course of study must meet the educational and clinical prerequisites as defined in this rule, D(1) (a) &(b) and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a physical therapist.

F. A physical therapist performing dry needling in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:

1. Risks and benefits of dry needling

2. Physical therapist's level of education and training in dry needling

3. The physical therapist will not stimulate any distal or auricular points during dry needling.

G. When dry needling is performed this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.

H. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.

I. Dry needling must be performed in a manner consistent with generally accepted standards of practice, including clean needle techniques, and standards of the center for communicable diseases.

J. The physical therapist must be able to supply written documentation, upon request by the Director, which substantiates appropriate training as required by this rule. Failure to provide written documentation is a violation of this rule, and is prima facie evidence that the physical therapist is not competent and not permitted to perform dry needling.

K. This rule is intended to regulate and clarify the scope of practice for physical therapists.

HB701, Relating to Physical Therapy Practice Act
February 12, 2019 House Health Hearing- 9am
Stance: Support with amendments

Chair Mizuno and HLT Committee Members,

My name is Brienne Childs and I am a physical therapist who strongly supports HB701 which provides necessary changes to our Physical Therapy Practice Act. I support amendments proposed by the American Physical Therapy Association to insert the definition of sharp debridement in our Practice Act, and exclude it from the prohibitive practice section. This will accurately reflect our scope of practice and clarify the role that physical therapists have in wound care.

I am a specially trained physical therapist (PT) who provides wound care to patients at Molokai General Hospital and I support the proposed deletion of Section 461J-2.5 Prohibited practices, which states that "A physical therapist shall not use invasive procedures. For purposes of this section, an invasive procedure is the breaking or puncturing of a person's good skin integrity..."

In my practice as a wound care therapist, the way the law is currently written has made it more difficult for me to care for patients on an island that is already underserved and limited with services.

The current verbiage prohibits me from being able to debride certain wounds with a seroma, hematoma or deep tissue injury because the skin is intact. I have had to seek out a physician and a few times a nurse practitioner to initiate the debridement by puncturing the skin with a scalpel or curette before I can start debriding. Our wound care clinic is supported by 2 physicians and a physician's assistant who provide care in our clinic as well as make themselves available via telehealth if they aren't on campus.

A registered nurse (RN) in the state of Hawaii isn't allowed to perform sharp debridement, while a PT can, but a RN is able to 'puncture intact skin' and a PT cannot. The physicians I interact with both from outpatient clinics as well as the Emergency Department (ED) prefer that I perform sharp debridement as I have experience with this on a regular basis and they've seen the good outcomes patients at the wound care clinic are having with receiving this care.

Wound care and sharp debridement is within the physical therapy scope of practice, however this language can be misinterpreted and limit my ability to provide needed care. In the past the language has been used to deny treatments in an outpatient setting, causing a patient to be sent to the emergency room for wound care. In the end I was consulted into ED by the physician to see the patient because of my wound care experience. It cost the patient an unnecessary visit to the ED rather than being seen in the outpatient setting. This prohibitive practice section had set the premise for this particular incident.

I want to provide the best patient care, which for many of our wound care patients requires sharp debridement to remove necrotic tissue and biofilm to allow for granulation tissue to grow and prevent the wound from becoming infected by removing necrotic tissue that bacteria 'love'. Thank you for your consideration.

Sincerely,



Brienne Childs

Dear Chair Mizuno and members of the Health Committee,

I have been asked to provide testimony in favor of physical therapists utilizing dry needling. I have done so in my home state of Florida and in doing so, I have reviewed the physical therapy practice act of Hawaii and have found some remarkable similarities between the language of the practice act and dry needling documents from the APTA. I believe these similarities will show physical therapist are not doing anything different than we always have. We are treating dysfunction as we always have, using a variety of conservative interventions, tools, devices and skills to help our patients return to the highest level of function they can achieve. This is imperative given the current state of a national opioid epidemic.

Hawaii, Chapter 641J, Physical Therapy Practice Act, 461J-Definitions: states,

*“Physical therapy” or “physical therapy services” means the examination, **treatment**, and instruction of human beings to detect, assess, prevent, correct, alleviate, and **limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition** as performed by a physical therapists appropriately licensed under this chapter. It includes but is not limited to:*

*(1) Administration, evaluation, modification of treatment, and instruction involving the **use of physical measures**, activities, and **devices**, for preventive and therapeutic purposes; . . .*

“Practice of physical therapy” includes, but is not limited to, the use of the following:

(1) Physical agents, such as heat, cold, water, air, sound, compression, light electricity, and electromagnetic radiation;

*(2) Exercise with or without devices, **joint mobilization, mechanical stimulation**; biofeedback, postural drainage, traction, positioning, massage, splinting, training in locomotion, and other functional activities with or without assisting devices, and correction of posture, body mechanics and gait;*

*(3) Tests and measurements of: **muscle strength, force, endurance and tone; joint motion, mobility, and stability**, reflexes and automatic reaction; **movement skill and accuracy, sensation and perception; peripheral nerve integrity, locomotor skill, stability and endurance; activities of daily living**; cardiac, pulmonary, and vascular functions; and fit, function, and comfort of prosthetic, orthotic and other assisting devices; **posture and body mechanics**; limb strength, circumference, and volume; thoracic excursion and breathing patterns; vital signs; **nature and locus of pain and conditions under which pain varies**; photosensitivity; and home and work physical environments.*

The APTA defines dry needling, also known as trigger point dry needling, as “a skilled intervention that uses a thin filiform needle to penetrate the skin and **stimulate underlying myofascial trigger points, muscular, and connective tissues** for the **management of neuromusculoskeletal pain and movement impairments**. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, **diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.**” (APTA Resource Paper, 2/2013).

Trigger points, as defined by Janet Travell, MD are “a focus of hyperirritability in a tissue that, when compressed, is locally tender and, if sufficiently hypersensitive, gives rise to referred pain and tenderness.”

Research shows trigger points alter the functional state of the muscle by limiting range of motion and muscle length (Simons, 1998), inhibiting muscle and its ability to generate strength/force (Osborne, 2010 / Celik, 2011), altering firing patterns/sequence of movement (Lucas, 2004/2010) increasing muscle stiffness (Chen, 2007/2008), muscle fatigue (Hong-You, 2012) and muscle/joint dysfunction (Gonzalez-Perez, 2012), all of which can be and have historically been treated by physical therapists using a variety of modalities, devices and tools.

Research also shows triggers point are under pressure, interrupt blood flow and are hypoxic (Shaw, 2005/Sikdar 2009/2010). Such hypoxia sets off a chain of chemical responses leading producing

hypersensitivity, or neurological dysfunction, of the nervous system that can occur locally/peripherally or centrally. The same process with chronic low back pain, post-op rehab, phantom pain, fibromyalgia, complex regional pain syndrome and a variety of other orthopaedic and neurological diagnoses that have been treated by physical therapists.

A comparison/contrast of Hawaii’s 461J defined purpose of physical therapy and the APTA definition of DN in the purposed use of dry needling shows significant similarity.

| Hawaii 461J | APTA Dry Needling |
|---|---|
| mechanical stimulation | stimulate underlying myofascial trigger points, muscular, and connective tissues |
| limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition | management of neuromusculoskeletal pain and movement impairments |
| use of physical measures, activities, and devices, for preventive and therapeutic purposes;... movement skill and accuracy, sensation and perception; peripheral nerve integrity, locomotor skill, stability and endurance; activities of daily living | diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation |

Janet Travell used a syringe, which actually cuts through the tissue resulting in bleeding and tissue damage. Physical therapy dry needling uses a solid filament as the tool or device of choice for treatment to stimulate a myofascial trigger point within the muscle and related connective tissue. Such treatment is used to treat the dysfunctional area of the muscle, which has been in a state of “bodily malfunction”, altering the “sensation and (pain) perception; and peripheral nerve integrity”.

The use of tools and/or devices overlap between many professions but for a variety of reasons. Medical physicians, nurses, physical therapists and other professions use the stethoscopes all the while maintaining their individual and professional identities. Physical therapist are not confused with cardiologist when using a stethoscope any more than physical therapists who use dry needling are confused with acupuncturists. Further, many manual physical therapists use their hands as tools to

increase joint and soft tissue mobility without being confused with a chiropractor or massage therapist due to the differences in philosophy, skill set, therapeutic resources, use of tools/devices, in other words, full scope practice. This is possible as no profession “owns” any intervention. Physical therapists also use scalpels for wound debridement, a tool/device which is also used by surgeons. Similar overlaps are seen between OT/PT and nursing, ATC and PT, PT and MD, DO/PT and Chiropractic, PT/LMT and other body workers such as Rolfers, and more.

Dry Needling was first utilized first in the state of Maryland in 1984. That number has grown, allowing physical therapists to use dry needling in all but seven states. This has raised concern regarding infringement and negative impact on the acupuncture community and/or injury to productivity, but the fact is, this concern has never been substantiated with fact. The data, at least in the state of Maryland shows quite the opposite. Data could only be collected as far back as 2005 but according to the Maryland Board of Acupuncture, despite physical therapist practicing dry needling for 34 years, the number of licensed acupuncturists has nearly doubled since 2005.



Rob Stanborough, PT, DPT, MHSc, CPTPT, FAAOMPT

HB701 Relating to Physical Therapy Practice Act
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii who works 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 United States Army, or any other Federal entity. It solely represents my opinion as a physical therapist. 3

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 dry needling 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

HB701, Relating to the Physical Therapy Practice Act
House Health Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

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 everything 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

HB701 Relating to Physical Therapy Practice Act

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

27 January 2019

Regarding: HB701

Dear Chair and Members of the Committee:

This letter is to strongly support HB701 to open the physical therapy practice act and allow therapeutic dry needling as an adjunctive modality in the state of Hawaii. I am a doctor of physical therapy who has been practicing as a physical therapist for over 30 years. While living in Hawaii, I was passionate about the legislative process required to open up our practice act to allow therapeutic dry needling as an adjunct to a physical therapist's list of modalities. So passionate that I was the Hawaii Chapter of the American Physical Therapy Association's secretary for two years (2016-2017), then membership chair for one year (2018).

I retired from the US Air Force and Air Force Reserves after over 28 years and was trained in therapeutic dry needling while still in the US Air Force. The military uses their physical therapists as the highly trained musculoskeletal experts they are, and as physician extenders in battlefield and training situations. When trained in dry needling, our previous schooling and expertise with the human body are taken into account prior to the three to four day courses in the modality. Once a physical therapist finishes these courses, she returns to her facility and performs the modality, keeping constant contact with a mentor until over 25 cases are seen and peer reviewed by that mentor. This training allowed me, as a doctor of physical therapy, to return to my civilian job with full training in this modality. However, as I lived and worked on the island of Oahu, I was unable to utilize this specialized training in Hawaii. The unfortunate aspect of not being able to perform this as one of the tools in my toolbox, was that many of my patients who would have benefitted from this quick and relatively painless modality took much longer to get well. The biggest difference that I noticed from my time performing this modality in the Air Force facilities versus not performing it in the outpatient private clinic I worked in in Hawaii, was that the time to get a patient back to work (especially with regards to Workman's Compensation cases) was often longer and more time consuming. This modality not only reduces pain, but frees up range of motion and allows a patient more emphasis on rehabilitative work versus pain reduction, thereby reducing hours spent in physical therapy and cutting costs.

In closing, I urge you to support this bill as I feel it will improve patient access to all services a physical therapist may utilize to improve outcomes for the people of Hawaii.

Respectfully submitted,

Deborah J. Reese, PT, DPT, MPA
Doctor of Physical Therapy
Board Certified in Pediatrics
Lieutenant Colonel, USAF, retired

DocuSigned by:



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HB701 Relating to Physical Therapy Practice Act

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

24 January 2019

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii that has been practicing dry needling since 2016 currently working 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 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 recent 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,

A handwritten signature in black ink, appearing to read 'Trent Larsen', with a long horizontal flourish extending to the right.

Trent Larsen, PT, DPT
Physical Therapist
Texas PT license #1298869
trent.h.larsen.mil@mail.mil

HB701, Relating to the Physical Therapy Practice Act
February 12, 2019 House Committee Hearing

Dear Chair Mizuno and House Health Committee Members:

I am a staff Physical Therapist that works at Tripler Army Medical Center. I was born and raised in Hawaii and I have returned to Hawaii to practice physical therapy. 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.

In addition to this, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Hawaii is one of seven states that does not allow dry needling. The inclusion of dry needling to this practice act will allow patients have more access and quicker recovery.

Dry needling is a safe and effective form of treatment that I personally use on my patients. I started practicing dry needling in 2017 during my clinical internship rotation in El Paso, Texas and continue to utilize this treatment option. I attained my dry needling level I certification during the didactic phase at Army Baylor DPT during the didactic phase in 2016. I never had a patient eligible for dry needling experience long lasting adverse reactions. I utilize dry needling, along with other techniques, to improve mobility, 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.

I have received acupuncture from both an acupuncturist and naturopathic practitioner. It was stated to me that acupuncture specifically targets energy lines and meridians as opposed to trigger point dry needling which targets muscle belly in order to potentially achieve the theorized physiologic action. Although acupuncture and dry needling have similarities, it appears that its intended application are different.

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

My opinion does not represent the U.S. Army or any other federal entities. These views are representative of my personal experience in clinical practice.

Thank you for your consideration,

Patrick Moon, DPT, NSCA-CSCS, TSAC-F
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HB701 Relating to Physical Therapy Practice Act

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

Aloha Chair and Committee Members:

My name is Matt Marischen, I'm a physical therapist who recently moved from Hawai'i to Missouri after practicing over 4 years on O'ahu. I have a Doctorate in physical therapy and B.S. in Exercise Physiology, totaling 7 years of education about the human body and its response to stress. However, I am not special: this is what all physical therapists must go through to become licensed in America. When it comes to human movement and rehabilitation, we are the most proficient profession in the entire medical field. Through this education, we learn many different methods of treatment from aerobic exercise to sharp wound debridement; however Hawai'i is the only state in our country that expressly prohibits PT's from "using invasive procedures" such as dry needling.

I was certified as a Dry Needling Practitioner during my graduate program, but unfortunately, due to Section 461 J-2.5 of the Hawai'i practice act, I was unable to use my full skillset while practicing here. However being a therapist means using the best evidence available to drive my interventions with my patients. There is a substantial amount of evidence to support dry needling as a safe and effective form of treatment that therapists in other states are using today to decrease pain and to improve mobility and function in patients. There is even studies that show someone is more likely to be injured from over-the-counter anti-inflammatory medications such as ibuprofen than from dry needling¹. I was personally able to use this treatment in Ohio, and found it highly effective in not only decreasing pain, but improving quality of life almost immediately by allowing people to once again use painful areas of their body with impunity.

The people of Hawai'i deserve to have the most up to date and evidence-based treatments available to them. That means the entire medical field all working together to heal and improve the lives of our community. I strongly support passage of HB 701.

Respectfully,

 PT, DPT

Matthew R. Marischen PT, DPT

Hawai'i License: PT3840

Missouri License: 2018017568

Ohio License: PT014750

DRY NEEDLING FOR MYOFASCIAL TRIGGER POINT PAIN: A CLINICAL COMMENTARY

Casey Unverzagt, Kathy Berglund, J.J. Thomas

Int J Sports Phys Ther. 2015 Jun; 10(3): 402-418.

PMCID: PMC4458928

HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

My name is Claudine Sanchez, I am a Female 63 year old retired Lieutenant from the Los Angeles County Sheriff Department. I first started One Accord Physical Therapy in Mesa, Arizona in 2016. I was shown exercises and introduced to dry needling during my rehab there. The dry needling was very beneficial in my recovery from an on duty accident my which affected my lower back and neck.

My physical therapist, Adrienne, was very instrumental in helping me during my rehab. During the dry needling I experienced what I named a WHOOSH feeling. It was as if a dam was opened and a flood of energy was going through my body in the area of the needles. The dry needling helped me to get back into the gym, participate in gym exercises and dance classes.

The dry needling was significant in my reduction of pain medication. I was taking Tramadol 150 mgs. every day. One time I especially remember, the dry needling was significant when I could not even stand up straight during a quick turn around I made driving to New Mexico.

She has informed me that she is not able to use this intervention in the state of Hawaii, even though she is trained in its use. I highly recommend the dry needling for the relief of pain and relaxing tight muscles for me, and similar patients.

Thank you for your time.

Claudine Sanchez
2262 Leisure World
Mesa, AZ 85206
562-897-2715

HB701, Relating to the Physical Therapy Practice Act
House Health Hearing
Tuesday, February 12, 2019- 9:00am
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

My name is Annie Henry and I am writing to demonstrate my support for HB701, a bill that will allow physical therapists to practice dry needling in the state of Hawai'i. I am a Doctor of Physical Therapy and currently practice in outpatient orthopedics in Charlotte, NC. I have been extensively using dry needling in my practice since 2015 in the states of North Carolina and Virginia. Dry needling has changed the way I treat and has helped so many patients find relief that other practices have not provided.

To become certified in dry needling, it is required in NC and VA to take a minimum of 54 hours of continuing education. Courses are taught with extreme detail. Safety and precautions are reviewed in entirety. As physical therapists, our education provides extensive training in anatomy, biomechanics, and the study of movement. Thankfully, the states I practice in allow me to use my education and apply it with dry needling to provide relief that otherwise may not have been.

I use dry needling regularly for a variety of diagnoses; most commonly, active trigger point pain, muscle tightness and soft tissue dysfunction. For example, on multiple occasions, patients report upper trapezius pain and dysfunction that have been treated with massage and soft tissue mobilization for months with no relief. Using dry needling and using it intramuscularly, patients experience significant relief. In addition to soft tissue dysfunction, I use dry needling with electrical stimulation for muscle re-education, along nerve pathways to treat peripheral nerve irritation, along the spinal segments for inhibited or hyper-facilitated segments, and many more. Dry needling is an option that does not involve medication or contribute to addictive behaviors. It is a tool that physical therapists should all be using as ways to decrease pain and promote proper movement.

As a member of the American Physical Therapy Association, I strongly urge you to pass this bill. Physical therapists in your state deserve the right to practice this skill and provide the most up-to-date and evidence-based medicine to their patients.

Thank you for your time.

Best regards,

Annie Henry

Annie Henry, PT, DPT, ATC, CSCS, CIDN

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT



Dear Chair and Committee Members:

My name is Jason Luke, I am a Physical Therapist working at Hawaii Sports and Balance Center in Lihue, Hawaii. I am writing you in support of 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.

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 well as remain congruent with Physical Therapy Practice Acts in other states.

Currently, section 461J-2.5 prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and Dry Needling, which is a safe and effective form of treatment that physical therapists utilize to improve mobility and function and to treat pain in their patients. These skills are allowed in other practice acts in states such as California and Nevada, where sharp debridement and Dry Needling is performed legally by physical therapists.

Not allowing these changes to our practice act prevents patients from accessing modern services by their physical therapist who are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function. Without the availability of these services, patients will seek care in other places such as the mainland where physical therapist can legally access these effective techniques.

Passing this bill will also ensure that Hawaii stays in the forefront of medicine.

Thank you for your consideration,

Jason Luke DPT



HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT

February 2, 2019

Dear Chair and Committee Members;

I am a Physical Therapist Assistant in Hawaii. I strongly support the proposed changes to the Physical Therapy Practice Act. This letter is to provide information regarding the use of dry needling. It is my understanding that there is some question as to whether dry needling is part of the physical therapist scope of practice and if its use by physical therapist is appropriate.

Dry needling is an intervention that is being utilized by physical therapist across the country. *The Guide to Physical Therapist Practice*, which defines the scope of practice of physical therapist profession, includes many methods, techniques and procedural interventions a therapist may utilize for treatment techniques to produce a change with diagnosis. Manual therapy techniques are designed to improve muscle function, decrease pain, and induce muscle relaxation. Dry needling is compatible with this component of physical therapist practice. The procedural intervention of dry needling is therefore not inconsistent with *The Guide to Physical Therapist Practice*.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling.

Changes of this law 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. 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.

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 "Christian Cadamas-Tanigata". The signature is fluid and cursive, with the first name "Christian" being the most prominent.

Physical Therapist Assistant

Christian Cadamas-Tanigata

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT



Dear Chair and Committee Members:

My name is Meynard Enriquez, I am a Physical Therapist working at Hawaii Sports and Balance Center in Lihue, Hawaii. I am writing you in support of 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.

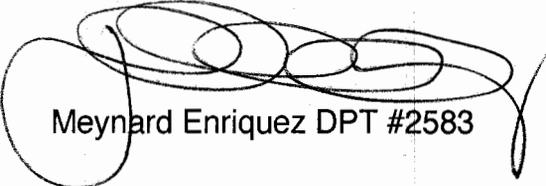
Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare, as well as remain congruent with Physical Therapy Practice Acts in other states.

Currently, section 461J-2.5 prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. These skills are allowed in other practice acts in states I have worked in such as California, where sharp debridement is performed legally by physical therapists.

Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling, which 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.

Passing this bill will also ensure that Hawaii stays in the forefront of medicine.

Thank you for your consideration,



Meynard Enriquez DPT #2583



HAWAII SPORTS AND BALANCE CENTER
WWW.HAWAIISPORTSANDBALANCE.COM

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9:00, Conference Room 329

Position: SUPPORT

Dear Chair and Committee Members:

My name is Tiffany Ikeda-Simao and I am a Doctor of Physical Therapy in Hawaii. I am in strong support of the proposed changes to the Physical Therapy Practice Act. These changes will allow for physical therapy practice in Hawaii to become more modernized.

Prevention of disability and illness is at the front of all healthcare professions. Adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will allow this profession to remain up-to-date with the current and future climate of healthcare.

Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharp debridement within wound care, and access to modern services such as dry needling.

Dry needling is a form of treatment that is both safe and effective to improve mobility and function, and treat pain in their patients. As physical therapists, we have extensive training in human anatomy and physiology, as well as the movement and function of the human body. This training and other post-graduate training makes us well equipped to perform dry needling, along with other interventions to improve the treatment of patients.

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

Thank you for your consideration,

Tiffany Ikeda-Simao, DPT, PT-4520



HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9:00 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a licensed Physical Therapist currently practicing 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. Licensed physical therapists will be able to treat patients highest level of care.

Prevention of disability and illness is at the forefront of all healthcare professions. 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 current and future climates of healthcare.

Currently, Section 461J-2.5 prevents physical therapists from puncturing a person's skin. Amendments to this section are needed to allow for sharp debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling.

Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and to treat pain in their patients. These techniques enable physical therapists to enhance a patient's return to prior level of function. Physical therapists are well suited to perform this intervention with our extensive knowledge of 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,

A handwritten signature in black ink, appearing to read "Kaylen Wakumoto". To the right of the signature, the text "DPT 4313" is written in a smaller, black, sans-serif font.

DPT 4313

Kaylen Wakumoto, DPT, PT-4313

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT

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.

As a healthcare provider, it is my job to provide the best care possible to my patients safely and effectively. We go through extensive training to become Doctors of Physical Therapy and are equipped to provide a variety of treatments to help meet the needs of our patients.

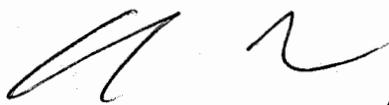
Currently in our practice act, section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling.

Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques to help reduce pain, improve mobility and promote better function. 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.

Having seen Dry Needling successfully implemented within physical therapy in Wyoming as both a student and as a patient, I have seen the great benefits that this treatment can bring to people. We should not be denying patients in Hawaii the opportunity to have Dry Needling done to them when it has benefited so many others across the country already.

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

Thank you for your consideration,



1 PT, DPT

Alyssa Friedberg, PT, DPT, License #4145

HB-701

Submitted on: 2/7/2019 8:27:00 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|----------------------------|---------------------------|---------------------------|
| Dr. David Peterson | Hana Lima Physical Therapy | Support | No |

Comments:

Please note my strong support of HB701, which will allow me, as a Physical Therapist, to deliver the most advanced and effective treatment to my patients. I hold a Doctorate in Physical Therapy and have worked in several hospital systems, including Maui Memorial Hospital and Kula Hospital. As doctors, Physical Therapists are cognizant of patient safety and we are ethically and legally bound to ensure that safety. Dry Needling has been practiced safely and effectively for many years in most states, and I look forward to providing this service to patients in Hawaii. Thank you for your consideration of this bill.

Dr. David Peterson, PT



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

February 10, 2019

Hawaii State Legislature
House Health Committee
John M Mizuno, Chair
Bertrand Kobayashi, Vice-Chair
Members: Della Au Belatti, Calvin K.Y. Say, Nadine K. Nakamura, James Kunane
Tokioka, Joy A. San Buenaventura, Gene Ward

RE: OPPOSED TO HB 701

Honorable House Health Committee Members,

I am opposed to HB701. 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.

I have a doctorate in acupuncture, am past president of the Hawaii Acupuncture Association and now serve as Vice Chair on the Board of Acupuncture. I have safely inserted over a million acupuncture needles in my 30 year clinical practice. I have done dry needling, also known as ashi “tender point” needling, tens of thousands of times. This is a technique explained in our ancient text books and taught in our schools. Even Dr. Janet Travell, the so called Western “inventor” of dry needling stated in an interview that dry needling is acupuncture.¹

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.

¹ Nichols HW. Ancient pain-killing method works, while US scientists don't know why. Albany Democrat-Herald (Albany), March 21, 1947. Available at <http://www.newspapers.com>. Accessed October 3, 2016.

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.

Physical therapists have no national standardized academic training curriculum, no examination process and no malpractice insurance for dry needling. Several high profile cases have made the news where Olympic athletes had their chance at competing eliminated because of a collapsed lung by a physical therapist doing dry needling.² ***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!***³

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)

² <https://tryacupuncture.org/olympic-freeskier-attributes-collapsed-lung-to-dry-needling/>

³ <https://www.sciencedirect.com/science/article/pii/S0965229918305041>



HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

I am a Physical Therapist in practice in Hawaii for the past 40 years. I was involved in the development of our Practice Act Chapter 461J. At the time Physical Therapy was a nascent occupation under the direction of medical physicians. It has since grown to an autonomous profession working in collaboration with physicians on musculoskeletal and neurological injuries and disabilities. The entry level has changed from a baccalaureate to a doctoral degree.

I encourage you to allow the proposed changes to the prohibitive language and allowing the use of dry needling by physical therapists in Hawaii. The technique has been safely used by physical therapists for more than a decade and specifically allowed in 32 other states and several other countries. It is used in conjunction with other procedures by therapists to manage muscle spasms and pain to restore physical function. In Hawaii the technique is only available in federal facilities such as Tripler Army Medical Center and some base clinics due to this restriction in our Practice Act.

Physical therapists are well suited to be using this techniques based on their educational background in anatomy and physiology. The largest liability insurer of physical therapists, HPSO, does not see a problem with physical therapists incorporating this technique in their practice based on their history of claims.

Making this change would not only allow Physical therapists to practice to the highest level of their training, but more importantly, give their patients access to a useful treatment modality.

Thank you for this opportunity to give input. I can be reached at yeeherb@gmail.com with any questions.

Sincerely,

Herbert Yee, PT

HB 701



HAWAII ACUPUNCTURE ASSOCIATION

A NONPROFIT ORGANIZATION CHARTERED BY THE STATE OF HAWAII

P.O. Box 37221, Honolulu, HI 96837

Phone (808)721-4178

www.HAAmember.org

KOJI KAJIWARA

KOKUA!

Dry Needling is Danger to you!

Physical Therapists are attempting to legalize “dry needling” into their scope of practice in the state of Hawaii. “Dry needling” also known as myofascial trigger point release needling which is precisely what Ashi-acupuncture point is. “Dry needling” is an under-educated, unproven technique that attempts to mimic acupuncture practice. It involves the use of acupuncture needles which are FDA Class II medical device, legally acquired only by licensed acupuncturists. They are used to treat patients for many syndromes inclusive of muscle pain and pain related to myofascial pain syndrome. This is the indication for true acupuncture and legally allowed only for licensed acupuncture practitioners.

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.

We, acupuncturists, are strongly oppose to inclusion of “dry needling” into the scope of practice of any non-licensed acupuncturist for safety of the public in the state of Hawaii. Therefore, we are kindly asking you to sign the petition to support acupuncturists!

Your support is truly appreciated!



Hawaii Acupuncture Association

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Petition

I hereby oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, nor any other healthcare practitioner without an Acupuncture license.

| Name | Address | Phone | Signature |
|-----------------|---|------------------------|-------------|
| Allen Yamashita | 66-1434 Puuhuluhulu rd | 310 6649500 | |
| ethan froney | PO 6212 Kameela HI | 640-9696 | ef |
| Spinnaker Wyss | 65-1231 Opelo Rd #7 Kameela HI | 640-5202 | |
| Michael Ides | KAMEELA HI 66-1780 KAWAIHIME RD 46743 | 895 5924 | |
| Janet Hinde | 9811 47th AVE S.W. | 206-783-5536 | Janet Hinde |
| Linda Clifford | 62-3982 Lanikeha Pl | (808) 640-1968 6743 | |
| Tamara Wyss | 65-1231 Opelo Rd #7 Kameela HI | 808 | |
| Erica Dilosini | Kameela HI 66-1381 lalamilo farm Road HI 96743 | 333 4282 | |
| Kyle Hawes | 96743 66-1381 lalamilo farm Rd Kameela HI | 808 339.15W | |



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Petition

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| Name | Address | Phone | Signature |
|-------------------|---|-------------------------|-------------------|
| Cynthia Adams | 4200 KAAHA ST, Unit A ^{LIIHUE, HI 96766} | 808-635-2037 | Cynthia Adams |
| Brian Clay | 491 Kamalukel Kapaa HI | 634-0714 | Brian Clay |
| Julia Hernandez | 177 Eggerking Rd Kapaa | 634 2261 | Julia Hernandez |
| Dawson Bandayo | 307 Kinapua St Kapaa HI | 635-8746 | Dawson Bandayo |
| Imai Sassman | P.O. BOX 407 Anahola, HI 96703 | 808 849-4629 | Imai Sassman |
| Sheila A. Barrett | 4149 Hoeham St. HI 96766 | 808-294-1240 | Sheila A. Barrett |
| Crystal Vany | P.O. Box 76 Anahola HI 96703 | 808 977-0767 | Crystal Vany |
| Larry James | 4331 KAWA BEACH DR LIHUE | 808 635 1525 | Larry James |
| Scott Ranney | 6403 WAIPOLIKI RD | 634 2250 | Scott Ranney |



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| Name | Address | Phone | Signature |
|-----------------|------------------------------------|----------------|-----------------|
| Laura Michele | 3599 Horita Rd | 808 652-0381 | Laura Michele |
| Riley Young | 177 Eggeking Rd | 634 8184 | Riley Young |
| GIOVANNA McAFEE | 4267 PUNEK Rd Koloa | 631-3510 | Giovanna McAfee |
| Erin Roman | 5342 Olopa St Kapaa 96746 | 639-2984 | Erin Roman |
| MICHELLE COLE | 6688 KUAMOO RD. KAPAA 96746 | 346-2628 | Michelle Cole |
| Sally Carr | 6688 Kuamoo Rd Kapaa 96746 | 808 651-3400 | Sally Carr |
| Sonya Paines | 287 Kaulana Rd WtC Kapaa, HI 96746 | 808 651-9030 | Sonya Paines |
| MARVIN NUNEZ | 3641 LANAI UKA LANAI 96746 | (281) 635 6208 | Marvin Nunez |
| EMILY CHESSEY | 6403-D Waipouli Rd. Kapaa HI 96746 | (808) 482-0832 | Emily Chessy |



HAWAII ACUPUNCTURE ASSOCIATION

A MEMBERSHIP ORGANIZATION INCORPORATED BY THE STATE OF HAWAII
P.O. Box 37721, Honolulu, HI 96837

Phone (808) 771-4178
www.HAAmembers.org

Petition

Oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, or healthcare practitioner without an Acupuncture license.

| | Address | Phone | Signature |
|-----------------|------------------------------------|----------------|--------------------|
| Agnes Nakagawa | 6998 Pannikahi St. | 634-1297 | Mr. McEgan |
| VINCENT GODDARD | 6885 LEI MOHI ST, KAPAHA | 212-1940 | Vincent Z. Goddard |
| River Papios | 6885 Leimomi St. Kapaaha | 212-1940 | River Papios |
| Chuck Brinkman | 271 Lanakila Rd Kapaaha | 212-7965 | Chuck Brinkman |
| Howard Rostal | 6958 Pannikahi St. | (808) 210-8800 | Howard Rostal |
| Kim Phony | 4763 Alomani Rd. Aiea, HI 96703 | 634-1687 | Ridd Phony |
| Stacie Rocha | 6984 Pannikahi street | 773 89143 | Stacie Rocha |
| Andi Bunnister | 6984 Pannikahi street | 483 89143 | Andi Bunnister |
| J P Esterle | 8076 ANNA DONO ST. | 652-7782 | J P Esterle |



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Petition

I hereby oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, nor any other healthcare practitioner without an Acupuncture license.

| Name | Address | Phone | Signature |
|-------------------|---|--------------|-----------|
| Keli Ann Kaholoua | P.O. Box 601, Hanalei, HI 96727 | 938-0651 | |
| David BECKER | 45-3519 KAITANA DR, HONOLULU | 937-8574 | |
| Paul Takamatsu | PO Box 1800 Hanalei, HI 96727 | 938-6240 | |
| Tara Keeney MD | Box 248 Hanalei HI 96727 | 937-7674 | |
| Rebecca Toko | Box 5064 Kukuiakele 96727 | 960-2460 | |
| PATRICIA RIVERA | PO Box 1143, Hanalei, HI 96727 | 960-0041 | |
| Alea Backus | PO Box 597 Hanalei HI 96727 | 808-358-9553 | |
| Dave Heaton | P.O. Box 1169 Hanalei, HI | 808-996-0337 | |
| Aimee Campbell | PO Box 1944 Hanalei HI 48-5431 Kukuiakele Rd | 808 75-1777 | |



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Petition

I hereby oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, nor any other healthcare practitioner without an Acupuncture license.

| Name | Address | Phone | Signature |
|--------------------|--------------------------------|--------------|---------------------|
| William Satterlee | PO Box 1511, HonoKaa, HI 96728 | 808-775-7713 | William D Satterlee |
| MICHAEL MANOR | PO Box 486 PAAULI, HI 96776 | 808 6407676 | Michael Manor |
| Myrna C. Kobayashi | P.O. Box 481 Paauilo, HI 96776 | | Myrna C. Kobayashi |
| FRED BUEZIAN | P.O. Box 366, HonoKaa 96721 | 808 775-1064 | Fred Buzian |
| STEPHEN MAAS | Box 1063 HONOKAA, HI | 808 430-2520 | Stephen E Maas |
| Roland Doi | Box 546 HonoKaa, HI | 960 1054 | Roland Doi |
| DICK THRELLGALL | Box 1315 HonoKaa HI | 960-1005 | D. Threllgall |
| Carol Plummer | PO Box 32 Ooheh HI | 765-9163 | Carol Plummer |
| Valerie Snowden | PO Box 365 HonoKaa HI | 339-2995 | Valerie Snowden |



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Petition

I hereby oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, nor any other healthcare practitioner without an Acupuncture license.

| Name | Address | Phone | Signature |
|------------------|--|-------------------|------------------|
| MARK JOHNSTON | 73-1398 Ili Ili place Kailua Kona HI 96740 | 808 464-3480 | Mark Johnston |
| April Johnston | 73-1396 Ili Ili place Kailua Kona HI 96740 | 808 494-5838 | April Johnston |
| Claire Watts | Kamuela, HI 96743 | (408) 871-7216 | Claire Watts |
| Courtney Rogaski | PO Box 3106 Kailua-Kona, HI 96740 | (216) 609-2000 | Courtney Rogaski |
| Shawny Raile | 73-4231 Hookumu St Kailua Kona HI 96740 | 808 292 1680 | Shawny Raile |
| Julie Swed | 75-338 Aloha Kona Dr K.K. HI 96740 | 406 239.0419 | Julie M Swed |
| Robert Pecoraro | 73-1392 Ili Ili Pl Kailua Kona HI 96740 | 808-285 4407 | Robert Pecoraro |
| Debbie Pecoraro | 73-1392 Ili Ili Place Kailua Kona, HI 96740 | 646-285 4409 | Debbie Pecoraro |
| PETER SANDERSON | 75-294 E. KAWENA PL K.K., HI 96740 | 707-478- 3047 | Peter Sanderson |



HAWAII ACUPUNCTURE ASSOCIATION

A NONPROFIT ORGANIZATION CHARTERED BY THE STATE OF HAWAII

P.O. Box 37221, Honolulu, HI 96837

Phone (808)721-4178

www.HAAmember.org

Petition

I hereby oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, nor any other healthcare practitioner without an Acupuncture license.

| Name | Address | Phone | Signature |
|---------------------|---|-------------------|------------------|
| Barbara Schurr | 75-6081 Alii Drive C104 Kailua-Kona | 208 5821585 | Barbara L Schurr |
| SHARON TAYLOR | 75-7053 Holoaki Dr Kailua Kona, HI 96740 | 951 3168336 | Sharon Taylor |
| MARLIS TANOAI | PO Box 1222 Capt Cook HI 96704 | 808 895-1289 | Marlis Tanouai |
| KAREN BOHNER | 75-6081 ALII DR #H104 Kailua Kona HI 96740 | 936 870-0260 | Karen Bohner |
| Mardi Monello | 75-167 Kamilo St Kailua Kona HI 96740 | 913 645-5165 | M Monello |
| Donna Borden | 73-4328 Pa'ahi Pl. Kailua-Kona HI | 903 - 830-6447 | De Bh |
| ROBERT DIXSON | P.O. 176 C.C. HI. 96704 | 808 896 6523 | RDJ - |
| Veronica Guzman | 73-1143 Hamanamana St | 808-989-7858 | Veronica Guzman |
| Mariana Martinez G. | 73-1143 Hamanamana St. | 808-938-8525 | M Martinez |



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| Aya Goto | 3287 Olu Street. Hon. HI | 808-7456621 | <i>Aya</i> |
| Noriko Uda | 2499 Kapiolani Blvd. #1505 Hon. HI | 808-277-9956 | <i>Noriko</i> |
| Chigusa Imaska | 1425 Manahi St. HNL HI | 808-253-9651 | <i>Chigusa</i> |
| Chris Ireland | 45-407 Mokulele Dr. Kaneohe | 509-808-0489 | <i>Chris</i> |
| Chiaki Bauer | 520 Lunalilo Home. Rd. | 808-741-6140 | <i>Chiaki Bauer</i> |
| IRENE TERAMOFO | 1730 MALANAI ST HON HI | 808-670-9267 | <i>Irene Teramoto</i> |
| Jun Hanaoka | 435 Seaside Ave. Hon HI | 808-348-1605 | <i>Jun</i> |
| HIROKO D. KOTAKE | #802 114 N. KUAKINI ST. Hon. HI | (808) 536-5533 | <i>Hiroko Kotake</i> |
| Sayuri Kato | 1212 NUUANU AVE #1209 Hon HI 96817 | 808-561-0842 | <i>Sayuri</i> |



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|------------------|-------------------------|--------------|------------------|
| Kaunyo Souza | 1551 Ala Wai Blvd #404 | 808-489-0162 | Kaunyo Souza |
| Nigel Pentland | 3715 Diamond Head Rd | | Nigel Pentland |
| Emi Gibbons | 431 Nahua St #1408 | 808-922-1319 | Emi Gibbons |
| Miki Okawa | 1919 Fern St #96826 | 808-518-7164 | Miki Okawa |
| MARI HAYASHI | 3075 Ala Poha Pl #1403 | 808-383-9136 | Mari Hayashi |
| Yumiko Timmerman | 932B, 8th Avenue #96816 | 808-209-4244 | Yumiko Timmerman |
| Rie Ngo | 2334 Kapiolani Blvd | 808-428-4112 | Rie Ngo |
| Eiko Uehara | 1717 Citron St #510 | 808-256-4316 | Eiko Uehara |
| Miyuki Noto-Aono | 1888 Kalaheala Ave #904 | 808-754-0976 | Miyuki Noto-Aono |



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| TAMAKI SAITA | 1177 Queen St #2801 Honolulu | 808 3215422 | |
| MICHIKO SMITH | 47-348 Hawaena St Kaneohe | 808 306 8447 | |
| Yuko Kusaka, M.D. | 1221 Kapiolani Blvd. #830 | 808-593-9222 | |
| Junko Kawabata | 1200 Queen Emma St #2603 Hon | 808-529-9205 | |
| ELIZABETH MORI | 53 S. Judd ST Honolulu | 808-726-7379 | |
| Eiki Tamaki | 622A 11th AVE 1100, HI 96816 | 808 1726 728 | |
| YOSHITAKA | Y-DA | | |
| Chieko LI | 1780 Amana St #1206 | 808 222-8329 | |
| Kiyo Ko Yamamoto | 911 Luauai st. | (808) 232-8114 | |



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| Makoto Suzuki | 1750 Kalakava Ave. Suite 3504 | 808-561-7589 | |
| Atsuko Meyer | 3339 Esther St. Hon HI 96815 | 808-392-0927 | |
| Mitsuko Owaice | 1133 Waikeolu St Hon HI 96814 | 808-593-1180 | |
| CHISEKO HAYASHI Chiseko Hayashi | 2444 H. HWY A1 ST HONO. HI | 941-0452 | |
| Charles Lovelace | 1750 Kalakava Avenue Hon, HI | 808-386-6695 | |
| Linda Lee | 4389 Mahia St. Hon. HI 96821 | 218-7302 | |
| Susan Metter | 3131 Modia Drive HNL 96813 | 551-1309 | |
| Sunako Sakai | 7072 Ehu Waip. Hon HI 96825 | 395-9987 | |
| YUKO QUERY | 1330 St. Louis Dr. HNL, HI 96816 | (408) 394-2443 | |



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| KEN KAZUSHIBA | 2215 ALOHA DR, HONOLULU, HI 96815 | 408-358-1060 | |
| YASUKO ENOKI | 2444 HILIMAI ST. #906 HONOLULU HI 96826 | (808) 386-2444 | |
| Kedleo Peters | 400 Hobron Ln #605 HON 96815 | 382-6255 | |
| Sayo Irei | 1047 Malua Dr HON, HI 96817 | 387-6996 | |
| MARIA VERZON Tim Uy | 520 POIPIU DRIVE HON HI 96825 | 721-6913 | |
| Kayoko Madsen | 400 Hobron Lane #1107 HNL HI 96815 | 943-2954 | Kayoko Madsen |
| Timothy Lee | 999 Wilder Ave #603 HNL HI 96822 | 645-9080 | |
| Eri Kosuge | 469 Ewa Rd. #3002, HI 96815 | 769-9038 | |
| MIKO KAZAMA | 98-2025 Kipikua St Aiea HI 96701 | 352-7118 | |



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| STEVE YIM | 591 Inuwa'i way, Hono., HI | 349-0825 | |
| Taeko McMahon | 3628 B Maunalei Ave. Hon. HI | 391-9134 | |
| Kazu Yamaguchi | 1229A 16th avenue Hon. HI | 479-0923 | |
| Kiyomi T. SAZUKI | #1107 2045 Kalakaua Ave Hon. HI 96815 | 985-6000 | |
| Teppei Tajima | 784 Kealahou St. Hon. HI 96825 | 808-721-8211 | |
| Kimii Taniguchi | 815 Onaha St. HI 96816 Honolulu | 372-0822 | |
| Brenda Esteban | 288 A Anawaoime St 96818 | 349 9215 | |
| Alice Cheung | 415 South St., Honolulu 96813 | 734-358-8972 | |
| YOJI NOMURA | One Keahole Place #1106 HONOLULU, HI 96825 | 277-8188 | |



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| Heather McKay | 75-6081 Alii Dr., O#204 Kailua-Kona, HI 96740 | 808-494-4404 | Heather McKay |
| Christy P. Mulvey | 76-6228 Plumeria Rd. Kailua-Kona, HI 96740 | 808-896-7276 | Christy P. Mulvey |
| Maureen McLaughlin | 65-1236 Puukii Rd. Kamuela 96743 | 808-895-0997 | Maureen McLaughlin |
| Angel Blessing Malone | 73-4100 Kulanui Pl Kailua-Kona HI 96740 | 808-333-1573 | Angel Blessing Malone |
| AIDAN K MALONE | 73 4100 KULANUI PL #6 KAILUA KONA HI 96740 | 808 937-1799 | Aidan K Malone |
| Robert Aaga | 76-6175 Pakelano rd. 96740 | 936-3752 | Robert Aaga |
| Ken Kilkuskie | 78-6780 WAWA RD. 96740 | 808-938-0395 | Ken Kilkuskie |
| Tylus Q. Do | 77-115 Nahale Place Kailua Kona, HI 96740 | 808-769-2022 | Tylus Q. Do |
| Arapata McKay | 75-6081 Alii Dr, Unit O#204 Kailua-Kona, HI 96740 | 702-526-7560 | Arapata McKay |



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|---------------------|---|------------------|-------------------|
| PATRICK LARRY | 7141 DESERT CLOVER CT LAS VEGAS, NV. 89129 | 702-515 2077 | Patrick Larry |
| CHRISTY BROUHAUDIN | 5613 Raven Creek Las Vegas NV 89130 | 702-494 1325 | CBuc |
| Philippe Brouhaudin | 5613 Raven Creek Av. LAS VEGAS NV 89130 | 702-630 8309 | Philippe |
| Susan BenShimon | 7741 Wedlock Lane Las Vegas, NV. 89129 | 702-431- 9924 | Susan BenShimon |
| Theresa Broderick | 8359 Rygate Ave LV NV 89178 | 702-927 6519 | Theresa Broderick |
| Consuelo Manzano | LV, NV. 89129 3467 Wh. Titan Falls Dr | 702 239-4308 | Consuelo M. |
| Connie Gonzalez | 9677 Pioneer Ave LV, NV 89117 | 702- 750-1719 | Connie Gonzalez |
| Karin Gregores | 4067 Acapulco Ave LV, NV 89121 | 702- 321-7675 | Karin Gregores |
| Alex Podorich | 8649 Portofino ct LAS VEGAS, NV 89117 | 702- 245-7035 | Alex Podorich |



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|-----------------|--|----------------|-----------------|
| NANI KUPIHE | P.O. Box 261 KAILUA-KONA HI 96745 NKUPIHE@GMAIL.COM | (808)33-0844 | Nani Kupihe |
| MARCI KOTTZ | P.O. Box 97 Kailua/Kona alohamarci@earthlink.net | 808 870 823 | Marci Kottz |
| Mitsue Oshima | P.O. Box 544 Kealahou HI 96750 | 808 322-9223 | M. Oshima |
| Mitchell Alms | | (866) 561-3104 | Mitchell Alms |
| Jan Fradenburg | P.O. Box 1051 96745 Kailua Kona HI | (808) 345-2429 | Jan Fradenburg |
| Victoria Lynn | 20457 Bordeaux Dr Reno, NV 89511 | (715) 803-7544 | Victoria Lynn |
| Cindy Wild | 776464 Oro Rd 96745 | 808 938-0711 | Cindy Wild |
| Haunani Hopkins | P.O. Box 2356 Kealahou HI 96750 | 808 896 0572 | Haunani Hopkins |
| Sandra Duarte | P.O. Box 133 Hahaione, HI 96725 | (808) 936-1658 | Sandra Duarte |



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|------------------|--|----------------------------|-----------|
| Mike Farmer | P.O. BOX 5473 KK 96745 | 808 937-3363 | |
| Lewis Hopen | 75-5501 Mampalahatty | 808-938- 0410 | |
| Joan Braniff | 5505 SW Kona Rd | 503 245 0242 | |
| Julie Ybana | 75-5506 Hahaione St, Hahaione 96725 | 916 317 9567 | |
| Van Harold | 68-7801 Koaupuni, K. Kona | 808 987-1783 | |
| ERNEST ALVAREZ | Po Box 6998 Oahu HI | 937 3672 | |
| Vera Alvarez | Po Box 6998 OV, HI 96737 | 937 3672 | |
| APRIL ALAN ROSEN | 73-4357 Hau Nani St. 96740 Kona, HI | 808 325-2878 | |
| Vivien Sennell | 75-5298 Mampalahatty Hahaione, HI 96725 | 808 329 2724 | |



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|-----------------------|---|-----------------------|------------------------------|
| Elizabeth Christenson | 934 Maunawili Circle, Kailua HI | 808-261-7801 96731 | <i>Elizabeth Christenson</i> |
| Holly Rubin Brasch | 254 Opikikao Way Honolulu HI | 707-3104-0847 | <i>Holly Rubin Brasch</i> |
| Janina Tully | 45-035 Ka Hanalei Pt Kaneohe, HI 96749 | 247-1796 | <i>Janina Tully</i> |
| John Ashby | 1075 Koopule Pl, Honolulu HI | 779-9624 | <i>John Ashby</i> |
| Carol Kump | 47-722 Hui Kolu St #2 | 757-7841466 | <i>Carol Kump</i> |
| Briana Berkowitz | 2910 Date St. Honolulu, HI | 952-457-8937 | <i>Briana Berkowitz</i> |
| Renee Lum-Jones | 1258 Ulupala Kun St, Kailua HI | 510-325-4650 | <i>Renee Lum-Jones</i> |
| Renee Richardson | 2435 B Challenger LP Honolulu HI | 96715 567-2177 | <i>Renee Richardson</i> |
| Patricia L Sutton | 112 Kaapuna Pkwe Kailua HI | 96734 421-9412 | <i>Patricia L Sutton</i> |



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I hereby oppose the act of "Dry Needling" by any Physical Therapist, Chiropractor, Naturopathic practitioner, or any other healthcare practitioner who is not licensed in Acupuncture.

| Name | Address | Phone | Signature |
|--------------------|---|----------|-----------|
| Gareth Kaneshiro | 94-251 Pualea Pl. Waipahu 96797 | 795-9632 | |
| Michelle Kaneshiro | " " | 285-1652 | |
| Ty Kaneshiro | " " | " | |
| Jerry Smith | 1720 KUNIAST HONOLULU HI 96817 | 392-6347 | |
| Kim Pedersen | 6720 HAWAII KAI DR HON, HI 96825 | 71-3702 | |
| Marcus Chun | 1751 Kanapuu Dr Kailua 96731 | 262-1618 | |
| Harumi DeBriene | 92-1128 OLANI ST APT 4 KAPOLEI - HI 96707 | 230-7440 | |
| Carl Hamalcau | 1561 Bertram St Hm HI 96816 | 948-6066 | |
| FUMIE AZAMA | 94-820 LUMIAUVAU ST. E -201 WAIPAHU, HI 96797 | 677-9085 | |



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| Nanni Kaduce | 1639 Wanaao Road | 682-946 | Nanni Kaduce |
| Jaine Kain | PO Box 451 Hanalei | 928-300-0786 | Jaine Kain |
| Dick Richardson | 7210 N Kahuna Rd | 651-0717 | Dick Richardson |
| Christine Lozito | 1421 Kauriku Rd 96746 | 340-7733 | Christine Lozito |
| Kristin Freuler | 3642 Keoniana | 657-3508 | Kristin Freuler |
| LUMA DEPOLE | 6958 POMAKAI ST. | 431-7891 | LUMA DEPOLE |
| AURIAN PAROUE | 6420 Puupolo Road | 652-2352 | Aurian Paroue |
| EDWARD LYONS | 177 EGGERKUR RD KAPA 96746 | 435-9-0114 | Edward Lyons |
| | | | |



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| Beverly Halling | 75-6081 Alii Drive D204 | 808 329 3226 | Beverly Halling |
| Tang Shackelford | #3 Kawaihae village, Kamehaha HI, 96742 | 808-926-9303 | Tang Shackelford |
| Bridget Duell (4P) | PO Box 390711 Keolu HI, 96739 | 808 339 5029 | Bridget Duell |
| Daisy Delangen | 73-5574 Maiau St. #3 Kailua Kona HI 96740 | 808 747 9266 | Daisy Delangen |
| Kelly A. Valenzuela | 73-4360 Hau Nani St. KK 96740 STE 10, 96740 | 808 934-1991 | Kelly A. Valenzuela |
| DOUGLAS D. STAINBROOK | 73-5574 MAIAU ST, KAILUA KONA HI, 96740 | 808-895-2333 | Douglas D. Stainbrook |
| Constance Lasowski | 1750ak View Dr. San Rafael CA | 415 755 7559 | C. Liu |
| | | | |
| | | | |



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| Margaret Ann Baker | SV CA93675 37784 Shorewood lane | 559 486-9391 | |
| Michael A. Baker | 37784 Shorewood, SV, CA93675 | 559- 250-9392 | |
| Susan A. Edwards | Squaw Valley, CA 37543 Feather Ln. 93675 | 554) 335 2790 | |
| Meghan Russell | Sully 37784 Shorewood lane 93675 | 815 4825467 | |
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| CHRISTOPHER Z. RICE | 92-8924 Paradise Pkwy Ocean View HI CRMYNAME@GMAIL.COM 96737 | 808 785 4978 | |
| KAMMIE CHAR | 75-234 NANI KAILUA DR #3 K K HI 96740 | 808 9896405 | |
| Mark Rodriguez | Box 6863 KAILUA, HI 96743 | 808 443-6924 | |
| CAJAY WIPPLER | 73-5516 KAI AU PLACE KAILUA KOOLA HI 96740 | 361-491-0310 | |
| MARY ANN SARUM | 73-4362 LANANA SS KAILUA KOOLA 96740 | 408-3892 | |
| | | | |
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| | | | |
|---------------------|---|--------------|---------------------|
| Tawna Bensaid | Lihue, HI 96766 1970 Hanalima St. #K101 | 808-634-7005 | Tawna Bensaid |
| Christy Michioka | 6707 Puu Pilo Pl., Kapaa, HI 96746 | 808 851-1516 | Christy Michioka |
| Greta Kugler Psy.D. | Kapaa HI 41101 Kuhio Hwy #1271 96746 | 808 482 4908 | Greta Kugler Psy.D. |
| Theresa Bansa-Jeime | 5842 Koaali St. Kapaa 96746 | 808 821-0330 | Theresa Bansa-Jeime |
| Harry Funamava | 5754 Koaali St. Kapaa HI | 808-651-9278 | Harry Funamava |
| Pedro A. Arminaton | 2-4035 KAUMUALII HWY - #34 Koloa, HI 96756 | 808 371-3030 | |
| Emila Thomas | 7151 A Keliikali St. Lihue HI | 808 651-4025 | |



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| | | | |
|-------------------|---|----------|--|
| Melissa Anderson | 3880 Wylue Rd Apt 1C ^{Hinohine} HI | 316-0448 | |
| Christy Michooka | 6707 Puu Pilo Pl., Kapaa, HI 96746 | | |
| Amyssa Kamehameha | PO Box 153 Kapa'a HI 96746 | 652-1933 | |
| Shirley Shibus | 5298-A Kihai Rd ^{Kapaa} HI 96746 | | |
| Deborah Nantais | 2090 Hanalima Bldg 102 | 658-0588 | |
| Jennie Phares | P.O. Box 3675 Waihee HI 96796 | 645-0988 | |



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| Alexandro Godillo | KAHILI WAI - KOHOA | (808) 977 7805 | |
| Linda Bonds | 4567 Kanale Rd, Kapaa | 808 635-1911 | |
| Linda Rudwill, LMT. | 6555 Oldhena Rd. Kapaa | 808-822-1965 | |
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| Dawn Leao | P.O. Box 338 - ANAHOA | 634-5228 | |
| Theresa Gonzalez | PO BX. 1132, Kalahoue, HI 96741 | 652-8984 | |



HAWAII ACUPUNCTURE ASSOCIATION

A NONPROFIT ORGANIZATION CHARTERED BY THE STATE OF HAWAII

P.O. Box 37221, Honolulu, HI 96837

Phone (808)721-4178

www.HAAmember.org

Petition

I hereby oppose the "Dry Needling" by Physical Therapist, Chiropractor, Naturopathic practitioner, nor any other healthcare practitioner without an Acupuncture license.

| Name | Address | Phone | Signature |
|------------------|--|--------------|-----------|
| Whitney Bushnell | 3928 Koloa Rd 96756 | 8651-4992 | |
| Kimberly Luoma | PO Box 1854, Lihue, HI 96766 | 482-0131 | |
| Estelle Miyasato | 4121 Rice St #250L Lihue 9674 | 277-0901 | |
| Jane Payoff | 3057 Paepae Rd, #13, Hobe ⁹⁶⁷⁵⁶ | 808 212 4835 | |
| | | | |



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| Name | Address | Phone | Signature |
|--------------------|---|------------------|-----------|
| Lyna Morimoto | 1150 S. King St #502 96814 | 591-9310 | |
| Debra M. Manning | 124 Kena Kai Pl Kula, HI 96790 | 866-4460 | |
| LIBERATA J. ORALLO | 444 NAHUA #1805 HH 96815 | 808 4294000 | |
| Yan peng | 23 Kawila St #1, Honolulu, HI 96813 | 408-663 -0188 | |
| TIM NGUYEN | 1150 S. King St, #302 Honolulu, 96813 | 319-7721 | |
| KOJI KAJIWARA | 1314 S. King St #1253 Honolulu, HI 96814 | 721-4178 | |
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| Keiko Kajiwara | | Keiko Kajiwara |
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| Name | Phone / Email (Optional) | Signature |
|---------------------|--------------------------|---------------------|
| K Mei Lin Wong-Gary | | Kmei Wong Gary |
| Ernest Kaneshiro | | Ernest Kaneshiro |
| Dianne Gallina | | Dianne Gallina |
| Veryl Ann GRACE | | Veryl Ann Grace |
| DON ROBB, MD | | Don Robb MD |
| Sandy Lee | | Sandy Lee |
| Donna Ota | | Donna Ota |
| Aubree Marote | | Aubree Marote |
| Kristin Taka | | Kristin Taka |
| Cindy Arruda | | Cindy Arruda |
| Daren Arruda | | Daren Arruda |
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Stephanie Gordon
42. Caroline Mitchell
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Name Signature
Henry Mung
H. Mung

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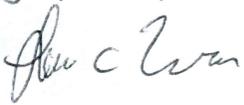
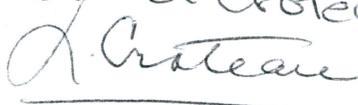
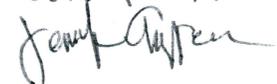
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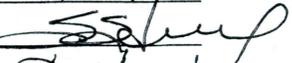
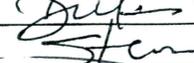
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 10. Heidi Hansen
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 11. Erin Hudson
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 12. Kyle Bailey
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 13. Mary Ann Harold
 Mary Ann Harold

EAST 2 WEST INTEGRATIVE MEDICINE

ACUPUNCTURE & CHINESE MEDICINE CLINIC

98-199 Kamehameha Hwy #F-3, Aiea HI 96701 Phone (808) 364-1555 www.east2westim.com

Dear Honorable Representative Mizuno and Committee Members,

My name is Antonio Provencio, I am a licensed acupuncturist in Hawaii and in California, I am also the owner of East 2 West Integrative Medicine, in Aiea. I thank you for considering our Position Statement opposing Dry Needling.

I recently moved to Hawaii a year ago and opened a private practice seven months ago.

Prior to moving to Hawaii, I was practicing acupuncture on cruise ships for two years in various regions around the world. I have treated hundreds of patients from almost every state in our country. I have personally met patients from other states that have had adverse effects and/or poor treatment results from Physical Therapists, Chiropractors, and Medical Doctors. Many of these patients were permanently turned off and unwilling to retry with a properly trained practitioner. These patients believed that they were receiving acupuncture, the use of acupuncture needles by inadequately trained individuals devalues its efficacy.

The practice of “acupuncture” includes any insertion of an acupuncture needle for a therapeutic purpose. Acupuncture training has always included both traditional and modern medical understandings.

The American Academy of Medical Acupuncture (AAMA) has set the industry position that dry needling is acupuncture. The state of Hawaii allows for physicians to practice acupuncture only with a License of Acupuncture.

The State of Hawaii currently sets minimum education requirements for licensing of acupuncture:

Hawaii Administrative Rules – Title 16 Department of Commerce and Consumer Affairs
Chapter 72 Acupuncture Practitioners - Subchapter 4 Education and Training Requirements:
2175 Minimum Total Hours, of which **660** Hours Clinical, & **1515** Hours in Oriental Medicine Theory

In contrast, there are no independent, agency-accredited training programs for “dry needling,” no standardized curriculum, no means of assessing the competence of instructors in the field, and no independently administered competency examinations. This poses a risk to public safety.

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98-199 Kamehameha Hwy #F-3, Aiea HI 96701 Phone (808) 364-1555 www.east2westim.com

“Dry needling” is a pseudonym for acupuncture that has been adopted by physical therapists, chiropractors, and other health providers who lack the legal ability to practice acupuncture within their scope of practice. This strategy allows these groups to skirt safety, testing, and certification standards put into place for the practice of acupuncture. Dry Needling is a style of needling treatment within the greater field of acupuncture.

Anatomically, “trigger points” and “acupuncture points” are synonymous, and acupuncture has targeted trigger points for over 2,000 years. “Dry needling” is indistinguishable from acupuncture since it uses the same FDA-regulated medical device specifically defined as an “acupuncture needle,” treats the same anatomical points, and is intended to achieve the same therapeutic purposes as acupuncture.

The US Food and Drug Administration (FDA) defines the acupuncture needle as a Class II medical device, and has explicitly stated that the sale of acupuncture needles “must be clearly restricted to qualified practitioners of acupuncture as determined by the States.” As “dry needling” is acupuncture, it presents the same inherent risks including but not limited to perforation of the lungs and other internal organs, nerve damage, and infection. Recent reports of serious and potentially life-threatening injuries associated with “dry needling” include pneumothoraxes and spinal cord injury. These and other injuries support the statement that “dry needling” presents a substantial threat to public safety when performed without adequate education, training, and independent competency examination. Adequate training and competency testing are essential to public safety.

Neither physical therapy nor chiropractic entry-level training includes any meaningful preparation for the practice of invasive therapeutic modalities such as the insertion of acupuncture needles. Training in these programs is generally limited to external therapeutic modalities. In some states, however, physical therapists and others have begun inserting acupuncture needles and practicing acupuncture with 12-24 hours of classroom time and little to no hands-on training or supervision. This is being done under the name “dry needling.”

All health care providers without acupuncture formally included in their state practice act should be prohibited from the practice of acupuncture, even when described as “dry needling,” unless their practice act is legally expanded to include the practice of acupuncture and provide the same level of clinical and classroom training required for the licensure of acupuncturists.

Antonio Provencio L.Ac.

HB-701

Submitted on: 2/10/2019 9:14:39 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

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

Comments:

Aloha,

Mahalo for considering this testimony against the use of including "dry needling" in the practise of anything other than acupuncture.

Acupuncture is "dry needling" - meaning there is no liquid substance being injected or withdrawn in the process. In Florida a federal judge has already ruled that physical therapists are unable to perform this technique in the state as it is the same as acupuncture.

As an acupuncturist I find the use of this practice among PT's to be very disturbing. The physical therapists' training does not include anything associated with the training that an acupuncturist must go through, yet they are using the same technique, the same equipment, and undermining the history of accumulated knowledge that makes acupuncture/"dry needling" successful. Physical therapy was established as a profession in the early 1920's, while acupuncture was developed many centuries ago. The earliest documentation that refers to acupuncture procedures is *The Yellow Emperor's Classic of Internal Medicine*, dating from about 100 BCE. Between the 14th and 16th centuries, during the Ming dynasty (1368–1644) *The Great Compendium of Acupuncture and Moxibustion* was published with the principles of acupuncture on which modern practices of this tradition rests.

I state this only to illuminate the long history in which the practise of acupuncture originates and to underline just how currently the use of our profession's main therapeutic technique is being infringed upon.

Please do not remove the integrity of the practise of acupuncture by putting the use of acupuncture needles into the hands of physical therapists.

Mahalo for considering this testimony.

Sincerely,

Michele Jones, L.Ac.

Molokai Acupuncture & Massage

Molokai, Hawaii

Monday, February 11, 2019

Dear Chair and Committee Members:

I am a first-year physical therapy student at Creighton University in Omaha, Nebraska. However, I am from Ewa Beach, Hawaii and I am a Class of 2014 graduate of Moanalua High School. I strongly support HB701/SB547 and the proposed changes to the Physical Therapy Practice Act. These changes will modernize physical therapy practice in Hawaii and will allow physical therapists to treat patients at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language to 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. Changes to this section are needed to allow physical therapists to use 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.

The correct application of dry needling is built into my school's curriculum because it is one of the many therapeutic modalities that fall within the scope of evidence-based practice, in which much of the recent research on this modality has been produced by physical therapists. Myofascial trigger points can be seen using ultrasound imaging and the stiffness of the tissue can be quantified before and after dry needling. This modality shows a significant effect and decrease in muscle tone, effectively reducing pain. The curriculum ensures that it produces physical therapists that are competent and confident in using dry needling in their practice by requiring students to take courses that address many areas related to this modality. This includes extensive human anatomy lectures supplemented with cadaver dissection, pain management, patient care skills, muscle physiology, neurophysiology – this includes lessons regarding the pathophysiology and treatment of myofascial trigger points and hands-on supervised instruction regarding dry needling. I believe students are extensively prepared to apply dry needling in their future practice and it would be beneficial for patients in our beautiful state of Hawaii to have the full extent of physical therapists' knowledge and skill set available.

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

Thank you for your consideration.

Chelsey Dizon
SPT, 2LT U.S. Army
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CBD35603@creighton.edu



QUEEN'S CANCER CENTER



THE QUEEN'S
MEDICAL CENTER

Feb 11, 2019

Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice-Chair
Health Committee

RE: TESTIMONY OPPOSING HB701
Relating to Physical Therapy Practice Act

Aloha Chair Mizuno and members of the committee,

I am writing to urge you to oppose HB701, which would allow physical therapists, with 30-60 hours of training, no clinical requirements, no certification, no malpractice coverage, no clean needle technique, to practice dry needling, otherwise known as ACUPUNCTURE.

If HB701 became law, it would be only a matter of time before a member of the public was injured.

I am the Chairman of the state Board of Acupuncture, a licensed, nationally board-certified acupuncturist. I practice at the Queens Medical Center Cancer Center. I'm also a member of a research team with MD Anderson, Wake Forest Hospital and the UH Cancer Center. I am the recipient of three prestigious grants from the Susan Komen Race for the Cure and a winner of the 2013 Hawaii Health Association Health Care Professional with a Heart award. My point is that I am a serious medical practitioner. It took me thousands of hours of training to learn how to safely and effectively place needles into patients.

The physical therapists are asking you to authorize them to perform the **INVASIVE** procedure of inserting an acupuncture needle deep into muscle, with minimal training - it's just not safe.

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.

The AMA recognizes that dry needling is acupuncture by another name and declares it an invasive procedure. Most recently Dr. Janet Travell, who is widely recognized as the Western expert in myofascial trigger point therapy, stated in an interview that dry needling is acupuncture.

There are more than twice as many physical therapists (1627 in 2018) as acupuncturists (742 in 2018) in Hawaii. If we allow them to start practicing acupuncture (dry needling) they would swamp our profession. Imagine the added risk of malpractice by sending 1600 minimally trained Physical Therapists, armed with needles, into practice onto their equipment-filled therapy gym.

The states with the most sophisticated health care systems, the most respected medical educational institutions and the biggest health care industries, including California, New York, and New Jersey, have all realized the importance of maintaining a strong oriental medicine community to complement and practice alongside western MDs and have denied physical therapists the opportunity to elbow their way into the acupuncture profession without proper education. Hawaii should continue to remain on the same side as these progressive states.

I have attached a one-page informational leaflet we have been distributing to legislators, along with a statement from the American Medical Association, the curriculum for our accredited Acupuncture School in Hawaii and the doctorate curriculum from Duke University Physical Therapy school. The difference in educational and training requirements is clear and I believe overwhelming.

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

Respectfully yours,

Dr. Jayne Tsuchiyama,
Queen's Medical Center, Cancer Center
Doctor of Acupuncture and Oriental Medicine
Licensed Acupuncturist

1111 North Fairfax Street
Alexandria, VA 22314-1488
703/684-2782
www.apta.org

February 8, 2019

Hawaii House Committee on Health

Re: Testimony in SUPPORT of HB 701 relating to the physical therapy practice act, with request for amendment

Dear Chair Mizuno and Members of the Committee:

On behalf of the American Physical Therapy Association, thank you for the opportunity to provide testimony on HB 701.

Physical therapists diagnose and treat people of all ages, including newborns, children, and elderly individuals to improve mobility. Physical therapists provide care for people in a variety of settings, including hospitals, private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes

This bill proposes to modify §461J-2.5 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 this language in HB 701. However, APTA respectfully requests the following amendments to clarify that sharp debridement is also included in the scope of physical therapist practice.

- Add the following definition:

“Sharp debridement” is the removal of foreign material or dead tissue from or around a wound, without anesthesia and with generally no bleeding, through the use of: (A) a sterile scalpel; (B) scissors; (C) forceps; (D) tweezers; (E) other sharp medical instruments; in order to expose healthy tissue, prevent infection, and promote healing.

- Amend bill Section 3 on pages 6-7 to read as follows:

§461J-2.5 Prohibited Practices. A physical therapist shall not use invasive procedures. For purposes of this section, an invasive procedure is the breaking or puncturing of a person’s good skin integrity, for example, through surgery or injections. Invasive procedures shall not include dry needling or sharp debridement

Sharp debridement has been a well-established intervention in physical therapist practice throughout the country for many years, and is not specifically excluded from any state physical therapy practice act. The APTA *Guide to Physical Therapist Practice*, which provides a broad description of physical therapist practice, includes sharp debridement as an integumentary repair intervention.

All physical therapist students now graduate with a doctor of physical therapy degree (DPT), and all accredited academic institutions in the U.S. offer only the DPT degree to new students. Entry-level education includes a strong background in anatomy, pathophysiology, tissue healing, and biomechanics, providing an underlying foundation from which physical therapists can select appropriate tests and measures and interpret results to select intervention that is safe and specific to the patient's needs. The Commission on Accreditation in Physical Therapist Education (CAPTE), the national accrediting body for physical therapist education programs in the United States, requires that accredited programs include content and learning experiences to prepare students for the initial practice of physical therapy. CAPTE's "Standards and Required Elements for Accreditation of Physical Therapist Education Programs" requires that accredited programs include course content and learning experiences to allow students to competently perform physical therapy interventions, including integumentary repair and protection interventions. This entry-level education provides the foundation for a more specialized area of practice in wound care that includes the use of sharp debridement, and PTs specializing in wound management often pursue post-professional continuing education to advance their skills in this area.

Physical therapists are qualified to provide both dry needling and sharp debridement safely, and the citizens of Hawaii should have access to these services. Thank you for your consideration of this proposed amendment and this bill.

Sincerely,

A handwritten signature in black ink that reads "Angela L. Shuman". The signature is written in a cursive, flowing style.

Angela Shuman
Director, State Affairs
American Physical Therapy Association

HB-701

Submitted on: 2/10/2019 7:16:38 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|-----------------------------------|---------------------------|---------------------------|
| GENE ABRAHAM | HILO BAY ACUPUNCTURE CLINIC | Oppose | No |

Comments:

i went to school for 4 years to learn how to properly needle, and have been in practice for 20 years here in Hawaii. In that time, I have had to "undo" the damage done by those trying to mimic acupuncture outcomes, after taking a weekend class on dry needling. The State of Florida just turned down PT's request to enter this field, under trained. I hope Hawaii continues to dis-allow PT's to puncture the skin.

Dear Chair and Committee Members:

I am a physical therapist in Hawaii. I strongly support HB701/SB547 and the proposed changes to the Physical Therapy Practice Act. These changes will modernize physical therapy practice in Hawaii and will allow physical therapists to treat patients at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language to 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. Changes to this section are needed to allow physical therapists to use 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.

- Dry needling is within the scope of physical therapy practice in all but seven states: California, Florida, Hawaii, New Jersey, New York, Oregon and Washington.
- Dry needling is safe when performed by physical therapists. In a study published in the *Journal of Manual and Manipulative Therapy* in 2013, researchers reported that the risk of adverse effects of dry needling performed by physical therapists is less than 0.04 percent – lower than for common over-the-counter pain medication such as ibuprofen.

I have been in the planning stages and now supporting Walk with a Doc arriving at it's 3rd year running at Central Oahu Regional Park. Reaching out to over 500 persons and Promotion of ways to improve health and wellness benefits the community and nation in reducing health care expenditure. We all need to take a part in creating better avenues for the well-being of our state.

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

Thank you for your consideration.

Catherine Koike PT, DPT

Physical Therapist

Catherine Koike PT, DPT
StayFIT Physical Therapy LLC
1001 Kamokila Blvd #114
Kapolei, HI 96707

HB-701

Submitted on: 2/10/2019 10:27:40 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|-------------------------|---------------------------|---------------------------|
| Cathrine Wingate | East Hawaii Acupuncture | Oppose | No |

Comments:

I have been a licensed, practicing Acupuncturist on the Big Island for 9 years. I spent 6 years of my life, and over \$100,000 just to be able to call myself an Acupuncturist, let alone the time, effort, additional money, sweat, tears, fear, and perseverance it has taken to be able to finally call myself a successful practitioner. I collect GE taxes, I pay state taxes, property taxes. I bought a building here, set up a Wellness Center, where I promote other healers in their licensed endeavors. I am proud and honored to serve my community.

But now, HB701 is proposed to allow Physical Therapists to perform what is being called "dry needling", a thinly veiled term used to try and set it apart from what it truly is - unlicensed Acupuncture. If it passes, they will be allowed to step outside of their scope of their practice, into the arena Acupuncturists train for years for. They will not be required to seek a Master's Degree in Oriental Medicine? They will not be required to take and pass the National Board-Certification Examinations? They will not have to seek an Acupuncture License from the state of Hawaii?

Please consider for a moment, that all those things and more are required of Acupuncturists by this very state. Your own website declares that in order for a person to even apply to work in Hawaii as an Acupuncturist, they must have attended an accredited program consisting of at least 2,175 hours - at least 660 hours of that, is to be dedicated to clinical training.

How on earth can you begin to think that a person trained in Physical Therapy could come close to the knowledge, the safety, the experience of a trained and licensed Acupuncturist without being required to take the same steps the rest of us have? Would you trust someone that has had substandard training and limited clinical exposure, to put needles into your body?

How can this governing institution require so much from Acupuncturists to do this job, and turn around and say it's o.k. for unqualified individuals to step into our field, treat clients and then have the privilege of billing insurance companies or asking for cash payments for playing around with something they know little about?

You must consider your obligation to protect those of us that have already met the very requirements your law set out for us. We are already licensed, working hard in our communities, giving back in ways you might not have ever considered. We deserve to have our livelihoods protected. And the general populace, that will not readily understand the considerable differences between a genuinely trained Acupuncturist and someone who took a course to learn to needle muscles - those people deserve your consideration and protection, too.

If Physical Therapists desire to stick needles into the human body, they need to go back to school and work for it the way I and the hundreds of other Hawaii-licensed Acupuncturists already have. We have no interest in crossing over into their professional endeavors. It is my fervent wish that you vote against HB701, sending a strong message to Physical Therapist's and other non-Acupuncturist practitioners, to stop trying to cross over into ours.

My deepest appreciation for your time and service,

Cathrine Wingate, L.Ac.

East Hawaii Acupuncture

36 Komohana St.

Hilo, HI 96720



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

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

Date: February 10, 2019

Hrg: House Committee on Health Hearing; Tuesday, February 12, 2019 at 9:00 AM in Room 329

Re: Support for H.B. 701, 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.

As the Director of Rehabilitation Services for The Queen's Medical Center, I appreciate the opportunity to provide testimony in support of H.B.701, which would amend the physical therapy practice act to allow physical therapists to practice dry needling. I would also like to concur with the amendments proposed by the American Physical Therapy Association which clarifies the scope of practice for physical therapist. Physical therapists have specialized training that allows them to evaluate and carefully discern appropriate treatment approaches that will benefit the patient and dry needling should be one of them. As a physical therapist myself, I was skilled in the use of dry needling in another jurisdiction but was unable to continue when I moved to and was licensed in Hawaii in 2005. I regarded this unfortunate situation as a great disservice to the community, because this treatment approach would have been appropriate for a number of my patients at the time.

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.

Dear Honorable Representative Mizuno and Committee,

Aloha. My name is Barbara Gerbert, PhD, and I am currently Professor Emeritus at the University of California, San Francisco (UCSF) after a 40 year career there, beginning with my entrance into my doctoral program in 1975. 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 a constituent from the Big Island and have lived here since my retirement.

I am writing to weigh in on HB701. 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.

HB701 uses the word evidence-based medicine when in fact the proposal to allow physical therapists to perform dry needling is the furthest 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.

Sincerely,

Barbara Gerbert, PhD
Professor Emeritus
University of California, San Francisco

HB-701

Submitted on: 2/8/2019 2:10:49 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| William R T Zabel | Individual | Support | No |

Comments:

Dear Chair and Committee Members:

I am a physical therapist from Maui. I am writing in strong support of HB701/SB547 and the proposed changes to the Physical Therapy Practice Act. These changes will modernize physical therapy practice in Hawaii and will allow physical therapists to treat patients at their highest level of training and education.

Prevention of disability and illness is at the forefront of all healthcare professions and adding language to 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. Changes to this section are needed to allow physical therapists to use 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.

While working with Military personnel at Fort Bragg's Womack Army Medical Center I was able to safely and effectively utilize dry needling to address myofascial trigger points when less invasive soft tissue methods were ineffective. In my experience this technique has helped return patients to their prior level of function and reduce pain in a more efficiently.

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

Thank you for your consideration.

William Zabel, DPT, PT, CSCS

HB-701

Submitted on: 2/8/2019 2:23:35 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Christopher Marlow | Individual | Support | No |

Comments:

Dear Chair and Committee Members:

Being a healthcare professional, practicing as a licensed physical therapist in Hawaii, I strive to provide all of my patients and clients with the best care possible under the scope of my education and training. Having as many tools as possible to accomplish this would improve the efficacy of treatments that I can provide to my patients and clients. Therefore, I am in favor of proposed legislation HB701/SB547, which proposes amendments to the state's Physical Therapy Practice Act. The changes allowed for under this legislation will provide Hawaii physical therapists with opportunities to better treat the patients and clients we serve. These changes are well within the limits of our current educational and professional training as licensed physical therapists, and would be incorporated as part of a larger set of therapeutic intervention options that we already provide to our patients and clients.

Currently, our state Practice Act does not allow a licensed physical therapist to puncture a person's skin for the purpose of intervention. We are, however, allowed to treat the tissue of people from a superficial approach, as a means to reduce pain and dysfunction, with the intent to improve a person's quality of life. Many of the same tissues that we treat via the superficial approach can be treated with a minimally invasive approach, such as dry needling, which has been scientifically supported to have superiority over the superficial approach in some instances. Certain additional mechanisms of healing are induced with dry needling soft tissue interventions that do not occur with non-invasive superficial soft tissue intervention.

All but 7 seven states, including Hawaii, have allowed dry needling to be a part of a physical therapist's intervention options. Many other countries in the world have allowed their physiotherapist's to use the technique as well. The use of dry needling has been shown to be a safe and effective way to treat neuromuscular dysfunctions and pain. In fact, in some research statistics, the risk of adverse effects of dry needling performed by physical therapists is less than 0.04%. Treatment with common over-the-counter medications (e.g. NSAIDs) have a greater incidence of adverse effects than does dry needling. As our profession strives to keep pace with the changing healthcare landscape, which includes the means to improve the promotion of health and wellness

in all people, it only makes sense that we would be allowed to provide this proven intervention that is safe and effective.

It is for these reasons that I strongly support passage of this legislation.

Respectfully,

Christopher Marlow, DPT, OCS, Cert. SMT

Physical Therapist

HB-701

Submitted on: 2/8/2019 4:32:54 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Andrea Wiley | Individual | Support | No |

Comments:

HB-701

Submitted on: 2/8/2019 12:55:14 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Heidi McCloud | Individual | Oppose | No |

Comments:

I have been a patient and a client of both modalities and want to be assured that if a practitioner sticks a needle in me that they've graduated from a fully licensed and accredited acupuncture school with a proper license to practice acupuncture.

I have appreciated knowing that my practitioner has been properly and fully trained and licensed to pierce my skin. It is imperative for me that my practitioner is extremely knowledgeable regarding how/where/when/why to place needles or not place needles. For me it is about patient safety and professional care/maintenance of patients.

PLEASE - consider that this was your grandparent or child receiving acupuncture for the first time. Wouldn't you feel more assured that the practitioner has received extensive training involving thorough instruction and practice covered over a series of years? Imagine if your loved one was very sick and weak - acupuncture with the right licensed practitioner can work marvels!

When selecting a practitioner for your grandparent, child or even yourself and you had a choice wouldn't you prefer the person who received the most training and has the most experience?

~ Mahalo

HB-701

Submitted on: 2/8/2019 6:23:11 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Barbara Ota | Individual | Oppose | No |

Comments:

Dear Honorable Representative Mizuno and Committee,

My name is Dr. Barbara Ota and I am a constituent from the Big Island. I attended the University of Hawaii for my bachelor's degree with graduate and doctoral work done both in Hawaii and California. I am the Vice-President of the Hawaii Acupuncture Association. I have practiced Acupuncture and Chinese Medicine for the past 18 years here. As a Licensed Acupuncturist (HI ACU-583, DAc) and a Doctor of Acupuncture and Chinese Medicine, I strongly oppose the PT's adding a technique of acupuncture, dry needling, into their physical therapy act. I am also opposed to the additional sentence in their current statute (461J-2.5) that states: *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 skin integrity, for example, through surgery or injections, and now want to add, Invasive procedures shall not include dry needling.*

- This is a safety issue for the public
- PT's are not properly trained to do so
- Evidence presented by PTs is blatantly biased
- It is an attempt to bypass proper training and license to practice acupuncture/dry needling
- Hawaii has no shortage in qualified practitioners to perform this technique

I oppose the use of any verbiage that would lead to a physical therapist being able to pierce the skin using acupuncture techniques. Terms such as dry needling, myofascial trigger point release, trigger point therapy are all bio-medical words for techniques used in acupuncture. These techniques are used for targeting muscle pain and pain related to orthopedic and myofascial pain syndrome. Any of these procedures, which are advanced and invasive procedures, should only be delivered by licensed, trained

acupuncture practitioners; the public should be wary of anyone not fully trained in the competencies and implications. Acupuncture is a complex medical procedure that is part of an acupuncture and Oriental/Chinese medicine education.

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 needles therapeutically. Currently in Hawaii, in compliance with the American College of Acupuncture and Oriental Medicine accreditation board, Licensed Acupuncturists earn a degree from an accredited acupuncture school that requires 3,240 hours of acupuncture specific training for entry-level competency. This includes anatomy relevant to safe acupuncture practice and supervised clinical training. Licensed acupuncturists also receive 450 hours or more of biomedical training. The applicant must subsequently pass five national, psychometrically valid and reliable examinations to ensure minimal competency in needling. Since 2003, fully licensed medical doctors are prohibited from doing acupuncture in Hawaii without being fully licensed acupuncturists. Hawaii has the highest density, at 52.8 per 100,000 people, of licensed acupuncturist of any state in America (Fan and Faggert, 2017). Public and patient safety, in health and current issues like the opioid crisis, can be well met by the licensed acupuncturist profession here in Hawaii.

The physical therapy community is promulgating entry into this field with as little as 12-27 hours of unaccredited coursework. The American Alliance for Professional Acupuncture Safety 2016 White Paper indicated that physical therapists have been taught to pierce the skin and calling it dry needling in continuing education level courses of 20 to 30 hours with some proposals to increase this to 54 hours. This level of disparity in training is likely to lead to patient injury. Additionally, the lack of standards is leading to the rapid expansion of a practice likely to harm more patients than help them. We are concerned about the number of incidences of pneumothorax reported in health records as a result of dry needling done by undertrained physical therapists and other health care professionals reported on the mainland.

There are no objectively determined standards of education, curriculum, standardized national examination, or requisite knowledge, skills, and abilities in place for physical therapist to do what they call dry needling. There are no standards for clinical mentorship. In short, there is no current definition of the practice of piercing the skin, dry needling, as being part of the scope of practice for a physical therapist. There is no standardized system of demonstrating a physical therapist having either minimal competency or safety in any training and for the public.

Evidence-based medicine is helping to describe classical acupuncture and traditional Chinese medicine in our western, bio-medicine world. Meta-analysis of acupuncture data received for a total of 20,827 patients from 39 trials conclude that acupuncture is effective for treatment of chronic pain, 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.

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. 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.

Thank you for your time,

Dr. Barbara Ota, DAc, DACM

Otab83@gmail.com

OceanMed Integrative Family Medicine and Urgent Care/Kohala Clinic. 808-882-7890

References

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

[.http://meridiansjaom.com/author-research-resources.html](http://meridiansjaom.com/author-research-resources.html)

HB-701

Submitted on: 2/9/2019 6:08:51 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

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

Comments:

Passing this bill would render the 4 year training (including Clean Needle Technique) of Acupuncturists virtually useless. The training Acupuncturists receive for proper Clean Needle Technique, depth of insertion, and location of insertion are the foundation of Traditional Chinese Medicine/Acupuncture. Passing this bill would give Physical Therapists the ability to use needling techniques without the education requirements Acupuncturists receive, and potentially greatly impact the Acupuncture profession in an extremely negative manner leading to loss of jobs and livelihood.

Do NOT pass this bill!

HB-701

Submitted on: 2/9/2019 6:22:42 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Rene Umberger | Individual | Oppose | No |

Comments:

HB-701

Submitted on: 2/9/2019 8:34:32 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| karen altergott | Individual | Oppose | No |

Comments:

Aloha. To be an acupuncturist, I have over 3300 hours of education in a four year Masters degree. It is more than sticking needles into people. It is an ancient medicine that is 6000 years old. The theory behind the medicine is more involved than someone could learn in a weekend seminar. For the safety of the public and patients, please do not grant this privilege to just any health care individual. It's a right that needs to be earned with a diligent education. As an acupuncturist, I fulfill a commitment of 30 credit hours a year in continuing education. Thanks for your time

HB-701

Submitted on: 2/9/2019 1:25:14 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

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

Comments:

February 9, 20197

Dear Honorable Representative Mizuno and Committee

Re: HB701

My name is Bobbie Morris and my Hawaii Acupuncture License is #535. I have been licensed and in practice for over thirty years, practicing in California , Massachusetts and Hawaii. I also have a Masters Degree in Traditional Oriental Medicine.

I remain acutely aware of the power of needles inserted into the body and the myriad of changes that can occur. To assume that with dry needling one is only effecting the area inserted is both naive and dangerous. The body is a complex network of interactions that continue to be researched in laboratories at Harvard University and the NID by MD's and Licensed Acupuncturists. As acupuncturists we know that we can needle the right shoulder to effect the left hip. We understand that pathway and treat accordingly. If a Physical Therapist needles the right shoulder for right shoulder pain, assuming that is all they are effecting, they cannot know they have created a cascade of actions and interactions, some subtle, some more obvious. A trained acupuncturist knows how to balance these ultimate changes.

My point is that an untrained Physical Therapist, inserting needles indiscriminately is quite dangerous. They must be held to high standards of education in this field for understanding the body and its broad and varied reactions to needle insertion. Its a complex medicine and should not be treated at the level of simple random needle insertion.

Thank you for your consideration of this matter.

Bobbie Morris, L.Ac.MTOM

HB-701

Submitted on: 2/9/2019 3:04:07 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Bethany M Lukens | Individual | Support | No |

Comments:

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii. I strongly support the proposed changes to the Physical Therapy Practice Act and support HB 701. 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.

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. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as 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. I personally received dry needling treatment provided by a physical therapist for a work-related low back injury when I lived in Colorado. As a physical therapist myself, I was disappointed when I was initially prescribed a muscle relaxant for my pain which masked the pain but did not resolve my injury or facilitate healing and return to function and work. After I sought care under a licensed physical therapist who performed dry needling, I was able to return to work and my pain resolved.

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

Thank you for your consideration,

Bethany M Lukens, PT, DPT

HB-701

Submitted on: 2/9/2019 3:15:50 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

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

Comments:

It is important to me to ensure that all medical practitioners be properly trained in his/her specialty. Licensed and qualified doctors of acupuncture are just that and go through many, many hours of intensive training. That is not the case with physical therapists performing dry needling.

HB-701

Submitted on: 2/10/2019 11:24:22 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Laura Boyd | Individual | Oppose | No |

Comments:

Qualified licensed acupuncture professionals require years of training and education. It is just not possible that a Physical Therapist will be properly trained after a few short sessions or a weekend learning about "dry needling". It is in the best interest of patients that needle therapy only be performed by qualified acupuncture professionals. Safety for patients should always be of the utmost importance in any legislation concerning medical care/treatment, and I believe that safety for patients will be compromised if this bill passes.

HB-701

Submitted on: 2/9/2019 5:01:38 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Dustin Dillberg | Individual | Oppose | No |

Comments:

I strongly oppose HB701, allowing physical therapist to have the legal permission to practice dry needling. This movement has been opposed by major groups of well informed practitioners of medicine including but not limited to MD's, DO's, DC's, and L.Ac's. I urge you to consider the educational deficiencies present with physical therapists and needle techniques.

“Dry Needling” is the practice of acupuncture and is being administered by other health care providers without proper licensure or training. This poses a great risk to the public allowing acupuncture to be administered by untrained and/or unlicensed acupuncturists. The increasing popularity of acupuncture has led to these circumvention tricks by other professions to avoid the mandated and statutory training that Acupuncture practitioners are required to be licensed as mandated by the state legislature to protect the health, welfare, and safety of its citizens. The practice of “dry needling” is spreading throughout occupational groups including physical therapists. These groups do not have the educational background in: skin penetration; knowledge of all the myriad effects that inserting an acupuncture needle has; knowledge of all of the contraindication a qualified acupuncturist knows; associated infection control; and visceral penetration risks. (<https://floridasacupuncture.gov/forms/position-dry-need-acc.pdf>).

AMA and AAMA Position. The American Medical Association (AMA) has not always acknowledged nor approved of acupuncture as a viable treatment method, but more recently views have seemed to change. The AMA, which encourages the use of dry needling by medical doctors and licensed acupuncturists only, came out against dry needling by physical therapists, saying the therapists at the present are simply not properly trained at the 2016 annual policy meeting (Reno, 2016). The AMA press release (2016, June 15) states:

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.

On February 2, 2016, Sager and Ximenes updated a statement on behalf of the American Academy of Medical Acupuncture (AAMA) board that finished with the following:

“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” (“AAMA Policy on Dry Needling” 2016)

Once again I strongly oppose this proposed change in scope of practice that does not look after the best protection of patient safety. Please do what is right and best for our state and block this proposal from moving forward.

Sincerely,

Dustin Dillberg

HB-701

Submitted on: 2/9/2019 5:28:40 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Kazumi Yamaura | Individual | Oppose | No |

Comments:

I strongly oppose the HB701 because Physical Therapist is NOT capable to do needling their patients. Training for performing the dry needling is not sufficient and most of all, Physical Therapist is not licensed to do needling on the patients.

Therefore, the Public is in danger and likely to happen to get injury by performing dry needling.

Sincerely,

Kazumi Yamaura

Kabba Anand, D.Ac., Dipl. Ac., Dipl. C.H
Ohana-Hale Acupuncture, Inc.
81 Makawao Ave., #112
Pukalani, HI. 96768
(808) 572-9862

February 11, 2019

Hawaii State Legislature
House Health Committee
John M Mizuno, Chair
Bertrand Kobayashi, Vice-Chair
Members: Della Au Belatti, Calvin K.Y. Say, Nadine K. Nakamura, James Kunane
Tokioka, Joy A. San Buenaventura, Gene Ward

RE: OPPOSED TO HB 701

Honorable House Health Committee Members,

I have been practicing acupuncture in Hawaii since 1987, am past president of the Hawaii Acupuncture Association, past Chairman of the National Certification Commission for Acupuncture and Oriental Medicine and have been an allied health medical staff member at Maui Memorial Medical Center for close to 20 years.

I am opposed to HB701, because “dry needling” is in fact the practice of acupuncture. In May 2017 the Oregon Medical Board and its Acupuncture Advisory Committee concluded that “dry needling” is acupuncture because it uses the same needles, the same needling techniques, the same points, and is used for the same purpose.

Dry needling is an advanced and invasive procedure with the potential to cause serious harm and even death. It requires years of training to practice safely and effectively. However, physical therapists have no national standardized academic training curriculum, no examination process and no malpractice insurance for the practice of dry needling.

Acupuncture in the US has a positive safety record, thanks to its high educational standards, but in recent years there have been an alarming increase in medically negligent injuries and pneumothorax cases by physical therapists performing dry

needling. USA Today, July 2016, reported that only 1/3 of 1 percent (1 in 300) of all physical therapists in the US have taken dry needling courses in recent years. It is apparent that dry needling performed by physical therapists currently poses serious risks to public health safety.

Supporting HB 701 is to ignore the facts and put the public health and welfare at risk. Opposing HB 701 is to protect Hawaii's residents and visitors from potential harm due to deficient training and regulation.

Vote **NO**.

Protect the health and safety of consumers by keeping acupuncture/dry needling in the hands of trained professionals that are specialized and fully trained in these skills, namely licensed acupuncturists. After all, Hawaii has the highest density of licensed acupuncturists in the US.

Sincerely,

Kabba Anand, D.Ac., L.Ac
Dipl Acup (NCCAOM)
Dipl. C.H. (NCCAOM)

I OPPOSE the proposal to allow physical therapists to use 'dry needling' as a standard for their profession.

Dry needling is the name physical therapists use to describe a technique of inserting filiform needles into the skin at various 'trigger points,' which causes certain responses. Filiform needles-- which are USED FOR ACUPUNCTURE-- are solid. They cannot be used to inject substances or medicine, hence the word, 'dry.'

This absolutely should NOT be authorized in the State of Hawaii.

The proposed rule calls for allowing physical therapists to perform dry-needle techniques provided the PT's have taken courses recognized by the Commission on Accreditation in Physical Therapy Education -- Courses! *Whereas Licensed Professional Acupuncturists have earned years of study and education—thousands or accredited hours.*

States such as Florida's Oriental Medical Association, which represents acupuncturists, have challenged the proposed rule in the State Division of Administrative Hearings arguing, among other things, **that the proposal modified existing law that it was vague and capricious.**

Dry needling meets the definition of acupuncture because it involves the insertion of acupuncture needles into specific areas of the body.

Licensed Acupuncturists in All States are REQUIRED to *earn* thousands of hours in order to not only graduate from an accredited Oriental Medical College, but also to maintain a standard of continuing educational units yearly in order to qualify for the ongoing license-renewal process at the National and State levels.

Acupuncture is its own well-earned and hard fought for profession that deserves to be protected and upheld in integrity: the integrity of the medicine, work, and the doctor/licensed acupuncturist: Please support the Acupuncture Profession by doing the right thing: *Oppose this bill.*

PT's need to remain within their own scope of practice, which does NOT include puncturing the skin with acupuncture needles.

I Pray you do the right thing.

Thank you for taking the time to read my testimony.

Sincerely,
Dr. Zellda Keath, DAOM, LAc

HB-701

Submitted on: 2/10/2019 10:43:39 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Charne Stuebner | Individual | Oppose | No |

Comments:

I oppose this bill because physical therapist don't have the knowledge or training in the traditional Chinese medicine and acupuncture. This bill degrades the scope of Traditional Chinese medicine and acupuncture.

10 Feb 2019

HB 701, Relating to Physical Therapy Practice Act
House HLT Hearing
12 Feb 2019
9:00 am Room 329
Position: Support

Dear Chair Mizuno and House HLT Committee Members:

I am a Physical Therapist in Hawaii that currently works at Tripler Army Medical Center. I have been practicing dry needling for over four years at Hickam Air Force Base 15th Medical Group and Tripler Army Medical Center. I learned dry needling at Schofield Army Barracks in Hawaii from Double E PT Education, a continuing education program. Active duty members and Federal civilian employees are currently performing dry needling on military bases in healthcare facilities across Oahu. Any opinions expressed in this testimony do not represent the opinions of the United States military or any other Federal entity, only the opinions of a physical therapist.

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 use a thin filament needle to perform a technique called dry needling. This testimony hopes to provide clarifications to these unknowns and misconceptions.

Physical therapists have a strong educational background in the nervous system, anatomy, and physiology of the human body, in contrary to what some people may believe. Even before physical therapy programs were required to be at the doctorate level, physical therapy graduate programs involved prerequisites for human anatomy and human physiology. When accepted into these programs, dissection of human cadavers is incorporated into the curriculum.

My undergraduate program at San Diego State University where I completed a Bachelor's Degree in Kinesiology for pre-physical therapy included a general human cadaver anatomy course, but I was chosen for an advanced human cadaver dissection course, working as a teacher's assistant and creating and teaching lesson plans to other students. Later, I was accepted and became a Doctor of Physical Therapy at University of St. Augustine University for Health Sciences.

Within the last 10 years, there has been a major change in this profession where all physical therapy educational programs are now required to be at the doctorate level,

requiring curriculum that focuses on pharmacology, radiology, and differential diagnosis. Physical therapists are able to understand what can and cannot be treated 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 increased access to much needed healthcare. For instance, Tripler Army Medical Center promotes direct patient access to a physical therapist, working on Tuesdays and Thursdays at the Family Medicine Clinic. A physical therapist performs 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.

Physical therapists typically collaborate with other healthcare professionals including speech therapists, occupational therapists, physiatrists, pain management physicians, surgeons, psychologists, primary care physicians, nurses, and registered dieticians to name a few. I personally work along side physiatrists working in the Physical Medicine and Rehab clinic and who also perform acupuncture. I have personally referred patients to Tripler's Pain Management Department that has a comprehensive treatment approach that encompasses a pain psychologist, registered dietician, medical massage therapist, acupuncturist, chiropractor, physical therapist, group exercise class instructors and pain management physicians.

There are acupuncturists who strongly oppose physical therapists performing dry needling. I do not have any qualms with acupuncturists or health care professionals that are certified to perform acupuncture. Instead, I passionately believe that all health care professionals should cooperate harmoniously together to transform healthcare into a preventive wellness paradigm where people have a conservative non-opioid choice to treating pain and dysfunction. A catalyst to this transformation can happen with this legislation.

According to 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 affects the functional mobility in people's everyday lives. Physical therapists can be termed as simple as "movement specialists." Health conditions may vary from urinary and bowel leakage, dizziness and vertigo, deconditioning following pneumonia or heart attack, an ankle sprain, or a traumatic brain injury. Physical therapists can also treat a person's overall wellness and prevention from experiencing an injury, not necessarily involving pain but the desire to function more efficiently as a runner, mother taking care of her young children, or an aging man who wants to remain as active as long as possible.

Besides being asked, "What does a physical therapist do?" I often sense the misconception of physical therapy as a treatment. Physical therapy is not a stand-alone treatment. It entails the 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 exists a plethora of different approaches and techniques that we use in our “tool box.” Dry needling is only one tool of many tools in our toolbox. As a physical therapist, I do not use dry needling as the sole treatment for my patients instead it is used in conjunction with other treatments that I deem appropriate. In fact, there are many occasions I do not use dry needling on a patient. The use of a needle does not define what physical therapy is nor is it the only treatment a physical therapist would perform.

Personal patient case scenarios involving dry needling:

Patient #1 was being treated for post-operative rehab following surgery to repair a right shoulder rotator cuff tear. He was progressing well until he reached a plateau with shoulder range of motion and strength. To lift his arm, he overused his upper trapezius muscle, a muscle that is located on the side of the neck and shoulder. I used dry needling to release the tightness in his upper trapezius muscle belly. Afterwards, he was able to progress significantly in his rehab. He has now been discharged and returned to his prior level of function.

Patient #2 came to my clinic with a referral for low back pain. Prior physical therapy taught him techniques to relieve his low back pain and maintain an excellent home program. However, he would intermittently experience acute flare-ups after weightlifting excessively. Dry needling had helped him before and allowed him to return to his regular workout routine in about 2 weeks' time. After my examination, I decided that dry needling would again assist him. After performing dry needling to his lumbar paraspinal muscles and gluteal muscles 1x a week over a 4-week timespan along with guidance on which stretching, soft tissue mobility, and strengthening exercises he could perform, he eventually returned to his prior level of weightlifting.

Patient #3, military spouse, was being seen at an off base clinic here in Hawaii by a physical therapist that cannot perform dry needling. When this patient was living in another state, she found significant benefits from dry needling after having difficulty returning to her regular workout routine post partum. This physical therapist knew I could perform dry needling and sent her to see me at Tripler Army Medical Center. After waiting months in Hawaii, she was able to receive dry needling treatment that finally gave her pain relief.

Patient #4 was an active duty service member who came to my clinic with a diagnosis of Achilles tendonitis from his primary care physician. After treating him about 1 month with this diagnosis and using dry needling as my last tool in my toolbox, the patient had no changes from his constant significant pain. I inquired more about his pain elsewhere in his body and finally performed a low back examination. After having no signs and symptoms of any neuromusculoskeletal condition, I ordered an Xray and MRI on his lumbar spine that revealed an abnormal mass on his kidney. The patient was sent to Urology for surgical removal and was later confirmed to be kidney cancer.

These are only a few of my personal clinical experiences, portraying my use of dry needling as one tool in my toolbox and used in a very effective and safe manner. This is typically performed in about 4 sessions or less, allowing patients to quickly move towards a more functional and healthy lifestyle. From my understanding, acupuncture is founded on Eastern medicine involving chi and meridians. I hope these patient scenarios highlight the differences in clinical reasoning of the needle utilization from physical therapy and acupuncture. Again, 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 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.

I strongly recommend you to support passage of this bill. Thank you for the opportunity to present testimony. Please feel free to contact me with any questions or concerns at aprilbronowski.dpt@gmail.com or 808-546-9465.

Very Respectfully,

April Bronowski, PT, DPT
Hawaii Physical Therapy License #3672

HB-701

Submitted on: 2/10/2019 1:13:27 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Janet Boyd | Individual | Oppose | No |

Comments:

I am strongly opposed to Physical Therapist including needling into their scope of practice. This is dangerous. I direct you to look at Pub med and notice the incidences of physical damage by Physical Therapist practitioners practicing "dry needling". L.Ac. Have gone thru 3-4 years of training or more focused on needling people. These are the practitioners that are the only ones safe to create the results needed or wished for by needling into muscles.

As a licensed practitioner of Acupuncture I am outraged that yet again people realize acupuncture works and decide to add it into their scope of practice. Shame on all Physical Therapist for Not respecting another health professions expertise. There are plenty of L.Acs in Hawaii, they are the ones that should be treating people alongside Physical Therapist for the best and safest results.

Janet H. Boyd L.Ac.

HB-701

Submitted on: 2/10/2019 2:38:04 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Mariya Gold | Individual | Oppose | No |

Comments:

I oppose HB701. My acupuncture training at The Institute of Clinical Acupuncture and Oriental Medicine in Honolulu involved 4 years of rigorous study with not only 2160 hours of didactic training but 1080 of clinical training for a total of 3240 hours. I do not feel that a Physical Therapist's training would be sufficient to safely and adequately perform what is essentially acupuncture. Physical Therapists performing "dry needling" should be held to the same requirements as all acupuncturists licensed in Hawaii. If they choose to go through an actual acupuncture program, completing the required hours of didactic and clinical training I would then feel confident that they could perform in a safe and effective manner. Hawaii has set high standards for it's acupuncturists and should keep these high standards.

Thank you for supporting acupuncturists in Hawaii, for your concern of the safety of our patients and for your opposition to HB701.

Mahalo, aloha & with much gratitude for your service,

Mariya Gold, L.Ac., Kailua Acupuncture Clinic

HB-701

Submitted on: 2/10/2019 3:33:10 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Pedro Armington | Individual | Oppose | No |

Comments:

I oppose this bill , Qualified licensed acupuncture professionals require years of training and education. It is just not possible that a physical therapist will be properly trained after a few short sessions or a weekend learning about " dry needling ". It is in the best interest of patients that needle therapy only by a licensed acupuncturist. Safety for patients should always be important in any legislation concerning medical treatments and I feel that safety for patients will be compromised if this bill passes. Thank you , Pedro Armington

To Whom It May Concern:

My name is Adrienne Yamamoto, I'm a physical therapist that recently moved back from practicing in Arizona where I was trained in the skill of dry needling. I was excited to move back home to be near family and practice as a physical therapist - something I've always wanted to do. I've learned a great deal from several mentors I've had during my 4 years in Arizona. One of the most valuable lessons was refining my clinical reasoning skills, which has been deeply rooted into me following my 1 year orthopedic residency program. I mention this valuable skill because it is recognizing when the appropriate time is to utilize modalities such as dry needling.

Through the training I've received in my dry needling courses, I carefully have honed my anatomy and palpation skills for safe and effective application of the needles. After 3 days of 24 contact hours of learning dry needling from the cervical spine down to the plantar fascia and a written exam, I believe I have the necessary skill for safe and efficacious use of dry needles.

I've seen several patients presenting with severe acute unrelenting pain to chronic pain and for these individuals, dry needling has been the key that has released them from their pain that allowed further treatment to be more tolerable.

Though I am thrilled to be home now newly practicing at Rehabilitation Hospital of the Pacific's outpatient clinic, it's unfortunate that I am unable to utilize my knowledge and practice of dry needling in my home state.

I am hoping that with this testimony you can see my skill behind my passion for passing this bill to accept dry needling into the physical therapy practice to help the people of Hawaii that are in pain.

Sincerely,

Adrienne Yamamoto

HB-701

Submitted on: 2/10/2019 5:03:48 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------------|--------------|--------------------|--------------------|
| Caseypotetz@gmail.com | Individual | Oppose | No |

Comments:

House of Representatives,

Thirtieth Legislature, 2019,

State of Hawaii

HB701

My name is Casey Potetz. I am a Licensed Acupuncture candidate who graduated in 2017 at the World Medicine Institute in Honolulu, HI. I am in strong opposition to HB701. 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” 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:

Graduation from an accredited school or a school recognized as a candidate for accreditation and

Completion of 1,515 academic course hours plus 660 clinical training hours and

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 HB701 for the safety of its citizens and for the integrity of the Hawaii's healthcare standards.

Sincerely,

Casey Potetz

HB-701

Submitted on: 2/10/2019 5:19:10 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Leslie Hayashi | Individual | Oppose | No |

Comments:

I am strongly opposed to this bill. Licensed acupuncturists receive years of training while this bill would allow physical therapists to perform basically the same thing with much less training. Not a good idea.

Miwa Matsumoto
94-510 Lumiaina St, M103
Waipahu, HI 96797

February 10, 2019

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 HB701 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,

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

Miwa Matsumoto, PT, DPT, OCS, ATC

HB-701

Submitted on: 2/10/2019 7:18:40 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|-------------------------------|-------------------------------|
| Sue Larkin | Individual | Oppose | No |

Comments:

HB-701

Submitted on: 2/10/2019 7:26:50 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|------------------------|--------------|--------------------|--------------------|
| Mei-jen Sun Stokesbary | Individual | Oppose | No |

Comments:

Personal Testimonial for State of Hawaii Legislators of House & Senate

RE: HB701 & SB547

02-10-2019

Aloha, My name is Mei-jen Sun Stokesbary. I have been a Licensed Practicing Acupuncturist in the State of Hawaii since May 2009. I am writing to weigh in on HB701 & SB547. Please do not support PT's ability to practice invasive needling or any other therapist in the State of Hawaii.

Acupuncture is an energetic medicine, that encompasses the many energetic aspects of a patients health. There are too many symptoms to list that acupuncture is able to remedy. Here are a few examples, so that you might grasp a slight understanding of the medicine. Acupuncture helps to fix **physical symptoms**: pain, digestive disorders, headaches, body aches, back problems, shoulder, hip, knee disorders... heart palpitations, arrythmias, sleep disorders. It is also very effective in treating **Mental & Psychologic** imbalances such as anxiety, mania, PTSD, and all kinds of addictions. There are also **Emotional** problems that can be rectified such as un-resolved grief and sadness, over-whelming worry, fear of unknown, fear of life, anger, irritability. When practiced correctly a patient is made whole with acupuncture & Eastern Medicine; they are energetically connected completely (a union of body, mind, &spirit). Overcoming rape, or verbal, sexual, & physical abuse can be very hard and daunting to people's spirit. With acupuncture i have seen triumph for them. Patients unify themselves **spiritually** at a closer point with their true self & they unlock the understanding of their true spirit & true heart. Benefits proliferate a balanced patient in unison with their **physical, mental, emotional, & spiritual** aspects of their being.

When PT's are 'dry-needling" an ah-shi or pain point, they are missing invaluable proven medical theories of energy about that point (invaluable information about the workings of that point. It might be a meeting point of many energetic channels & signs & symptoms of disease progressions, not just physical malady point. Physical Therapist aren't learning to balance the pulse. Balance the meridians. Check the tongue. Look at the sense organs. Listen to the Voice. Look for spirit. Smell the patient. Discover all the enfolding of what skin, on the face, abdomen, auricle are telling you as an acupuncture practitioner. I believe they are finding a patient with a physical block and treating it solely as physical block.

Understanding the depths of traditional acupuncture points and diagnosing theories, take time & practice to help balance & deliver quality healthcare to the patients of Hawaii properly.

A **physical** malady may be due to an **emotional** imbalance, if it is treated as a physical malady ONLY results WILL BE harmful.

Without proper schooling in Arts of Eastern Medicine health care patients of Hawaii will be hurt from inexperienced & vague treatments from PT's, that will lack ability of connection to true spirit & heart for patients. An Acupuncturist is a catalyst, who is able to accompany a patient to their next step of holistic health, wellness, & rejuvenation. There is a deeper medicine that will be missed, if allowing uneducated Physical Therapist to needle. Thirdly is that we must keep integrity in our respective professions and not convolute practices. It's important that Physical Therapist know the body & stretches and capacity of their scope of practice & Acupuncturist carry their lineage and medicine and their scope of practice.

Mei-jen Sun Stokesbary, L.Ac., C.S.S.Ac ACU#895

HB-701

Submitted on: 2/10/2019 7:50:59 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Lene' Tucker | Individual | Oppose | No |

Comments:

Qualified licensed acupuncture professionals require years of training and education. It is just not possible that a Physical Therapist will be properly trained after a few short sessions or a weekend learning about "dry needling". It is in the best interest of patients that needle therapy only be performed by qualified acupuncture professionals. Safety for patients should always be of the utmost importance in any legislation concerning medical treatments, and I believe that safety for patients will be compromised if this bill passes.

HB-701

Submitted on: 2/10/2019 8:04:00 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Julia bree Horie | Individual | Oppose | No |

Comments:

Acupuncture is a SYSTEM of medicine based on PATTERNS of disease, not simply sticking needles where it hurts. This is dangerous, reckless, irresponsible, and insensitive to the intricate art of Chinese medicine. It will surely result in damage.

From: Julia Benkofsky-Webb LMT
Hawaii license #5956

I oppose the passage of this bill, allowing Physical therapists in the state of Hawaii To use any dry needling technique with their patients. This is a dangerous practice that Puts patients at risk. This technique of needling should only be practiced by licensed Acupuncturists, who go through a rigorous training to develop this skill. It has been Documented that almost all the serious injuries in the last twenty years using Acupuncture needles have been caused by unqualified physical therapists. I have been Receiving care from physical therapists in Hawaii and find the ones I have interacted with To be caring and skilled professionals with many ways of help people within their scope of practice. There is no need to allow them to add in insufficient training of dry needling, which puts their patients at risk—and by extension, also the PT's livelihood.

HB-701

Submitted on: 2/10/2019 8:24:29 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Koji Kajiwara | Individual | Oppose | No |

Comments:

I strongly oppose the HB701 because Physical Therapist is NOT capable to do needling their patients. Training for performing the dry needling is not sufficient and most of all, Physical Therapist is not licensed to do needling on the patients.

Therefore, the Public is in danger and likely to happen to get injury by performing dry needling.

Thank you

Koji Kajiwara, L.Ac.

HB-701

Submitted on: 2/10/2019 8:35:21 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Hermine Baker | Individual | Oppose | No |

Comments:

I am opposed to physical therapists doing dry needle accupuncture with minimum training. I am concerned about the health and safety of the patients. The practice has the potential to be dangerous due to lack of proper, extensive training.

HB-701

Submitted on: 2/10/2019 8:41:44 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Ruthie Moss | Individual | Oppose | No |

Comments:

Aloha to all,

I am an acupuncturist, currently practicing Dry Needling as well as other styles of acupuncture, on the Big Island.

While in acupuncture school, I (like all my acupuncture colleges) completed comprehensive point location and acupuncture needling classes prior to our 900 hours of clinical internship.

These hours of direct classes, practice of acupuncture techniques and clinical hands-on supervised needling in clinic is **REQUIRED BY LAW**, regulated by ACCAOM and NCCAOM in order to maintain **SAFETY** and **QUALITY** when using acupuncture needles, for any style of acupuncture, Dry Needling style included.

Our shortest needles are 0.6 of an inch long (15mm), and our longest needles are 4.9 inch long (125mm). This range of lengths, as well as the range of gauges (diameter of 0.1mm to 0.3mm), make the training even more delicate and comprehensive.

What do you think would happen if a 1 inch needle is used on a point that should not be punctured deeper than 0.5 of an inch? **This can and will cause life threatening situations!**

Physical Therapists **DO NOT** have extensive training to use needles!

Dry Needling is just one of many styles of acupuncture, utilized with great success by properly trained professionals. **Singling out Dry Needling style of acupuncture, as if it is different from other forms of acupuncture IS MISLEADING.** All styles of acupuncture should only be used by properly trained professionals. Adequate training is clearly laid out in the licensing requirements of acupuncturists.

If PT's see benefits in acupuncture, let them refer their patients to acupuncturists, just as I refer patients to PT's when necessary. Don't let PT's endanger their patients using invasive protocols when they have inadequate levels of training.

Thank you for reading my testimony,

With respect,

Ruthie Moss, LAc, MAcOM.

808-969-3989

Hilo, Hawaii

HB-701

Submitted on: 2/10/2019 9:07:20 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

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

Comments:

I strongly refuse Physical Therapists to insert their needles into my body! They cannot be trusted, knowing how little training (compared to Acupuncturists) they go through concerning needling. I don't want to get injured by not adequately trained practitioners. I also fear, if Physical Therapists really know what they are doing... Why are they not get the same training as Acupuncturists do and become Acupuncturists? Why is this shortcut?

Keiko Kajiwara, Waipahu resident

Dear Chair and Committee Members:

I am a Physical 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 treat patients 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. At this time, board-certified physical therapists in over 40 of 50 states legally practice dry needling techniques after completing the appropriate continuing education. I contend that we, as 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.

At this time, Section 461J-2.5 currently prevents Hawaii-licensed physical therapists from puncturing a patient's intact skin, prohibiting us from practicing dry needling techniques. Changes to this section are needed to open the door for dry needling as a helpful treatment option for patients. Dry needling is a proven, safe and effective form of treatment that physical therapists utilize to improve mobility, function and to treat pain that other treatment modalities frequently cannot help. The inclusion of dry needling in Hawaiian physical therapists' plan of care can potentially improve rehabilitation outcomes and help to curb the rising trend of pain medication usage to manage symptoms by offering an alternative form of treatment for pain management.

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

Thank you for your consideration.

Cody Gilliss, PT, DPT, CSCS
Physical Therapist

HB-701

Submitted on: 2/10/2019 10:06:05 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Carrie Ostroski | Individual | Oppose | No |

Comments:

I oppose HB701, as it poses a threat to public health and safety. Training for professional, safe practice of acupuncture and Chinese medicine needs to be respected and required for anyone to practice “dry needling.” It’s misleading and dangerous for a physical therapist to practice dry needling without the training and experience of a practitioner with post graduate and clinical hours. Most patients would not be knowledgeable of the difference or prepared to ask the appropriate questions regarding care and safety. These are two different medical specialties, requiring specialized training and education. If a physical therapist wants to include acupuncture therapy, they should be held under the same standards, national boards, as acupuncturists. At minimum, they should have to disclose the difference so the patient is aware.

Sincerely,

Carrie Ostroski

HB-701

Submitted on: 2/10/2019 10:17:45 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Rick Rosen | Individual | Oppose | No |

Comments:

Physical Therapists should NOT be allowed to expand their scope of practice into Acupuncture, as that discipline requires extensive study to be used safely and effectively with patients. Licensed Acupuncturists have the requisite training and experience to use this modality, and PT's do not receive adequate training in their education programs to incorporate it in to their practices.

As a Hawaii Licened Massage Therapist and long-time patient of Acupuncture, I ask that you protect this time-honored discipline from other licensed professions that seek to co-opt its methods.

House Bill 701, Relating to The Physical Therapy Practice Act
Stance Support. February 12, 2019 at 9:00am

February 9, 2019

Chair Mizuno, Vice Chair Kobayashi, and members of the HLT Committee,

My name is Joanne Zazzera, physical therapist and I strongly urge you to **support HB701**. It is an important that our outdated physical therapy practice act be updated to reflect the advancement of our education, new research based interventions, and the positive health care changes towards health and wellbeing.

I graduated from the University of Miami which is considered one of the top 10 Doctor of Physical Therapy school in the nation. During my education I was exposed to dry needling and learned how this quick and effective intervention can be used in conjunction with our usual treatment to maximize patient outcomes. Those interested in utilizing this skillset took additional continuing education following graduation that meet the Federation of State Boards of Physical Therapy (FSBPT) guidelines. Some of my graduating colleagues moved on to become certified in dry needling and are now great advocates for its clinical use. Physical therapy education continues to evolve with evidence based practice and there are growing numbers of Doctor of Physical therapy schools and PT residency programs that are exposing or fully certifying their students.

Growing interest in dry needling is not only within the physical therapist profession, but also with the patient population. Patients who have experienced dry needling by a physical therapist in other states, countries, or locally within the military system, will inquire about its use as part of their treatment. I have heard numerous times while treating patients who had prior dry needling say, "Oh, you can't do dry needling here? That's too bad," and they often share their personal story of how their rehabilitation process was expedited by the intervention. Dry needling has been a hot topic in consumer outlets as well, such as an article in the AARP May 2018 edition as a "Fix" to "reduce muscular pain". It was also reported in NPR's All Things Considered as one of the interventions implemented by an emergency room in New Jersey to help reduce opioid usage by more than half.

It has been over 35 years since our practice act was created and does not reflect our current scope of practice. I hope that you **pass HB701** to allow physical therapists to practice at the level that they can prove themselves competent, and allow our patients to benefit without having to wait any longer.

Joanne PT # 3863

Joanne Zazzera, DPT

HB-701

Submitted on: 2/10/2019 11:18:11 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|------------------|--------------|--------------------|--------------------|
| Heather McCarthy | Individual | Oppose | No |

Comments:

Dear Legislators,

I strongly oppose expansion of the scope of practice of physical therapy to include dry needling.

What they are doing is acupuncture and as an acupuncture student who is undergoing a masters degree in oriental medicine, I want to state that they are using acupuncture needles. We, as acupuncturists, use filiform needles. They say its not acupuncture, but that is absurd as they are using our needles for our profession. According to their terminology, they should be using syringe needles. Syringe needles that are not filled with any fluid, hence the term "dry".

I am spending \$60,000 plus for my education working hard on my masters in science of oriental medicine, which last four years and a very thorough education at that. What physical therapists want to do is to basically take a weekend seminar learning our techniques so they can needle people. From my 2 plus years learning acupuncture so far I can confidently say that no way is it possible for anyone to learn proper technique nor the deeper understanding of when, where, and why to insert a needle anywhere in a person's body. There is so much that needs to be learned in order to understand how the needling affects the individual. This isn't about just managing pain, it is far deeper than that and they must go to acupuncture school in order to learn that. Not to mention, there have already been several deaths directly from physical therapists performing acupuncture because they did not know what they were doing! That is preposterous that they are still trying to pass this bill. Organs have been punctured, numerous pneumothoraxs. In acupuncture school we specifically learn all about these preventable actions and how to properly perform acupuncture in a very safe manner that will not harm the patient. This is what you learn in acupuncture school, not in any seminar, or short needling course.

There is no difference in the needles that acupuncturists use and what physical therapists are trying to use. They are solid, stainless, filiform needles.

For the safety of the public, please do not approve this bill.

Just because physical therapists recognize the value of acupuncture to treat orthopedic injuries, doesn't mean that they should be allowed to use this modality with the least amount of training. It is an insult to us and our profession. Not to mention the amount of money and four years of training I am putting into this education as a graduate student. We, as acupuncture students, have to pass national exams. Not just one, but four national examinations! They should be held to the same standards if they want to use any of the modalities that we utilize as written down in the laws of our licensing, provided by the federal government.

Please don't pass this bill.

Thank you,

Heather McCarthy, Hawaii licensed acupuncture intern #420

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT

Chair Mizuno and Members of the House Committee on Health:

My name is Justin Ledbetter. I am a Physical Therapist in Hawaii. I would like to thank you for introducing this important legislation for the physical therapy profession. I strongly support the proposed changes to the Physical Therapy Practice Act that will allow physical therapists to utilize modern treatment techniques and reflect current trends in healthcare.

Section 461J-2-5 currently prevents physical therapists from puncturing a person's skin. With this prohibition physical therapists are not allowed to perform a technique called dry needling, a procedure that I am certified to perform and have utilized on my patients when I was practicing in Georgia. Dry needling is a technique in which a therapist advances a thin filiform needle into the skin and underlying muscle in order to reduce muscle tension, relieve pain, and improve mobility and function. It is a safe treatment modality when performed by a certified therapist. In fact, dry needling is safer than taking over-the-counter pain medication, with a risk of a significant adverse event occurring at a rate of 0.04% versus 13.7%, respectively.

All physical therapists have extensive education and training in human anatomy, physiology, and pathology, including cadaver dissection, as well as evaluation and treatment of patients. Proper handling, manipulation and safety techniques for needle usage are gained through continuing education courses approved by the state's Physical Therapy Board.

As well as allowing for dry needling, this bill adds language that outlines the promotion of health and wellness. Inclusion of this language will position our profession to remain up-to-date with the current and future climate of healthcare.

I appreciate your time and consideration of this important legislation.

Thank you for the opportunity to testify,

A handwritten signature in black ink, appearing to read "Justin Ledbetter". The signature is fluid and cursive, with a large initial "J" and "L".

Justin Ledbetter, PT, DPT
Doctor of Physical Therapy

TESTIMONY.....RE: HB701

Dear Honorable Representative Mizuno and Committee,

My name is Denice Murphy, Dipl.Ac., L.Ac., and I have been practicing as a Licensed Diplomate in Acupuncture (nationally certified) in Hawaii for over 26 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 here in Kona, on the big island of Hawaii.

I want to address your consideration of HB701 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 is not 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.

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. Most importantly, the consideration of the patient's safety is paramount.

With the proposed minimum training, inexperience equals mistakes, hence injuries to the patient (think pneumothorax), and self-regulation renders complacency, low standards and non-existent re-certification, with continuing education not required. Altogether, this does not reflect expertise in a field where the PT community excels in 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 inadvertently have 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”, or IMT, session by a physical therapist, and never want to go back. (I work on visitors from other states and Canada where IMT is 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 acupuncture only!” 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 dedicated their life to the study of healing by inserting needles, one that continues to learn and hone their expertise, or the one who added on this "skill" for a few hours of training.

Certainly, I am happy to refer patients for other therapies that I feel 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.

If there is such an interest in needling by other practitioners, including physical therapists, there are many TCM schools available for that opportunity to study and graduate, sit for the exams and acquire the license.

I strongly oppose HB701 for all the reasons given above. I belong to the Hawaii Acupuncture Association, and we support our national organization the American Society of Acupuncturists on this position.

We aim to protect the public while educating our legislatures in our home state and nationally with this collaborative effort. Thank you for considering our joint Position Statement on Dry Needling to opposed HB701.

HB-701

Submitted on: 2/11/2019 12:54:30 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|------------------|--------------|--------------------|--------------------|
| Jack Fonderwhite | Individual | Oppose | Yes |

Comments:

Thank you for sharing your time and allowing me to share my testimony with you.

First and foremost, acupuncturists and physical therapists are neither opponents nor rivals; our shared goal of helping the public and our patients live healthier and happier lives makes us natural partners in this endeavor. In their championing of bill HB701, APTA has very strongly and clearly acknowledged the safety and efficacy of acupuncture and the vital role it plays in public health. As a licensed acupuncturist myself, I spent 3 years of constant study and practice to earn my masters degree and meet the state of Hawaii's requirements to become a legally recognized practitioner. To have respected professionals trained in another form of healing pursue the opportunity to adopt and practice my medicine is an inspiring form of recognition that, unfortunately, puts us all in an awkward position.

I first received acupuncture in Japan, where I enjoyed its benefits for many years during my 11-year stay. Despite my fluency in the language, my permanent residency status, and licensure to practice acupuncture in Hawaii, Japan would require me to re-enroll in school and completely redo my education in one of their accredited institutions to assure I had undergone the same training as every other practitioner licensed under the auspices of their governing bodies. Similarly, any other acupuncturist applying for licensure to practice in any state on the mainland would, at the very least, have to first demonstrate candidacy for licensure by providing the appropriate documentation that establishes they satisfy the particular state's requirements. HB701, in essence, is an attempt to create a backdoor around such laws and requirements, which currently and rightfully prevent those not sufficiently trained in acupuncture from performing anything resembling acupuncture. In January of this year, a judge in Florida ruled against such a bill, saying "the proposal exceeded the Board of Physical Therapy's 'grant of rulemaking authority because it would expand the scope of physical therapy practice, not merely establish a standard of practice.'" (<http://health.wusf.usf.edu/post/judge-pokes-hole-dry-needling-rule#stream/0>) I believe the state of Hawaii and its representatives, for this reason and those outlined below, should not pass HB701.

As defined in Hawaii Revised Statutes 436e, the practice of acupuncture "[...] includes the techniques of piercing the skin by inserting needles and point stimulation by the use of acupressure, electrical, mechanical, thermal, or traditional therapeutic means." As defined by the proposed bill, HB701, "[d]ry needling is a Western medicine technique that involves the insertion of a solid filament needle, without medication, through the skin into underlying tissue to treat neuromuscular conditions, pain, movement impairments and disability through myofascial trigger points, as described by Simons and Travell." While employing slightly different and more technical language associated with Western medical practices, the act of "dry needling" as proposed by said bill appears to be the practice of "piercing the skin by inserting needles" and stimulating underlying structures for "therapeutic means"—that is, acupuncture. When we both appear to simply be inserting a needle in their sore shoulder to relieve pain, any patient unversed in the academic, theoretical, and philosophical difference between acupuncture and dry needling would be hard pressed to distinguish between the dry needling of a physical therapist (PT) and my practice of acupuncture. However, the measurable difference between the PT's education and mine is vast, and it is clearly outlined in Hawaii Revised Statutes 436e-5 (d), which states that all candidates for licensure as an acupuncturist in Hawaii must undergo a "clinical training program of at least six hundred sixty hours under the supervision of a licensed acupuncturist." In fact, I performed more than 1000 hours as an intern in my school's two clinics and a third, privately run clinic.

While the practice and instruments of "dry needling" and acupuncture are identical, the education is not equivocal. Were the education and training of physical therapists the same as that of licensed acupuncturists, new language would not need to be adopted by physical therapists to satisfy the requirements of and gain licensure as acupuncturists in any state. An equivalency between the knowledge and training of the two practices, however, does not exist. This is why the Hawaii Chapter of the American Physical Therapist Association (HAPTA) must propose superficial changes to the definition of acupuncture, so as to allow physical therapists to practice what has remained outside of their scope of practice since the adoption of the Physical Therapy Act in Hawaii. Lacking the requisite education and training, physical therapists would otherwise continue to be legally barred from performing acupuncture—under any name—in Hawaii.

Despite HAPTA's framing of the issue, the question at hand is not the safety of acupuncture—or what they call "dry needling." The safety of acupuncture has been well established by our practice and all of its forebearers. The question is whether or not what HAPTA refers to as "dry needling" constitutes acupuncture or a different, novel practice distinguishable from acupuncture, which precludes "dry needling" and its practitioners from oversight by acupuncture's regulatory body. As we can see from the definitions provided by the state and HAPTA, "dry needling" and "acupuncture"—for all intents and purposes here—amount to the same exact procedure. Therefore, despite its name, "dry needling," as a practice in which filiform needles are employed to puncture the skin for a therapeutic

purpose, remains acupuncture, which is a licensed profession under the purview of Hawaii's Board of Acupuncture. The adoption of new language by a separate professional organization of PTs cannot change that fact. As acupuncture in all but name, dry needling in Hawaii should be regulated by the same body, and its practitioners held to the same level of standards and requirements, as acupuncturists in Hawaii.

I am unfamiliar with the scope of PTs' training, especially as it relates to the use of needles, and the only paragraph of the bill pertaining to this area doesn't help in this regard. The bill's third paragraph under section 1 states, "The legislature additionally finds that the educational qualifications for physical therapists have increased since the practice act was established, with all new graduates now at the doctoral level." According to information provided on APTA's website, while most schools offer doctorates for physical therapy, a doctorate is not required for licensure: "Today's physical therapist is required to complete a graduate degree - either a masters or clinical doctorate - from an accredited education program. A growing majority of programs offer the Doctor of Physical Therapy (DPT) degree." (<http://www.apta.org/AboutPTs/>). With this, we are still no closer to understanding what portion of a PT's education actually pertains to handling, inserting, or manipulating needles in a safe or therapeutic manner. This statement would also seem to call into question the accuracy of the assertion that all new graduates are at the doctoral level. The paragraph continues, "Entry-level physical therapy programs provide more than eighty-six per cent of the relevant knowledge requirements for competency in dry needling, including evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. This additional advanced training is almost solely related to the knowledge and psychomotor skills relating to needle technique, such as palpation and selection, placement, handling, and manipulation of needles." Here, we see that some "additional advanced training" relates to aspects of dry needling, but it is not clear what exactly "This additional advanced training" refers to. The use of "[t]his" at the beginning of the line in question would seem to imply some kind of advanced training has already been mentioned, It has not. Is this additional training that graduates can elect to take? Is it required before some form of "dry needling" certification is awarded? What are the requirements of this certificate? This section is so vague and poorly written as to be a non sequitur. It never explicitly states what training PTs have in properly using needles as a therapeutic instrument or whether they are actually required to attain these unclear objectives before graduating and performing dry needling on the public. HB701 lacks any language or metrics to identify the level of skill or expertise expected of or attained by PTs before practicing "dry needling." How many clinical hours are they required to be under the supervision of a licensed clinician? Is it 86% of 1000? How many patients must they treat under supervision before graduation? None of these important questions are answered by the bill.

No matter whose definition we use, "dry needling" remains indistinguishable from "acupuncture". As such, "dry needling" should be restricted and licensed in the same manner as acupuncture, especially considering that the language of the bill and publicly available information provides no significant means by which to determine PTs' level of training in "dry needling" or its related practices. The success of organizations advocating on behalf of PTs in passing similar acts in other states speaks more to the ability of such organizations to circumvent proper oversight by the appropriate authorities than it does the merit of their assertions or their authority to do so. Simply changing the name of acupuncture and asserting the novelty of an otherwise identical practice so as to avoid its due oversight as acupuncture is analogous to, and as equally reckless as, a cutman in the UFC or an EMT on an emergency call representing themselves as a surgeon because a portion of their education coincides with aspects of surgery. Passage of this bill puts both professions and the safety of their patients at risk of serious harm. For all the reasons mentioned above, I strongly believe HB701 should not be passed.

HB-701

Submitted on: 2/11/2019 6:13:15 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| David Edery | Individual | Oppose | No |

Comments:

HB-701

Submitted on: 2/11/2019 6:42:32 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Ken Inouye | Individual | Support | Yes |

Comments:

Chair Mizuno, Vice-Chair Kobayashi, and members of the House Committee on Health:

My name is Ken Inouye, and I appreciate this opportunity to voice my support for House Bill 701, 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. In the case of the left knee, that therapy is still ongoing. 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 this committee to support HB701 and allow our state to join the 43 states currently allowing this essential procedure.

HB-701

Submitted on: 2/11/2019 6:50:13 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| K Inouye | Individual | Oppose | No |

Comments:

It's my understanding that PT's will not be licensed in acupuncture but will be allowed to perform acupuncture if this is passed. As someone who uses acupuncture, from a licensed acupuncturist, I feel that no one should be performing it if not licensed. I wouldn't want them hitting the wrong place or leaving it in too long.

HB-701

Submitted on: 2/11/2019 6:58:31 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Melissa Fisher | Individual | Oppose | No |

Comments:

Dry needling is the same as accupuncture and therefore should only be administered by a licensed practitioner who has years studying the use of needles as a medical field. Accupuncturists have the high level of knowledge needed for the use of needles and Physical Therapists have note spent the years studying the nuances and details of the field and should get an Accupuncture license if they want to use needles as medicine.

HB-701

Submitted on: 2/11/2019 7:07:08 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Evan Murao | Individual | Oppose | No |

Comments:

Aloha, my name is Evan Murao. Thank you for your time and allowing me to share my testimony with you.

First and foremost, Acupuncturists and Physical Therapists are neither opponents nor rivals; our shared goal of helping the public and our patients live healthier and happier lives makes us natural partners in this endeavor.

In their championing of bill HB701, APTA has very strongly and clearly acknowledged the safety and efficacy of acupuncture and the vital role it plays in public health. I spent 4 years of constant study and practice to earn my masters degree and currently working to meet the state of Hawaii's requirements to become a legally recognized practitioner.

Similarly, any other acupuncturist applying for licensure to practice in any state on the mainland would, at the very least, have to first demonstrate candidacy for licensure by providing the appropriate documentation that establishes they satisfy the particular state's requirements.

HB701, in essence, is an attempt to create a backdoor around such laws and requirements, which currently and rightfully prevent those not sufficiently trained in acupuncture from performing anything resembling acupuncture.

In January of this year, a judge in Florida ruled against such a bill, saying "the proposal exceeded the Board of Physical Therapy's 'grant of rule-making authority because it would expand the scope of physical therapy practice, not merely establish a standard of practice.'" (<http://health.wusf.usf.edu/post/judge-pokes-hole-dry-needling-rule#stream/0>)

I believe the state of Hawaii and its representatives, for this reason and those outlined below, should not pass and oppose HB701.

As defined in Hawaii Revised Statutes 436e, the practice of acupuncture "[...] includes the techniques of piercing the skin by inserting needles and point stimulation by the use of acupressure, electrical, mechanical, thermal, or traditional therapeutic means."

As defined by the proposed bill, HB701, "[d]ry needling is a Western medicine technique that involves the insertion of a solid filament needle, without medication, through the skin into underlying tissue to treat neuromuscular conditions, pain, movement impairments and disability through myofascial trigger points, as described by Simons and Travell."

While employing slightly different and more technical language associated with Western medical practices, the act of "dry needling" as proposed by said bill appears to be the practice of "piercing the skin by inserting needles" and stimulating underlying structures for "therapeutic means"—that is, acupuncture.

When we both appear to simply be inserting a needle in their sore shoulder to relieve pain, any patient unversed in the academic, theoretical, and philosophical difference between acupuncture and dry needling would be hard pressed to distinguish between the dry needling of a physical therapist (PT) and my practice of acupuncture.

However, the measurable difference between the PT's education and mine is vast, and it is clearly outlined in Hawaii Revised Statutes 436e-5 (d), which states that all candidates for licensure as an acupuncturist in Hawaii must undergo a "clinical training program of at least six hundred sixty hours under the supervision of a licensed acupuncturist." In fact, I performed more than 1000 hours as an intern in my school's two clinics and a third, privately run clinic.

While the practice and instruments of "dry needling" and acupuncture are identical, the education is not equivocal. Were the education and training of physical therapists the same as that of licensed acupuncturists, new language would not need to be adopted by physical therapists to satisfy the requirements of and gain licensure as acupuncturists in any state.

An equivalency between the knowledge and training of the two practices, however, does not exist. This is why the Hawaii Chapter of the American Physical Therapist Association (HAPTA) must propose superficial changes to the definition of acupuncture, so as to allow physical therapists to practice what has remained outside of their scope of practice since the adoption of the Physical Therapy Act in Hawaii. Lacking the requisite education and training, physical therapists would otherwise continue to be legally barred from performing acupuncture—under any name—in Hawaii.

Despite HAPTA's framing of the issue, the question at hand is not the safety of acupuncture—or what they call "dry needling." The safety of acupuncture has been well established by our practice and all of its forebearers. The question is whether or not what HAPTA refers to as "dry needling" constitutes acupuncture or a different, novel practice distinguishable from acupuncture, which precludes "dry needling" and its practitioners from oversight by acupuncture's regulatory body. As we can see from the definitions provided by the state and HAPTA, "dry

needling" and "acupuncture"—for all intents and purposes here—amount to the same exact procedure.

Therefore, despite its name, "dry needling," as a practice in which filiform needles are employed to puncture the skin for a therapeutic purpose, remains acupuncture, which is a licensed profession under the purview of Hawaii's Board of Acupuncture.

The adoption of new language by a separate professional organization of PTs cannot change that fact. As acupuncture in all but name, dry needling in Hawaii should be regulated by the same body, and its practitioners held to the same level of standards and requirements, as acupuncturists in Hawaii.

I am unfamiliar with the scope of PTs' training, especially as it relates to the use of needles, and the only paragraph of the bill pertaining to this area doesn't help in this regard. The bill's third paragraph under section 1 states, "The legislature additionally finds that the educational qualifications for physical therapists have increased since the practice act was established, with all new graduates now at the doctoral level."

According to information provided on APTA's website, while most schools offer doctorates for physical therapy, a doctorate is not required for licensure: "Today's physical therapist is required to complete a graduate degree - either a masters or clinical doctorate - from an accredited education program. A growing majority of programs offer the Doctor of Physical Therapy (DPT) degree." (<http://www.apta.org/AboutPTs/>). With this, we are still no closer to understanding what portion of a PT's education actually pertains to handling, inserting, or manipulating needles in a safe or therapeutic manner. This statement would also seem to call into question the accuracy of the assertion that all new graduates are at the doctoral level.

The paragraph continues, "Entry-level physical therapy programs provide more than eighty-six per cent of the relevant knowledge requirements for competency in dry needling, including evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. This additional advanced training is almost solely related to the knowledge and psychomotor skills relating to needle technique, such as palpation and selection, placement, handling, and manipulation of needles."

Here, we see that some "additional advanced training" relates to aspects of dry needling, but it is not clear what exactly "This additional advanced training" refers to. The use of "[t]his" at the beginning of the line in question would seem to imply some kind of advanced training has already been mentioned, it has not.

Is this additional training that graduates can elect to take? Is it required before some form of "dry needling" certification is awarded? What are the requirements of this certificate?

This section is so vague and poorly written as to be a non sequitur. It never explicitly states what training PTs have in properly using needles as a therapeutic instrument or whether they are actually required to attain these unclear objectives before graduating and performing dry needling on the public. HB701 lacks any language or metrics to identify the level of skill or expertise expected of or attained by PTs before practicing "dry needling." How many clinical hours are they required to be under the supervision of a licensed clinician? Is it 86% of 1000? How many patients must they treat under supervision before graduation? None of these important questions are answered by the bill.

No matter whose definition we use, "dry needling" remains indistinguishable from "acupuncture". As such, "dry needling" should be restricted and licensed in the same manner as acupuncture, especially considering that the language of the bill and publicly available information provides no significant means by which to determine PTs' level of training in "dry needling" or its related practices. The success of organizations advocating on behalf of PTs in passing similar acts in other states speaks more to the ability of such organizations to circumvent proper oversight by the appropriate authorities than it does the merit of their assertions or their authority to do so.

Simply changing the name of acupuncture and asserting the novelty of an otherwise identical practice so as to avoid its due oversight as acupuncture is analogous to, and as equally reckless as, a cutman in the UFC or an EMT on an emergency call representing themselves as a surgeon because a portion of their education coincides with aspects of surgery. My brother is a dentist in Colorado and speaking to him about this bill, he told me the Dental association over there is trying to get Dentists to perform botox injections like that of plastic surgeons.

These mixing/blending of professions does not only demean a profession of their credibility, but also the integrity of the practice and most importantly it puts risks and impeding dangers to the public left in the hands of a profession lacking the proper training and education of a certain practice. This leads to further lawsuits and broken confidence and trust for that particular field of healthcare.

For all the reasons mentioned above, I strongly OPPOSE HB701.

HB-701

Submitted on: 2/11/2019 7:42:02 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Alex Fisher | Individual | Oppose | No |

Comments:

HB-701

Submitted on: 2/11/2019 7:56:52 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-------------------|--------------|--------------------|--------------------|
| Christine Walinch | Individual | Oppose | No |

Comments:

A serious threat to public health and safety exists from the illegal and unsafe practice of acupuncture under the term “trigger-point dry needling.”

Some states allow PT's to administer dry needling with only 23 hours of training! This is unsafe! Acupuncturists train and study for four years in a Masters Degree Program as Traditional Chinese Medicine Acupuncturists. 2000 academic didactic hours and 600 clinal hours are required before national and state board exams are administered. \$50 K education.

For an acupuncturist to be able to initially start needling a patient, they have undergone nearly two years of graduate school and they've taken a mid-curriculum exam, proving their knowledge of both the philosophy of the medicine and the pathophysiology of the body.

Technique is also taught within those two years and proper treatment diagnosis and planning as well. When physical therapists or chiropractors dry needle, they take a weekend course using the same needles as acupuncturists. The true technique and medicine of acupuncture is not applied through dry needling because dry needling is just the process of inserting a needle in an area of pain. Acupuncturists don't rely on pain areas for effective treatment but the response of the entire nervous system to get blood moving and the nervous system stimulated.

"The AAMA (American Academy of Medical Acupuncturists – a physician organization promoting the integration of acupuncture with western medicine training) 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 and other allied health professionals to include dry needling as part of their practice."

Physical therapists and other allied health professionals who are not licensed by law to practice acupuncture would have the public believe that trigger-point dry needling is not acupuncture but manual therapy.

This is absurd because trigger-point dry needling is invasive, whereas manual therapy is non-invasive.

As stated earlier, trigger-point dry needling is acupuncture that involves inserting acupuncture needles into specific anatomical sites in the body, specifically tender points, and manipulating them manually for the treatment of pain and dysfunction—particularly of the neuromusculoskeletal system. It must be emphasized that manual therapy certainly does not include the practice of insertion of needles in any form.

Physical therapists and other allied health professionals who are not licensed by law to practice acupuncture would have the public believe that the act of inserting acupuncture needles into specific anatomical sites in the body and manipulating them manually for diagnostic and/or therapeutic purposes does not define the profession of acupuncture.

Nothing could be further from the truth. The act of inserting acupuncture needles into specific anatomical sites in the body and manipulating them manually for diagnostic and/or therapeutic purposes does define the profession of acupuncture. It is this act that makes the profession of acupuncture unique.

Indeed, acupuncture literally means “pricking or piercing with a needle,” from Latin acu “with a needle” and punctura “pricking or piercing.”

Physical therapists and other allied health professionals who are not licensed by law to practice acupuncture would have the public believe that they do not use acupuncture needles to perform trigger-point dry needling.

The fact is, they do use acupuncture needles to perform trigger-point dry needling. However, they deliberately call them “dry needles” rather than “acupuncture needles” as part of their strategy to confuse and mislead the public.

It is illegal for physical therapists and other allied health professionals who are not licensed by law to practice acupuncture to purchase or possess acupuncture needles.

Acupuncture needles are Class II (special controls) medical devices and must comply with all applicable provisions of the Federal Food, Drug, and Cosmetic Act (FDCA) and U.S. Food and Drug Administration (FDA) implementing regulations.

FDA implementing regulations require that the sale of acupuncture needles “must be clearly restricted to qualified practitioners of acupuncture as determined by the States.” See 61 Fed. Reg. 64616 (Dec. 6, 1996) (emphasis added); see also 21 U.S.C. § 360j(e); 21 CFR § [880.5580](#)(b)(1); 21 CFR § 801.109.

Accordingly, FDA implementing regulations require that the label of acupuncture needles must bear the following prescription medical device statement: “Caution: Federal law restricts this device to sale by or on the order of qualified practitioners of

acupuncture as determined by the States.” (Emphasis added.) See 21 U.S.C. § 360j(e); 21 CFR § 801.109(b)(1).

Therefore, physical therapists and other allied health professionals who are not licensed by law to practice acupuncture are directly violating civil and criminal provisions of the FDCA intended to protect public health and safety when they purchase or possess acupuncture needles. See 21 U.S.C. § 331(a)–(c), (g).

Physical therapists and other allied health professionals who are not licensed by law to practice acupuncture are not qualified to perform trigger-point dry needling.

Trigger-point dry needling is far outside the scope of their education, training, experience, expertise, and license.

In order to become a licensed acupuncturist in most states, an applicant must have completed at least 1,245 hours of didactic education in subjects including anatomy, physiology, pathology, diagnosis, and treatment as well as infection control, palpation-based acupuncture point location, and acupuncture needle use—including indications, effects, routes, methods, and frequency and duration of administration as well as relevant hazards, contraindications, side effects, and precautions. The applicant must have also completed at least 660 hours of clinical training, under direct supervision, in acupuncture.

Yet a growing number of physical therapists and other allied health professionals who are not licensed by law to practice acupuncture are advertising and providing acupuncture services to an unsuspecting public under the term “trigger-point dry needling” (or derivations of the term such as “functional dry needling”) with as little as a weekend workshop in acupuncture.

There are very real risks associated with the use of acupuncture needles (with or without the passage of electrical current through these needles) by physical therapists and other allied health professionals who are not licensed by law to practice acupuncture.

These risks include, but are not limited to, the following:

- Injury to blood vessels, nerves, muscles, bones, and internal organs resulting from:
 - incorrect direction, angle, and/or depth of insertion of acupuncture needles;
 - inappropriate manipulation of acupuncture needles; and
 - inappropriate passage of electrical current through acupuncture needles.
- Infection and cross infection—including acquired immunodeficiency syndrome (AIDS), Hepatitis B, Hepatitis C, and methicillin-resistant *Staphylococcus aureus* (MRSA).

There have been recent reports of serious injury resulting from the use of acupuncture needles by physical therapists and other allied health professionals who lacked the education and training of licensed physicians or acupuncturists.

On June 21, 2006, Kim Ribble-Orr, a former Olympic athlete from Hamilton, Ontario, Canada, suffered a punctured left lung resulting from incorrect direction, angle, and/or depth of insertion of an acupuncture needle by a massage therapist who lacked the education and training of licensed physicians or acupuncturists. Her punctured left lung resulted in left-sided pneumothorax (the presence of air in the cavity between the lungs and the chest wall, causing collapse of the lung) with subsequent life-threatening infection—requiring surgeries and 11 days in the hospital. According to court records, “[s]he now has only 55% function in her left lung.” See *Spurrell v. College of Massage Therapists of Ontario*, 2013 ONSC 4117 (CanLII), 2013 ONSC 4117 (CanLII), at paragraph 11.

On October 4, 2012, Emily Kuykendall, a high-school teacher from Ellicott City, Maryland, suffered a punctured left-leg nerve resulting from incorrect direction, angle, and/or depth of insertion of an acupuncture needle by a physical therapist who lacked the education and training of licensed physicians or acupuncturists. Her punctured left-leg nerve resulted in severe, debilitating pain, literally from head to toe—requiring prescription drugs.

On November 29, 2013, Torin Yater-Wallace, a high-school student from Basalt, Colorado, suffered a punctured right lung resulting from incorrect direction, angle, and/or depth of insertion of an acupuncture needle by a physical therapist who lacked the education and training of licensed physicians or acupuncturists. His punctured right lung resulted in right-sided pneumothorax—requiring surgery and three days in the hospital.

It is illegal for physical therapists or any other providers to submit claims for payment to Medicare for trigger-point dry needling (a non-covered service) disguised as physical therapy (a covered service).

Trigger-point dry needling is acupuncture which is not a covered service under the Medicare program. See 42 U.S.C. § 1395y(a)(1). Use of acupuncture needles (with or without the passage of electrical current through these needles) is not a covered service under the Medicare program, whether the service is rendered by a licensed acupuncturist or any other provider.

Billing Medicare for trigger-point dry needling under the physical therapy codes (for example, 97110, therapeutic procedure; 97112, neuromuscular re-education; or 97140, manual therapy) is a misrepresentation of the actual service rendered and is considered fraud by Medicare. See 31 U.S.C. §§ [3729–3733](#).

Thank you

HB-701

Submitted on: 2/11/2019 8:22:17 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------|--------------|--------------------|--------------------|
| Harleigh Kidd | Individual | Oppose | No |

Comments:

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|--|
| <p>Thank you for sharing your time and allowing me to share my testimony with you.</p> <p>First and foremost, acupuncturists and physical therapists are neither opponents nor rivals; our shared goal of helping the public and our patients live healthier and happier lives makes us natural partners in this endeavor. In their championing of bill HB701, APTA has very strongly and clearly acknowledged the safety and efficacy of acupuncture and the vital role it plays in public health. As a licensed acupuncturist myself, I spent 3 years of constant study and practice to earn my masters degree and meet the state of Hawaii's requirements to become a legally recognized practitioner. To have respected professionals trained in another form of healing pursue the opportunity to adopt and practice my medicine is an inspiring form of recognition that, unfortunately, puts us all in an awkward position.</p> <p>As defined in Hawaii Revised Statutes 436e, the practice of acupuncture "[...] includes the techniques of piercing the skin by inserting needles and point stimulation by the use of acupressure, electrical, mechanical, thermal, or traditional therapeutic means." As defined by the proposed bill, HB701, "[d]ry needling is a Western medicine technique that involves the insertion of a solid filament needle, without medication, through the skin into underlying tissue to treat neuromuscular conditions, pain, movement impairments and disability through myofascial trigger points, as described by Simons and Travell." While employing slightly different and more technical language associated with Western medical practices, the act of "dry needling" as proposed by said bill appears to be the practice of "piercing the skin by inserting needles" and stimulating underlying structures for "therapeutic means"—that is, acupuncture. When we both appear to simply be inserting a needle in their sore shoulder to relieve pain, any patient unversed in the academic, theoretical, and philosophical difference between acupuncture and dry needling would be hard pressed to distinguish between the dry needling of a physical therapist (PT) and my practice of acupuncture. However, the measurable difference between the PT's education and mine is vast, and it is clearly outlined in Hawaii Revised Statutes 436e-5 (d), which states that all candidates for licensure as an acupuncturist in Hawaii must undergo a "clinical training program of at least six hundred sixty hours under the supervision of a licensed acupuncturist."</p> |
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While the practice and instruments of "dry needling" and acupuncture are identical, the education is not equivocal. Were the education and training of physical therapists the same as that of licensed acupuncturists, new language would not need to be adopted by physical therapists to satisfy the requirements of and gain licensure as acupuncturists in any state. An equivalency between the knowledge and training of the two practices, however, does not exist. This is why the Hawaii Chapter of the American Physical Therapist Association (HAPTA) must propose superficial changes to the definition of acupuncture, so as to allow physical therapists to practice what has remained outside of their scope of practice since the adoption of the Physical Therapy Act in Hawaii. Lacking the requisite education and training, physical therapists would otherwise continue to be legally barred from performing acupuncture—under any name—in Hawaii.

Despite HAPTA's framing of the issue, the question at hand is not the safety of acupuncture—or what they call "dry needling." The safety of acupuncture has been well established by our practice and all of its forebearers. The question is whether or not what HAPTA refers to as "dry needling" constitutes acupuncture or a different, novel practice distinguishable from acupuncture, which precludes "dry needling" and its practitioners from oversight by acupuncture's regulatory body. As we can see from the definitions provided by the state and HAPTA, "dry needling" and "acupuncture"—for all intents and purposes here—amount to the same exact procedure. Therefore, despite its name, "dry needling," as a practice in which filiform needles are employed to puncture the skin for a therapeutic purpose, remains acupuncture, which is a licensed profession under the purview of Hawaii's Board of Acupuncture. The adoption of new language by a separate professional organization of PTs cannot change that fact. As acupuncture in all but name, dry needling in Hawaii should be regulated by the same body, and its practitioners held to the same level of standards and requirements, as acupuncturists in Hawaii.

I am unfamiliar with the scope of PTs' training, especially as it relates to the use of needles, and the only paragraph of the bill pertaining to this area doesn't help in this regard. The bill's third paragraph under section 1 states, "The legislature additionally finds that the educational qualifications for physical therapists have increased since the practice act was established, with all new graduates now at the doctoral level." According to information provided on APTA's website, while most schools offer doctorates for physical therapy, a doctorate is not required for licensure: "Today's physical therapist is required to complete a graduate degree - either a masters or clinical doctorate - from an accredited education program. A growing majority of programs offer the Doctor of Physical Therapy (DPT) degree." (<http://www.apta.org/AboutPTs/>). With this, we are still no closer to understanding what portion of a PT's education actually pertains to handling, inserting, or manipulating needles in a safe or therapeutic manner. This statement would also seem to call into question the accuracy of the assertion that all new graduates are at the doctoral level. The paragraph continues, "Entry-level physical therapy programs provide more than eighty-six per cent of the relevant knowledge requirements for competency in dry needling, including evaluation, assessment, diagnosis and plan of

care development, documentation, safety, and professional responsibilities. This additional advanced training is almost solely related to the knowledge and psychomotor skills relating to needle technique, such as palpation and selection, placement, handling, and manipulation of needles." Here, we see that some "additional advanced training" relates to aspects of dry needling, but it is not clear what exactly "This additional advanced training" refers to. The use of "[t]his" at the beginning of the line in question would seem to imply some kind of advanced training has already been mentioned, It has not. Is this additional training that graduates can elect to take? Is it required before some form of "dry needling" certification is awarded? What are the requirements of this certificate? This section is so vague and poorly written as to be a non sequitur. It never explicitly states what training PTs have in properly using needles as a therapeutic instrument or whether they are actually required to attain these unclear objectives before graduating and performing dry needling on the public. HB701 lacks any language or metrics to identify the level of skill or expertise expected of or attained by PTs before practicing "dry needling." How many clinical hours are they required to be under the supervision of a licensed clinician? Is it 86% of 1000? How many patients must they treat under supervision before graduation? None of these important questions are answered by the bill.

No matter whose definition we use, "dry needling" remains indistinguishable from "acupuncture". As such, "dry needling" should be restricted and licensed in the same manner as acupuncture, especially considering that the language of the bill and publicly available information provides no significant means by which to determine PTs' level of training in "dry needling" or its related practices. The success of organizations advocating on behalf of PTs in passing similar acts in other states speaks more to the ability of such organizations to circumvent proper oversight by the appropriate authorities than it does the merit of their assertions or their authority to do so. Simply changing the name of acupuncture and asserting the novelty of an otherwise identical practice so as to avoid its due oversight as acupuncture is analogous to, and as equally reckless as, a cutman in the UFC or an EMT on an emergency call representing themselves as a surgeon because a portion of their education coincides with aspects of surgery. Passage of this bill puts both professions and the safety of their patients at risk of serious harm. For all the reasons mentioned above, I strongly believe HB701 should not be passed.

Thank you for your time

Respectfully

Harleigh Kidd



ReplyReply allForward

February 10, 2019
ATTN: Hawaii State Legislature

I am writing this letter in strong opposition of the proposed bill HB701. Acupuncture is a technique developed in China about 2000-300 years ago where a number of acupuncture points are selected to have a healing effect upon a certain region of the body based upon complex diagnostic criteria. Administration of acupuncture to said points stimulates the circulatory system therefore generating a healing effect upon the body. In order to gain licensure to practice acupuncture in the State of Hawaii students must undergo 2,413 hours of training; 600 hours of clinical, 1155 hours of traditional Oriental acupuncture diagnosis and treatment (including 705 hours of Oriental medical theory, diagnosis and treatment in acupuncture and related studies and 450 hours of herbal studies). Dry needling is a derivative of an earlier Western medical technique of trigger point injections. It involves insertion of needles into regions of muscular pain, tension or spasm without the prior injection of fluid but intended to create the same decrease in pain. Physical therapists are required to complete 50 hours of training in order to administer such treatment.

Acupuncture is often performed on points distal to the action area of symptom/complaint. The points are chosen not just for specific symptoms, but after an in-depth history and exam indicates deeper functional issues that act as underlying cause to the symptoms that a patient is experiencing. Because of this functional approach of restoring circulation and health in organ and tissue systems of the body long-term, chronic and deeper health issues can be addressed; creating overall increase in circulation and body function and therefore lessen the presence of unpleasant symptoms for the patient.

Insertion of the needles tends to be rather shallow in most areas. Long hours of study are required to know just how deep and at what angle it is safe and effective for each specific acu-point. The needles are left in the patient for 20-30 minutes, on average, while the body relaxes and circulation is restored to the affected areas. Acupuncture usually requires a series of treatments to restore proper function.

Dry needling is a local area of effect therapy useful for muscular pain caused by "Trigger Points", spasm or tightness which causes pain, discomfort or a lack of movement in a specific area of the body. The needles are generally inserted quite deeply into the tissue to create the desired "twitch" which releases the muscle fibers. The patient is expected to experience some discomfort during and possibly after the technique. Local soreness, bruising, or tiredness are common. Because of the deeper insertion of the needles, there is a greater risk for deep bruising or the event of a broken needle - which usually occurs where the needle shaft meets the handle (the little wound wire looking part at the end for the therapist to grip). There have been some reports of lung collapse when deep needling is performed over the chest, upper back or shoulder areas; or other organ injury can occur.

While it is not my intent to downgrade any Physical Therapists (they are wonderful, caring people who have and can help so many folks who are struggling with musculo-skeletal injury and recovery) dry needling has a much more limited potential of benefit for most patients.

Dry needling, like much of our modern medicine of today; is very much focused on a specific area with a specific symptom. It can release a spastic muscle, but does not aim to create greater health, vitality or strength in that muscle.

Acupuncture, on the other hand, takes the approach of restoring health to a weak or injured area of the body. We are always concerned with the “why” of any health complaint and, while we also aim to resolve symptoms like pain and spasm, we are concerned with creating an environment in the body where those symptoms go away because the organs, blood flow and tissues of the body are healthier and more resilient to the demands that the individual’s activities put on them.

Please uphold the current by laws in the State of Hawaii that prevent physical therapists from administering any puncturing technique that breaks the skin surface and therefore will prevent them from administering said “dry needling” techniques.

I appreciate your continued support of acupuncture and Chinese medicine, the education required in order to administer said medicine in our country, as the sole modality allowed to administer needling in our state.

Yours sincerely,

Nicole Fechtig, L.Ac.
808-941-9531
nicolefechtig@gmail.com

HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

I am a Doctor of Physical Therapy (DPT), Board Certified Orthopaedic Clinical Specialist (OCS), and the Program Director for the Physical Therapist Assistant Program at Kapi'olani Community College. I am writing to express my strong support for **HB701** and the proposed changes to the Physical Therapy Practice Act. Following the completion of my DPT, I completed an Orthopaedic residency program and earned my OCS certification. Throughout my extensive education, I have been exposed to the best evidence-based practice and literature and the impact we can have on the health of our community if our profession is able to practice at its highest level. Which is why it is essential that HB701 is passed.

As an educator, I have the responsibility of ensuring my students receive the best education, based on top evidence and contemporary practice. One of our profession's core values is "excellence", which is defined as: "embracing advancement, challenging mediocrity, and working toward the development of new knowledge". While our profession has made significant advancements, our Hawaii Physical Therapy Practice Act is far outdated. This creates a barrier in our ability to provide the best care to our patients and our local community.

One of the major components of the proposed changes is the incorporation of dry needling into our practice act. While opponents may argue that Physical Therapists lack the training to safely perform the intervention, the truth is exactly the opposite. Physical Therapists are experts in human anatomy and musculoskeletal, neurological, and cardiopulmonary conditions. We devote years of study to these areas and with additional certification we have demonstrated that we can safely practice dry needling. The Physical Therapist Assistants I educate will not be able to practice the technique as it is outside of their scope of practice. However, if their supervising Physical Therapists are able to, many patients will be better able to tolerate their therapeutic interventions and it will have a direct impact on the effectiveness of PTAs as well.

Another of our profession's core values is "Social Responsibility", which is defined as: "the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness". The toll of the opioid epidemic is devastating and has contributed to high risk drug dependence and billions in medical expenditures. Physical Therapists should be the first line of defense in the treatment and management of chronic pain. The addition of health and wellness to our practice act will allow us to provide leadership to our community and contribute to the achievement of our societal health goals.

Thank you for your consideration,

Bennett Zazzera, PT, DPT, OCS

HB-701

Submitted on: 2/11/2019 10:39:23 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------------|--------------|--------------------|--------------------|
| Dr. Brooke Foreman | Individual | Oppose | No |

Comments:

Does Hawaii want headlines like this?

Olympic Freeskier Attributes Collapsed Lung to Dry Needling

Torin Yater-Wallace, an 18-year-old U.S. freeskier, recently competed in the Sochi Olympics in the event's first ever men's ski halfpipe. Though he made the U.S. team, it was a long road. In the beginning of December, Yater-Wallace suffered from a collapsed lung that sidelined him from competitions and led to a weeklong stay in the hospital. Dry needling likely caused the injury.

Or maybe the dry needling headline of judo athlete, Kim Ribble-Orr's career ending injury caused by untrained person providing acupuncture.

Tons more out there but all caused by the same thing: not sticking to scope of practice.

As a trained acupuncturist, I have thousands of hours in training for insertion of needles and the safety around that including 4 national board exams, a national clean needle certification and malpractice insurance associated with acupuncture. I also happened to have been trained in modalities used in PT. & chiropractic. Because of a clear boundary / scope of service I don't perform adjustments or manual therapy right?

When we open the door for a grey area in scope of service for PTs & chiropractors we open the public to breaches in safety in which strong scopes of service protect.

I ask you, if your son was in pain & needed relief would you take them to a board certified, licensed acupuncturist or would you risk it and trust that a PT or chiropractor with a few Saturdays training would be the best bet? And God forbid anything were to go wrong how would you back up your evidenced based decision for safety. Easily with an acupuncturist, as there are thousands of clinical studies. Not the case with dry needling. Who's responsible then ?

Hawaii needs to protect its people from untrained people doing acupuncture. If anyone wants to perform acupuncture let's have them board certified & licensed.

Let's follow Florida and other leading states by opposing dry needling.

Thank you,

in best health,

Dr. Brooke Foreman, DACM

HB-701

Submitted on: 2/11/2019 9:01:08 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Becky Jacobs | Individual | Oppose | No |

Comments:

I strongly oppose HB701. All health practitioners wishing to practice acupuncture are required by law to be licensed acupuncturists regardless of whether the needling technique is described as “dry needling”. The practice of “acupuncture” includes any insertion of an acupuncture needle (filiform needle) for a therapeutic purpose. The American Academy of Medical Acupuncture (AAMA) has set the industry position that dry needling is acupuncture. The state of Hawaii requires that physicians (MDs & ODs) must be a licensed acupuncturist to practice acupuncture. It is essential for the safety of the public to require adequate education and competency testing.

The US Food and Drug Administration (FDA) defines the acupuncture needle as a Class II medical device, and has explicitly stated that the sale of acupuncture needles “must be clearly restricted to qualified practitioners of acupuncture as determined by the States.” As “dry needling” is acupuncture, it presents the same inherent risks including but not limited to perforation of the lungs and other internal organs, nerve damage, and infection. Recent reports of serious and potentially life-threatening injuries associated with “dry needling” include pneumothoraxes and spinal cord injury. These and other injuries support the statement that “dry needling” presents a substantial threat to public safety when performed without adequate education, training, and independent competency examination.

The State of Hawaii requires 3,690 hours of acupuncture-specific training and biomedical coursework which includes acupuncture-specific didactic material and supervised clinical training. Doctoral programs in acupuncture are one to two years.

In contrast, there are no independent, agency-accredited training programs for “dry needling,” no standardized curriculum, no means of assessing the competence of instructors in the field, and no independently administered competency examinations.

“Dry needling” is a pseudonym for acupuncture that has been adopted by physical therapists, chiropractors, and other health providers who lack the legal ability to practice acupuncture within their scope of practice. This strategy allows these groups to skirt safety, testing, and certification standards put into place for the practice of acupuncture. Dry Needling is a style of needling treatment within the greater field of acupuncture. Acupuncture education and training has always included both traditional and modern medical teachings.

Anatomically, “trigger points” and “acupuncture points” are synonymous, and acupuncture has targeted trigger points for over 2,000 years. “Dry needling” is indistinguishable from acupuncture since it uses the same FDA-regulated medical device specifically defined as an “acupuncture needle,” treats the same anatomical points, and is intended to achieve the same therapeutic purposes as acupuncture.

Neither physical therapy nor chiropractic entry-level training includes any meaningful preparation for the practice of invasive therapeutic modalities such as the insertion of acupuncture needles. Training in these programs is generally limited to external therapeutic modalities. In some states, however, physical therapists and others have begun inserting acupuncture needles and practicing acupuncture with 12-24 hours of classroom time and little to no hands-on training or supervision. This is being done under the name “dry needling.”

Physical therapists and chiropractors without acupuncture included in their state practice acts have, in some cases, been authorized to perform dry needling by their own regulatory boards’ non-binding guidelines or through administrative rulemaking. Such actions often occur even when the statutory practice act adopted by the state legislature lacks any legislative intent to authorize invasive procedures such as the insertion of needles.

Please do not support HB701. This is a matter of public safety. Consumers need protection from this illegal and unsafe practice of acupuncture.

Thank you

Dr. Becky Jacobs

Doctor of Acupuncture and Chinese Medicine

HB-701

Submitted on: 2/11/2019 11:28:48 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Erin Heidrich L.Ac | Individual | Oppose | No |

Comments:

Physical Therapists are asking for the right to dry needle with out the proper education. I have thousands of hours of study and testing to have my degree, it is not only unsafe but disrespectful to Chinese medicine to allow physical therapist to needle. There are possible cases of pnemothorax, and ways to promote bleeding in the body when they shouldn't for example. It is a true danger to the human body to let physical therapists needles with out their proper education to become a licensed acupuncturist.

Mahalo,

Erin Heidrich L.Ac (Licensed Acupuncturist and Herbalist)

kobayashi1 - Melvia

From: Aaron <bimedtec@gmail.com>
Sent: Saturday, February 9, 2019 5:16 PM
To: HLTtestimony
Subject: Acupuncture for Acupuncturist

I really think Physical therapist should go through the same amount of schooling to do Acupuncture needling. As simple as it sounds a lot of harm can be done. I have been a Acupuncturist for 17 years and am still learning and still cautious of my approach. Thanks for your consideration.

Aaron Ishigo
Big island

Sent from my iPhone

kobayashi1 - Melvia

From: Erica DiCosmo <ericaboss13@gmail.com>
Sent: Saturday, February 9, 2019 4:49 PM
To: HLTtestimony
Subject: PT Bill

To Whom It My Concern,

My name is Erica DiCosmo. I am a Licensed Acupuncturist on the Big Island. Recently it has come to my attention that other professions, namely Physical Therapists, are trying to use modalities like "dry needling" that they are not aptly trained for. My schooling was 3 years long with 6 weeks off each year. It took that long to learn proper technique and the theory behind needling and herbal therapy. Calling something a different name does not change what it is. The community is endangered when undertrained individuals take on new modalities that can be devastating to a patient if done incorrectly (ex. pneumothorax). Needling is not something that can be taught in a weekend course. Please consider this when deciding to let them practice something they know little about. If they want to go to school for three years I say wonderful! Acupuncture therapy is very beneficial when one knows proper techniques and is properly trained. I understand they want to help their patients and acupuncture is a very healing modality, but only when one know exactly what they are doing.

Mahalo for your time.

Erica DiCosmo, LAc

kobayashi1 - Melvia

From: Kimberly Gitzel <kimgitzel@mac.com>
Sent: Saturday, February 9, 2019 3:17 PM
To: HLTtestimony
Subject: HB701

To Whom This May Concern:

I OPPOSE this bill for several reasons. Their training will never suffice. therefore, it will be inevitable that a death or injury will occur. To date, all recent pneumothoraxes have occurred at the hands of PT's doing dry needling.

It is risky and unsafe. Please retain quality so that only WELL TRAINED ACUPUNCTURISTS are the ONLY people allowed to needle in this state. Needless death will not occur if it is kept in only our hands. Look at our collective track record so far! Any deaths in Hawaii due to an Acupuncturist? NONE.

Let's keep it that way.

Mahalo,
Kim Gitzel



QUEEN'S CANCER CENTER



THE QUEEN'S
MEDICAL CENTER

Feb 11, 2019

Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice-Chair
Health Committee

RE: TESTIMONY OPPOSING HB701
Relating to Physical Therapy Practice Act

Aloha Chair Mizuno and members of the committee,

I am writing to urge you to oppose HB701, which would allow physical therapists, with 30-60 hours of training, no clinical requirements, no certification, no malpractice coverage, no clean needle technique, to practice dry needling, otherwise known as ACUPUNCTURE.

If HB701 became law, it would be only a matter of time before a member of the public was injured.

I am the Chairman of the state Board of Acupuncture, a licensed, nationally board-certified acupuncturist. I practice at the Queens Medical Center Cancer Center. I'm also a member of a research team with MD Anderson, Wake Forest Hospital and the UH Cancer Center. I am the recipient of three prestigious grants from the Susan Komen Race for the Cure and a winner of the 2013 Hawaii Health Association Health Care Professional with a Heart award. My point is that I am a serious medical practitioner. It took me thousands of hours of training to learn how to safely and effectively place needles into patients.

The physical therapists are asking you to authorize them to perform the **INVASIVE** procedure of inserting an acupuncture needle deep into muscle, with minimal training - it's just not safe.

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.

The AMA recognizes that dry needling is acupuncture by another name and declares it an invasive procedure. Most recently Dr. Janet Travell, who is widely recognized as the Western expert in myofascial trigger point therapy, stated in an interview that dry needling is acupuncture.

There are more than twice as many physical therapists (1627 in 2018) as acupuncturists (742 in 2018) in Hawaii. If we allow them to start practicing acupuncture (dry needling) they would swamp our profession. Imagine the added risk of malpractice by sending 1600 minimally trained Physical Therapists, armed with needles, into practice onto their equipment-filled therapy gym.

The states with the most sophisticated health care systems, the most respected medical educational institutions and the biggest health care industries, including California, New York, and New Jersey, have all realized the importance of maintaining a strong oriental medicine community to complement and practice alongside western MDs and have denied physical therapists the opportunity to elbow their way into the acupuncture profession without proper education. Hawaii should continue to remain on the same side as these progressive states.

I have attached a one-page informational leaflet we have been distributing to legislators, along with a statement from the American Medical Association, the curriculum for our accredited Acupuncture School in Hawaii and the doctorate curriculum from Duke University Physical Therapy school. The difference in educational and training requirements is clear and I believe overwhelming.

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

Respectfully yours,

Dr. Jayne Tsuchiyama,
Queen's Medical Center, Cancer Center
Doctor of Acupuncture and Oriental Medicine
Licensed Acupuncturist



needles *of* hope

HELPING YOUR BODY HEAL ITSELF

Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice-Chair
Health Committee

February 11, 2019

RE: TESTIMONY OPPOSING HB701 — Relating to Physical Therapy Practice Act

To the Honorable Chair, John Mizuno and the Honorable Vice Chair, Bertrand Kobayashi and members of the Health Committee:

I am writing to urge you to oppose HB701. If HB701 were to become law, it would only be a matter of time before a member of the public was injured.

I am a recently licensed acupuncturist. In our training, 2160 hours of didactic training **AND 1080 hours of clinical training** were required. In addition to my clinical hours, I volunteered 1) once of week for 2 years at the IHS women's shelter in Iwilei, 2) once a week for 2 years at the Rehabilitation Hospital of the Pacific in Nu'uaniu working with pain and stroke patients, 3) once of week for 1 year at Hale Na'au Pono, Waianae Coast Community Mental Health Center, where we provided acu-detox, ear acupuncture treatment as part of their Alcohol & Drug Outpatient Program. Also in the last year, I have attended almost 200 hours of specialized acupuncture training.

Why spend so much time volunteering and acquiring additional training? There are many reasons, but in the context of this bill, because I am a serious medical practitioner and understand it takes **MANY** hours of practice to perfect our skill.

This bill would allow physical therapists, with 30-60 hours of training, no clinical requirements, no certification, no malpractice coverage, no clean needle technique, to practice dry needling, aka ACUPUNCTURE on patients. The physical therapists are asking to perform an invasive procedure of inserting an acupuncture needle deep into muscles, with minimal training. It is simply not safe without proper training, and it would give us acupuncturist a bad reputation. Our Chinese medicine system is a comprehensive health care system. It is not just about viciously needling a given point.

Please protect the health and safety of consumers in Hawai'i 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. I thank you for your time!

Respectfully yours,

Kathy K. Sato, L.Ac.

HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

I am a Doctor of Physical Therapy (DPT), Board Certified Orthopaedic Clinical Specialist (OCS), and the Program Director for the Physical Therapist Assistant Program at Kapi'olani Community College. I am writing to express my strong support for **HB701** and the proposed changes to the Physical Therapy Practice Act. Following the completion of my DPT, I completed an Orthopaedic residency program and earned my OCS certification. Throughout my extensive education, I have been exposed to the best evidence-based practice and literature and the impact we can have on the health of our community if our profession is able to practice at its highest level. Which is why it is essential that HB701 is passed.

As an educator, I have the responsibility of ensuring my students receive the best education, based on top evidence and contemporary practice. One of our profession's core values is "excellence", which is defined as: "embracing advancement, challenging mediocrity, and working toward the development of new knowledge". While our profession has made significant advancements, our Hawaii Physical Therapy Practice Act is far outdated. This creates a barrier in our ability to provide the best care to our patients and our local community.

One of the major components of the proposed changes is the incorporation of dry needling into our practice act. While opponents may argue that Physical Therapists lack the training to safely perform the intervention, the truth is exactly the opposite. Physical Therapists are experts in human anatomy and musculoskeletal, neurological, and cardiopulmonary conditions. We devote years of study to these areas and with additional certification we have demonstrated that we can safely practice dry needling. The Physical Therapist Assistants I educate will not be able to practice the technique as it is outside of their scope of practice. However, if their supervising Physical Therapists are able to, many patients will be better able to tolerate their therapeutic interventions and it will have a direct impact on the effectiveness of PTAs as well.

Another of our profession's core values is "Social Responsibility", which is defined as: "the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness". The toll of the opioid epidemic is devastating and has contributed to high risk drug dependence and billions in medical expenditures. Physical Therapists should be the first line of defense in the treatment and management of chronic pain. The addition of health and wellness to our practice act will allow us to provide leadership to our community and contribute to the achievement of our societal health goals.

Thank you for your consideration,

Bennett Zazzera, PT, DPT, OCS

February 10, 2019
ATTN: Hawaii State Legislature

I am writing this letter in strong opposition of the proposed bill HB701. Acupuncture is a technique developed in China about 2000-300 years ago where a number of acupuncture points are selected to have a healing effect upon a certain region of the body based upon complex diagnostic criteria. Administration of acupuncture to said points stimulates the circulatory system therefore generating a healing effect upon the body. In order to gain licensure to practice acupuncture in the State of Hawaii students must undergo 2,413 hours of training; 600 hours of clinical, 1155 hours of traditional Oriental acupuncture diagnosis and treatment (including 705 hours of Oriental medical theory, diagnosis and treatment in acupuncture and related studies and 450 hours of herbal studies). Dry needling is a derivative of an earlier Western medical technique of trigger point injections. It involves insertion of needles into regions of muscular pain, tension or spasm without the prior injection of fluid but intended to create the same decrease in pain. Physical therapists are required to complete 50 hours of training in order to administer such treatment.

Acupuncture is often performed on points distal to the action area of symptom/complaint. The points are chosen not just for specific symptoms, but after an in-depth history and exam indicates deeper functional issues that act as underlying cause to the symptoms that a patient is experiencing. Because of this functional approach of restoring circulation and health in organ and tissue systems of the body long-term, chronic and deeper health issues can be addressed; creating overall increase in circulation and body function and therefore lessen the presence of unpleasant symptoms for the patient.

Insertion of the needles tends to be rather shallow in most areas. Long hours of study are required to know just how deep and at what angle it is safe and effective for each specific acu-point. The needles are left in the patient for 20-30 minutes, on average, while the body relaxes and circulation is restored to the affected areas. Acupuncture usually requires a series of treatments to restore proper function.

Dry needling is a local area of effect therapy useful for muscular pain caused by "Trigger Points", spasm or tightness which causes pain, discomfort or a lack of movement in a specific area of the body. The needles are generally inserted quite deeply into the tissue to create the desired "twitch" which releases the muscle fibers. The patient is expected to experience some discomfort during and possibly after the technique. Local soreness, bruising, or tiredness are common. Because of the deeper insertion of the needles, there is a greater risk for deep bruising or the event of a broken needle - which usually occurs where the needle shaft meets the handle (the little wound wire looking part at the end for the therapist to grip). There have been some reports of lung collapse when deep needling is performed over the chest, upper back or shoulder areas; or other organ injury can occur.

While it is not my intent to downgrade any Physical Therapists (they are wonderful, caring people who have and can help so many folks who are struggling with musculo-skeletal injury and recovery) dry needling has a much more limited potential of benefit for most patients.

Dry needling, like much of our modern medicine of today; is very much focused on a specific area with a specific symptom. It can release a spastic muscle, but does not aim to create greater health, vitality or strength in that muscle.

Acupuncture, on the other hand, takes the approach of restoring health to a weak or injured area of the body. We are always concerned with the “why” of any health complaint and, while we also aim to resolve symptoms like pain and spasm, we are concerned with creating an environment in the body where those symptoms go away because the organs, blood flow and tissues of the body are healthier and more resilient to the demands that the individual’s activities put on them.

Please uphold the current by laws in the State of Hawaii that prevent physical therapists from administering any puncturing technique that breaks the skin surface and therefore will prevent them from administering said “dry needling” techniques.

I appreciate your continued support of acupuncture and Chinese medicine, the education required in order to administer said medicine in our country, as the sole modality allowed to administer needling in our state.

Yours sincerely,

Nicole Fechtig, L.Ac.
808-941-9531
nicolefechtig@gmail.com



needles *of* hope

HELPING YOUR BODY HEAL ITSELF

Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice-Chair
Health Committee

February 11, 2019

RE: TESTIMONY OPPOSING HB701 — Relating to Physical Therapy Practice Act

To the Honorable Chair, John Mizuno and the Honorable Vice Chair, Bertrand Kobayashi and members of the Health Committee:

I am writing to urge you to oppose HB701. If HB701 were to become law, it would only be a matter of time before a member of the public was injured.

I am a recently licensed acupuncturist. In our training, 2160 hours of didactic training **AND 1080 hours of clinical training** were required. In addition to my clinical hours, I volunteered 1) once of week for 2 years at the IHS women's shelter in Iwilei, 2) once a week for 2 years at the Rehabilitation Hospital of the Pacific in Nu'uauu working with pain and stroke patients, 3) once of week for 1 year at Hale Na'au Pono, Waianae Coast Community Mental Health Center, where we provided acu-detox, ear acupuncture treatment as part of their Alcohol & Drug Outpatient Program. Also in the last year, I have attended almost 200 hours of specialized acupuncture training.

Why spend so much time volunteering and acquiring additional training? There are many reasons, but in the context of this bill, because I am a serious medical practitioner and understand it takes **MANY** hours of practice to perfect our skill.

This bill would allow physical therapists, with 30-60 hours of training, no clinical requirements, no certification, no malpractice coverage, no clean needle technique, to practice dry needling, aka ACUPUNCTURE on patients. The physical therapists are asking to perform an invasive procedure of inserting an acupuncture needle deep into muscles, with minimal training. It is simply not safe without proper training, and it would give us acupuncturist a bad reputation. Our Chinese medicine system is a comprehensive health care system. It is not just about viciously needling a given point.

Please protect the health and safety of consumers in Hawai'i 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. I thank you for your time!

Respectfully yours,

Kathy K. Sato, L.Ac.

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 am
Conference Room 329
Position: Support

KAUAI COMMUNITY HEALTH CENTER
POST OFFICE BOX 487
WAIMEA, HAWAII 96796

December 4, 2018

Aloha Chair and Committee Members:

I am the medical director of Ho'ola Lahui Hawai'i, Kaua'i Community Health Center and have practiced for six years on the island of Kauai as a family medicine trained primary care physician. I collaborate with physical therapists on a regular basis and I write to you in support of the proposed changes to the Physical Therapy Practice Act. The over-reliance on pharmacotherapy for the treatment of medical conditions has played a significant role in the opiate epidemic we currently face as well as many adverse outcomes due to medication interactions and errors. While other practitioners of manual therapy, such as chiropractors and acupuncturists seem to have enjoyed improved patient access to care through insurance coverage, physical therapists treatment modalities still seem to be hindered by practice restrictions despite the comprehensive training requirements for Physical Therapists in comparison to most other manual medicine practitioners like chiropractors.

I have been informed that Hawaii is the only state which prevents physical therapists from puncturing a person's skin (Section 461 J-2.5) which prevents physical therapists from performing sharp debridement and dry needling regardless of their level of training. In my opinion, patients could potentially benefit from receiving these services from a physical therapist, particularly during the rehabilitative period after an acute hospital admission. The potential for dry needling to lessen the reliance on opiate analgesics for pain control is also beneficial. As long as the referring provider (physician, physician assistant and/or nurse practitioner) is aware of these modalities being a part of the treatment plan, I see minimal potential for harm by empowering physical therapists in this manner. For these reasons I support the proposed changes to the Physical Therapy Practice Act.

Sincerely,



Damien Kapono Chong-Hanssen, MD

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: Support

Dear Chair and Committee Members:

I'm a Medical Doctor working as a Hospitalist at hospitals across Hawaii. Our interdisciplinary care management teams include Physical Therapists. As a Physician, 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.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin which prevents physical therapists from practicing at their highest level of education. Revision of this section should be made, to exclude dry needling and selective sharp debridement, so physical therapists will be able to optimally provide services to their patients.

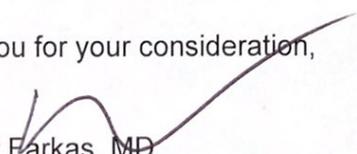
Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

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 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,


Dr Peter Parkas, MD

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: Support

Dear Chair and Committee Members:

I am Dr Owen Muana, MD. As a Primary Care Physician in Hawaii, I have referred patients to Physical Therapy for many years. I have additional interest in the PT profession as my wife is a PT herself. As a Physician 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 the PT profession to remain up-to-date with the current and future climate of healthcare.

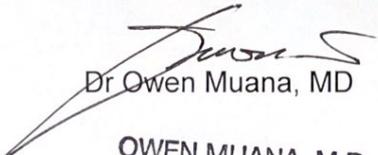
Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. The section prevents physical therapists from practicing at their highest level of education, and should be revised to allow for Dry Needling and clearly allow sharp debridement in wound care. With these changes to this section physical therapists will be able to optimally provide services to their patients.

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 extensive training in human anatomy and physiology as well as human movement and function. Dry Needling is commonly performed by Physical therapists in many states, and in Hawaii on our Military bases.

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,



Dr Owen Muana, MD

OWEN MUANA, M.D.
Internal Medicine
DEAN # FW2659428

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: Support

Dear Chair and Committee Members,

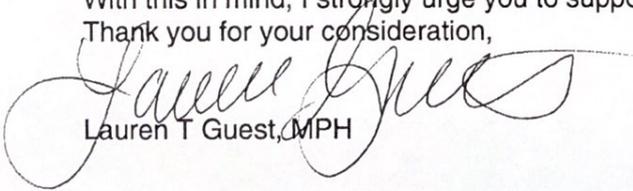
As a public health practitioner in the state of Hawaii, I seek and support best practices and healthcare solutions for our residents. As such, I support the proposed changes to the Hawaii Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and will enable physical therapists to work at their highest level of training and education.

Currently, HRS Section 461J-2.5 prevents physical therapists from puncturing a person's skin, thereby preventing them from practicing at their highest level of education through the provision of services such as dry needling and selective sharp debridement in wound care. Selective sharp debridement is a critical skill for wound management and should not be restricted in practice or insurance reimbursement due to outdated practice act wording.

Further, physical therapy is a vital alternative to pain management and even more important as the United States continues to battle the opioid crisis. Dry Needling is a widespread, safe, and effective practice by physical therapists that improves mobility and function and is used to treat pain. It is included in the scope of practice for physical therapists in all but seven states. Physical therapists in Hawaii should be allowed and encouraged to include this intervention in their patient care, along with other techniques, including education, multiple modalities, and movement based techniques, to effectively treat the causes of pain, rather than masking the symptoms.

As a Hawaii public health practitioner, I support enabling physical therapists to work at the top of their licensure in serving Hawaii residents. Physical therapy is vital to the recovery and wellness of Hawaii residents. Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Hawaii Physical Therapy Practice Act that outlines promotion of health and wellness will position the physical therapy profession to remain up-to-date with the current and future climate of healthcare.

With this in mind, I strongly urge you to support passage of this bill.
Thank you for your consideration,


Lauren T Guest, MPH

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

As an Orthopedic Surgeon in Hawaii, I routinely refer patients to Physical Therapy to ensure and optimize postoperative outcomes, as well as to avoid surgeries. 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.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin, which prevents physical therapists from practicing at their highest level of education. With revision of this section to exclude dry needling and selective sharp debridement, physical therapists will be able to optimally provide those two important services to their patients, and be of best value to healthcare and patient outcomes.

Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

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 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,



Dr Derek Johnson, DO

Dear Chair and Committee Members:

I have been a Medical Doctor for 15 years, with 10 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.

Further, revision to Section 461J-2.5 is in order. This prohibitive section currently prevents physical therapists from puncturing a person's skin. It prevents physical therapists from practicing at their highest level of education, and should be reworded or revised to clearly allow for dry needling and wound care. With this revision physical therapists will be able to optimally provide services to their patients, like Selective Sharp Debridement in wound care, and Dry Needling.

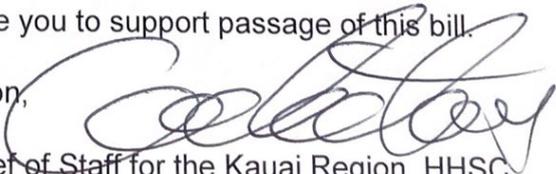
Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

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 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,


Dr Graham Chelius, M.D. Chief of Staff for the Kauai Region, HHSC

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and 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 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 drive the PT profession to ensure value in today's healthcare.

Section 461J-2.5 should be revised because it currently prevents physical therapists from puncturing a person's skin. This prevents physical therapists from practicing at their highest level of education. Revision of this section should exclude dry needling and selective sharp debridement from the prohibited practices. Then physical therapists will be able to optimally provide these important services to their patients.

Both Physical Therapists and General Surgeons provide Selective Sharp Debridement in wound care. It is necessary to uncover the fine intersection of viable and necrotic tissue, to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and cutting away necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by Practice Act wording. As a General Surgeon, I rely on Physical Therapists for the safe and effective wound care they provide, including Selective Sharp Debridement.

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 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. Their multimodal care saves healthcare spending, and optimizes patient outcomes. We rely on Physical Therapists for the recoveries and wellness of many patients, and appreciate their professional care.

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

Thank you for your consideration,

Dr Elisabeth Biuk, MD



HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I have been a Medical Doctor for 24 years with both inpatients and outpatients. I now work closely with Physical Therapists as a Hospitalist in Hawaii. As a Physician, 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.

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.

Revision of Section 461J-2.5 is needed to exempt Dry Needling and selective sharp debridement from the prohibited practices. This section currently prevents physical therapists from puncturing a person's skin and prevents physical therapists from practicing at their highest level of education. With the revision of this section, physical therapists will be able to optimally provide services to their patients, like Selective Sharp Debridement in wound care, and Dry Needling.

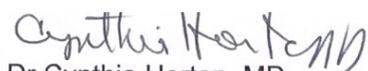
Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

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 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,


Dr Cynthia Horton, MD

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a Medical Doctor that has worked extensively with Physical Therapists on Medical Teams in Hawaii. As a Physician 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 the PT profession to remain up-to-date with the current and future climate of healthcare.

Because Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin, it prevents physical therapists from practicing at their highest level of education. Section 461J-2.5 should be revised to exclude dry needling and debridement from the prohibited practices. With this section revised, physical therapists will be able to optimally provide these services to their patients. Services that are critical to the medical outcomes and healthcare successes we work together to obtain.

Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

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 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 "Richard Lewan". The signature is fluid and cursive, with a large, stylized initial "R".

Dr Richard Lewan, MD

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I'm a Medical Doctor working as a Hospitalist at hospitals across Hawaii. Our interdisciplinary care management teams include Physical Therapists. As a Physician, 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.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin which prevents physical therapists from practicing at their highest level of education. Revision of this section should be made, to exclude dry needling and selective sharp debridement, so physical therapists will be able to optimally provide services to their patients.

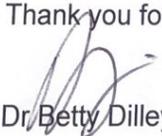
Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

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 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,


Dr. Betty Dilley, MD

Dear Chair and Committee Members:

I am a Medical Doctor that has worked extensively with Physical Therapists on Medical Teams in Hawaii for many years. As a Physician 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 the PT profession to remain up-to-date with the current and future climate of healthcare.

Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin, which prevents physical therapists from practicing at their highest level of education. Revision of this section should exclude dry needling and debridement from the prohibited practices. With this section revised, physical therapists will be able to optimally provide these services to their patients.

Selective Sharp Debridement is common from Physical Therapists in wound care. Physical Therapists uncover the fine intersection of viable and necrotic tissue to decrease bio-burden, increase regranulation, and ensure epithelial contraction. Cleaning the wound edges, crosshatching eschar, and removal of necrotic tissue are done up to the point where a wound regains the ability to bleed. Cutting away necrotic and excessive tissue buildup should not be restricted by this wording. Medical Teams rely on Physical Therapists to speed the wound healing process efficiently and safely.

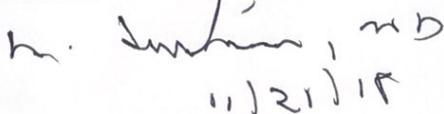
Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function and to treat pain in their patients. Physical therapists are well suited to perform this intervention due to extensive training in human anatomy and physiology 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,

Dr Mitch Jenkins, MD



11/21/18

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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, or selective sharp debridement in wound care 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,



Dane Torii
Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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, or selective sharp debridement in wound care 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,

Tarynn Inouye (Tarynn Inouye)

Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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.

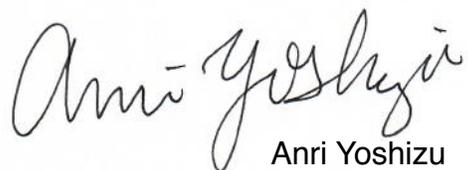
Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA 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, or selective sharp debridement in wound care 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,

Physical Therapist Assistant Student

 1/30/19
Anri Yoshizu

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

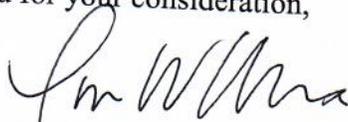
I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support HB701** the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and 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, or selective sharp debridement in wound care 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,



Taylor Ashley Villanueva
Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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, or selective sharp debridement in wound care 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,



Randell Barrientos

Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

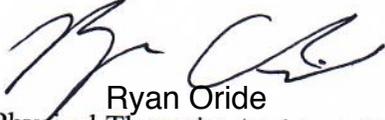
I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support HB701** the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and 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, or selective sharp debridement in wound care 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,


Ryan Orde
Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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, or selective sharp debridement in wound care 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,

Physical Therapist Assistant Student


Jhena Funtila

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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.

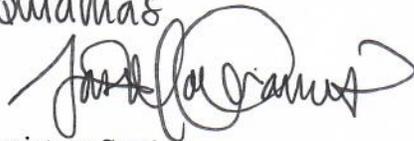
Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare. As a PTA 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, or selective sharp debridement in wound care 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,

Jasmin Mae Quiamas



Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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, or selective sharp debridement in wound care 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 blue ink, appearing to read "Shannon", written over a light blue horizontal line.

Shannon
Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

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 HB701** 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, or selective sharp debridement in wound care 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 'Mahina Arelliano', with a long horizontal flourish extending to the right.

Physical Therapist Assistant Student

Mahina Arelliano

HB 701 Relating to the Physical Therapy Practice Act
House HLT Committee Hearing
Tuesday, February 12, 2019, 9:00 a.m.
Conference Room 329
Position: Support

Dear Chair Mizuno and HLT Committee Members:

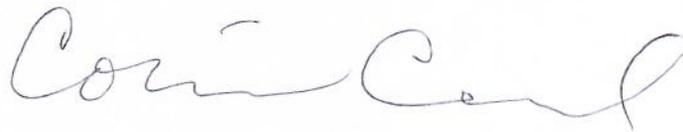
I am a Physical Therapist Assistant (PTA) student in Hawaii and am a part of the PTA program at Kapiolani Community College. I **strongly support HB701** the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of physical therapy practice in Hawaii and 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, or selective sharp debridement in wound care 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,



Corinne Conrad

Physical Therapist Assistant Student

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a Physical Therapist Assistant 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 treat patients 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. Changes to this section are needed to allow for 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.



Physical Therapist Assistant

Marc Esposito, PTA
PTA-255

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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 treat patients at their highest level of training and education.

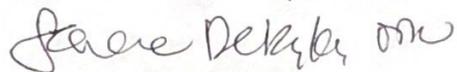
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

Konane DeRyke, OTR



Occupational Therapist

lic# OT-116

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

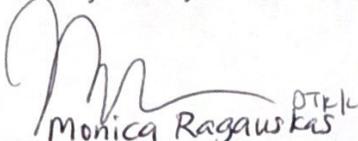
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Monica Ragawkas^{OT/PT}
Occupational Therapist

OT-1745

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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 treat patients 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,

Kaleigh Polys
Kaleigh Polys

Occupational Therapist

OT-1813

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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 treat patients 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,

Lynn Yoshioka, OTK
LYNN YOSHIOKA, OTK
Occupational Therapist
OT-1680

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

Deborah Susan, OTR/L
Deborah Susan
Occupational Therapist

OT-106

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

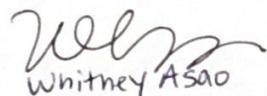
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Whitney Asao
Occupational Therapist

OT-1165

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,


Nalani Kunishige
Occupational Therapist

OT-604

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

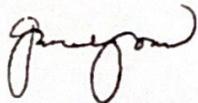
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Thank you for your consideration,



Occupational Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

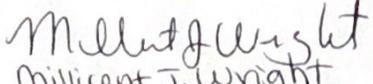
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,

 CERT# 364525
Millicent J. Wright
Certified Occupational Therapy Assistant

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

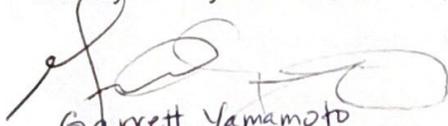
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Garrett Yamamoto
Physical Therapist

3270

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

Aaron Taniguchi PPT

Physical Therapist
PT-4229

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a Physical 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 treat patients 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,


Nicole L Chang
Physical Therapist

PT, DPT
PT 3880

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

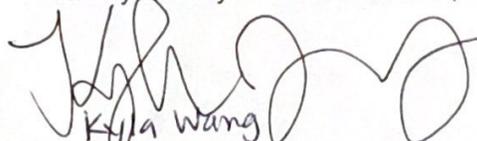
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Kyla Wang
Physical Therapist

PT

PT-4259

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,


Kelly Pang PT, DPT
Physical Therapist
PT 4280

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

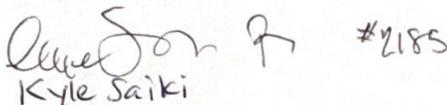
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Thank you for your consideration,


Kyle Saiki
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

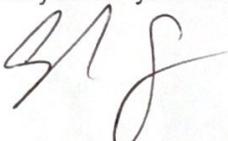
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Physical Therapist PT-2907
 Angela Owens

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

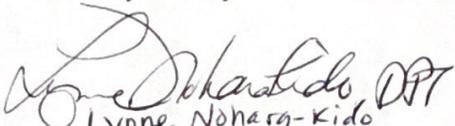
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Lynne Nohara-Kido DPT (2829)
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

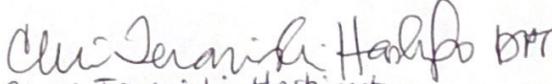
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Thank you for your consideration,


Cheri Teranishi-Hashimoto
Physical Therapist HI PT# 2159

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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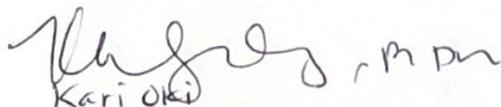
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Kari Oki
Physical Therapist
PT-3558

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

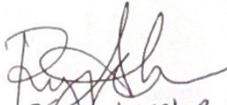
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Thank you for your consideration,


Ryan Joseph C. Artens PT-4114
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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Thank you for your consideration,

Physical Therapist



Michelle Dela Cruz, PT
PT-2833

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

Amanda Witko, PT

Physical Therapist

*Amanda Witko, PT
PT-3803*

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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

Thank you for your consideration,


Patricia Lee - (PT)
Physical Therapist
patricialee1125@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

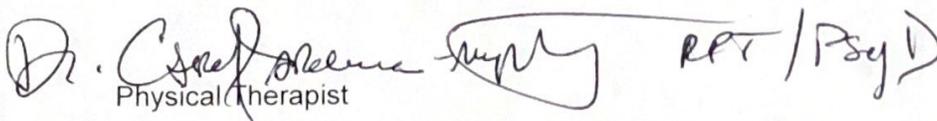
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Thank you for your consideration,

 RPT / PsyD
Physical Therapist

DR. CAROL IADELUCA - MYRIANTHIS, RPT / PsyD
carol.myriantthis@gmail.com

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House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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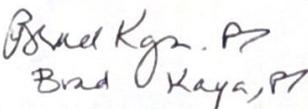
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Brad Kaya, PT
Physical Therapist
bkaya1132@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
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Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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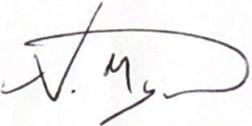
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Thank you for your consideration,

Physical Therapist


NICOLAS MYRIANTILIS, P.T.
nmyriant@ygen.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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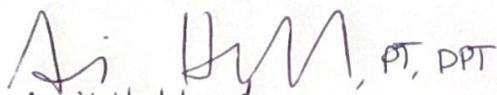
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Thank you for your consideration.


April Hubbard, PT, DPT
Physical Therapist

april@jacorehab.com

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House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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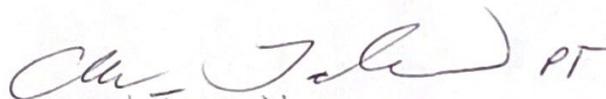
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Thank you for your consideration.


Cheryl Tamashiro PT

Physical Therapist

cherylt@jaco rehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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Position: SUPPORT

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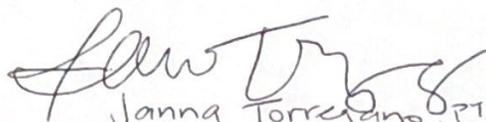
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Thank you for your consideration.


Janna Torregano, PT, DPT, CCS, ATC
Physical Therapist jannaajacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
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Thaisa Nakano PT, DPT
Physical Therapist

Nakanot9@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
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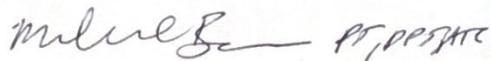
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Thank you for your consideration.



Melanie C. Bean PT, DPT, ATC

Physical Therapist

melanie@jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
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Physical Therapist

Ken Rivera, DPT, OCS

HB 701 Relating to the Physical Therapy Practice Act
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Tuesday, Feb 12, 2019, 9:00 a.m.
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Position: SUPPORT

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Chris Otoshi

Physical Therapist PT3285

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Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
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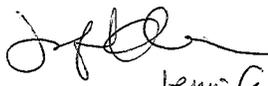
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Jennifer Keli, 2209

Physical Therapist

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Tuesday, Feb 12, 2019, 9:00 a.m.
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Physical Therapist

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Thank you for your consideration,

 PT, DPT #3290
Ryan Moore

Physical Therapist

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Tuesday, Feb 12, 2019, 9:00 a.m.
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Corinne Nakasong, PT 599
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
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Tuesday, Feb 12, 2019, 9:00 a.m.
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Position: SUPPORT

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Thank you for your consideration,



Physical Therapist

Jeremy Angaran #2919



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

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

HB701, RELATING TO THE PHYSICAL THERAPY PRACTICE ACT

Hse HLT Hearing

Tuesday, Feb. 12, 2019 – 9:00am

Room 329

Position: Support

Chair Mizuno and Members of the House Health Committee:

I am Gregg Pacilio, PT and Board President of the Hawaii Chapter of the American Physical Therapy Association (HAPTA), a non-profit professional organization serving more than 330 member Physical Therapists, Physical Therapist Assistants and students. We are movement specialists and 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.

Sincere appreciation is expressed for the introduction and discussion about the proposed changes to the Physical Therapy Practice Act.

HAPTA **strongly supports HB701** 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. The proposed bill reflects the evolution of the practice. Over thirty years ago, when the Practice Act was written, healthcare was focused on the curing of illness, but since that time has evolved to include a greater focus on the prevention of illness and disability. Physical therapy is a vital component of that vision, as adopted by our national organization, and is strongly supported by HAPTA.

The American Physical Therapy Association (APTA) advocates for prevention, wellness, fitness, health promotion, and management of disease and disability. HAPTA supports the profession'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 respective practice acts. Furthermore, inclusion of this language in the PT practice act will align it with the United Nations' seventeen sustainable development goals as adopted by the 2018 Hawaii State Senate, specifically under goal (3) good health and well-being.

In the past few years, our Chapter has received growing interest and support for dry needling by interested therapists, experienced therapists who have used it in their practice in other states, local therapists in federal facilities, and by patients who benefited from its use from prior treatments. Dry needling is a general term for a therapeutic procedure that involves advancing a thin filiform needle into the muscle in an area of the body that produces pain and/or a restriction of movement. It is used in conjunction with other physical therapy interventions to improve movement, function, and treat chronic pain. It is recognized by the Federation of State Boards of Physical Therapy (FSBPT)¹ as within the physical therapist scope of practice and is included within the APTA Guide to Physical Therapist Practice.²

It is practiced by physical therapists in all but 7 states in the U.S., in federal/military facilities including those in Hawaii, and in numerous countries throughout the world including Canada, Australia, and the Netherlands. We note that the North Carolina Supreme Court recently affirmed that dry needling falls within the scope of physical therapy (North Carolina Supreme Court No 380A17, Filed December 7, 2018).

With the changes to section [§461J-2.5] Prohibited Practices, physical therapists in Hawaii will be allowed to perform this safe and effective intervention.

Dry needling, when performed by a trained physical therapist, has been demonstrated to have a low risk of reported significant adverse events at 0.04%.³ This risk is lower than the risk of taking over-the-counter pain medication, which is 13.7%. Furthermore, the FSBPT contracted with a third-party organization, the Human Resources Research Organization (HumRRO), to conduct a study to determine physical therapist competencies for dry needling. This "Analysis of Competencies for Dry Needling by Physical Therapists"⁴ revealed that more than four-fifths, 86%, of the relevant knowledge requirements needed to be competent in dry needling was obtained through entry-level physical therapist education. The remaining skills required for safe use can be learned through continuing education courses that meet the requirements of the FSBPT competency guidelines.

As a professional organization, we understand the increasing concern for patients with chronic pain who are a major contributor to healthcare expenditures. In order to make positive changes to our healthcare system our practice must advance and evolve. Dry needling can serve as a valuable therapeutic treatment intervention for the control of pain and movement restrictions, and the use of dry needling by physical therapists in Hawaii would provide the public with greater access to valuable and safe treatment options. 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.

We understand the acupuncture community's concern that dry needling will take away from their practice population. Dry needling is allowed in most states in the U.S. and it is observed that PT's have been co-practicing with acupuncturists without any evidence that it erodes their market share. For example, in Maryland, where dry needling has been practiced since 1980, there has not been a reduction in the number of licensed acupuncturists; in fact, the number has doubled. PT's practice in different settings and work with different patient populations. Our focus is on providing optimum patient care for the people of Hawaii, and this includes allowing physical therapist practice to evolve to include all available treatment modalities.

Passing this bill to update the Physical Therapy Practice Act would align the practice of physical therapy in Hawaii with current practice standards, enable physical therapists to practice at their highest level of training, and better position the profession to adapt to the evolving needs of healthcare in the future.

Your support of HB701 is appreciated. Thank you for the opportunity to testify. Please feel free to contact me, Gregg Pacilio at 808-346-5972 for further information or Justin Ledbetter, DPT, at (334) 740-0323.

¹ Adrian, L. (2013). FSBPT Dry Needling Resource Paper, 4th Edition (Intramuscular Manual Therapy). Alexandria, VA: Federation of State Boards of Physical Therapy. Retrieved October 20, 2018, from https://www.fsbpt.org/download/DryNeedlingResourcePaper_4thEdition.pdf

² APTA *Guide to Physical Therapist Practice*. American Physical Therapy Association. (2012). *Physical therapists & the performance of dry needling: An educational resource paper*. Alexandria, VA: Author.

³ Brady, S., McEvoy, J., Dommerholt, J., & Doody, C. (2014). Adverse events following trigger point dry needling: A prospective survey of chartered physiotherapists. *Journal of Manual Manipulative Therapy*, 22(3), 134-140.

⁴ Human Resources Research Organization. *Analysis of Competencies for Dry Needling by Physical Therapists*. Alexandria, VA: Federation of State Boards of Physical Therapy. Retrieved Sept 20, 2018, from http://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Dry_Needling/AnalysisCompetenciesforDryNeedlingbyPT.pdf

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

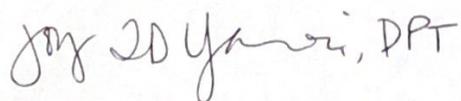
Dear Chair and Committee Members:

I am a Physical 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 treat patients 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. Changes to this section are needed to allow for 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.

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



Physical Therapist

Joy TD Yanai, DPT
PT-2055

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: 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

Mark Yanai PT
PT-2558

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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

Thank you for your consideration,

Eva Freeh

 PT, DPT

Physical Therapist

PT-3885

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration,

Jenna Mullen

Jenna Mullen, PT, DPT
Physical Therapist PT-3382

Mahalo!

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration,



RYAN YORIMOTO
Physical Therapist

PT-2540

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

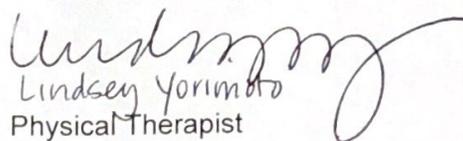
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Lindsey Yorimoto
Physical Therapist

PT-3082

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration,

Alyssa Fusco, PT, DPT

Alyssa Fusco

Physical Therapist

PT-4471

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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

Thank you for your consideration,

 PT, DPT, CSCS
Physical Therapist

adam@jacorohab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

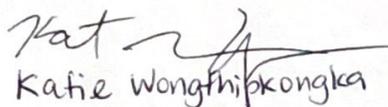
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Katie Wongthipkongka

Physical Therapist

PT-4237

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

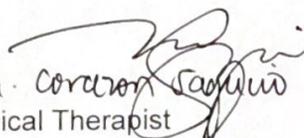
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Mel Condon, PT, DPT
Physical Therapist

PT-2986

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

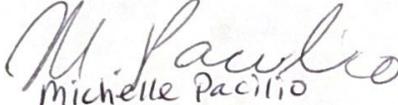
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,


Michelle Pacilio
Physical Therapist
PT-2283

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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

Thank you for your consideration,

 ,PT,DPT
Spencer Dehnavi, PT, DPT

Physical Therapist

PT-4610

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

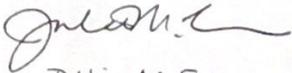
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Thank you for your consideration,



Julie M Enomoto PT2288

Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration,



Physical Therapist

Havellee H. Leite - Ah Yo

PT-742
DC-597

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

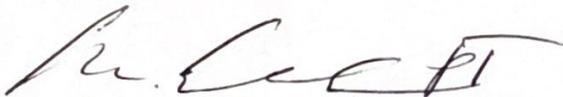
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With this in mind, I strongly urge you to support passage of this bill.

Thank you for your consideration,



Physical Therapist

Neil Shimabukuro, PT
PT-1941

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

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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 green ink that reads "Katharine Raloff PT". The signature is written in a cursive style.

Physical Therapist

PT-696

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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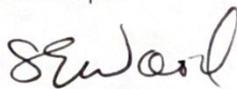
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Thank you for your consideration,

SANDRA WOOD

Physical Therapist


PT-433

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration,

Nicole Tramontano, DPT, CMT-LANA
Nicole Tramontano LIC#3262
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration.



Physical Therapist

jennifervandelden@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration.

Catherine Culver, PT, DPT

Cat Culver PT, DPT

Physical Therapist

cat@jacorehab.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration.



Physical Therapist

Ross.K.Lum@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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Thank you for your consideration.


PT, DPT
Physical Therapist

rachel.jacorehab@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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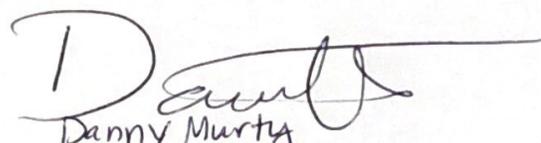
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Thank you for your consideration.


Danny Murty
Physical Therapist

dscmurty@gmail.com

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

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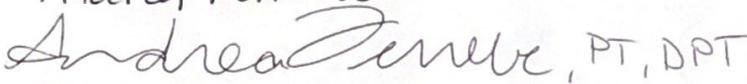
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Thank you for your consideration.

Andrea Ferrebee
 Andrea Ferrebee, PT, DPT
aferrcb2@gmail.com
Physical Therapist

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9 a.m.
Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a Physical 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 treat patients at their highest level of training and education.

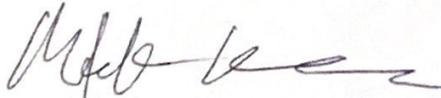
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Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for dry needling. Dry needling is a safe and effective form of treatment that physical therapists utilize, 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.

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

Thank you for your consideration.

Motoki Nakamura



Physical Therapist

Motoki @jacorehab.com

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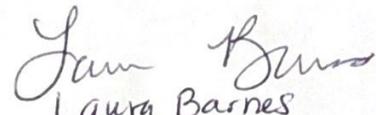
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Laura Barnes
Physical Therapist

Lebarnes@buffalo.edu

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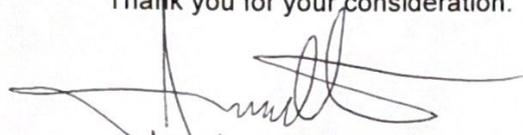
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Jonathan Chow
Physical Therapist

Jonathan@jacorehab.com

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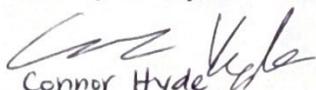
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Connor Hyde
Connor@jacorehab.com

Physical Therapist

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Physical Therapist

JACO VAN DELDEN
jaco@jacorehab.com

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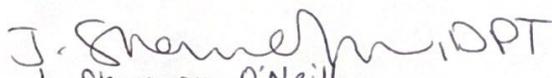
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J. Shannon O'Neill
Physical Therapist

shannon@jacorehab.com

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Thank you for your consideration,

Kathryn M. Teal
Kathryn M. Teal

Physical Therapist
PT-4559

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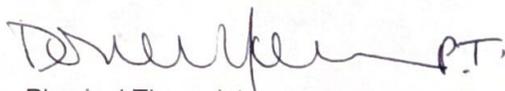
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Thank you for your consideration,


Physical Therapist
Doreen Yarson
PT-1934

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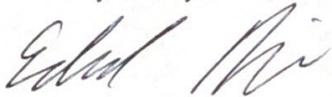
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Thank you for your consideration,



Physical Therapist

Edward Nhiey, DPT
PT-4304



RE: HB701 Chair Mizuno and members of the HLT committee

Chair Mizuno and the members of the HLT committee:

My name is Edo Zylstra. I have been asked by the Hawaii Physical Therapy Association to answer some questions regarding the practice of dry needling to help formulate guidelines for the education and practice of dry needling by physical therapist in Hawaii, I am able to speak on this topic secondary to my experience in practicing, teaching and advocating for the use of this intervention for physical therapy practice in the United States for the last 12 years.

I am a licensed Doctor of Physical Therapy in Michigan 2012-current (PT License # 5501016106) and practiced in Colorado 2001-2015 (PT Lic # 7515, inactive). I am also board certified in orthopedics and I am the founder of KinetaCore®. KinetaCore was established in 2006 as a provider of high-quality continuing education for physical therapists and other appropriate medical providers, with a focus to education in dry needling (DN). To date, I have trained over 9000 physical therapists and other providers in all aspects of dry needling including background, history, psychomotor skill development, theory, patient assessment, hygienic standards, safety, competency assessment, management of adverse events and standards of consent.

I have participated in legislative issues regarding dry needling in physical therapy nationally since 2005 some of my legislative work as a clinical expert include serving on the APTA Dry Needling Task Force, the AAOMPT Dry Needling Task Force, and was one of 7 experts chosen by the Federation of State Boards of Physical Therapy (FSBPT) to participate in the practice analysis study designed to examine what Physical Therapists must know and be able to do to perform dry needling safely and effectively.

I have been involved in rule-making, have helped establish standards of education, have been an expert witness numerous times and have served as a clinical expert for legislative issues in numerous states as they have addressed dry needling in scope of practice, most notably and recently for the Florida Board of Physical Therapy.

Background Information for Precedence

- Dry Needling has been practiced by physical therapists in the US since before 1995 when the first company to teach the technique was developed.
- Dry Needling is based upon a western medical approach, originally performed by physicians, called “dry” needling as no injectable fluid was used in the syringe, which was the first tool used to dry needle. Now a solid filament needle is the standard tool utilized in the practice of dry needling.
- The APTA has written extensively in support of this technique guiding state boards throughout the United States effectively supporting 35+ states including dry needling in some fashion in their scope of practice.



- In 2015, the Guide to Physical Therapy Practice included dry needling under Manual Therapy.
- In 2015, the APTA commissioned the FSBPT to evaluate current competency levels of entry level physical therapy programs for the practice of dry needling.
- In 2018, CPT/CMS began developing a billing code for dry needling to be included in the 2020 CPT coding manual. (this is preliminary information but, in all likelihood, will be established next year)

Is dry needling safe and how does training ensure the physical therapist is competent to perform this intervention?

As an educator, my goals for our participants are to attain competency by the end of our weekend intensive. This competency is mainly focused upon the safe implementation of dry needling in the participants clinical practice.

We have trained 9000+ practitioners since 2006 and have maintained standards of training that include an average 6:1 ratio of student to instructor on our introductory courses and 8:1 on our advanced courses.

Participants are expected to practice and demonstrate all the techniques for each of the muscles taught to them on each course multiple times with supervision from our educators. If they are deemed unsafe or lacking competence, our teaching faculty will perform one on one training and assessment to assure competent application of the treatment. Our faculty signs off on each muscle the participant learns in the course and provides comments regarding how to further develop expertise with this skill of DN.

Our courses offer a heavy review and education of cross-sectional anatomy, which we have found to be imperative to the safe and effective implementation of this technique. We have found the precourse work requires 10-14 hours prior to attending our weekend intensive, which is either 19 or 27 hours of attended instruction and practical experience.

Having a low student to instructor ratio and immediate feedback on performance with a check-off on safe and competent application, helps to assure that the practitioner has the greatest chance to safely implement the technique in their own clinical practice.

Are courses regulated to cover the materials we need and how they provide certification to only those who meet that skill set? How are they approved to teach the material.

There are truly no standards outside the FSBPT recommendations that were produced in 2015. We are now seeing CAPTE consider this as entry-level education and even though this will likely take time to occur, national trends in legislation and education related to dry needling suggest that dry needling will soon become a standard in the practice of physical therapy just as other interventional techniques have.



The states of Maine and Utah have established a mechanism to vet educational programs coming into their state for DN education.

I don't fully agree with the requirements set forth as the hourly requirement is arbitrary and does not account for the education that students receive in school, particularly since many DPT programs are now including some education in dry needling.

UTAH Course Requirements

Course instruction must be a minimum of 54 hours of face to face instruction.

Option of going through ProCert or the UPTA to approve Dry Needling courses. UPTA will follow the FSBPT Analysis of Dry Needling Competencies for areas that need to be covered in course. Meet the standards set forth in Utah's statute:

R156-24b-505. Trigger Point Dry Needling - Education and Experience Required - Registration. (1) A triggerpoint dry needling course approved by one of the following organizations meets the standards of Section 58- 24b-505 if it includes the hours and treatment sessions specified in Section 58-24b-505: (a) American Physical Therapy Association (APTA) or any of its sections or local chapters; or (b) Federation of State Boards of Physical Therapy (FSBPT). (2) In accordance with Subsection 58-24b-505(1)(e) and (2)(b), the approved course and supervised patient treatment sessions shall be completed no later than three calendar years from the start of the course.

Instructor Requirements

Current CV

Professional license in either PT, MD, or Chiropractic

Proof of background of training techniques.

At least 2 years of clinical experience using dry needling technique.

If instructor is practicing in the state of Utah, then they must be registered through DOPL as registered in dry needling.

2 professional references

How has the Federation of State Boards of Physical Therapy (FSBPT) dealt with the dry needling competency?

The APTA determined, because of the extraordinary growth of PT's practicing dry needling, that they would approach the FSBPT to independently evaluate the current education and any necessary post professional education for the safe and competent implementation of dry needling in physical therapy practice.

The Federation prioritizes the public's best interest, and in line with this, they commissioned an outside independent entity to design, implement, and conduct the study. The Federation selected HumRRO, a Human Resource Research Organization. HumRRO is respected for utilizing the science and practice of education research, evaluation, and measurement to give data that can improve educational outcomes and inform education policy.



How do we assure the safe practice of DN?

As stated above, safe and competent practice of dry needling is truly our main goal. Education of anatomy (which is all review for physical therapists), understanding of indications, contraindications, precautions, management of adverse events, CDC and OSHA guidelines and establishing informed consent is all taught with checks on comprehension and competency. Outside of this, the practitioner must be licensed and have malpractice insurance as required to practice in their state.

We feel very comfortable with the model of education we have established and feel the survey data performed by the Colorado Physical Therapy Association represented what we see with regards to how dry needling is being practiced and its importance in clinical practice. See attached survey data.

Please feel free to contact for further insight regarding the future inclusion of dry needling into Hawaii's physical therapy scope of practice.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Edo. Zylstra', with a stylized flourish at the end.

Edo. Zylstra PT, DPT, OCS
KinetaCore® in partnership with EIM®



Duke Doctor of Physical Therapy

HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, February 12, 2019- 9:00am, Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

I am a Physical Therapist, educator, and researcher at Duke University in North Carolina. I have a strong background in dry needling as an instructor (entry level Doctor of Physical Therapy, post graduate residency and fellowship). I have also published studies on the use of dry needling and have been a part of a clinical practice guideline team that recommended the use of dry needling by physical therapists, specifically for neck pain. I strongly support the proposed changes to the Physical Therapy Practice Act. These changes will allow for the modernization of the Hawaii physical therapy practice in Hawaii and will allow patients access to treatments deemed effective and appropriate by physical therapists.

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 Hawaii has a preventative section in its Practice Act, including physicians, physician assistants, dentists, nurses, acupuncturists, chiropractors, and others. The section is at its least, redundant preventing physical therapists from being able to practice at their highest level of education, and should be removed. At worse, the patients who seek care from physical therapists either will not receive this care or will utilize more than necessary healthcare services due to having to seek care from another provider type. With the removal of this section physical therapists will be able to provide a more robust, evidence based approach to care.

Dry needling is safe and effective. It is a form of treatment that physical therapists utilize, along with other techniques, to improve mobility and function and to treat pain. As someone who personally educates entry level and post graduate students on dry needling, I can emphatically state without hesitation that physical therapists practice in a safe and effective manner. Their education includes thousands of hours in anatomy, physiology, and other pertinent material. This allows physical therapists to be well suited to perform this intervention.

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

Please do not hesitate to reach out to me with any questions.

Sincerely,

Derek Clewley, PT, DPT, PhD
Assistant Professor
Duke University, Doctor of Physical Therapy Division

1/17/2019

To Whom It May Concern:

I would like to offer my support to the practice of Dry Needling in Physical Therapy practice in Hawaii. I am the director of our post-professional program, A.T. Still University Physical Therapy Orthopedic Residency Program in Mesa, Arizona.

As the director of the program I have developed the curriculum of this program over the past decade. In light of the prevalence in practice and supportive research, I added dry needling to our curriculum two years ago. This was a significant addition to our program curriculum to reflect the importance of having this treatment modality in the patient care management of orthopedic conditions.

Please contact me if you have any questions or would like to discuss the topic of dry needling in contemporary practice.

Truly,



Cheri Hodges, PT, DPT, OCS, MAppSc, OCS, FAAOMPT
Director of the Orthopedic Physical Therapy Residency
Associate Professor, Physical Therapy
Arizona School of Health Sciences
A.T. Still University
Phone: 480-219-6189
chodges@atsu.edu



Steven R. Goodman, M.D.
Physical Medicine & Rehabilitation
Electrodiagnostic Medicine
Clinical Assistant Professor University of Washington
President, LearnIMS Continuing Education, Inc.

5211 S. Perry St.
Spokane, WA
99223

November 12, 2018

Hawaii State Legislature
415 S Beretania St
Honolulu, HI 96813

HB701 Relating to Physical Therapy Practice Act
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support

Why Trigger Point Dry Needling is Not Acupuncture and Why It Should Be Within Physical Therapy Scope of Practice

Steven R. Goodman, M.D.

There have been and continue to be regulatory, legal and legislative efforts by various professional acupuncture organizations and entities to define and/or redefine the scope of practice for physical therapists to exclude the practice of trigger point dry needling. They claim that trigger point dry needling and acupuncture are synonymous, and as such physical therapists are practicing acupuncture, which is outside their scope of practice. It is simply not true that trigger point dry needling is indistinguishable from acupuncture. Aside from all of the historical, intellectual and rational reasons that address that question below, in the most obvious way, from either the experience of a patient receiving dry needling, or anyone watching the technique, would know *immediately* upon feeling it or seeing it being done that “This is not acupuncture”.

I am a board certified Physical Medicine and Rehabilitation physician and have sub-specialized in the treatment of chronic pain for over 25 years. Chronic pain is a national epidemic that not only creates immeasurable suffering, impairment, disability and addiction but also is a major contributor to health care expenditures. It is increasingly recognized in the medical community that the type of pain that dry needling treats, ‘trigger point’ or ‘myofascial pain’, is a highly prevalent source of under-diagnosed pain in patients seen not only by primary care providers but also by specialists like myself at chronic pain clinics. As such the epidemic of chronic pain that drains our health care systems can never be reversed until trigger point myofascial pain is recognized and treated early and properly.

The Intramuscular Stimulation (IMS) model of trigger point dry needling was developed by C. C. Gunn, M.D., Clinical Assistant Professor at the University of Washington Pain Center, from whom I learned it in 1993. Dr. Gunn has been recognized internationally by the medical community and has been awarded the Order of Canada for his contributions to the understanding and treatment of chronic pain. Upon Dr. Gunn’s recommendation I was appointed to the faculty at the University of Washington Pain Center where I taught IMS dry needling to other physicians from 2001-2003. Working with a physical therapist, I co-authored a chapter on the IMS form of dry needling in the 2018 2nd edition textbook ‘Trigger Point Dry Needling: An Evidence and Clinical-Based Approach’. The editors of this textbook are physical therapists and the 24 contributors to this textbook are either M.D.s or P.T.s. I have never studied acupuncture.

Numerous clinical trials have been published in the peer review medical literature over the past 30 years (see references below) demonstrating the safety and efficacy of dry needling for trigger point myofascial pain. These articles have been authored by M.D.s and/or P.T.s without any reference to acupuncture principles, points or treatment techniques. IMS trigger point dry needling is currently provided and taught by both medical doctors and physical therapists at both the University of Washington and the University of British Columbia, as well as at other medical institutions and clinics in Europe, Israel and South America. It is widely available from physical therapists throughout Canada and increasingly throughout the United States.

The suggestion that dry needling is acupuncture is wrong. Acupuncture has a long and reputable history, originating in the orient and based on a system of 'energy flow' along what are called meridians throughout the body. Dry needling is a much more recent approach, about 40 years old, and based on an understanding of neuroanatomy and neurophysiology. Proper practice of dry needling requires a neuro-musculoskeletal physical examination which forms the basis for treatment. Dr. Gunn's neuropathic-myofascial model of chronic pain is based on the work of the eminent physiologist Walter Cannon, M.D., Ph.D. (1871-1945), Chairman of the Department of Physiology at Harvard (1906 -1945). In addition to his research on denervation (loss of nerve supply), he was the first investigator to research the 'fight or flight' response of the autonomic nervous system, the foundation for current vascular collapse-shock management. IMS dry needling is very definitely grounded on western scientific neuroanatomic and neurophysiological principles and evidence. In addition, alternative models of 'trigger point' myofascial pain, e.g. the 'Integrated Hypothesis', that are advocated in the medical and physical therapy community are also based completely on neuroanatomical, neurophysiological and biochemical principles and evidence, without reference to acupuncture.

While dry needling uses a similar monofilament needle as acupuncture, "why" the patient is sick, "what" to look for on physical examination and as such "where" and "how" to treat the patient are entirely different from acupuncture. To say that dry needling and acupuncture are the same because they use the same tool would be like saying that drawing a patient's blood to measure blood chemistries is the same as blood letting. Similarly it would be like saying that Mozart and Bluegrass are the same because they are both played on a violin. Ultrasound is used by a wide variety of health care practitioners including physical therapists for heating soft tissue, by ultrasonographers to visualize neuromusculoskeletal structures and by cardiologists to measure blood flow. Thus it is not the tool that defines the model and treatment results but how it is understood to be effective and applied. It is in all of these respects that dry needling shares little in common with acupuncture while much with physical therapy treatment of neuromusculoskeletal pain.

In addition to treating many different types of pain, the American Academy of Medical Acupuncture lists *all of the following conditions as potentially benefiting from acupuncture: insomnia, anorexia, allergic sinusitis, persistent hiccups, dermatological conditions, diarrhea, severe hyperthermia and urinary incontinence, to name just a few.*

Indeed, in lists of over 40 medical conditions that can be treated with acupuncture, 'trigger point' or 'myofascial pain' are not mentioned:

<http://www.medicalacupuncture.org/FAQ.aspx>

<http://www.medicalacupuncture.org/ForPatients/GeneralInformation/HealthConditions.aspx>

While I do not dispute the utility of acupuncture for any of these conditions, trigger point dry needling practitioners make no similar claims. Because dry needling is based on specific principles of anatomy and neurophysiology whose effects can be demonstrated using electromyographic, ultrasonographic and biochemical techniques, the condition for which it is useful is limited to exactly one: myofascial trigger point pain. *It does not even claim to treat ALL types of pain*, i.e. the pain caused by an acute injury like an ankle sprain or the pain of inflammation from arthritis. It has *one and only one* specific pathology that it targets: myofascial trigger point pain.

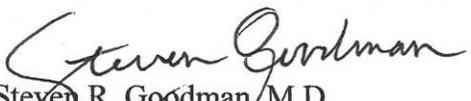
Over the course of my career I have worked closely with all of the various providers available to treat persistent pain and I can state with confidence that the health profession that can provide this service safely, properly and effectively to the largest number of patients who would benefit from it is physical therapy. Physical therapists have the proper education in the biomedical sciences, are already treating neuro-musculoskeletal injuries and conditions associated with trigger point myofascial pain, and *significantly, can provide these patients with the proper exercise and functional rehabilitation programs they also require*. Indeed physical therapists are the ideal practitioners to provide dry needling to the truly enormous numbers of people who could benefit from it. Canadian physical therapists have been safely and effectively using this treatment for over 20 years and since then increasing numbers of U.S. physical therapists. I have taught physical therapists the IMS form of trigger point dry needling at the Institute for the Study and Treatment of Pain, as well as through LearnIMS Continuing Education, Inc. for the past 15 years.

Having worked in an orthopedic surgery practice for many years at the beginning of my career, I am familiar with the treatment algorithm-flow chart for patients with subacute and persistent musculoskeletal pain: most of the patients that fail to respond to physical therapy do not typically then go to an acupuncturist; many of them go on to have surgery. If their problem is myofascial trigger point pain, surgery will not help the patient, and so if physical therapists do not have the option of offering their patients dry needling, many of these patients will go on to lives of chronic pain, opioid dependence, vocational impairment and disability.

Unfortunately to date acupuncture has not stemmed the tsunami of chronic pain, and preventing physical therapists from dry needling certainly will not change that. Alternatively, allowing physical therapists to offer dry needling when indicated will I believe have a very positive effect on the treatment of neuromusculoskeletal pain and actually NO effect on acupuncture practice. To state it again: patients who don't have the option of receiving trigger point dry needling from a physical therapist will NOT receive acupuncture, but often surgery. With a growing national epidemic of chronic pain, the expansion of physical therapy practice to include dry needling should be recognized as a major step towards improving the treatment of patients with chronic pain.

The acupuncture community's concerns are understandable but misguided: trigger point dry needling is both conceptually and technically distinct from acupuncture, AND, remembering that acupuncture offers treatment for a wide variety conditions which do not include trigger point pain, referrals to acupuncturists will be unaffected if physical therapists provide trigger point dry needling.

Patient access to dry needling has been severely limited due to the small number of physicians that offer it. Dry needling is a safe, effective, low cost and low tech treatment that can save large numbers of patients from chronic pain, unnecessary suffering, opioid dependence and disability. It is literally the treatment for persistent pain that 'we have been crying out for'. From reducing the need for prolonged physical therapy to avoiding unnecessary radiographic/MRI studies, lessening medication use and the need for surgery, over time the wider availability of trigger point dry needling will also provide substantial financial savings in the treatment of these conditions. With proper training physical therapists are increasingly offering trigger point dry needling as a therapeutic option to their patients, a development I whole-heartedly support.


Steven R. Goodman, M.D.
Spokane, Washington

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**HB701 Relating to Physical Therapy
Practice Act**
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support

DEPARTMENT OF THE ARMY

TRIPLER ARMY MEDICAL CENTER
ATTN: MCHK-PT
1 JARRETT WHITE ROAD
HONOLULU, HAWAII 96859-5000

January 28, 2019

Dear Chair and Committee Members:

I am a licensed Doctor of Physical Therapy and board certified Orthopaedic Clinical Specialist (OCS) who is currently working at Tripler Army Medical Center, and have worked at Warrior Ohana Medical Home in Barber's Point, and Schofield Barracks Health Clinic in Hawaii for the past eight and a half years. I have performed trigger point dry needling (TDN) and all three of the above mentioned medical treatment facilities. I have heard there is a bill to change the Physical Therapy Practice Act, which includes allowing physical therapists to perform dry needling. I would like to give my personal opinion on why physical therapists should be allowed to perform dry needling in the state of Hawaii.

I have extensive knowledge of anatomy, physiology, and its relation to neuromusculoskeletal conditions. I am one out of only 14,368 board certified OCS physical therapists in the United States whom the American Board of Physical Therapy Specialties recognize as having knowledge, skill, and experience in the clinical specialization of orthopaedics exceeding that of an entry level physical therapist. I have practiced as a licensed Doctor of Physical therapy since May 2008. Even as an entry level therapist, just graduating school in 2008, I was put in charge of the busiest outpatient physical therapy military training clinic in the Army with the highest number of stress fracture and overuse injuries. As a new licensed physical therapist, I immediately began successfully supervising an entire clinic staff and independently evaluating, diagnosing, and treating patients successfully. Furthermore my scope of practice involved ordering and reading x-rays, MRI's, and Bone scans and I was contacted by the Office of the Surgeon General to weekly advise them on stress fracture management and policy. In 2009, after only being a licensed physical therapist for seven months, I spent a year deployed in Iraq, where I was the only physical therapist for 30,000 people. Due to not having all of the specialty care providers at our hospital in Iraq; I successfully functioned as the primary care doctor for all neuromusculoskeletal injuries, Podiatrist, Chiropractor, Occupational Therapist, Sports Medicine doctor, Osteopath, Massage Therapist, brace making specialist, and the Orthopaedic doctor. Due to my ability to successfully evaluate and treat patients and help them heal from injuries, I was the only medical provider in our three hospitals to be awarded the Bronze Star.

Physical therapists are highly skilled and can safely administer any treatment intervention that involves the muscles, bones, joints, tendons, and nerves. Their extensive knowledge of anatomy and physiology is second to none and makes them the experts in treating neuromusculoskeletal dysfunctions. In all my years of practice working with hundreds of physical therapists, I have never seen any procedure that myself or another physical therapist performed that caused or posed a serious risk to a patient's health. Physical therapists spend more time, than any medical provider, performing a thorough subjective and objective evaluation. Because of this they are

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January 28, 2019

able to choose the correct and appropriate treatment intervention for each patient. In regards to performing trigger point dry needling, I have worked with hundreds of physical therapists over the past six years that frequently perform needling for muscle trigger points and muscle dysfunction. Not once has a therapist that I know or have worked with, performing deep trigger point dry needling, caused an adverse health event or caused harm to a patient. Moreover, with the implementation of trigger point dry needling, I have personally witnessed with my patients and with other physical therapist's patients; significant improvements in injury healing, decreased pain, decreased muscle tension, and quality of life.

Due to my personal experience successful performing trigger point dry needling and witnessing hundreds of other physical therapists successfully perform it without harm to a patient, I can attest that physical therapists who receive certified trigger point dry needling training are 100% competent. Personally, I have attended three separate advanced training courses in trigger point dry needling (each was a two-day course), then initially had several hours of practicing trigger point dry needling under observation, and then had a dry needling practicing provider sign off on my competence. Additionally, in 2015, I was an assistant instructor for a trigger point dry needling course, which consisted of physician assistants, primary care doctors, and physical therapists. During the course, physical therapists demonstrated the most competence with the usage of the needles, where to insert the needles to target specific muscles, and the trigger point dry needling treatment technique. 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 one of state seven states that does not allow dry needling. With the addition to dry needling to the practice act, physical therapists will be able to provide more modern services to their patients.

Dry needling is a safe and effective form of treatment that I personally use daily, for the past six and a half years, on my patients working in the military setting. I utilize it, along with other techniques, to improve mobility and function and to treat pain in my patients. Dry needling is a valuable treatment tool that helps me give my patients the highest

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January 28, 2019

level of care to help them optimally heal. Because of Hawaii's laws restricting Physical Therapists from using dry needling, I will never practice in outside a government facility. Physical therapists are well suited to perform this intervention due to having the most extensive training in the medical progression 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 and I personally support giving the physical therapists in Hawaii the ability to practice dry needling. This is not the opinion of the Department of the Army, but I write this testimony on my own accord as a licensed physical therapist in Hawaii, state resident, and active member in the local community for the past eight and a half years.

Thank you for your consideration,



PT, DPT, OCS, CSCS

Nathan H. Carlson, PT, DPT, OCS, CSCS

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**HB701 Relating to Physical
Therapy Practice Act
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support**

November 29, 2018

To whom it may concern:

Re: Testimonial about the Effectiveness of using Dry Needling in Physical Therapy practice for Oncology Patients.
By Julia Osborne, BSc (Hons) PT, CLT-LANA

INTRODUCTORY STATEMENTS:

Dry Needling is performed by Western Medical Practitioners using Acupuncture-type needles to treat taut, myofascial bands (trigger points) to affect the musculoskeletal and nervous system. The treatment is based on modern neuroanatomy science.

Acupuncture falls within the scope of traditional Chinese Medicine and involves needles inserted into meridians and chi lines.

While the tools used are the same, the technique and goals of treatment are different from each other. Here are more detailed explanations of “acupuncture” and “dry needling”.

***Acupuncture** is uniquely an Eastern Medicine modality – Acupuncture is not in the scope of Physical Therapy Practice. Acupuncture and Oriental medicine (AOM) is an ancient and empirical system of medicine based on the concept of qi, which is usually translated as energy. Oriental medicine includes the practice of Chinese herbology in addition to acupuncture. AOM treatments identify a pattern of energetic imbalance within a patient and redress that disharmony in a variety of ways that may include acupuncture needling, cupping, acupressure, exercises such as tai ji quan and qi gong, as well as Chinese herbal preparations.*

AAOM – American Association of Oriental Medicine – www.aaom.org

***“Dry needling** is a procedural intervention used by physical therapists (PT) to treat pain, functional impairments, and disabilities. The technique involves the insertion of solid filament needles into the skin and underlying tissue to disrupt pain sensory pathways and relax contracted fibers (Dommerholt, & Fernández-de-las-Peñas, 2013). Clinical research suggests that dry needling helps reduce local and peripheral pain and sensitization, thereby hastening the restoration of muscle function and range of motion (Lewit, 1979; Dommerholt, 2011; Clewley, Flynn, & Koppenhaver, 2014). Dry needling (alone or with other physical therapy interventions) has been shown to be an effective treatment for neuromusculoskeletal diseases or conditions, including arthritis, tendonitis, carpal tunnel, and chronic pain (Dommerholt, 2004; Kalichman, & Vulfsons, 2010). The theoretical genesis of dry needling is attributed to the pioneering work of Janet Travell, M.D. and David Simons, M.D. (Simons, Travell, & Simons, 1999) who used .22-gauge hypodermic needles to treat myofascial pain with trigger point therapy (i.e.,*

needling of taut bands of muscle fibers).” The use of hypodermic needles to do this work has been substituted for solid filament needles, also known as “acupuncture needles”.

Analysis of Competencies for Dry Needling by Physical Therapists Final Report (.pdf) - 7/10/15

Courtesy of FSBPT

TESTIMONIAL FOR DRY NEEDLING IN PHYSICAL THERAPY PRACTICE:

My name is Julia Osborne, BSc (Hons) PT, CLT-LANA and I have been practicing physical therapy since 1994, and specifically in the State of Colorado since 2002. It is in Colorado that the focus of my clinical practice moved into the field of oncology rehabilitation. During my early days of oncology specialization, my professional development began to evolve into the establishment of clinical pathways of oncological management for pre- and post-oncology surgery care, pre and post-radiation care, rehabilitation during and after chemotherapy, and lymphedema management for patients diagnosed with all types of cancer ranging from solid tissue types to liquid tumor types.

In 2009 I founded Oncology Rehab, an outpatient oncology rehabilitation clinic, in which we now have twenty-seven (27) PTs, OTs and SLPs. I guide and direct a multidisciplinary, collaborative, and comprehensive approach to the treatment of oncology patients. The clinic’s visit count is approximately 40,000 oncology patient visits a year, and from these visits we generate data to monitor the effectiveness of our patient treatment protocols, as well as capture our patient outcomes.

In 2014 I founded PORi – the Physiological Oncology Rehabilitation Institute. Through PORi I have launched four core curriculum 4-day assessment-based certificate programs, through which approximately 400 therapists (PTs, OTs, STs) in the USA are certified. The four core curriculum certificate programs include Breast Cancer, Head & Neck Cancer, Gynecological and Gastrointestinal Cancers, and program addressing Chemotoxicity/Oncology Exercise Prescription. Our successful patient outcomes have enabled us to expand our clinical oncology services to three HealthOne Hospital systems, as well as the opportunity to consult with three additional hospital systems in the USA, one being Hawaii Pacific Health, to help with oncology patient treatment implementation.

One of the cornerstones of our patient treatment system is our comprehensive body systems approach. We have several clinical pathways of management for oncology patients, two of which specifically include the use of Trigger Point Dry Needling (TpDN), which is within the scope of practice for physical therapists in the State of Colorado (please see the appendix for the Scope of Practice Guidelines for Dry Needling in the State of Colorado per the Department of Regulatory Agencies).

The two management pathways referenced above that specifically include TpDN for oncology patients are those for a) oncology patients with a Stage 3 Lymphedema who are no longer responding to Compete Decongestive Therapy (CDT); and b) oncology patients who are at least 3 months post oncology-based surgery and/or radiation treatment and who present with significant scar tissue formation resulting in loss of function. With both pathways our treatment outcomes using TpDN have demonstrated significant functional improvement in patients’ neuromuscular, musculo-skeletal, visceral, and lymphatic systems.

Oncology patients with Stage 3, liquid to solid phase, irreversible UE and trunk lymphedema: These patients have often undergone months, if not years of Complete Decongestive Therapy (CDT) treatment with compression bandaging, compression garments, night time garments etc. and they often are disillusioned and frustrated by a) the size and weight of their limb that no longer reduces in volume and/or responds in a sustainable way to compression (leading to UE functional, postural and balance issues), and b) they have frequent, recurring episodes of cellulitis (resulting in hospitalizations and short – intermediate – long term use of antibiotics). In understanding the application of TpDN as it pertains to this patient population, it is important to fully understand the anatomical constructs of the lymphatic system. There are three major access points that we have to the lymphatic system in an affected territory.

- The first is to the superficial system in the epidermis and dermis and interstitium in these tissue layers (where Manual Lymphatic Drainage – MLD – is applied).
- The second is to the deep lymphatic system within myofascial, ligamentous, tendinous, and joint structures within the affected territory.
- The third is to the deep lymphatic system within the visceral system within a territory.

It is the deeper lymphatic system in these last two bullet points that needs to be activated in patients with Stage 3 lymphedema. This is because these patients often have secondary skin changes with fibrotic and adipose thickening of epidermal and dermal layers, which results in reduced effectiveness of traditional MLD and therefore CDT. Using TpDN to activate the deeper lymphatic system within the myofascial, ligamentous, tendinous, and joint structures improves limb, trunk, and visceral function, and therefore improves the deep, internal functioning of the lymphatic system.

To use an analogy for explanation, the myofascial, joint, and visceral structures within a Stage 3 lymphedematous territory become congested, shortened, and contracted and the occlusion pressure they exert can be likened to that of placing a foot onto a garden hose and occluding it, the garden hose in this case representing the system of lymphatic vessels. For water to start to flow again in the garden hose, the occlusion pressure of the foot needs to be released by lifting the foot off the hose. In the same way the occlusion pressure from myofascial shortening and visceral and joint congestion needs to be released by the lengthening of the tissues, by reducing congestion in the viscera, and increasing range of motion in the joints. This will allow for the deeper lymphatic vessels to begin to function again. TpDN, directed into trigger points of tight and shortened muscles, as well as tight and congested joint capsules, releases occlusion pressure in these tissues, and therefore improve lymphatic flow and function of the system within the affected territory.

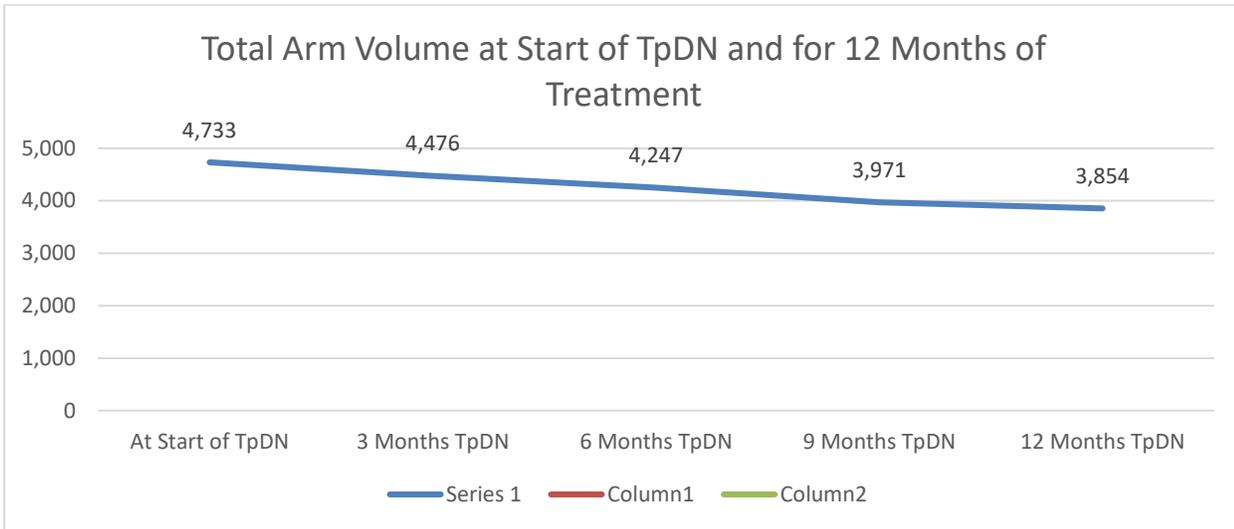
The use of TpDN has proven to be highly effective in the outcomes of our patients at Oncology Rehab. To reference a specific case, I was referred a patient with breast cancer related secondary lymphedema, Stage 3, whom had attended 2 years of CDT therapy, and whom had no reported changes in her volume reduction or functional outcomes for the previous 6 months of treatment prior to her being referred to me.

At initial evaluation, and the start of her treatment with TpDN, the patient was given a Lymphedema Life Impact Score (LLIS) Questionnaire to complete. She was provided the LLIS at 3-month intervals over a 12-month span of treatment.

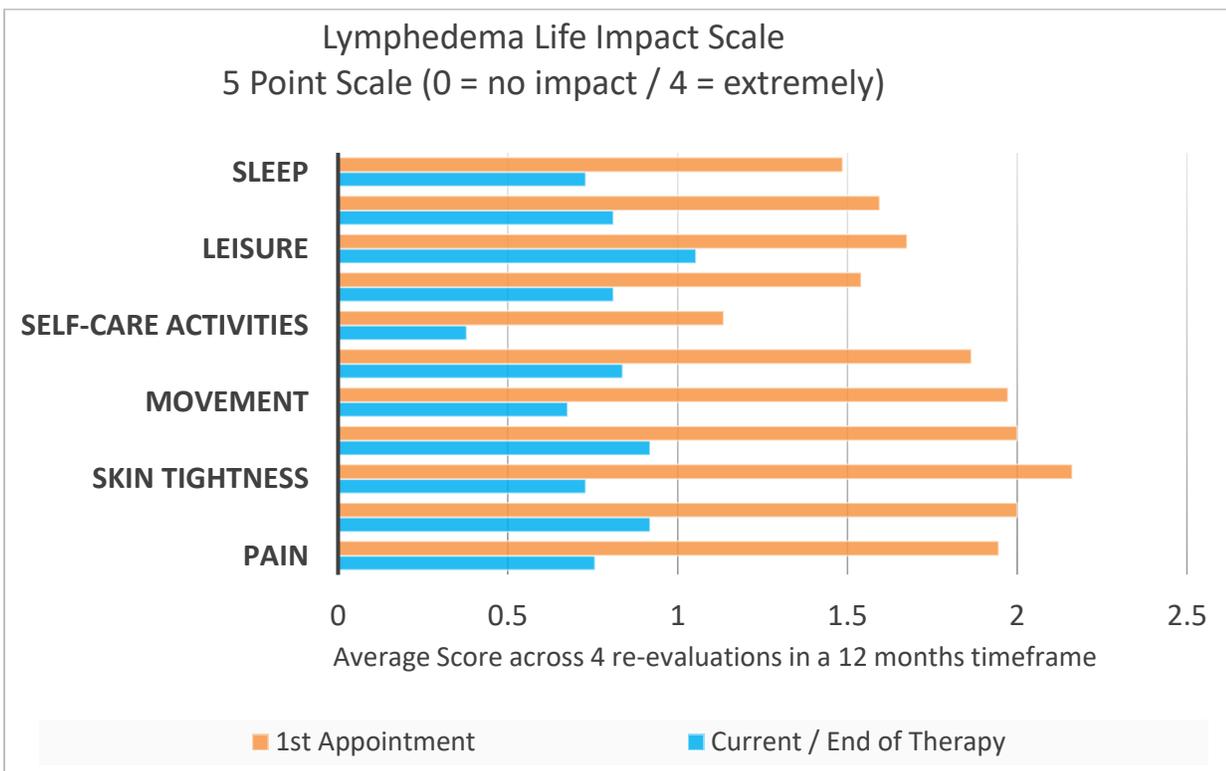
TpDN treatment was provided on a 1x/week basis, some appointments of which were canceled for various reasons, resulting in a total of 34 treatments over the 12-month time period.

During the time of treatment, the patient was able to:

- Cease wearing night time garments that were inhibiting her ability to sleep because of discomfort.
- Cease wearing her day time compression garments, except for times of increased stress on her lymphatic system.
- Achieve more sustainable fluid volume reduction results than she had before.



- Improve in all aspects of quality of life.



The patient had reported an average of 2-3 cellulitis infections per year, and since initiating TpDN, to date the patient has had no cellulitis infections. I believe this can be attributed to the improved functioning of the patient’s lymphatic system since the introduction of TpDN.

Oncology patients who are at least 3 months post oncology-based surgery and/or radiation treatment and who present with significant scar tissue formation resulting in loss of function: These make up the second group of patients with whom we perform TpDN at Oncology Rehab. These are patients who are 3+ months post-surgery and who develop significant scar tissue fibrosis, and/or who are post radiation treatment and who present with Radiation Induced Fibrosis (RIF). TpDn into myofascial tissues that are fibrotic and are shortening and contracting has proven to be very effective in improving joint range of motion, muscle balance through kinetic chains of movement, and overall function of the limb involved.

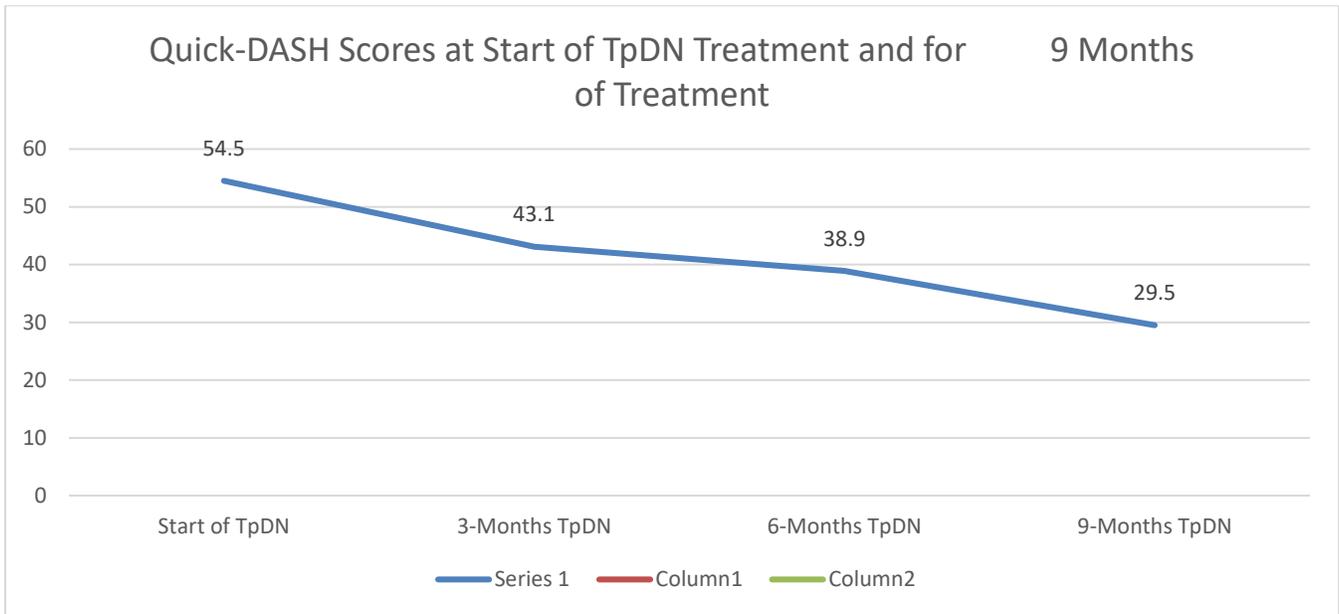
“RIF may manifest as skin induration and thickening, muscle shortening and atrophy, limited joint mobility, lymphedema, mucosal fibrosis, ulceration, fistula, hollow organ stenosis, and pain. More regionally specific manifestations include trismus, xerostomia, decreased vocal quality, osteoradionecrosis, dysphagia, and aspiration in patients with head and neck malignancy; cervical plexopathy, brachial plexopathy, interstitial fibrosis, dyspnea, and oxygen requirement in patients with breast or lung malignancy; and urinary urgency, increased urinary frequency, diarrhea, loss of reproductive function, and dyspareunia in patients with abdominopelvic malignancy.”

Straub, J. M., New, J., Hamilton, C. D., Lominska, C., Shnayder, Y., & Thomas, S. M. (2015). Radiation-induced fibrosis: mechanisms and implications for therapy. *Journal of Cancer Research and Clinical Oncology*, 141(11), 1985–1994.

A case scenario is as follows: I was referred a patient with a diagnosis of breast cancer, two years post treatment, who presented with severe RIF to her left (L) axilla and antero-lateral chest wall. Refraction fibrosis was also present posteriorly along the medial border of her scapula. She presented with decreased shoulder range of motion, with impaired scapulo-humeral rhythm, as well as impingement syndrome to her (L) shoulder during flexion and abduction. She reported significant overall loss of function in her (L) shoulder during all ADLs (home, occupational, community, recreational). At initial evaluation, and the start of her treatment with TpDN, the patient was given a Quick-DASH (Disabilities of the Arm, Shoulder and Hand) questionnaire to complete. She was provided the Quick-DASH at 3-month intervals over the 9-month span of treatment, and upon Discharge. TpDN treatment was provided on a 1x/week basis for 9 months, four appointments which were canceled for various reasons, resulting in a total of 32 treatments over the 9-month time period.

Upon completion of the treatment the patient was able to:

- Demonstrate improved (L) shoulder range of motion from 0–143 degrees flexion to 0–172 degrees flexion.
- Demonstrate improved (L) shoulder range of motion from 0-98 degrees abduction to 0-166 degrees abduction.
- Report impingement pain – patient was able to move though previous pain arc during flexion and abduction with no symptoms of shoulder pain.
- Demonstrate improved (L) scapulo-humeral rhythm as indicated by resolution of shoulder impingement syndrome.
- Report improved Quick-DASH scores indicating improved overall (L) shoulder and upper extremity function in all ADLs (home, occupational, community, recreational). The lower the score, the more improved the patient’s function.



CONCLUSION:

Dry needling in the context of physical therapy is based on a distinct philosophical and theoretical framework supported by modern scientific study of the musculoskeletal and nervous systems (American Physical Therapy Association, 2012; Cummings, 2013; Dunning, et al, 2014). At every stage of the physical therapy visit, from patient selection to the actual needling of the affected areas, the PT is guided by his/her education, clinical training and experience, professional responsibilities and competence, and legally defined scope of practice, as well as the patient’s reaction to needling. The type and number of needles used, as well as their location, depth, and manipulation, are heavily influenced by the PT’s knowledge of anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology, and pathology, as well as the overall plan of care of the patient.

[Analysis of Competencies for Dry Needling by Physical Therapists Final Report \(.pdf\) - 7/10/15](#)

Courtesy of FSBPT

APPENDIX

Scope of Practice Guidelines for Dry Needling in the State of Colorado per the Department of Regulatory Agencies:

- A. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose and treat neuromuscular pain and functional movement deficits; is based upon Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points.*
- B. Dry needling as defined pursuant to this rule is within the scope of practice of physical therapy.*
- C. A physical therapist must have the knowledge, skill, ability, and documented competency to perform an act that is within the physical therapist’s scope of practice.*
- D. To be deemed competent to perform dry needling a physical therapist must meet the following requirements:*
 - 1. Documented successful completion of a dry needling course of study. The course must meet the following requirements:*

- a. A minimum of 46 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.*
- b. Two years of practice as a licensed physical therapist prior to using the dry needling technique.*
- E. A provider of a dry needling course of study must meet the educational and clinical prerequisites as defined in this rule, D(1) (a) &(b) and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a physical therapist.*
- F. A physical therapist performing dry needling in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:*
- 1. Risks and benefits of dry needling*
 - 2. Physical therapist's level of education and training in dry needling*
 - 3. The physical therapist will not stimulate any distal or auricular points during dry needling.*
- G. When dry needling is performed this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.*
- H. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.*
- I. Dry needling must be performed in a manner consistent with generally accepted standards of practice, including clean needle techniques, and standards of the center for communicable diseases.*
- J. The physical therapist must be able to supply written documentation, upon request by the Director, which substantiates appropriate training as required by this rule. Failure to provide written documentation is a violation of this rule, and is prima facie evidence that the physical therapist is not competent and not permitted to perform dry needling.*
- K. This rule is intended to regulate and clarify the scope of practice for physical therapists.*

HB701, Relating to Physical Therapy Practice Act
February 12, 2019 House Health Hearing- 9am
Stance: Support with amendments

Chair Mizuno and HLT Committee Members,

My name is Brienne Childs and I am a physical therapist who strongly supports HB701 which provides necessary changes to our Physical Therapy Practice Act. I support amendments proposed by the American Physical Therapy Association to insert the definition of sharp debridement in our Practice Act, and exclude it from the prohibitive practice section. This will accurately reflect our scope of practice and clarify the role that physical therapists have in wound care.

I am a specially trained physical therapist (PT) who provides wound care to patients at Molokai General Hospital and I support the proposed deletion of Section 461J-2.5 Prohibited practices, which states that "A physical therapist shall not use invasive procedures. For purposes of this section, an invasive procedure is the breaking or puncturing of a person's good skin integrity..."

In my practice as a wound care therapist, the way the law is currently written has made it more difficult for me to care for patients on an island that is already underserved and limited with services.

The current verbiage prohibits me from being able to debride certain wounds with a seroma, hematoma or deep tissue injury because the skin is intact. I have had to seek out a physician and a few times a nurse practitioner to initiate the debridement by puncturing the skin with a scalpel or curette before I can start debriding. Our wound care clinic is supported by 2 physicians and a physician's assistant who provide care in our clinic as well as make themselves available via telehealth if they aren't on campus.

A registered nurse (RN) in the state of Hawaii isn't allowed to perform sharp debridement, while a PT can, but a RN is able to 'puncture intact skin' and a PT cannot. The physicians I interact with both from outpatient clinics as well as the Emergency Department (ED) prefer that I perform sharp debridement as I have experience with this on a regular basis and they've seen the good outcomes patients at the wound care clinic are having with receiving this care.

Wound care and sharp debridement is within the physical therapy scope of practice, however this language can be misinterpreted and limit my ability to provide needed care. In the past the language has been used to deny treatments in an outpatient setting, causing a patient to be sent to the emergency room for wound care. In the end I was consulted into ED by the physician to see the patient because of my wound care experience. It cost the patient an unnecessary visit to the ED rather than being seen in the outpatient setting. This prohibitive practice section had set the premise for this particular incident.

I want to provide the best patient care, which for many of our wound care patients requires sharp debridement to remove necrotic tissue and biofilm to allow for granulation tissue to grow and prevent the wound from becoming infected by removing necrotic tissue that bacteria 'love'. Thank you for your consideration.

Sincerely,



Brienne Childs

Dear Chair Mizuno and members of the Health Committee,

I have been asked to provide testimony in favor of physical therapists utilizing dry needling. I have done so in my home state of Florida and in doing so, I have reviewed the physical therapy practice act of Hawaii and have found some remarkable similarities between the language of the practice act and dry needling documents from the APTA. I believe these similarities will show physical therapist are not doing anything different than we always have. We are treating dysfunction as we always have, using a variety of conservative interventions, tools, devices and skills to help our patients return to the highest level of function they can achieve. This is imperative given the current state of a national opioid epidemic.

Hawaii, Chapter 641J, Physical Therapy Practice Act, 461J-Definitions: states,

*“Physical therapy” or “physical therapy services” means the examination, **treatment**, and instruction of human beings to detect, assess, prevent, correct, alleviate, and **limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition** as performed by a physical therapists appropriately licensed under this chapter. It includes but is not limited to:*

*(1) Administration, evaluation, modification of treatment, and instruction involving the **use of physical measures**, activities, and **devices**, for preventive and therapeutic purposes; . . .*

“Practice of physical therapy” includes, but is not limited to, the use of the following:

(1) Physical agents, such as heat, cold, water, air, sound, compression, light electricity, and electromagnetic radiation;

*(2) Exercise with or without devices, **joint mobilization, mechanical stimulation**; biofeedback, postural drainage, traction, positioning, massage, splinting, training in locomotion, and other functional activities with or without assisting devices, and correction of posture, body mechanics and gait;*

*(3) Tests and measurements of: **muscle strength, force, endurance and tone; joint motion, mobility, and stability**, reflexes and automatic reaction; **movement skill and accuracy, sensation and perception; peripheral nerve integrity, locomotor skill, stability and endurance; activities of daily living**; cardiac, pulmonary, and vascular functions; and fit, function, and comfort of prosthetic, orthotic and other assisting devices; **posture and body mechanics**; limb strength, circumference, and volume; thoracic excursion and breathing patterns; vital signs; **nature and locus of pain and conditions under which pain varies**; photosensitivity; and home and work physical environments.*

The APTA defines dry needling, also known as trigger point dry needling, as “a skilled intervention that uses a thin filiform needle to penetrate the skin and **stimulate underlying myofascial trigger points, muscular, and connective tissues** for the **management of neuromusculoskeletal pain and movement impairments**. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, **diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.**” (APTA Resource Paper, 2/2013).

Trigger points, as defined by Janet Travell, MD are “a focus of hyperirritability in a tissue that, when compressed, is locally tender and, if sufficiently hypersensitive, gives rise to referred pain and tenderness.”

Research shows trigger points alter the functional state of the muscle by limiting range of motion and muscle length (Simons, 1998), inhibiting muscle and its ability to generate strength/force (Osborne, 2010 / Celik, 2011), altering firing patterns/sequence of movement (Lucas, 2004/2010) increasing muscle stiffness (Chen, 2007/2008), muscle fatigue (Hong-You, 2012) and muscle/joint dysfunction (Gonzalez-Perez, 2012), all of which can be and have historically been treated by physical therapists using a variety of modalities, devices and tools.

Research also shows triggers point are under pressure, interrupt blood flow and are hypoxic (Shaw, 2005/Sikdar 2009/2010). Such hypoxia sets off a chain of chemical responses leading producing

hypersensitivity, or neurological dysfunction, of the nervous system that can occur locally/peripherally or centrally. The same process with chronic low back pain, post-op rehab, phantom pain, fibromyalgia, complex regional pain syndrome and a variety of other orthopaedic and neurological diagnoses that have been treated by physical therapists.

A comparison/contrast of Hawaii’s 461J defined purpose of physical therapy and the APTA definition of DN in the purposed use of dry needling shows significant similarity.

| Hawaii 461J | APTA Dry Needling |
|---|---|
| mechanical stimulation | stimulate underlying myofascial trigger points, muscular, and connective tissues |
| limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition | management of neuromusculoskeletal pain and movement impairments |
| use of physical measures, activities, and devices, for preventive and therapeutic purposes;... movement skill and accuracy, sensation and perception; peripheral nerve integrity, locomotor skill, stability and endurance; activities of daily living | diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation |

Janet Travell used a syringe, which actually cuts through the tissue resulting in bleeding and tissue damage. Physical therapy dry needling uses a solid filament as the tool or device of choice for treatment to stimulate a myofascial trigger point within the muscle and related connective tissue. Such treatment is used to treat the dysfunctional area of the muscle, which has been in a state of “bodily malfunction”, altering the “sensation and (pain) perception; and peripheral nerve integrity”.

The use of tools and/or devices overlap between many professions but for a variety of reasons. Medical physicians, nurses, physical therapists and other professions use the stethoscopes all the while maintaining their individual and professional identities. Physical therapist are not confused with cardiologist when using a stethoscope any more than physical therapists who use dry needling are confused with acupuncturists. Further, many manual physical therapists use their hands as tools to

increase joint and soft tissue mobility without being confused with a chiropractor or massage therapist due to the differences in philosophy, skill set, therapeutic resources, use of tools/devices, in other words, full scope practice. This is possible as no profession “owns” any intervention. Physical therapists also use scalpels for wound debridement, a tool/device which is also used by surgeons. Similar overlaps are seen between OT/PT and nursing, ATC and PT, PT and MD, DO/PT and Chiropractic, PT/LMT and other body workers such as Rolfers, and more.

Dry Needling was first utilized first in the state of Maryland in 1984. That number has grown, allowing physical therapists to use dry needling in all but seven states. This has raised concern regarding infringement and negative impact on the acupuncture community and/or injury to productivity, but the fact is, this concern has never been substantiated with fact. The data, at least in the state of Maryland shows quite the opposite. Data could only be collected as far back as 2005 but according to the Maryland Board of Acupuncture, despite physical therapist practicing dry needling for 34 years, the number of licensed acupuncturists has nearly doubled since 2005.



Rob Stanborough, PT, DPT, MHSc, CPTPT, FAAOMPT

HB701 Relating to Physical Therapy Practice Act
Hse HLT Hearing
Tuesday, Feb. 12, 2019, 9 a.m.
Room - Conference Room 329
Position: Support

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii who works 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 United States Army, or any other Federal entity. 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 dry needling 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

HB701, Relating to the Physical Therapy Practice Act
House Health Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

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 everything 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

HB701 Relating to Physical Therapy Practice Act

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

27 January 2019

Regarding: HB701

Dear Chair and Members of the Committee:

This letter is to strongly support HB701 to open the physical therapy practice act and allow therapeutic dry needling as an adjunctive modality in the state of Hawaii. I am a doctor of physical therapy who has been practicing as a physical therapist for over 30 years. While living in Hawaii, I was passionate about the legislative process required to open up our practice act to allow therapeutic dry needling as an adjunct to a physical therapist's list of modalities. So passionate that I was the Hawaii Chapter of the American Physical Therapy Association's secretary for two years (2016-2017), then membership chair for one year (2018).

I retired from the US Air Force and Air Force Reserves after over 28 years and was trained in therapeutic dry needling while still in the US Air Force. The military uses their physical therapists as the highly trained musculoskeletal experts they are, and as physician extenders in battlefield and training situations. When trained in dry needling, our previous schooling and expertise with the human body are taken into account prior to the three to four day courses in the modality. Once a physical therapist finishes these courses, she returns to her facility and performs the modality, keeping constant contact with a mentor until over 25 cases are seen and peer reviewed by that mentor. This training allowed me, as a doctor of physical therapy, to return to my civilian job with full training in this modality. However, as I lived and worked on the island of Oahu, I was unable to utilize this specialized training in Hawaii. The unfortunate aspect of not being able to perform this as one of the tools in my toolbox, was that many of my patients who would have benefitted from this quick and relatively painless modality took much longer to get well. The biggest difference that I noticed from my time performing this modality in the Air Force facilities versus not performing it in the outpatient private clinic I worked in in Hawaii, was that the time to get a patient back to work (especially with regards to Workman's Compensation cases) was often longer and more time consuming. This modality not only reduces pain, but frees up range of motion and allows a patient more emphasis on rehabilitative work versus pain reduction, thereby reducing hours spent in physical therapy and cutting costs.

In closing, I urge you to support this bill as I feel it will improve patient access to all services a physical therapist may utilize to improve outcomes for the people of Hawaii.

Respectfully submitted,

Deborah J. Reese, PT, DPT, MPA
Doctor of Physical Therapy
Board Certified in Pediatrics
Lieutenant Colonel, USAF, retired

DocuSigned by:



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HB701 Relating to Physical Therapy Practice Act

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

24 January 2019

Dear Chair and Committee Members:

I am a Physical Therapist in Hawaii that has been practicing dry needling since 2016 currently working 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 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 recent 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,

A handwritten signature in black ink, appearing to read 'Trent Larsen', with a long horizontal flourish extending to the right.

Trent Larsen, PT, DPT
Physical Therapist
Texas PT license #1298869
trent.h.larsen.mil@mail.mil

HB701, Relating to the Physical Therapy Practice Act
February 12, 2019 House Committee Hearing

Dear Chair Mizuno and House Health Committee Members:

I am a staff Physical Therapist that works at Tripler Army Medical Center. I was born and raised in Hawaii and I have returned to Hawaii to practice physical therapy. 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.

In addition to this, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Hawaii is one of seven states that does not allow dry needling. The inclusion of dry needling to this practice act will allow patients have more access and quicker recovery.

Dry needling is a safe and effective form of treatment that I personally use on my patients. I started practicing dry needling in 2017 during my clinical internship rotation in El Paso, Texas and continue to utilize this treatment option. I attained my dry needling level I certification during the didactic phase at Army Baylor DPT during the didactic phase in 2016. I never had a patient eligible for dry needling experience long lasting adverse reactions. I utilize dry needling, along with other techniques, to improve mobility, 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.

I have received acupuncture from both an acupuncturist and naturopathic practitioner. It was stated to me that acupuncture specifically targets energy lines and meridians as opposed to trigger point dry needling which targets muscle belly in order to potentially achieve the theorized physiologic action. Although acupuncture and dry needling have similarities, it appears that its intended application are different.

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

My opinion does not represent the U.S. Army or any other federal entities. These views are representative of my personal experience in clinical practice.

Thank you for your consideration,

Patrick Moon, DPT, NSCA-CSCS, TSAC-F
Staff PT, Physical Therapy Department
Tripler Army Medical Center
Reception Desk: (808) 433-5232
Office: (808) 433-2485
Cell: (808) 386-4725
Alternate Email: Patrickmoonpm@gmail.com

HB701 Relating to Physical Therapy Practice Act

Hse HLT Hearing

Tuesday, Feb. 12, 2019, 9 a.m.

Room - Conference Room 329

Position: Support

Aloha Chair and Committee Members:

My name is Matt Marischen, I'm a physical therapist who recently moved from Hawai'i to Missouri after practicing over 4 years on O'ahu. I have a Doctorate in physical therapy and B.S. in Exercise Physiology, totaling 7 years of education about the human body and its response to stress. However, I am not special: this is what all physical therapists must go through to become licensed in America. When it comes to human movement and rehabilitation, we are the most proficient profession in the entire medical field. Through this education, we learn many different methods of treatment from aerobic exercise to sharp wound debridement; however Hawai'i is the only state in our country that expressly prohibits PT's from "using invasive procedures" such as dry needling.

I was certified as a Dry Needling Practitioner during my graduate program, but unfortunately, due to Section 461 J-2.5 of the Hawai'i practice act, I was unable to use my full skillset while practicing here. However being a therapist means using the best evidence available to drive my interventions with my patients. There is a substantial amount of evidence to support dry needling as a safe and effective form of treatment that therapists in other states are using today to decrease pain and to improve mobility and function in patients. There is even studies that show someone is more likely to be injured from over-the-counter anti-inflammatory medications such as ibuprofen than from dry needling¹. I was personally able to use this treatment in Ohio, and found it highly effective in not only decreasing pain, but improving quality of life almost immediately by allowing people to once again use painful areas of their body with impunity.

The people of Hawai'i deserve to have the most up to date and evidence-based treatments available to them. That means the entire medical field all working together to heal and improve the lives of our community. I strongly support passage of HB 701.

Respectfully,

 PT, DPT

Matthew R. Marischen PT, DPT

Hawai'i License: PT3840

Missouri License: 2018017568

Ohio License: PT014750

DRY NEEDLING FOR MYOFASCIAL TRIGGER POINT PAIN: A CLINICAL COMMENTARY

Casey Unverzagt, Kathy Berglund, J.J. Thomas

Int J Sports Phys Ther. 2015 Jun; 10(3): 402-418.

PMCID: PMC4458928

HB701, Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, February 12, 2019- 9:00am
Conference Room 329
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

My name is Claudine Sanchez, I am a Female 63 year old retired Lieutenant from the Los Angeles County Sheriff Department. I first started One Accord Physical Therapy in Mesa, Arizona in 2016. I was shown exercises and introduced to dry needling during my rehab there. The dry needling was very beneficial in my recovery from an on duty accident my which affected my lower back and neck.

My physical therapist, Adrienne, was very instrumental in helping me during my rehab. During the dry needling I experienced what I named a WHOOSH feeling. It was as if a dam was opened and a flood of energy was going through my body in the area of the needles. The dry needling helped me to get back into the gym, participate in gym exercises and dance classes.

The dry needling was significant in my reduction of pain medication. I was taking Tramadol 150 mgs. every day. One time I especially remember, the dry needling was significant when I could not even stand up straight during a quick turn around I made driving to New Mexico.

She has informed me that she is not able to use this intervention in the state of Hawaii, even though she is trained in its use. I highly recommend the dry needling for the relief of pain and relaxing tight muscles for me, and similar patients.

Thank you for your time.

Claudine Sanchez
2262 Leisure World
Mesa, AZ 85206
562-897-2715

HB701, Relating to the Physical Therapy Practice Act
House Health Hearing
Tuesday, February 12, 2019- 9:00am
Position: Support

Chair Mizuno, and Members of the House HLT Committee,

My name is Annie Henry and I am writing to demonstrate my support for HB701, a bill that will allow physical therapists to practice dry needling in the state of Hawai'i. I am a Doctor of Physical Therapy and currently practice in outpatient orthopedics in Charlotte, NC. I have been extensively using dry needling in my practice since 2015 in the states of North Carolina and Virginia. Dry needling has changed the way I treat and has helped so many patients find relief that other practices have not provided.

To become certified in dry needling, it is required in NC and VA to take a minimum of 54 hours of continuing education. Courses are taught with extreme detail. Safety and precautions are reviewed in entirety. As physical therapists, our education provides extensive training in anatomy, biomechanics, and the study of movement. Thankfully, the states I practice in allow me to use my education and apply it with dry needling to provide relief that otherwise may not have been.

I use dry needling regularly for a variety of diagnoses; most commonly, active trigger point pain, muscle tightness and soft tissue dysfunction. For example, on multiple occasions, patients report upper trapezius pain and dysfunction that have been treated with massage and soft tissue mobilization for months with no relief. Using dry needling and using it intramuscularly, patients experience significant relief. In addition to soft tissue dysfunction, I use dry needling with electrical stimulation for muscle re-education, along nerve pathways to treat peripheral nerve irritation, along the spinal segments for inhibited or hyper-facilitated segments, and many more. Dry needling is an option that does not involve medication or contribute to addictive behaviors. It is a tool that physical therapists should all be using as ways to decrease pain and promote proper movement.

As a member of the American Physical Therapy Association, I strongly urge you to pass this bill. Physical therapists in your state deserve the right to practice this skill and provide the most up-to-date and evidence-based medicine to their patients.

Thank you for your time.

Best regards,

Annie Henry

Annie Henry, PT, DPT, ATC, CSCS, CIDN

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT



Dear Chair and Committee Members:

My name is Jason Luke, I am a Physical Therapist working at Hawaii Sports and Balance Center in Lihue, Hawaii. I am writing you in support of 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.

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 well as remain congruent with Physical Therapy Practice Acts in other states.

Currently, section 461J-2.5 prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and Dry Needling, which is a safe and effective form of treatment that physical therapists utilize to improve mobility and function and to treat pain in their patients. These skills are allowed in other practice acts in states such as California and Nevada, where sharp debridement and Dry Needling is performed legally by physical therapists.

Not allowing these changes to our practice act prevents patients from accessing modern services by their physical therapist who are well suited to perform this intervention due to our extensive training in human anatomy and physiology as well as human movement and function. Without the availability of these services, patients will seek care in other places such as the mainland where physical therapist can legally access these effective techniques.

Passing this bill will also ensure that Hawaii stays in the forefront of medicine.

Thank you for your consideration,

Jason Luke DPT



HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT

February 2, 2019

Dear Chair and Committee Members;

I am a Physical Therapist Assistant in Hawaii. I strongly support the proposed changes to the Physical Therapy Practice Act. This letter is to provide information regarding the use of dry needling. It is my understanding that there is some question as to whether dry needling is part of the physical therapist scope of practice and if its use by physical therapist is appropriate.

Dry needling is an intervention that is being utilized by physical therapist across the country. *The Guide to Physical Therapist Practice*, which defines the scope of practice of physical therapist profession, includes many methods, techniques and procedural interventions a therapist may utilize for treatment techniques to produce a change with diagnosis. Manual therapy techniques are designed to improve muscle function, decrease pain, and induce muscle relaxation. Dry needling is compatible with this component of physical therapist practice. The procedural intervention of dry needling is therefore not inconsistent with *The Guide to Physical Therapist Practice*.

Additionally, Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling.

Changes of this law 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. 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.

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 "Christian Cadamas-Tanigata". The signature is fluid and cursive, with the first name "Christian" being the most prominent part.

Physical Therapist Assistant

Christian Cadamas-Tanigata

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT



Dear Chair and Committee Members:

My name is Meynard Enriquez, I am a Physical Therapist working at Hawaii Sports and Balance Center in Lihue, Hawaii. I am writing you in support of 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.

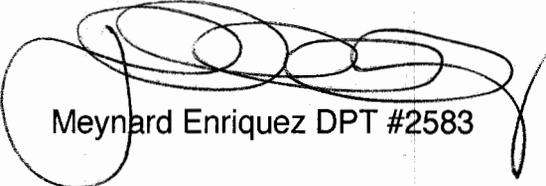
Prevention of disability and illness is at the forefront of all healthcare professions and adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will position our profession to remain up-to-date with the current and future climate of healthcare, as well as remain congruent with Physical Therapy Practice Acts in other states.

Currently, section 461J-2.5 prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. These skills are allowed in other practice acts in states I have worked in such as California, where sharp debridement is performed legally by physical therapists.

Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling, which 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.

Passing this bill will also ensure that Hawaii stays in the forefront of medicine.

Thank you for your consideration,



Meynard Enriquez DPT #2583



HAWAII SPORTS AND BALANCE CENTER

WWW.HAWAIISPORTSANDBALANCE.COM

HB 701 Relating to the Physical Therapy Practice Act

House HLT Hearing, Tuesday, Feb 12, 2019, 9:00, Conference Room 329

Position: SUPPORT

Dear Chair and Committee Members:

My name is Tiffany Ikeda-Simao and I am a Doctor of Physical Therapy in Hawaii. I am in strong support of the proposed changes to the Physical Therapy Practice Act. These changes will allow for physical therapy practice in Hawaii to become more modernized.

Prevention of disability and illness is at the front of all healthcare professions. Adding language into the Physical Therapy Practice Act that outlines promotion of health and wellness will allow this profession to remain up-to-date with the current and future climate of healthcare.

Section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharp debridement within wound care, and access to modern services such as dry needling.

Dry needling is a form of treatment that is both safe and effective to improve mobility and function, and treat pain in their patients. As physical therapists, we have extensive training in human anatomy and physiology, as well as the movement and function of the human body. This training and other post-graduate training makes us well equipped to perform dry needling, along with other interventions to improve the treatment of patients.

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

Thank you for your consideration,

Tiffany Ikeda-Simao, DPT, PT-4520



HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing, Tuesday, Feb 12, 2019, 9:00 a.m., Conference Room 329
Position: SUPPORT

Dear Chair and Committee Members:

I am a licensed Physical Therapist currently practicing 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. Licensed physical therapists will be able to treat patients highest level of care.

Prevention of disability and illness is at the forefront of all healthcare professions. 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 current and future climates of healthcare.

Currently, Section 461J-2.5 prevents physical therapists from puncturing a person's skin. Amendments to this section are needed to allow for sharp debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling.

Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques, to improve mobility and to treat pain in their patients. These techniques enable physical therapists to enhance a patient's return to prior level of function. Physical therapists are well suited to perform this intervention with our extensive knowledge of 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,

A handwritten signature in black ink, appearing to read "Kaylen Wakumoto". To the right of the signature, the text "DPT 4313" is written in a smaller, handwritten font.

Kaylen Wakumoto, DPT, PT-4313

HB 701 Relating to the Physical Therapy Practice Act
House HLT Hearing
Tuesday, Feb 12, 2019, 9:00 a.m.
Conference Room 329
Position: SUPPORT

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.

As a healthcare provider, it is my job to provide the best care possible to my patients safely and effectively. We go through extensive training to become Doctors of Physical Therapy and are equipped to provide a variety of treatments to help meet the needs of our patients.

Currently in our practice act, section 461J-2.5 currently prevents physical therapists from puncturing a person's skin. Changes to this section are needed to allow for sharps debridement within wound care and accurately reflect our administrative rules for physical therapy scope of practice. Furthermore, this section prevents patients from accessing modern services by their physical therapist such as Dry Needling.

Dry needling is a safe and effective form of treatment that physical therapists utilize, along with other techniques to help reduce pain, improve mobility and promote better function. 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.

Having seen Dry Needling successfully implemented within physical therapy in Wyoming as both a student and as a patient, I have seen the great benefits that this treatment can bring to people. We should not be denying patients in Hawaii the opportunity to have Dry Needling done to them when it has benefited so many others across the country already.

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 'Alyssa Friedberg', followed by the text 'PT, DPT' written in a similar style.

Alyssa Friedberg, PT, DPT, License #4145



Institute of Clinical Acupuncture and Oriental Medicine

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House Committee on Health

February 12, 2019

Tuesday, 9:00 a.m. Room 329

LATE

Testimony Opposing HB 701

Relating to Physical Therapy Practice Act

To the Honorable Chair, John M. Mizuno and The Honorable Vice Chair, Bertrand Kobayashi, and Members of the Health 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** H.B. 701 for the following reasons:

1. "Dry needling" is the same protocol as 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.

House Bill 701 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.

House Bill 701 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 HB 701 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



| PolicyFinder

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



| | |
|------------------------------|--|
| Policy Title: | ACAOM Glossary |
| Approved By: | ACAOM Executive Committee |
| Document History: | Implementation Date: 1988 Last Updated: 11 December 2018 |
| Related Policies: | <u>ACAOM Accreditation Procedures</u> ; <u>ACAOM Commission Actions Policy</u> ; <u>ACAOM Fees and Dues Schedule</u> ; <u>ACAOM Public Disclosure Policy</u> |
| References: | <u>34 CFR §600.2</u> ; <u>20 U.S.C. 1099b</u> ; <u>Federal Student Aid Handbook</u> |
| 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.

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

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 ®**

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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"⁷

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** **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.

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⚠ You currently do not have access to this article

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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 |

Year 2

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

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 |

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 |

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 |
| IPED 6001 | IPED | . |
| 6852 | Independent Study | 1-3 |
| 6902 | ICE II (2 week block) | 1 |
| Semester Total | | 18 |

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

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 |
| IPED 5002 | IPED | . |
| Semester Total | | 16 |

Spring 2 (20 weeks) - 2018

| Academic Block March-May | | |
|--------------------------|--|-----------|
| 6932 | Clinical Education II (10 weeks) January-March | 6 |
| 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 1 Total 46

Year 2 Total 48

* 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 | | Credits Per Classification | | Year and Term: Year 1 Spring Trimester | | Credits Per Classification | |
|--|-----------|----------------------------|---|--|----|---------------------------------------|--|
| Course Number & Title | CR | GE | Course Number & Title | CR | GE | | |
| HISC 205 Safety Precautions | 1 | | HISC 410 Applied Neuroscience | 4 | | | |
| 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 | | Credits Per Classification | | Year and Term: Year 2 Fall Trimester | | Credits Per Classification | |
| Course Number & Title | CR | GE | Course Number & Title | CR | GE | | |
| PHTR 505 Pharmacology for PT | 1 | | PHTR 535 Childhood and PT | 6 | | | |
| 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 566 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 | | Credits Per Classification | | Year and Term: Year 2 Sum. Trimester | | Credits Per Classification | |
| Course Number & Title | CR | GE | Course Number & Title | CR | GE | | |
| PHTR 545 Adolescence and PT | 5 | | PHTR 567 Teaching and Learning | 1 | | | |
| PHTR 546 Adolescence and Prob Solving | 1 | | PHTR 605 Basic Clinical Education | 3 | | | |
| PHTR 561 Patient/Client Management 3 | 3 | | PHTR 611 Rehab Research | 2 | | | |
| PHTR 531 Rehab Research 2 | 2 | | | | | | |
| PHTR 556 Ethics, Values and Practice | 1 | | | | | | |
| Term credit total: | 12 | | Term Credit Total: | 6 | | | |
| Year and Term: Year 3 Fall Trimester | | Credits Per Classification | | Year and Term: Year 3 Spring Trimester | | Credits Per Classification | |
| Course Number & Title | CR | GE | Course Number & Title | CR | GE | | |
| PHTR 616 Adulthood and PT I | 3 | | PHTR 627 Maturity and PT I | 3 | | | |
| PHTR 617 Adulthood and PT II | 3 | | PHTR 628 Maturity and PT II | 3 | | | |
| PHTR 618 Adulthood and Prob Solving | 1 | | PHTR 630 Case Study | 3 | | | |
| PHTR 619 Medical Differential | 2 | | PHTR 631 Maturity and Prob Solving | 1 | | | |
| PHTR 621 Radiology for PT | 1 | | | | | | |
| Term Credit Total: | 10 | | Term Credit Total: | 10 | | | |
| Year and Term: Year 3 Sum. Trimester | | Credits Per Classification | | Year and Term: Year 4 Fall Trimester | | Credits Per Classification | |
| Course Number & Title | CR | GE | Course Number & Title | CR | GE | | |
| PHTR 620 Prof Mgmt. and Admin | 3 | | PHTR 710 Research Externship 2 | 2 | | | |
| PHTR 700 Adv. Clinical Education 1 | 3 | | PHTR 720 Adv. Clinical Education 3 | 3 | | | |
| PHTR 709 Research Externship 1 | 2 | | Professional Practice Preparation | 1 | | | |
| 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

25

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) | | |
| | | |

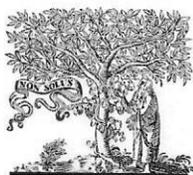
25

| 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

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ARTICLE INFO

Article history:

Received 24 April 2018

Revised 16 August 2018

Accepted 17 August 2018

Available online 20 September 2018

Keywords:

Dry needling

Pneumothorax

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.

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<https://doi.org/10.1016/j.radcr.2018.08.019>

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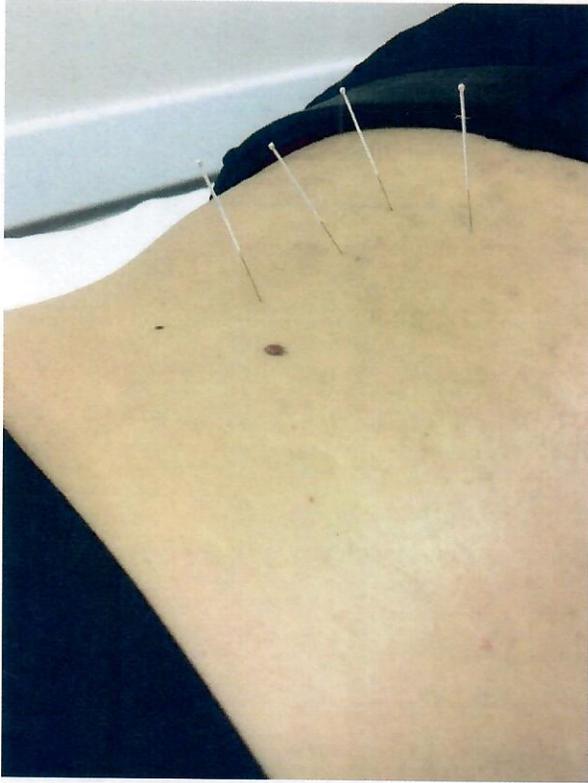


Fig. 1 – The technique of deep dry needling of thorax including the paraspinal, medial scapular, and subclavicular regions.

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].

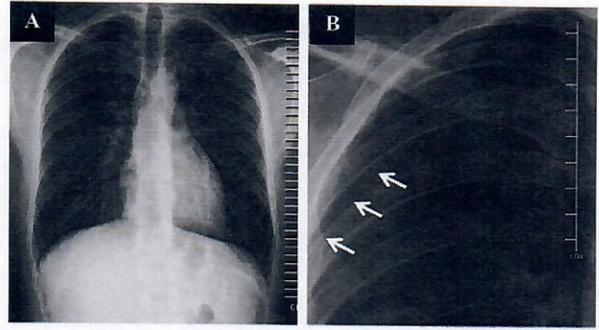


Fig. 2 – Chest roentgenography is looking as normal (Fig. 1A) but when looked carefully, pneumothorax appears as thin line there in the visceral pleura on the right hemithorax (arrows in Fig. 1B).

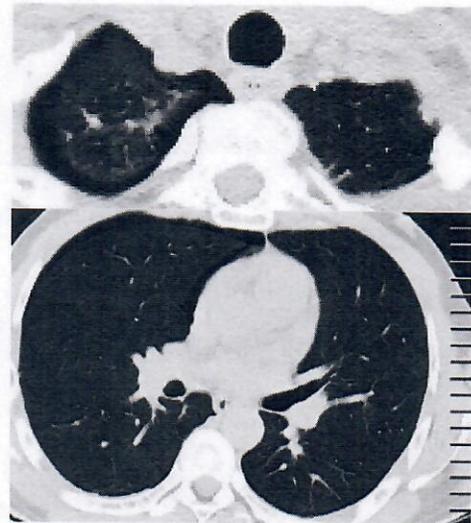


Fig. 3 – High-resolution computed tomography (HRCT) demonstrated the iatrogenic pneumothorax due to deep dry needling (DDN) over the right hemithorax.

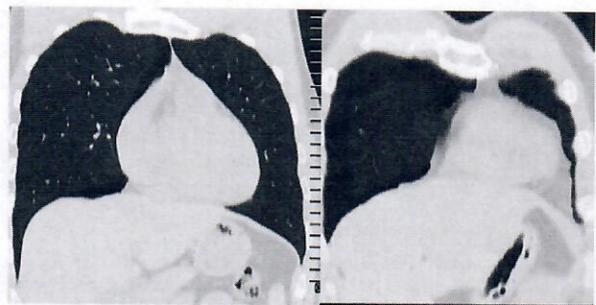


Fig. 4 – High-resolution computed tomography (HRCT) demonstrated the iatrogenic pneumothorax due to deep dry needling (DDN) over the thorax (Coronal plane).

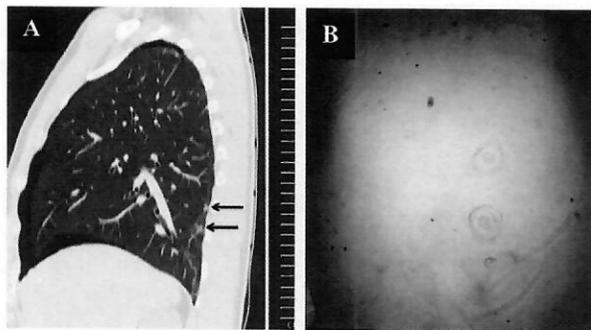


Fig. 5 – The entrance area of the needles to lung parenchyma are also seen in Figure 4A (arrows). The areas of DDN are showing on the patient's chest in the Figure 4B. DDN, deep dry needling.



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.

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LATE

HB-701

Submitted on: 2/11/2019 7:09:23 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Samantha Preis | Acuplan Hawaii | Oppose | Yes |

Comments:

It has been demonstrated by the recent ruling in Florida that dry needling is acupuncture by a different name. The thought process behind it may differ but there are many philosophies one may draw from in the practice of acupuncture, Japanese style, Korean style, Microsystems, Scalp acupuncture, and even French Ear acupuncture, and many more. Thinking differently about how to apply the needle, as dry-needling proponents argue, does not change the fact that one is inserting an acupuncture needle, hence doing acupuncture. Trigger point needling, the technique used in dry needling, is in fact an established technique within the scope of acupuncture, not an entirely different practice itself. So, since dry needling is still acupuncture it needs to be regulated as such. There should not be a separate standard for dry needling.



LATE

Dear Chairman and Members,

We are writing in support of the Hawaii Chapter of the American Physical Therapy Association's proposed bill HB701.

As an organization that builds an inclusive community that empowers people with disabilities through accessible beach and water programs, we formally want to acknowledge how physical therapy practice impacts our services. This year (2018) we facilitated over 1,200 ocean experiences and have over 3,000 volunteers that provide valuable support to people with disabilities. Many of our volunteers are physical therapists and they provide an excellent source of skills for our community, service, and program development.

Our community based programs are comprised of many individuals that have been or currently seek treatment from physical therapists in clinics, hospitals, or community settings. Quite often we see many individuals lose the desire and motivation to access their community due to societal barriers to sports, employment, and community engagement. Physical therapists often play a voluntarily key role in bridging the continued care of these individuals to promote health and wellbeing through maintenance of fitness, health, and quality of life. However, a shift in healthcare from the more traditional impairment based model towards a health and prevention based model would aid in the individual's shift from a mindset based on impairment to a mindset based on health. This would further promote access to the community and thus improve quality of life. A small shift can be the difference between a person with disabilities failing to thrive to thriving in their community.

“Physical therapists are uniquely educated and trained to adapt health care recommendations to the community environment where individuals live, work, learn and play. This knowledge and ability enable physical therapists to adapt medical recommendations to specific environments and to ensure clinical and community services are integrated, available, and mutually reinforcing.”

Our volunteers who are physical therapists play a vital role in facilitating strategies and techniques in the community environment allowing individuals to be supported and empowered in real life environments. Involvement of therapists allows individuals with disabilities opportunities to develop routines and healthy habits into their lifestyle. One of our programs at AccessSurf includes the Hawaii adaptive surf team. Physical therapists play a role in promoting elite level fitness training for this team. Allowing members, who have lifelong disabilities, to find an identity in the community and build community engagement through competitive sporting and meaningful activities.

Many of our participants work with physical therapists to facilitate their individual needs to meet their goals. One of our participants has shared his story and the use of physical therapy to access the community. He works with his physical therapist throughout the month to build up the strength to participate in our monthly event at the beach. He is paralyzed from the neck down and his physical therapist comes to our events to surf with him.



As an organization we witness the effects of chronic pain first hand. Participants are often limited from participating in healthy routines in the community due to their pain. We see this primarily in the wounded warrior population and our participants with neurological conditions. AccessSurf supports that physical therapists are uniquely qualified to perform dry needling because of their education, training and expertise in the biomedical sciences. This skilled training allows physical therapists to treat neuromuscular injuries and pain conditions. Dry needling is used in conjunction with other physical therapy interventions in order to improve patients' movement and function allowing an individual to access their community.

Thank you for the time and effort made in considering our testimony in the value a physical therapist has in a community setting in promoting a thriving community that includes individuals with disabilities.

Thank you,

Ann Yoshida CRC, OTD
AccessSurf Hawaii, Inc.
Training and Innovation Director

LATE

HB-701

Submitted on: 2/11/2019 10:49:42 PM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Johnny Posey jr. | Individual | Oppose | Yes |

Comments:

I am a practitioner of Acupuncture and whole heartedly disagree with the "dry" needling practices. It undermines what Chinese medical students spend 4 years training for in school and to the 2500 year old Art that is Acupuncture. If PT's are to attend an accredited acupuncture school and go through all the required training that it entails, only then would I approve of them using needles. Thank you.

~ Johnny Posey

LIBERATA J. ORALLO, LAc
Submitting
Testimony Opposing HB 701
Relating to Physical Therapy Practice Act
To the
House Committee on Health
February 12, 2019
Tuesday, 9:00 a.m. Room 329

LATE

To the Honorable Chair, John M. Mizuno and The Honorable Vice Chair, Bertrand Kobayashi, and Members of the Health Committee:

My name is Liberata J. Orallo and I am a Licensed Acupuncturist in private practice and a Clinic Supervisor for interns from the Institute Of Clinical Acupuncture and Oriental Medicine (ICAOM) at the Acupuncture Clinic of the Rehabilitation Hospital of the Pacific.

I stand in opposition to HB 701 that allows Physical Therapists to practice "Dry Needling." Regardless of the different terminologies used to describe the technique, 'dry needling' is indistinguishable from the practice of Acupuncture and is an invasive procedure using filiform needles. To that end, standards of education, clinical training, rigorous examinations, certification and licensure have been established for the practice of Acupuncture. Those who have obtained licensure have earned it through a curriculum of 3,240 hours. I believe, Physical Therapists have an average of 45 hours on the study of Acupuncture. Historically, it is not a field that includes the use of needles.

It is interesting to note that the American Medical Association (AMA) were concerned that Physical Therapists are increasingly incorporating dry needling into their practice "with as little as 12 hours of training." The delegates from the 2016 AMA Annual Meeting adopted a new policy and standards of practice stating 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."

What is paramount in this measure is ensuring that the health, safety and welfare of the public has been met. Therefore, Physical Therapists should meet the standards required of those wanting to practice the ancient art of Acupuncture. Renaming it to dry needling poses the greatest threat and risk to the public as Physical Therapists bypass the stringent requirements needed.

The public deserves no less than competent practitioners. Keep in mind that the use of dry needling into an anatomical area of chronic pain has been performed since the Tang Dynasty (618-907).

Thank you for the opportunity to testify on this measure.

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

LATE

HB-701

Submitted on: 2/12/2019 7:08:10 AM

Testimony for HLT on 2/12/2019 9:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Nicholas Bronowski | Individual | Support | No |

Comments:

08 February 2019

Dear Chair and Committee Members:

I am a Physical Therapist (PT) in Hawaii that currently works in a private practice outpatient orthopedic 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 2 years. In this capacity, I come across hundreds of working residents of our community per week as a patient due to 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 and 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.

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 dieticians 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 affects the functional mobility in people's everyday lives to improve their 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

Hawaii PT License #3637