

TENNESSEE ACUPUNCTURE COUNCIL

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Board of Occupational Therapy
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

June 29, 2022

RE: The Rules & Requirements of Dry Needling in the Upper Limb

Dear Members of the Occupational Therapy Board,

We are writing to you as concerned members of the healthcare community in Tennessee. As Licensed Acupuncturists, with many years of formal education, training, and experience, we are unequivocally the leading experts in the use and insertion of filiform needles, or Acupuncture needles, for the purpose of patient therapy. As such, we place patient safety and practitioner training as our highest priorities.

Dry Needling has been defined as a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate the underlying myofascial trigger points, musculature, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry Needling is an effective technique in acupuncture practice and, as such, requires sufficient training to ensure that negative outcomes are avoided. Particularly in the upper limb, there are several possible areas that are specifically considered more dangerous and require the utmost caution. Additionally, improper needle insertion could result in organ puncture, such as a pneumothorax (collapsed lung) caused by deep needling into the upper chest or back.

There has been a national debate surrounding the addition of Dry Needling to the scope of practice of various professions, including Occupational Therapists. Some of this debate focuses on whether or not these professions have sufficient training to safely add Dry Needling to their scope of practice. While Occupational Therapists have extensive training in anatomy and physiology prior to becoming licensed, this training as a standard does not typically include invasive techniques such as the insertion of needles into the body.

For these reasons, it is our recommendation that Occupational Therapists looking to incorporate Dry Needling of the upper limb into their practices have sufficient training and supervised clinical experience as well as clearly defined regulation as to what is included in the OT scope for Dry Needling. At the absolute least, we suggest OT's meet the following:

- Clear scope definitions of the upper limb in relation to Dry Needling.
- Clear scope definitions of what Dry Needling is - i.e. The single insertion and removal of a needle at a specific myofascial point without retention. We suggest looking to Illinois for potential language. (1)

- 150 hours of didactic training on the use of Dry Needling in the upper limb, depth analysis, and safety precautions.
- Clean Needle Technique Certification.
- 250 hours of supervised clinical experience; including minimum hours and qualifications. For example, Utah requires 250 supervised treatments. (3)
- Specific training on needling high-risk areas and avoidance and management of serious adverse events.
- Consider requiring passage of a written and a practical examination.
- Approval of training programs by the Board of Occupational Therapy.
- Requirement for Occupational Therapists to obtain written informed consent from the patient that clearly identifies risk and benefits of treatment. We suggest looking to Colorado for potential language. (2)
- Clear limitation that the use of acupuncture needles is only authorized within the Occupational Therapists' management of neuromusculoskeletal pain and movement impairments and require referral to a licensed acupuncturist for the use of filiform needles for any other purpose.

We believe that with adequate training, clearly defined rules and regulations, and board oversight that includes a clinical component, Dry Needling fits within an Occupational Therapist's scope of practice in treating neuromusculoskeletal pain and movement impairments.

We understand that not all cases meet the requirements for referring out to the experts in the field or procedure. As such, we respectfully request that you consider our recommendations within this letter to hold patient safety at the highest level, and reduce risk and liability to your members.

We would also like to reissue our offer to participate in the rulemaking committee for this legislation. While we were disappointed that the promise of the Tennessee Occupational Therapy Association to include us in this process was not upheld by the OT Board, we hope to move forward from here to ensure that all patients receiving Dry Needling of any kind can trust in the expertise and training of their practitioner.

Sincerely,

Tennessee Acupuncture Council Board

Sources:

1. Illinois General Assembly Section 225 ILCS 90/1.5. Section 1.5 Dry Needling
2. Department of Regulatory Agencies. Colorado Physical Therapy Licensure Rules and Regulations, Rule 11: Requirements for Physical Therapist to Perform Dry Needling.
3. Utah Code: Chapter 24B: Physical Therapy Practice Act. Section 58-24b-505 Trigger Point Dry Needling