

The Board of Allied Health, which oversees athletic trainers and physical therapists, has dry needling on their agenda. The AOMSM Board proactively wrote and sent this letter. The Board meets Thursday 6/23/16. Feel free to write your own using relevant pieces of this letter. Send to [sonia.jordan@state.ma.us](mailto:sonia.jordan@state.ma.us)

To the Board of Allied Health,

We write in opposition to physical therapists and athletic trainers using dry/acupuncture filiform needles in their scope of practice without being licensed acupuncturists in Massachusetts (MA).

A state licensed and nationally board certified acupuncturist requires hundreds more hours of didactic, hands-on training in both a simulated and real practice environment under direct clinical supervision.

Acupuncture is the use of a filiform needle for therapeutic purpose. Dry Needling is defined as the use of a filiform needle for therapeutic purpose.

Acupuncture and Dry Needling as terms are frequently used interchangeably by medical doctors, acupuncturists, physical therapists, and others. Dry Needling is often called "Biomedical Acupuncture" and "Dry Needling Acupuncture". Acupuncture and Dry Needling are indistinguishable from one another from a regulatory and legislative standpoint.

Our interest is in assuring that those who use these tools are properly trained in vetted academic programs with properly determined curricula, supervised by qualified instructors, and certified via psychometrically sound testing by a third party national organization.

A review of the literature demonstrates the inherent risks of dry needling and acupuncture and some of the documented injuries include: hematoma, skin infection, spinal injury, and pneumothorax. The potential outcomes from improper insertion and technique by the less skilled practitioner are not worth the risk to the unsuspecting patient.

The use of needles on trigger points, ashi points, soft indurations, motor points and/or for intramuscular needling for the treatment of myofascial pain is acupuncture being performed under pseudonyms. While physical therapists, athletic trainers, and other health practitioners receive education specific to their specialty, the art and science of inserting needles (acupuncture) into trigger points requires a great deal of precision and skill, hours of didactic education, clinical supervision and third party national psychometric testing.

In the Commonwealth of MA we have pertinent, existing benchmarks for acupuncture that need to be met for anyone using an acupuncture/filiform needle for therapeutic purpose no matter what name is used to describe it. This is why we have licensure for the use of this tool.

Our interest is in assuring that those who use these tools are properly trained in vetted academic programs with properly determined curricula, supervised by qualified instructors, and certified via psychometrically sound testing by a third party national organization.

The only independently vetted training programs for TrP, Trigger Point Dry Needling, and IMT, intramuscular therapy, are available to MDs and Licensed Acupuncturists. There are currently no independently vetted training programs for Dry Needling, no established and validated Dry Needling

curricula, no means for assessing the competence of teachers in the field, and physical therapists are beginning to practice this invasive, incisive procedure with as little as 24 hours of classroom time. Comparatively, the industry standard for medical doctors to practice acupuncture is 300 hours of training with examination, and Licensed Acupuncturists receive generally more than 2000 hours of training.

The public needs to have clarity and assurance that the practitioner from whom they are receiving care has had the appropriate training, clinical supervision, and passed third party national exams prior to laying hands on a patient. If the public is to be protected, this should be equally true, regardless of practitioner type.

Existing standards for training, practice, and in acupuncture ALREADY exist, are well vetted, and provide the best benchmarks for other professions wishing to incorporate acupuncture into their scope. A standardized dry needling/acupuncture training curriculum for non-medical doctor, non-Acupuncturist, post-doctorate medical professionals must be developed and must be benchmarked to existing didactic and practicum sessions already in existence for acupuncture as a field. This is something that is currently being worked on at the national level and until it is we ask that you keep the standards as they are.

Examination in acupuncture, by any name, should be mediated by a third party certifying organization approved by the National Commission for Certifying Agencies (NCCA). All licensed acupuncturists in MA must meet that benchmark through the NCCAOM third party national exam. This guarantees minimum competency.

Current opposition to the practice of Dry Needling/acupuncture by non-Medical Doctor, non-Acupuncturist practitioners should not be considered a 'turf-war', but rather a reflection of concern for objectively verified, minimal competency standards that protect the public from substandard and dangerous invasive medical procedures.

In closing, I quote from Jan Dommerholt's book, Trigger Point Dry Needling, p.61 "It would be counterproductive and inaccurate to state that dry needling TrP and intramuscular therapy would not be within the scope of acupuncture, and that within the context of acupuncture, dry needling is a technique of acupuncture."

We urge you to keep the standards to use a dry/acupuncture/filiform needle in the Commonwealth of MA as they are, requiring an acupuncture license to use this profoundly helpful tool.

Respectfully,

The Board of The Acupuncture and Oriental Medicine Society of Massachusetts (AOMSM)

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