



Position Statement: NC Board of Physical Therapy Examiners

Intramuscular Manual Therapy (*Dry Needling*)

Approved – September 23, 2010

Revised – December 9, 2011

Revised – June 14, 2012

Revised – June 19, 2014 - (*Programs approved by NCBPTE added Sept. 13, 2012, Dec 6, 2012, July 30, 2013, Aug 28, 2013, Oct 22, 2013, and Oct 30, 2013*)

Definition: Intramuscular Manual Therapy (IMT), which is generally referred to as dry needling, is defined as a technique to treat myofascial pain using a dry needle (*without medication*) that is inserted into a trigger point with the goal of releasing / inactivating the trigger points and relieving pain.

Intramuscular manual therapy is not Acupuncture, which is defined by NCGS § 90-451 (1) as follows: “*A form of health care developed from traditional and modern Chinese medical concepts that employ acupuncture diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease.*”

Distinction between Acupuncture and IMT (Dry Needling)

Acupuncture is based on traditional Chinese medical concepts and modern oriental medical techniques, while dry needling is described in **Physical Therapists & the Performance of Dry Needling, a Resource Paper** published by the American Physical Therapy Association (APTA) in January, 2012, as insertion by dry needle into a trigger point without medication or injection. A trigger point is a taut band of skeletal muscle, which can be tender and refer pain to distant parts of the body.

Physical therapists use dry needling to release / activate the trigger points and relieve pain, while acupuncture includes diagnostic techniques for the restoration of health and prevention of disease.

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Background: In 2002, the Board was asked whether dry needling was within the scope of practice for physical therapists. At that time, there was very little research published about the use of dry needling or evidence that supported the practice of dry needling by physical therapists. However, since the definition of physical therapy in the North Carolina Physical Therapy Practice Act and the Board's rules contemplates modifications to the scope of practice of physical therapy as practitioners become proficient in new patient treatment techniques, it is appropriate for the Board to periodically revisit its Position Statements to determine if scope of practice developments warrant revisions to the Position Statements.

Since 2002, there have been significant developments in the use of Intramuscular Manual Therapy in physical therapy practice. According to the "Intramuscular Manual Therapy (*Dry Needling*) Resource Paper" published by the Federation of State Boards of Physical Therapy (FSBPT) on March 8, 2010, "*there are numerous scientific studies to support the use of dry needling for a variety of conditions*" and many of the studies have been conducted by physical therapists. Additionally, in 2002, there were very few states that allowed dry needling; however, as the scope of practice of physical therapy has evolved, at least 23 other states and the District of Columbia (*including neighboring jurisdictions of Virginia, Tennessee, South Carolina, Georgia, Maryland, Kentucky, and DC*) have issued opinions that Intramuscular Manual Therapy is within the scope of practice of physical therapists. With increased mobility within the profession, there are a number of North Carolina licensees who are skilled in Intramuscular Manual Therapy techniques, and have lawfully utilized those techniques in other jurisdictions.

Scope of Practice:

NCGS: 90-270.24. Definitions.

(4) "Physical Therapy" means the evaluation or treatment of any person by the use of physical, chemical, or other properties of heat, light, water, electricity, sound, massage, or therapeutic exercise, or other rehabilitation procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes ... administration of specialized therapeutic procedures. Evaluation and treatment of patients may involve physical measures, methods, or procedures as are found commensurate with physical therapy education and training and generally or specifically authorized by regulations of the Board. ..."

21 NCAC 48C .0101 PERMITTED PRACTICE

(a) Physical therapy is presumed to include any acts, tests, procedures, modalities, treatments, or interventions that are routinely taught in educational programs or in continuing education programs for physical therapists and are routinely performed in practice settings.

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Practice Developments: Information furnished to the Board indicates that Intramuscular Manual Therapy is routinely taught in continuing education programs and is routinely performed in practice settings. According to the previously referenced FSBPT Resource Paper, *“It appears that there is a historical basis, available education and training as well as an educational foundation in the CAPTE criteria, and supportive scientific evidence for including intramuscular manual therapy in the scope of practice of physical therapists. The education, training and assessment within the profession of physical therapy include the knowledge base and skill set required to perform the tasks and skills with sound judgment. It is also clear; however, that intramuscular manual therapy is not an entry level skill and should require additional training.”* On October 17, 2009, the Executive Committee of AAOMPT (*American Academy of Orthopedic Manual Physical Therapists*) adopted an official position statement that “dry needling is within the scope of physical therapist practice.” The APTA’s Guide Revision Expert Panel has recommended that dry needling be included in the Guide to Physical Therapist Practice (3rd Edition). The question of whether the insertion of a needle would be “an invasive procedure that is not allowed for physical therapists” is not an issue in North Carolina as physical therapists have used needle insertion for EMG studies for more than forty years.

Position: Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that Intramuscular Manual Therapy (Dry Needling) is within the scope of practice of physical therapists. Intramuscular Manual Therapy is an advanced skill that requires additional training beyond entry-level education and should only be performed by physical therapists who have demonstrated knowledge, skill, ability, and competence as follows: Completion of an Intramuscular Manual Therapy course of study at a program approved by the Board* with a minimum of 54 hours of classroom education, which must also include instruction in the clinical application of IMT (Dry Needling). Since Intramuscular Manual Therapy requires ongoing re-evaluation and reassessment, it is not in the scope of work for physical therapist assistants or physical therapy aides.

*** PROGRAMS THAT HAVE BEEN APPROVED BY THE BOARD (Updated – 10-22-13)**

1. Myopain Seminars
2. Kinetacore Physical Therapy Education
3. Joseph Donnelly, PT, DHS, Mercer University Department of Physical Therapy
4. Dry Needling Institute - American Academy of Manipulative Therapy (AAMT)
5. Evidence in Motion (EIM)
6. Institute of Advanced Musculoskeletal Treatments (IAMT)
7. Double E PT Education
8. Dr. Ma’s Dry Needling Institute for Physical Therapists LLC
9. Carolinas Rehabilitation Orthopaedic PT Residency

(Note: In developing this Position Statement, the Board sought input and materials from a variety of health care professionals, including representatives of the North Carolina Acupuncture Licensing Board, who attended and participated in discussions regarding dry needling. Approximately two years after the Board adopted its Position Statement, the Acupuncture Licensing Board adopted its own Position Statement, which can be found on its website.)

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