

August 22, 2017 Board Room 4 9:30 a.m.

### Call to Order - Allen R. Jones, Jr., PT, DPT, Board President

- Welcome and Introductions
- Emergency Egress Procedures
- Introduction of New Board Members
- Recognition of Former Board Members

### **Approval of Minutes**

- Board Meeting March 29, 2017
- Formal Hearing March 29, 2017
- Legislative/Regulatory Committee June 29, 2017
- Regulatory Advisory Panel Dry Needling June 29, 2017

### Ordering of Agenda

### **Public Comment**

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter. **PLEASE NOTE: No additional comment will be received regarding the Proposed Regulations on the Practice of Dry Needling, as the comment period has closed.** 

### Agency Director's Report - David Brown, DC

### **Staff Reports**

• Executive Director's Report - Corie E. Tillman Wolf

Pages 36-59

Discipline Report – Lynne Helmick

### **Board and Committee Reports**

- Board President's Report FSBPT Leadership Issues Forum Allen R. Jones, Jr., PT, DPT
- Board of Health Professions Report Allen R. Jones, Jr., PT, DPT
- Legislative/Regulatory Committee Sarah Schmidt, PTA, MPH
- Regulatory Advisory Panel Proposed Regulations on the Practice of Dry Needling - Melissa Wolff-Burke, PT, EdD, Former Board Member/Panel Chair

Pages 1-35

### Legislative and Regulatory Actions - Elaine Yeatts

- Consideration of Recommendations of the Regulatory Advisory Panel Response to Public Comment and Proposed Regulations on the Practice of Dry Needling
- Consideration of Adoption of Final Regulations on the Practice of Dry Needling
- Consideration of NOIRA Regarding Recognition of Continuing Education Courses Approved by FSBPT

#### **Old Business**

- Update Sanctioning Reference Points Neal Kauder, Kim Small
- Alternate Delegate Designation for FSBPT Annual Meeting

#### New Business

• Election of Officers

Next Meeting - November 17, 2017

#### **Meeting Adjournment**

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

# **Board Minutes**

### UNAPPROVED BOARD OF PHYSICAL THERAPY MEETING MINUTES

The Virginia Board of Physical Therapy convened for a board meeting on Wednesday, March 29, 2017 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #2, Henrico, Virginia.

### **BOARD MEMBERS PRESENT:**

Allen R. Jones, Jr., PT, DPT, President Arkena Dailey, PT, DPT, Vice President Sarah Schmidt, PTA Melissa Wolff-Burke, PT, EdD Dixie Bowman, PT, DPT, EdD Tracey Adler, PT, DPT Steve Lam, Citizen Member

### DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Corie Tillman Wolf, J.D., Executive Director Lynne Helmick, Deputy Executive Director, Discipline David E. Brown, D.C., Agency Director Lisa R. Hahn, Agency Chief Deputy Director Elaine Yeatts, Senior Policy Analyst Laura Mueller, Program Manager

### **BOARD COUNSEL PRESENT:**

Erin Barrett, Assistant Attorney General

### **QUORUM:**

With 7 members present, a quorum was established.

### **GUESTS PRESENT**

Tom Bohannon, Virginia Physical Therapy Association (VPTA) Peggy Belmont Richard Grossman, VPTA Josh Bailey, VPTA Rebecca Reynolds, Acupuncture Society of Virginia Arthur Fan, L.A.C. Janet Borges, L.A.C.

### CALL TO ORDER

Dr. Allen R. Jones, Jr., President, called the meeting to order at 9:32 a.m. and asked the Board members and staff to introduce themselves.

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 2 of 23

Dr. Jones then stated the following before the first order of business:

- 1) Dr. Jones thanked the Board for his recent appointment as President of the Board.
- 2) Dr. Jones also stated that he likes to run meetings efficiently and on time.
- 3) Dr. Jones thanked Sarah Schmidt for her service and dedication as Board President.

Ms. Tillman Wolf then read the Emergency Egress Procedures.

### **RECOGNITION OF SERVICE – Lisa R. Hahn**

Dr. Jones presented Lisa R. Hahn with a plaque thanking Ms. Hahn for her noble years of service as Executive Director for the Board and congratulated Ms. Hahn on her new role as Deputy Director for the agency.

Mr. J.R. Locke, former Board Member, also expressed his gratitude for Ms. Hahn's dedication and wished her the best.

Ms. Peggy Belmont, former Board Member, spoke thanking Ms. Hahn for her years of service and efficiently running the Board as well as her continued support and active participation with FSBPT.

Ms. Hahn graciously accepted the plaque and thanked everyone for allowing her to direct this Board.

### **APPROVAL OF MINUTES**

Ms. Tillman Wolf noted that the minutes for the February 7, 2017 Public Hearing on the Proposed Dry Needling Regulations had been updated to include a transcript of the hearing as an attachment.

Upon a motion by Ms. Sarah Schmidt and properly seconded by Dr. Arkena Dailey, the Board voted to accept the following minutes of the meetings.

- Board Meeting November 15, 2016
- Legislative/Regulatory Committee February 7, 2017
- Physical Therapy Compact Committee February 7, 2017
- Public Hearing Proposed Dry Needling Regulations February 7, 2017
- Telephone Conference February 21, 2017

The motion carried unanimously.

### **ORDERING OF THE AGENDA**

Upon a motion by Dr. Arkena Daily. and properly seconded by Dr. Dixie Bowman, the agenda was accepted as presented. The motion carried unanimously.

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 3 of 23

### **PUBLIC COMMENT**

Peggy Belmont provided comments regarding a comment posted by the VPTA to her Petition for Rulemaking.

Public comment was closed.

### AGENCY DIRECTOR'S REPORT - Dr. David Brown, D.C.

Dr. Brown provided the following report:

- Dr. Brown reported that the focus for DHP bills in the General Assembly this session was on the opioid epidemic.
- There has been an increase in hepatitis C in Southwest Virginia, as well as an increase in neonatal abstinence syndrome.
- This epidemic has really come to the forefront. In 2015 811 Virginians died of overdose; in 2016 1,100 died from overdose, a 33% increase. Opioids are becoming more available on the streets.
- Peer recovery specialists will be registered with the Board of Counseling.
- The Boards of Medicine, Dentistry, Pharmacy and Veterinary Medicine have or are in the process of promulgating new regulations in place addressing this issue.
- The Physical Therapy profession plays a role in that PTs have knowledge of the non-pharmacological options for treatment of pain.
- The Secretary of Health and Human Resources plans to convene agencies and educators to discuss enhancing training at health professional schools regarding opioids.

Dr. Jones commented that the opioid has highly impacted the Hampton Roads area.

Dr. Adler added that the American Physical Therapy Association (APTA) campaign for public education on pain relief without opioid use for physical therapy. There is a link on Facebook, "Move Forward," that is very informative.

With no further questions, Dr. Brown concluded his report.

### EXECUTIVE DIRECTOR'S REPORT -- Corie Tillman Wolf, J.D.

Ms. Tillman Wolf provided the following report:

### **Expenditure and Revenue Summary**

### FY16 Budget

Cash Balance as of June 30, 2016	\$ 712,466
YTD FY17 Revenue	1,204,920
Less: YTD FY17 Direct and In-Direct Expenditures	400,192

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 4 of 23

Cash Balance as of February 28, 2017

#### \$ 1,517,194

### FSBPT Updates

Ms. Tillman Wolf announced the appointments of two Board members to serve on FSBPT committees: Sarah Schmidt on Resolutions Committee and Dr. Arkena Dailey on the Education Committee. Ms. Tillman Wolf expressed her appreciation for Ms. Schmidt and Dr. Dailey for volunteering their services.

### **PT Licensure Compact**

In December 2016, Ms. Tillman Wolf attended a Summit on Interstate Collaboration sponsored by the Council on State Governments' National Center for Interstate Compacts. The Summit was a general session on interstate compacts, but included participants from other health professions currently looking at interstate compacts.

As an update about the PT Compact, currently 9 states have passed/enacted the Compact, 3 states have legislation that has passed one chamber, and 5 states have introduced bills in 2017 to join the Compact.

### **FSBPT** Upcoming Training

Ms. Tillman Wolf announced the upcoming FSBPT trainings for Board Members, as well as the need for Board members to discuss election of Primary and Alternate Delegates to attend upcoming FSBPT training and the annual meeting.

### **2017 Planning**

Ms. Tillman Wolf shared that Board staff has a number of projects for 2017, including disseminating information to licensees via email blast regarding any Board changes, notes and reminders; an update of the Board's website; an audit of continuing education and active practice requirements from the recent renewal cycle, which is currently in process by Board Staff; a review existing Guidance Documents; improvements to data reporting for discipline cases (patient and non-patient care); and "going green" by continuing to collect licensee and applicant e-mail addresses in an effort to reduce the mailing of information. Currently we have 94.4% emails on file from PTs and 94.3% from PTAs.

### Licensure Report

Ms. Tillman Wolf provided the Licensure Report. Ms. Tillman Wolf mentioned the leaving of Missy Currier for a great opportunity with the Department of Social Services (DSS) to serve as their Associate Director of Licensure for Adult Programs. Ms. Currier was an asset to the Board and to the Department and will be missed, but Ms. Tillman Wolf shared Board staff's happiness for her move to DSS and the opportunity she has there.

Ms. Tillman Wolf provided the current statistics on licensees, customer satisfaction ratings, and exam passage rates:

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 5 of 23

Licensee Statistics PT PTA Total	Nov. 2016 8,337 <u>3,336</u> 11,673	March 20177,389-9483,101-23510,490-1,183
DAccess Certifications	1,124	1,151 +27

### Virginia Performs – Customer Service Satisfaction

- FY16 95.4% overall
- FY17 (1<sup>st</sup> Qtr.) 97.5%
- FY17 (2<sup>nd</sup> Qtr.) 100%

Laura Mueller is the front line for the Physical Therapy Board and she is extremely knowledgeable and helpful. Vicki Saxby and Heather Wright are cross trained and able to step in whenever necessary.

### Exam Passage Rates - PT Exam - VA Candidates:

- January 26, 2017 PT Exam
  - o 78.1% pass
  - o 21.9% fail
- October 27, 2016 PT Exam
  - o 75.3% pass
  - o 24.72% fail
- July 19 & 20, 2016 PT Exam
  - o 88.1% pass
  - o 11.89% fail

### January 26, 2017 PT Exam (78.1% pass - 21.9% fail)

	# who took exam	# Passed	1 <sup>at</sup> time test takers	Repeat test takers	# Failed	1 <sup>st</sup> time testers	Repeat Test Takers
US Applicants	32	25	21	4	7	3	4
Non- CAPTE Applicants	5	0	0	0	5	3	2
Total	37	25	21	4	12	3	6

### 2016 YTD PT Exam Stats:

• 639 VA Applicants have taken exam

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 6 of 23

- $\Box$  569/passed 70/failed
- □ 89.04% pass rate
- 15 Foreign Trained Applicants took exam
  - □ 6/passed 9/failed
  - □ 40.0% pass rate

### Exam Passage Rates - PTA Exam - VA Candidates:

- January 12, 2017 PTA Exam
  - o 69.4% pass
  - o 30.56% fail
- October 6, 2016 PTA Exam
  - o 60.3% pass
  - o 39.68% fail
- July 6, 2016 PTA Exam
  - o 81.4% pass
  - o 18.56% fail

### January 12, 2017 PTA Exam (69.4% pass - 30.56% fail)

	# who took exam	# Passed	1 <sup>st</sup> time test takers	Repeat test takers	# Failed	1 <sup>21</sup> time testers	Repeat Test Takers
US Applicants	36	25	16	9	11	4	7
Non- CAPTE Applicants	0	0	0	0	0	0	0
Total	36	25	16	9	11	4	7

### 2016 YTD PTA Exam Stats:

- 285 VA Applicants have taken exam
  - 205/passed 80/failed
  - □ 184 first time test takers
  - □ 71.93% pass rate
  - □ 28.07% fail rate

### Virginia School Pass Rates\*

	Virginia	U.S. Accredited
PT	97.80%	95.4.7%
PTA	87.59%	88.82%

### \*Based on 2016 Graduation Year

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 7 of 23

### **2017 NPTE Exam Dates**

- PT Exams:
  - > April 26
  - > July 18 & 19
  - > October 25
- PTA Exams:
  - > April 5
  - $\succ$  July 6
  - > October 23

### Notes

Ms. Tillman Wolf provided reminders to the Board members regarding travel and communications.

With no further questions, Ms. Tillman Wolf concluded her report.

Dr. Jones opened the floor for discussion of electing delegates. Board members decided to elect the Board President as Primary. Ms. Tillman Wolf will speak with FSBPT regarding the alternate, to ask if we can leave the alternate open until closer to the training date.

### **DISCIPLINE REPORT – Lynne Helmick – Deputy Executive Director, Discipline**

Lynne Helmick, Deputy Executive Director, reported there are currently 28 open cases. Additionally, 14 of the cases are in the probable cause stage, 2 are in the Administrative Proceedings Division (APD), 1 is at the informal stage, and 9 are in investigation stage. There are 5 open compliance cases.

Ms. Helmick reviewed discipline statistics and Key Performance Measure slides with the Board.

- The Board's clearance rate is currently 88%; the Board has received 8 cases and closed 7 cases.
- The pending caseload over 250 days is at 5%, which is well under the 20% goal.
- The percentage of cases closed within 250 days was at 75%, where the goal is 90%. Two of the 7 closed cases were not closed within 250 days.

Ms. Helmick provided an overview of why some cases age, including the timeline of when cases are at the investigation and adjudication stages.

Ms. Helmick reviewed data regarding the total numbers of cases received and closed, clearance rates for all cases, and the average days to close a case since the first quarter of FY 2016:

### **Cases received/closed**

Q1 2016	14/4
Q2 2016	17/17
Q3 2016	9/7
Q4 2016	6/9
Q1 2017	8/4

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 8 of 23

Q2 2017 9/9

### Percentage of all cases closed in 250 days

PT Agency	Q1-2016 75% 84.4%	Q2-2016 100% 85.6%	Q3-2016 100% 84.8%	Q4-2016 77.8% 85.6%	Q1-2017 25% 82%	Q2-2017 77.8% 85.1%
Average da	ays to close a c	ase				
PT Agency	Q1-2016 190 200.1	Q2-2016 117.1 190.8	Q3-2016 145.3 201.6	Q4-2016 242.9 188.5	Q1-2017 403 202.7	Q2-2017 273.7 207.7

Ms. Helmick provided a summary of the categories of cases processed by the Board in FY16 and the first two quarters of FY17.

With no additional questions, Ms. Helmick concluded her report.

### **BOARD COUNSEL REPORT – Erin L. Barrett**

Ms. Barrett presented to the Board expert admissibility standards to be considered at the advice of the Office of Attorney General. To be consistent, the Boards should adopt a standard to determine if a person can testify as an expert witness in a disciplinary hearing.

Upon a motion by Dr. Arkena Daily and properly seconded by Ms. Sarah Schmidt, the Board voted to adopt the Traditional Virginia Standard as presented. The motion carried unanimously.

### BOARD OF HEALTH PROFESSIONS REPORT – Allen R. Jones, Jr., PT, DPT

Dr. Jones announced the appointment of the new president and vice president of the Board of Health Professions.

With no further questions, Dr. Jones concluded his report.

### BREAK

The Board took a recess at 10:48 a.m. and reconvened at 10:52 a.m.

### WORKFORCE DATA CENTER REPORT - Yetty Shobo, Ph.D.

Dr. Shobo provided the Board with a comparison of 2014 and 2016 survey results for physical therapist and physical therapist assistants.

With no further questions, Dr. Shobo concluded her report.

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 9 of 23

Upon a motion by Dr. Arkena Daily and properly seconded by Dr. Tracey Adler, the Board approved the workforce data surveys as presented. The motion carried unanimously.

### LEGISLATIVE/REGULARY COMMITTEE – Melissa Wolff-Burke, PT, EdD, Chair

Dr. Wolff-Burke reported that the Board received public comment on the proposed dry needling regulations at a public hearing. The Board is continuing to review the issue regarding dry needling and the Boards regulations.

With no further questions, Dr. Wolff-Burke concluded her report.

### LICENSURE COMPACT SUBCOMMITTEE REPORT – Dixie H. Bowman, PT, DPT, EdD

Dr. Bowman summarized the meetings of the Compact Special Committee, and stated that the Committee recommends postponing consideration of the Compact for one year and taking a look at the Compact again after there is more information available from other states. The Committee considered information from the Board of Nursing, FSBPT, and information presented by staff regarding implementation and potential costs.

With no further questions, Dr. Bowman concluded her report.

### LEGISLATIVE AND REGULATORY REPORT - Elaine Yeatts, Senior Policy Analyst

Ms. Yeatts notified the Board that the regulation permitting continuing education credit for volunteer services will go into effect on May 5, 2017.

Ms. Yeatts then stated that there are several regulatory actions that the Board will need to consider.

**Consideration of Draft Regulations for the Recognition of the oPTion Assessment Tool** – Ms. Yeatts explained the proposed regulations recommended by the Legislative/Regulatory Committee to replace the Practice Review Tool (PRT), which was replaced by FSBPT in November 2016 with another assessment tool, oPTion. The proposed regulations provide a definition for "Assessment Tool" to include oPTion and provide a minimum assessment level for purposes of use of the oPTion tool for determining trainceship hour requirements and continuing competency credits.

Upon a motion by Dr. Dixie Bowman, and properly seconded by Dr. Arkena Dailey, the Board accepted the draft regulations as recommended by the Legislation/Regulatory Committee regarding oPTion (Attachment A). The motion carried unanimously.

**Consideration of/Response to Public Comments – Proposed Regulations on the Practice of Dry Needling** – Ms. Yeatts reported that the Board received a very high volume of public comments during the public comment period addressing the proposed regulations for dry needling. Ms. Yeatts previously provided a summary of the public comments to Board members and the commenters, and a summary of public comment is in the agenda packet. and explained the Board's next steps in responding to public comment. Ms. Yeatts indicated that some Boards form a Regulatory Advisory Panel (RAP) to assist them with recommendations for response to public comment and/or recommendations for revisions to the regulations. Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 10 of 23

Dr. Missy Wolff-Burke suggested the Board form a RAP to discuss this further based on the new information received since the regulations were drafted and the large public comment.

Upon a motion by Dr. Arkena Dailey, and properly seconded by Ms. Sarah Schmidt, the Board voted to refer the proposed dry needling regulations and public comments to a RAP. The motion carried unanimously.

**Consideration of Petition for Rulemaking (Continuing Education)** – Ms. Yeatts explained that the Board had three options before it: the Board may take no action on the petition for rulemaking (reject it), take no action at this time and refer the petition to a committee for further consideration, or initiate rulemaking.

Upon a motion by Ms. Sarah Schmidt, and properly seconded by Dr. Tracey Adler, the Board voted to refer the petition for rulemaking to the Legislative/Regulatory committee for further consideration. The motion carried unanimously.

**Consideration of Revisions to Guidance Document 112-2 (Confidential Consent Agreements)** – Ms. Yeatts presented proposed revisions to Guidance Document 112-2 regarding confidential consent agreements to be used in lieu of public discipline.

Upon a motion by Ms. Sarah Schmidt, and properly seconded by Dr. Arkena Dailey, the Board voted to adopt the revisions of Guidance Document 112-2 as presented (Attachment B). The motion carried unanimously.

**Consideration of Revisions to Guidance Document 112-22 (Procedures for Auditing Continued Competency Requirements)** – Ms. Yeatts presented proposed revisions to Guidance Document 112-22 regarding procedures for auditing continued competency requirements.

Upon a motion by Dr. Arkena Dailey, and properly seconded by Dr. Dixie Bowman, the Board voted to adopt the revisions of Guidance Document 112-22 as presented (Attachment C). The motion carried unanimously.

With no further questions, Ms. Yeatts concluded her report.

### BREAK

The Board took a recess at 11:54 a.m. and reconvened at 12:00 p.m.

### SANCTIONING REFERENCE POINTS - Neal Kauder, Kim Small

Mr. Kauder stated he routinely attends full board meetings to provide the Board Members with information on how sanctions are developed and how to promote more consistency across all Boards. Mr. Kauder also suggested that the Board may want to update the Sanctioning Reference Point worksheets for Physical Therapy.

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 11 of 23

Ms. Small presented a walk through with the Board Members of a sample case showing how a case would be scored.

Dr. Jones stated that he would like to create a Special Conference Committee to take a look at the worksheet for updates.

With no further questions, Mr. Kauder and Ms. Small concluded their report.

### HEALTH PRACITIONERS' MONITORING PROGRAM (HPMP) - Peggy Wood

Ms. Wood presented to the Board a brief overview of HPMP. HPMP monitors the recovery of practitioners who may be impaired by chemical dependencies or who suffer from physical or mental disabilities. Ms. Wood mentioned currently there are four (4) physical therapist licensees enrolled in the program – two PT's and two PTA's.

### NEXT MEETING – May 11, 2017

Board Members decided to hold this date for now until alternate dates are determined.

### ADJOURNMENT

With all business concluded, the meeting adjourned at 1:12 p.m.

Allen R. Jones, Jr., PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 12 of 23

#### **ATTACHMENT A**

Project 4983 - NOIRA

#### **BOARD OF PHYSICAL THERAPY**

#### Recognition of oPTion assessment tool

Part I

#### **General Provisions**

#### 18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed. Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 13 of 23

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

<u>"Assessment tool" means oPTion or any other competency assessment tool developed or approved by FSBPT.</u>

"PRT" means the Practice Review Tool for competency assessment developed and administered by FSBPT.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter. "TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

#### 18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;

2. The required application, fees, and credentials to the board;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB);

4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years;

5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state; and

6. Documentation of active practice in physical therapy in another U.S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

b. Document that he meets the standard of the PRT attained at least Level 2 on the <u>FSBPT assessment tool</u> within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

a. The Virginia Physical Therapy Association;

b. The American Physical Therapy Association;

c. Local, state or federal government agencies;

d. Regionally accredited colleges and universities;

e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;

f. The American Medical Association - Category I Continuing Medical Education course; and

g. The National Athletic Trainers' Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT attained at least Level 2 on the FSBPT assessment tool may receive 10 5 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he has met the standard of the PRT attained at least Level 3 or 4 on the FSBPT assessment tool may receive 20 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in another jurisdiction within the four years immediately preceding application for reactivation.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for reactivation of licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

#### 18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27:

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and 3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 21 of 23

### **ATTACHMENT B**

Guidance document: 112-2

Revised: March 29, 2017

### **Board of Physical Therapy**

### **CONFIDENTIAL CONSENT AGREEMENTS**

Virginia Code § 54.1-2400(14) authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement ("CCA"). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his/her practice in such a manner as to be a danger to the health and welfare of patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted at any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. A CCA may be considered by the board in future disciplinary proceedings. A practitioner may only enter into two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period following the entry of two CCAs unless the board finds that there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

## Violations of regulation or statute that may qualify for resolution by a Confidential Consent Agreement include, but are not limited to:

- Inadvertent HIPAA/confidentiality violation
- Exceeding scope of referral (i.e. number of treatments)
- First violation regarding continued competency (see Guidance Document 112-22)
- First violation of advertising regulations

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 22 of 23

### ATTACHMENT C

**Guidance Document: 112-22** 

Revised: March 29, 2017

### Virginia Board of Physical Therapy

### **Procedures for Auditing Continued Competency Requirements**

The Board of Physical Therapy may audit a random sample of licensees to investigate compliance with the Board's continuing competency requirements and active practice requirements. The Board may also audit active licensees, who by terms of a Confidential Consent Agreement ("CCA") or a Pre-Hearing Consent Order ("PHCO"), are required to take continuing education ("CE") courses in addition to the continued competency requirements for renewal of a license.

- 1. Board staff reviews each audit report and either:
  - a. Sends an acknowledgement letter of fulfillment of the continuing competency requirements and active practice requirements, or
  - b. Opens a case for probable cause.
- 2. Once a case is opened for probable cause, Board staff may:
  - a. Issue a CCA if the licensee was truthful in responding to the renewal attestation and the licensee has not previously been found in violation of CE or active practice requirements. For those licensees who fail to meet the CE requirements, the CCA may require the licensee to submit proof of completion of the missing contract hours(s) within 90 days of the effective date of the CCA. Such contact hours cannot be used toward fulfillment of the next biennial CE requirement for renewal; or
  - b. Issue a PHCO if the licensee was not truthful in responding to the renewal attestation or the licensee has previously been found in violation of CE or active practice requirements. The following sanctions may apply:
    - (i) Monetary Penalty of \$100 per missing contact hour, up to a maximum of \$1,000;

(ii) Monetary Penalty of \$300 for a fraudulent renewal certification; and

(iii) For those licensees who fail to meet the CE requirements, submission of proof of completion of the missing contact hour(s) within 90 days of Order entry. These contact hours cannot be used toward the next biennial requirement for renewal.

3. The case will be referred to an informal fact-finding conference if the licensee:

Virginia Board of Physical Therapy General Board Meeting March 29, 2017 Page 23 of 23

- a. Fails to respond to the audit or does not wish to sign the CCA or PHCO that is offered; or
- b. Has previously been disciplined pursuant to a Board Order for not meeting the CE requirements.

### DRAFT UNAPPROVED

### VIRGINIA BOARD OF PHYSICAL THERAPY FORMAL ADMINISTRATIVE HEARING MINUTES Wednesday, March 29, 2017 1:00 P.M.

	Department of Health Professions 9960 Mayland Drive, Suite #300 Henrico, Virginia 23233
CALL TO ORDER:	The Formal Administrative Hearing of the Board of Physical Therapy was called to order at 1:40 p.m.
MEMBERS PRESENT:	Allen Jones, Jr., P.T., PhD., Chair Arkena L. Dailey, PT, DPT Dixie Bowman, P.T., DPT, EdD Sarah Schmidt, P.T.A. Tracey Adler, P.T., DPT Melissa Wolff-Burke, P.T., EdD Steve Lam, Citizen Member
<b>BOARD COUNSEL:</b>	Erin L. Barrett, Assistant Attorney General
<b>DHP STAFF PRESENT:</b>	Corie Tillman Wolf, Executive Director Kathy Petersen, Discipline Operations Manager
COURT REPORTER:	Crane and Snead Certified Court Reporting
PARTIES ON BEHALF OF THE COMMONWEALTH:	Carla Boyd, Adjudication Specialist
COMMONWEALTH WITNESS:	James Wall, DHP Senior Investigator Diane Bell, O.T.
MATTER SCHEDULED:	Angela Dawn Andrews, P.T.A. License No.: 2306-602110 - Suspended Case No.: 176330 & 172531
ESTABLISHMENT OF A QUORUM:	With seven (7) members of the Board present, a quorum was established.
DISCUSSION:	Ms. Andrews appeared before the Board via videoconference in accordance with the Notice of

	Formal Hearing dated February 21, 2017, and was not represented by counsel. The Board received evidence and sworn testimony from witnesses called by the Commonwealth, regarding the matters as set forth in the Statement of Allegations.
CLOSED SESSION:	Upon a motion by Sarah Schmidt, and duly seconded by Arkena Dailey, the Board voted unanimously to convene a closed meeting at 3:25 p.m., pursuant to §2.2-3711 (A)(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Angela D. Andrews, P.T.A. Additionally, she moved that Ms. Tillman Wolf, Ms. Barrett, and Ms. Petersen attend the closed meeting, as their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.
<b>RECONVENE:</b>	Upon a motion by Sarah Schmidt, and duly seconded by Arkena Dailey, the Board unanimously voted to reconvene at 4:06 p.m.
CERTIFICATION:	Sarah Schmidt certified the matters discussed in the closed session met the requirements of §2.2-3712 of the Code of Virginia. The Board reconvened in open session.
DECISION:	Upon a motion by Sarah Schmidt and duly seconded by Dixie Bowman, the Board moved to continue indefinite suspension of Ms. Andrews' license to practice as a physical therapist assistant in the Commonwealth of Virginia. Said suspension is
VOTE:	STAYED upon proof of her entry into a contract with HPMP.
ADJOURNMENT:	The vote was unanimous.
	The Board adjourned at 4:12 p.m.
Allen Jones Ir DT DhD Chair	

Corie Tillman Wolf, Executive Director

Date

#### UNAPPROVED BOARD OF PHYSICAL THERAPY LEGISLATIVE/REGULATORY COMMITTEE MEETING MINUTES

The Virginia Board of Physical Therapy's Legislative/Regulatory Committee met on Thursday, June 29, 2017 at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

### **COMMITTEE MEMBERS PRESENT:**

Melissa Wolff-Burke, PT, EdD, Board Member, Committee Chair Sarah Schmidt, PTA, MPA, Board Member Tracey Adler, PT, DPT, Board Member

#### **DHP STAFF PRESENT:**

Corie E. Tillman Wolf, Executive Director Elaine Yeatts, Senior Policy Analyst Erin Barrett, Assistant Attorney General, Board Counsel Laura Mueller, Program Manager, Board of Physical Therapy Asia Pham, Intern

#### **GUESTS PRESENT:**

Erik Wijtmans, PT, The Therapy Network Josh Bailey, PT, DPT, Rehab Association of Central Virginia Tom Bohanon, PT, DPT, InMotion Physical Therapy

### CALL TO ORDER:

The Legislative/Regulatory Committee meeting was called to order at 1:05 p.m.

Dr. Wolff-Burke, Committee Chair, asked Committee members and staff to introduce themselves.

Dr. Wolff-Burke provided reminders regarding meeting materials on laptops for panel members and speaking directly into the microphones.

Ms. Tillman Wolf read the Emergency Egress Procedures.

#### **AGENDA:**

Dr. Wolff-Burke asked whether there were any proposed changes to the agenda. With no proposed changes, the meeting proceeded.

### **PUBLIC COMMENT:**

The Committee then received public comment:

Virginia Board of Physical Therapy **DRAFT Minutes** – Legislative/Regulatory Committee Meeting – June 29, 2017 Page 2 of 2

Dr. Josh Bailey, PT, DPT, of the Virginia Physical Therapy Association (VPTA), stated that VPTA and the Virginia Occupational Therapy Association (VOTA) have had many discussions regarding this issue. Both organizations do not support adding VOTA or the American Occupational Therapy Association (AOTA) as approved continuing education (CE) providers for physical therapists. The addition of VOTA or AOTA as providers of CE courses for physical therapists would be unilateral, as physical therapists would not be able to provide CE courses for occupational therapists. The credentialing cycles for NCBOT and VOTA are not consistent; the CE courses do not go through the same process for credentialing and quality monitoring. Finally, a school system course will be cosponsored by VPTA and VOTA, so occupational therapists and physical therapists will both be able to earn CE credit for attendance.

Ms. Tillman Wolf read a statement provided by Peggy Belmont, PT, the original petitioner of the NOIRA on adding VOTA/AOTA to the CE approval list, which thanked the Board and Board staff for additional consideration of adding VOTA/AOTA to the CE approval list. Ms. Belmont was unable to get a reconsideration from the VOTA and APTA presidents; she has no new resolutions or understandings. Ms. Belmont continues to believe that the additions could be helpful, perhaps in the future.

### **DISCUSSION:**

Committee members discussed whether VOTA and AOTA should be added as Type 1 CE coursework providers for renewal of a Physical Therapy license.

Committee members discussed the possibility of a solution outside of a regulatory change, including co-sponsored training by VPTA and VOTA, as referenced by Dr. Josh Bailey during public comment.

A **MOTION** was made by Sarah Schmidt, PTA, MPH, properly seconded by Dr. Tracey Adler, PT, DPT, that a recommendation be made to the full Board that no action be taken on this matter at this time. The motion passed unanimously (3-0).

### **NEXT STEPS:**

The recommendation will be presented to the full Board on August 22, 2017.

### ADJOURNMENT:

The Committee meeting was adjourned at 1:16 p.m.

Melissa Wolff-Burke, PT, EdD, Chair

Corie Tillman Wolf, J.D., Executive Director

Date

#### UNAPPROVED BOARD OF PHYSICAL THERAPY REGULATORY ADVISORY PANEL – PROPOSED DRY NEEDLING REGULATIONS MEETING MINUTES

The Virginia Board of Physical Therapy's Regulatory Advisory Panel on the Proposed Dry Needling Regulations met on Thursday, June 29, 2017 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia, 2nd Floor, Board Room #4.

### PANEL MEMBERS PRESENT:

Melissa Wolff-Burke, PT, EdD, Board Member, Panel Chair Allen R. Jones, Jr., PT, DPT, Board President Sarah Schmidt, PTA, MPA, Board Member Steve Lam, Former Board Member Lisa D. Shoaf, PT, DPT Erik Wijtmans, PT, MTC, CGIMS, CMTPT Janet Borges, MSTCM, L.Ac. Josh Bailey, PT, DPT

#### **DHP STAFF PRESENT:**

Corie E. Tillman Wolf, Executive Director Elaine Yeatts, Senior Policy Analyst Erin Barrett, Assistant Attorney General, Board Counsel Laura Mueller, Program Manager, Board of Physical Therapy Asia Pham, Intern

#### **GUESTS PRESENT:**

Arthur Yin Fan, MD, L.Ac., American Traditional Chinese Medicine Association Michelle Lau, L.Ac., O.M.D., Council of Acupuncture and Oriental Medicine Associations; America Alliance of Acupuncture Steve Chang, L.Ac., New York Acupuncture Association Yan Fan, L.Ac., Richmond Acupuncture Care Richard Grossman, VPTA Matthew Stanley, ASVA Robert A. Hoffman, ASVA Tracey Adler, OPT, Inc.; Board member Doufeng Piao, Chinese Acupuncture Alliance of Georgia Garry Guan, Chinese Acupuncture Alliance of Georgia Qiao, Yusheng, Georgia Acupuncture George Fan Xu, Georgia Acupuncturist

### CALL TO ORDER:

The Regulatory Advisory Panel (RAP) meeting was called to order at 2:01 p.m.

Dr. Wolff-Burke, Panel Chair, asked Panel and staff members to introduce themselves.

Dr. Wolff-Burke provided reminders regarding meeting materials on laptops for panel members and speaking directly into the microphones.

Ms. Tillman Wolf read the Emergency Egress Procedures.

### AGENDA:

Dr. Wolff-Burke asked whether there were any proposed changes to the ordering of the agenda. With no proposed changes, the meeting proceeded.

### **PUBLIC COMMENT:**

Robert A. Hoffman, L.Ac., an acupuncturist for 23 years, commented that acupuncture is not the same as a dry needling physical therapy technique. He further commented that physical therapists should refer patients to acupuncturists for treatment.

Michelle Lau, L.Ac., from the Council of Acupuncture and Oriental Medicine Associations and the America Alliance of Acupuncture in California, commented that dry needling is part of acupuncture. Profound education is needed; in California, 3,000 hours of training is required for acupuncture to protect public safety. Trigger point needle treatments are part of acupuncture.

Arthur Fan, M.D., L.Ac., from the American Traditional Chinese Medicine Association, commented that the trigger point needling taught by Janet Travell is acupuncture and that dry needling falls under acupuncture in China. Physical therapists should not do acupuncture; the hours of training should match the hours required for an MD acupuncturist. The practice of dry needling by physical therapists misleads public.

Matthew Stanley, representing the Acupuncture Society of Virginia, commented that he is disappointed with the process and composition of the panel with no medical doctor, and the lack of collaboration with acupuncturists. He asked the panel members to consider the perspectives of the licensed acupuncturist on the panel and to give weight to those perspectives. He stated that the use of the term "complete" in the final paragraph of the current Guidance Document on dry needling acknowledges that dry needling is part of a complete acupuncture treatment. He stated that the training requirements including the training hours, need for clinical supervision, and prohibition of delegation are seriously lacking from the Board's proposed regulations. He asked the Board to consider an approval process for dry needling practitioners, a requirement for a certification process for acupuncture needle use.

Garry Guan, an acupuncture patient from Georgia, stated that he has studied the 3,000-year history of acupuncture in China. He has been a recipient of acupuncture, but he does not practice acupuncture. He stated that the issue is the safety of the public/patient.

Doufeng Piao, of the Chinese Acupuncture Alliance of Georgia (CAAG), an acupuncturist, commented that dry needling is acupuncture and a surgical procedure. Physical therapy is insufficient training for acupuncture; acupuncture licensure requires 2,000 hours of training.

### CHARGE OF THE RAP:

Dr. Wolff-Burke provided members with an overview of the charge of the Regulatory Advisory Panel (RAP), which was convened pursuant to 18VAC112-11-70 of the Board's Regulations related to Public

Virginia Board of Physical Therapy **DRAFT Minutes** – Regulatory Advisory Panel Meeting – June 29, 2017 Page 3 of 7

Participation. Dr. Wolff-Burke stated that the RAP has been composed to provide professional specialization and technical assistance to the Board to address a specific regulatory issue – the Board's proposed regulations regarding the practice of dry needling and the public comment that has been received in response to those proposed regulations. The RAP is charged with making recommendations to the full Board regarding whether the public comments received prompt any proposed changes to the current proposed regulations.

Dr. Wolff-Burke stated that the RAP's first matter of business will be to discuss the public comment that was received regarding the proposed regulations, followed by a discussion of some of additional/updated materials on the regulation of dry needling, and then finally discuss the current proposed language.

### **DISCUSSION:**

### **Review of Public Comment**

Ms. Yeatts provided panel members with an overview of the public comment received in response to the Board's proposed regulations. A summary of the public comments received was provided to panel members.

Ms. Yeatts stated that many comments related to the practice of dry needling relate to scope of practice, but that the Board of Physical Therapy has made the determination that dry needling is within the scope of practice for physical therapists and that it can regulate the practice of dry needling. Ms. Yeatts stated that some issues or concerns identified in the comments included the lack of language related to (1) specifics on training requirements, including the number of training hours, clinical experiences, and additional practice; (2) continuing education; (3) delegation of the practice to PTA's or support personnel; (4) medical referral, which is in the *Code*; and (5) informed consent.

### Review of Additional/Updated Materials on the Regulation of Dry Needling

Ms. Tillman Wolf provided panel members with an overview of the additional materials provided in the agenda packets, including the December 2016 paper from the FSBPT and the major points made, including updates made since the Board's proposed regulations were drafted. A number of states have adopted, or are in the process of adopting, regulations related to dry needling. A number of states, including New Jersey and Oregon, have had recent advisory or attorney general opinions that dry needling is not within the scope of practice for physical therapists in their states. Copies of opinions from New Jersey and Oregon provided by Ms. Borges were provided to panel members. Approximately 34 states permit dry needling as part of the practice of physical therapy.

Ms. Yeatts provided an overview of what other states are doing with regard to their regulations for dry needling. Regulations from other states include reference to a number of items, including whether the Board approves dry needling courses, whether dry needling is considered a modality within the practice of dry needling or a separate practice to be certified, whether courses are to be taken face-to-face, whether a practitioner is required to be licensed for a minimum period of time prior to practicing dry needling, and whether the practice of dry needling can be delegated to others by a PT.

#### **Review of Current Proposed Language**

Ms. Yeatts stated that the panel members can make recommendations to the Board of whether there should or should not be additional requirements for dry needling or changes made to the proposed regulations.

At this time, Dr. Wolff-Burke asked Board members to re-introduce themselves, and to state their qualifications and their background with dry needling.

Dr. Wolff-Burke identified the primary areas of discussion by the panelists as:

- 1. Number of training hours; clinical and didactic hours
- 2. Face to face hours; What counts in didactic education?
- 3. Course approval who approves/oversees? Qualifications of instructors?
- 4. Years of Practice
- 5. Informed Consent
- 6. Delegation
- 7. Definition of dry needling

Panel members then considered and discussed the current proposed regulation language.

#### **Proposed Paragraph A**

Panel members discussed whether there should be a definition of "dry needling" included in the proposed regulation and the current definitions that exist from the APTA and the HumRRO report.

A **MOTION** was made by Janet Borges, properly seconded by Sarah Schmidt, that the recommendation be made to the full Board that a definition of dry needling be included in the current proposed draft of dry needling regulations.

Panel members discussed the motion. Panel members discussed whether a definition is necessary for public protection/information, or whether the inclusion of a definition may create an inadvertent issue if there is either an omission or a definition that could become obsolete. Panel members discussed whether any definition would include a limitation of the practice to say dry needling "does not include stimulation of distal or auricular points." Panel members further discussed that even absent an explicit definition, the Board can define what is or is not within the definition of dry needling. Ultimately, the Board can make the determination of whether or not to include a definition. Panel members made no amendments to the original motion.

Panel members voted on the motion 4 Yea (Wolff-Burke, Schmidt, Borges, Lam); 4 Nay (Jones, Shoaf, Wijtmans, Bailey); the motion failed.

Panel members then discussed whether there should be any changes to the current paragraph A.

A **MOTION** was made by Dr. Lisa Shoaf, properly seconded by Dr. Josh Bailey, that paragraph A should remain as written, with the caveat that, if the Board decides to add a definition of dry needling, it should be included in paragraph A. The motion passed unanimously (8-0).

Dr. Wolff-Burke called for a break at 3:35 p.m.

The panel reconvened at 3:46 p.m.

Virginia Board of Physical Therapy DRAFT Minutes – Regulatory Advisory Panel Meeting – June 29, 2017 Page 5 of 7

### Proposed Paragraph C

Panel members discussed whether there should be any recommended changes to the current paragraph C.

A MOTION was made by Dr. Shoaf, properly seconded by Ms. Schmidt, that paragraph C should be left as is.

Panel members discussed the motion and the current language related to informed consent and the language "and shall clearly state that the patient is not receiving an acupuncture treatment" as potentially confusion or unnecessary. Ms. Yeatts provided a history of the inclusion of the language to imply that if a patient wanted a more holistic treatment, the patient may want an acupuncturist rather than having a limited dry needling treatment from a physical therapist.

Ms. Borges stated that acupuncturists do not need a physician referral for them to perform acupuncture treatments; they get an informed consent form signed by patient and then refer patients to doctors for other issues.

An **AMENDED MOTION** was made by Dr. Shoaf, properly seconded by Erik Wijtmans, to recommend striking "and shall clearly state that the patient is not receiving an acupuncture treatment" from paragraph C.

Panel members discussed the amended motion. The amended motion passed by a vote of 7-1 (Nay  $\approx$  A. Jones).

A **MOTION** was made by Mr. Wijtmans, properly seconded by Ms. Schmidt, to accept the current Paragraph C with the amendment as made in the previous amended motion with no further changes. The motion passed by a vote of 7-1 (Nay - A. Jones).

### Addition of Proposed Paragraph D

Panel members discussed whether to recommend the addition of paragraph D regarding the delegation of dry needling to PTAs or support staff.

A **MOTION** was made by Ms. Schmidt, properly seconded by Dr. Shoaf, to recommend the addition of language as paragraph D, "D. Dry needling may only be performed by a licensed physical therapist and may not be delegated to a physical therapist assistant or other support personnel."

Panel members discussed the motion. The motion passed unanimously (8-0).

### Proposed Paragraph B

Panel members discussed the current language related to training in proposed paragraph B, and whether to include clarification regarding the requirement for face-to-face training. Ms. Yeatts explained that, in the current proposed language, the Board steered away from dictating the exact number of hours for training based upon wide variances in the training that was available at the time.

A **MOTION** was made by Dr. Shoaf, properly seconded by Ms. Schmidt, to add to the end of paragraph B, "The training shall include didactic and laboratory education and the hands-on laboratory training must be face-to-face."

Panel members discussed the motion and whether there should be a set standard for training hours and content due to the variety of education and trainings that exist. Panel members further discussed that the accrediting body for educational programs looks at the content and outcomes rather than specific hours of training for specific items.

The motion passed unanimously (8-0).

Panel members further discussed course approval.

A MOTION was made by Ms. Schmidt, properly seconded by Dr. Shoaf, to add to paragraph B: "The training shall be in a course certified by FSBPT or approved or provided by a sponsor in 18VAC112-20-131(B)."

The motion passed by a vote of 7-1 (nay - J. Borges). Ms. Borges noted that she is not familiar with content of courses, not convinced they are uniform or assure competency of skills.

Panel members discussed how competency is tested, and that this is an area for further discussion by the Board. Panel members discussed years of practice, and whether years of practice dictate the ability of a practitioner to safely practice dry needling. No motion was made by panel members on this issue.

Panel members received clarification from Board counsel that there could be no "grandfather" clause for current practitioners, as the Board would need to issue a credential or certification in order to "grandfather" in current practitioners.

Panel members discussed whether the regulations should include a specific number of required hours of training. Panel members discussed that the focus should be on post-licensure training, that academic training should not count toward whatever hours would be required for dry needling training. If dry needling is "not an entry-level skill," then the required training should be post-licensure. The post-licensure training is the remaining 14% or 1/5 of training needed for competency in dry needling, as the 4-5,000 hours of education constitutes 86% of what training/education/information is needed for competency.

Panel members discussed whether there should be a focus on competency testing and what is in the training content, rather than assigning an arbitrary number of required hours.

Ms. Yeatts stated that, if the Board considers assigning hours, it probably should not be less than the 54 hours in the guidance document; the training shall be adequate enough to ensure minimum competence of practitioner to practice dry needling.

Ms. Borges recommended that the Board and panel members review the analysis and FAQ's developed in Maryland to support how they determined training hours and the reasoning for their decision. Ms. Borges will forward this document to Ms. Tillman Wolf for distribution to the panel and Board members.

Panel members discussed that the issue for the Board is whether to attach a number of required hours, or to adopt a measure for competency level, or both.

Virginia Board of Physical Therapy **DRAFT Minutes** – Regulatory Advisory Panel Meeting – June 29, 2017 Page 7 of 7

Panel members then discussed next steps and whether there should be an additional meeting of the RAP. There was a consensus among panel members that there should be some way of identifying competent training.

Dr. Jones proposed that staff research current trainings and certification programs to determine whether there are any best practices, and that the panel member experts can identify the training programs that are considered to be good training and forward that information to Board staff. The Board can then review the information and hours issue.

A **MOTION** was made by Dr. Shoaf, properly seconded by Dr. Jones, that the RAP's recommendations be forwarded to the Board for review/revision and/or final adoption of regulations, with additional information as provided by RAP members and Board staff to be provided to and considered by the Board.

Panel members discussed the motion. The motion passed by a vote of 5-3 (nay: Wolff-Burke, Schmidt, Borges). Ms. Borges noted a continuing objection that stakeholders are not at the table that need to be and that the RAP is the primary arena for discussion.

#### **NEXT STEPS:**

The recommendations of the RAP will be presented to the full Board at the next meeting scheduled for August 22, 2017.

#### ADJOURNMENT:

The RAP meeting was adjourned at 5:21 p.m.

Melissa Wolff-Burke, PT, EdD, Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

# **Executive Director's Report**

## Virginia Department of Health Professions Cash Balance As of June 30, 2017

	116- Physical Therapy
Board Cash Balance as of June 30, 2016	\$ 712,466
YTD FY17 Revenue	1,301,350
Less: YTD FY17 Direct and In-Direct Expenditures	556,499
Board Cash Balance as June 30, 2017	1,457,317

#### Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account				Amount Under/(Over)	
Number	Account Description	Amount	Budget	Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	169,540.00	126,000.00	(43,540.00)	134.569
4002406	License & Renewal Fee	1,115,165.00	1,124,390.00	9,225.00	99.189
4002407	Dup. License Certificate Fee	1,190.00	550.00	(640.00)	216.369
4002409	Board Endorsement - Out	11,750.00	5,900.00	(5,850.00)	199.159
4002421	Monetary Penalty & Late Fees	3,575.00	5,235.00	1,660.00	68.295
4002432	Misc. Fee (Bad Check Fee)	70.00	35.00	(35.00)	200.005
	Total Fee Revenue	1,301,290.00	1,262,110.00	(39,180.00)	103.10
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	5.00	÷	(5.00)	0.009
4003020	Misc. Sales-Dishonored Payments	55.00		(55.00)	0.009
	Total Sales of Prop. & Commodities	60.00		(60.00)	0.00%
	Total Revenue	1,301,350.00	1,262,110.00	(39,240.00)	103.119
5011110	Employer Retirement Contrib.	10,925.88	11,395.00	469.12	95.889
5011120	Fed Old-Age Ins- Sal St Emp	5,556.67	6,552.00	995.33	84.819
5011130	Fed Old-Age Ins- Wage Earners	64.46	561.00	496.54	11.499
5011140	Group Insurance	1,054.30	1,107.00	52.70	95.249
5011150	Medical/Hospitalization Ins.	24,294.16	24,383.00	88.84	99.64
5011 <b>160</b>	Retiree Medical/Hospitalizatn	949.06	997.00	47.94	95.19
5011170	Long term Disability Ins	533.56	558.00	24.44	95.629
	Total Employee Benefits	43,378.09	45,553.00	2,174.91	95.239
5011200	Salaries				
5011230	Salarles, Classified	80,069.40	84,471.00	4,401.60	94.79%
5011250	Salarles, Overtime	134.51	2	(134.51)	0.00%
	Total Salaries	80,203.91	84,471.00	4,267.09	94.95%
5011300	Special Payments				
5011310	Bonuses and Incentives	225.00	1.20	(225.00)	0.00%
5011380	Deferred Compostn Match Pmts	252.00	768.00	516.00	32.81%
	Total Special Payments	477.00	768.00	291.00	62.119
5011400	Wages				
5011410	Wages, General	842.52	7,339.00	6,496.48	11.48%
	Total Wages	842.52	7,339.00	6,496.48	11.48%
5011930	Turnover/Vacancy Benefits				0.00%
	Total Personal Services	124,901.52	138,131.00	13,229.48	90.42%
5012000	Contractual Svs			,	
5012100	Communication Services				
5012110	Express Services	175.81	5.00	(170.81)	3516.20%
5012140	Postal Services	13,788.89	10,000.00	(3,788.89)	137.899
5012150	Printing Services	71.06	600.00	528.94	11.84%
	Telecommunications Svcs (VITA)	781.23	1,000.00	218.77	78.12%
	Telecomm. Svcs (Non-State)	283.08		(283.08)	0.00%
	Inbound Freight Services	1.93	3	(1.93)	0.00%
	Total Communication Services	15,102.00	11,605.00	(3,497.00)	130.13%
	Employee Development Services	-		· · · · · · · · · · · · · · · · · · ·	

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account				Amount Under/(Over)	
Number	Account Description	Amount	Budget	Budget	% of Budget
5012210	Organization Memberships	2,500.00	2,500.00	8	100.009
5012240	Employee Trainng/Workshop/Conf	121.67	1,000.00	878.33	12.179
	Total Employee Development Services	2,621.67	3,500.00	878.33	74.90%
5012300	Health Services				
5012360	X-ray and Laboratory Services	20.00	300.00	280.00	6.67%
	Total Health Services	20.00	300.00	280.00	6.67%
5012400	Mgmnt and Informational Svcs	7			
5012420	Fiscal Services	19,792.04	18,000.00	(1,792.04)	109.96%
5012440	Management Services	154.14	4,000.00	3,845.86	3.85%
5012470	Legal Services	741.00	300.00	(441.00)	247.00%
5012490	Recruitment Services	86.00	-	(86.00)	0.009
	Total Mgmnt and Informational Svcs	20,773.18	22,300.00	1,526.82	93.15%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc		25.00	25.00	0.00%
	Total Repair and Maintenance Svcs	ě.	25.00	25.00	0.00%
5012600	Support Services				
5012630	Clerical Services	8	19.00	19.00	0.00%
5012640	Food & Dietary Services	378.85	750.00	371.15	50.51%
5012660	Manual Labor Services	144.44	700.00	555.56	20.639
5012670	Production Services	1,282.51	2,245.00	962.49	57.139
5012680	Skilled Services	15,561.62	13,000.00	(2,561.62)	119.70%
i	Total Support Services	17,367.42	16,714.00	(653.42)	103.91%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,111.82	3,000.00	888.18	70.39%
5012830	Travel, Public Carriers	444.60	-	(444.60)	0.00%
5012840	Travel, State Vehicles	122	1,500.00	1,500.00	0.00%
5012850	Travel, Subsistence & Lodging	711.38	1,500.00	788.62	47.43%
5012880	Trvi, Meai Reimb- Not Rprtble	134.00	300.00	166.00	44.67%
	Total Transportation Services	3,401.80	6,300.00	2,898.20	54.00%
	Total Contractual Svs	59,286.07	60,744.00	1,457.93	97.60%
5013000	Supplies And Materials		·	.,	
5013100 /	Administrative Supplies				
5013120	Office Supplies	951.16	1,000.00	48.84	95.12%
5013130	Stationery and Forms	23.73		(23.73)	0.00%
-	Total Administrative Supplies	974.89	1,000.00	25,11	97.49%
5013300 I	Manufctrng and Merch Supplies				01107
5013350 I	Packaging & Shipping Supplies	727	50.00	50.00	0.00%
7	Total Manufctrng and Merch Supplies	12	50.00	50.00	0.00%
	Repair and Maint. Supplies			00.00	0.00 /
	Custodial Repair & Maint Matri	3.32		(3.32)	0.00%
	Electrcal Repair & Maint Matri	6101	15.00	15.00	0.00%
	Total Repair and Maint. Supplies	3.32	15.00	11.68	22.13%
	Residential Supplies	0138		11.00	<u>دد. ان 70</u>
	Food and Dietary Supplies	-	200.00	200.00	0.00%
	Total Residential Supplies		200.00	200.00	0.00%

#### Revenue and Expenditures Summary

#### Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account				Amount Under/(Over)	
Number	Account Description	Amount	Budget	Budget	% of Budget
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	94	10.00	10.00	0.00%
	Total Specific Use Supplies	2	10.00	10.00	0.00%
	Total Supplies And Materials	978.21	1,275.00	296.79	76.72%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	38.79	29.00	(9.79)	133.76%
	Total Insurance-Fixed Assets	38.79	29.00	(9.79)	133.76%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	8.69	5	(8.69)	0.00%
5015350	Building Rentals	3.24	10. 10.	(3.24)	0.00%
5015390	Building Rentals - Non State	7,571.83	7,332.00	(239.83)	103.27%
	Total Operating Lease Payments	7,583.76	7,332.00	(251.76)	103.43%
5015500	Insurance-Operations				
5015510	General Liability Insurance	139.23	107.00	(32.23)	130.12%
5015540	Surety Bonds	8.22	7.00	(1.22)	117.43%
	Total Insurance-Operations	147.45	114.00	(33.45)	
	Total Continuous Charges	7,770.00	7,475.00	(295.00)	103.95%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022180	Computer Software Purchases	387.32	5	(387.32)	0.00%
	Total Computer Hrdware & Sftware	387.32	0	(387.32)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment		60.00	60.00	0.00%
	Total Educational & Cultural Equip	5)	60.00	60.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	8	35.00	35.00	0.00%
	Total Office Equipment	2	35.00	35.00	0.00%
	Total Equipment	387.32	95.00	(292.32)	407.71%
	Total Expenditures	193,323.12	207,720.00	14,396.88	93.07%
	Allocated Expenditures				
20600	Funeral/LTCA/PT	97,845.62	103,604.90	5,759.28	94.44%
30100	Data Center	66,158.92	88,523.33	22,364.41	74.74%
30200	Human Resources	14,849.89	25,155.88	10,305.99	59.03%
30300	Finance	45,062.33	45,751.94	689.62	98.49%
30400	Director's Office	24,963.39	26,909.81	1,946.43	92.77%
30500	Enforcement	54,222.02	63,543.61	9,321.58	85.33%
30600 /	Administrative Proceedings	8,869.33	18,570.22	9,700.89	47.76%
30700	Impaired Practitioners	1,240.89	1,038.40	(202.48)	119.50%
30800 /	Attorney General	23,181.71	22,879.75	(301.96)	101.32%
30900	Board of Health Professions	12,027.21	17,743.96	5,716.75	67.78%
31100 /	Maintenance and Repairs	· 4	434.88	434.88	0.00%
04000	Emp. Recognition Program	594.73	321.93	(272.80)	

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending June 30, 2017

				Amount		
Account			Under/(Over)			
Number	Account Description	Amount	Budget	Budget	% of Budget	
31400 Con	ference Center	270.60	228.66	(41.94)	1 <b>18.34%</b>	
31500 Pgm	n Devipmnt & Impimentn	13,889.50	13,760.85	(128.65)	100.93%	
Tota	al Allocated Expenditures	363,176.14	428,468.15	65,292.01	84.76%	
Net	Revenue in Excess (Shortfall) of Expenditures	\$ 744,850.74	\$ 625,921.85	\$ (118,928.89)	119.00%	



Virginia Board of Physical Therapy



June 2017

## News Brief

In this brief...

- Message from the Board President
- Continuing Education Updates
- Pending Regulatory Actions
- Guidance Document Updates
- Updates from the Department of Health Professions
  - o Healthcare Occupational Roadmap
  - Virginia Board of Medicine's Emergency Regulations for Opioid Prescribing
- Upcoming Board Meetings

## Message from the Board President

William Shakespeare said, " We know what we are, but know not what we may be." As physical therapists, we have the ability to improve and change the lives of others. During that process, we must be sure to fortify ourselves through relaxation, proper nutrition, and exercise so we can continue to provide the best care for our patients. On behalf of my fellow board members and the wonderful staff that supports us, we wish you a very relaxing and productive summer.

Allen R. Jones, Jr. PT, DPT, Board President

#### **Continuing Education Updates**

Continuing Education Credit Hours for Volunteer Services – New Regulation Effective May 5, 2017

18VAC112-20-131(B)(2). Continued Competency Requirements for Renewal of an Active License.

B. 2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice. *Up to two of the Type 2 continuing education hours may be satisfied through delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services.* 

## Track Continuing Education Hours Using Free aPTitude Program

**aPTitude** is a <u>free</u> continuing competence resource developed by the Federation of State Boards of Physical Therapy (FSBPT). It is used by physical therapist (PT) and physical therapist assistant (PTA) licensees, providers of continuing competence and continuing education (CC/CE) activities, and state licensing boards.

- Licensees can use aPTitude to maintain a record of their continuing education (CE) activities in one place; track their CE requirements and deadlines and completion progress; and search for available CE programs and activities.
- **CE Providers** can use aPTitude to market and list their available CE offerings and receive feedback from PTs and PTAs who participate in their courses or activities.
- State licensing boards can use aPTitude to provide information to licensees about CE requirements.

For more information about aPTitude or to register for an account, visit the <u>aPTitude website</u>, or the aPTitude/Continuing Competence page on the <u>FSBPT website</u>.

#### Pending Regulatory Actions

Practice of Dry Needling

Stage: Proposed

**Summary:** The intent of the regulatory action is to incorporate into regulation the guidance on dry needling currently found in Guidance Document 112-9, including the additional hours of training, the requirement for a medical referral, and the disclosure to patients on the difference between acupuncture and dry needling.

Status: Public comment period ended February 24, 2017.

Recognition of the oPTion Assessment Tool

Stage: Proposed

**Summary:** FSBPT has informed member boards that, as of November 30, 2016, it will no longer offer the Performance Review Tool (PRT) and has replaced it with a different assessment tool called oPTion. With the shift to oPTion, the FSBPT has also eliminated the "standard" and replaced it with an assessment report that categorizes the therapist's performance into level 1-4. The Board will decide whether to replace the PRT with oPTion and, if so, it will need to determine if a specific level of performance will be required for the purpose of licensing therapists who have not been engaged in active practice or for granting credit to licensees for continuing education.

Status: Governor's Office review in progress.

For more information or updates on these pending regulatory actions, please visit The Virginia Regulatory Townhall Website at <u>http://townhall.virginia.gov</u>.

### **Guidance Document Updates**

In March, 2017, the Board revised two Guidance Documents:

<u>112-2 - Board Guidance on the Use of Confidential Consent Agreements</u> (revised March 29, 2017)

<u>112-22 - Procedures for Auditing Continued Competency Requirements</u> (revised March 29, 2017)

For a complete listing of the Board's Guidance Documents, please visit the Board's website at: <u>http://www.dhp.virginia.gov/PhysicalTherapy/physther\_guidelines.htm</u>, or the Virginia Regulatory Townhall website at: <u>http://townhall.virginia.gov.</u>

## Updates from the Department of Health Professions

## Virginia's Healthcare Workforce Data Center Issues Digital Healthcare Occupational Road Map – Featuring the Physical Therapist Assistant

To assist Virginians considering careers to meet the healthcare needs of Virginia's 8 million residents, the Virginia Department of Health Professions' (DHP) Healthcare Workforce Data Center (HWDC) released its <u>Healthcare Occupational Roadmap</u> to support students



and others with their decision-making process. This digital tool includes overviews of more than ten career paths with modest educational requirements; projected yearly median income ranges of \$30,000 - \$60,000 or more and high job satisfaction rates.

The DHP HWDC Healthcare Occupational Roadmap contains key information about health care careers, including educational requirements, levels of job satisfaction and median income. The Roadmap includes video clips of licensed practitioners, charts and career overviews that support Executive Order 23 to advance regional and statewide information regarding workforce credentialing and educational requirements to meet the demands of Virginia's labor market.

Careers featured include **Physical Therapist Assistant**, as well as Assisted Living Facility Administrator; Nursing Home Administrator; Certified Nurse Aide; Licensed Practical Nurse; Registered Nurse; Dental Hygienist; Pharmacy Technician; Occupational Therapy Assistant; Licensed Radiological Technologist; and Respiratory Therapist.

To read the full news release, click here.

## The Virginia Board of Medicine Promulgates Emergency Regulations for Opioid Prescribing - Effective March 15, 2017

In response to the escalating opioid crisis in Virginia – and recently passed <u>legislation</u> – the Board of Medicine has promulgated regulations on the prescribing of opioids for pain and buprenorphine for treatment of substance abuse. The emergency regulations will remain in effect from March 15, 2017 to March 19, 2018 and will be replaced by permanent regulations during that time. A letter from Dr. William Harp, Executive Director of the Board <u>summarizes the intent and content of these new regulations</u>.

View Regulations Governing the Prescribing of Opioids and Buprenorphine

FAQs about the Prescribing of Buprenorphine for Addiction and Opioids for Pain

#### Upcoming Board Meetings

- June 29, 2017 (1:00 p.m.) Legislative/Regulatory Committee
- June 29, 2017 (2:00 p.m.) Regulatory Advisory Panel Proposed Dry Needling Regulations
- August 22, 2017 (9:30 a.m.) Board Meeting
- November 17, 2017 (9:30 a.m.) Board Meeting

Be sure to check the Board's website often for updated news and information.

### **Contact Information**

Virginia Board of Physical Therapy 9960 Mayland Drive, Suite 300 Henrico, VA 23233 804-367-4674 – Office 804-527-4413 – Fax ptboard@dhp.virginia.gov

Website: http://www.dhp.virginia.gov/PhysicalTherapy/

Rev.05/10/2017 EXAMINATION



## COMMONWEALTH OF VIRGINIA Board of Physical Therapy

Department of Health Professions Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

E-Mail: PTBoard@dhp.virginia.gov Website: www.dhp.virginia.gov Phone: 804-367-4674

# Application for Licensure by Examination to Practice Physical Therapy as a:

Mark only one box

Physical Therapist - \$140.00 FEE

Physical Therapist Assistant - \$100.00 FEE

Attach check or mone	y order made	payable to the	<b>Treasurer</b> of	Virginia.
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ALL FEES ARE NON-REFUNDABLE

1. Legal Full Name (Please Print or Type)

First Name	Middle Name and	Middle Name and Maiden Name			Last Name and Suffix		
Social Security No. or VA Control No.*	Date of Birth MM			irth (City and State)			
Address of Record: Street		City		State	ZIP Code		
Alternate Public Address: Street		City		State	ZIP Code		
Business Name & Address: Street		City		State	ZIP Code		

ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. However addresses of individuals <u>are not posted</u> on the "License Lookup" program available through the board's website.

Home Phone:		Work Phone:	Mobile Phone:	-	
	·				
E-Mail Address					
Graduation Date	Degree (Official Transcript	College/University and City_State			

	Graduation Date	Degree (Official Transcript required)	College/University and City, State	
			ch check or money order made payable to the Treasurer of Virginia.	
h	without the fee or vice y	area Incomplete application	e Will   RE RETURNED   Applications will remain in presses as le	mean than any (A) waan. If stills

without the fee or vice versa. Incomplete applications WILL BE RETURNED. Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is destroyed. An applicant shall reapply for licensure, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

#### APPLICANTS DO NOT USE SPACES BELOW THIS LINE - FOR OFFICE USE ONLY

APPROVED BY \_

		· · · · · · · · · · · · · · · · · · ·	the second se
LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the <u>Virginia</u> Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will <u>not</u> be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law equires that this number be shared with other state agencies for child support enforcement activities. <u>NO LICENSE WILL BE ISSUED TO ANY</u> <u>INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.</u> \*\*In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in <u>Virginia</u>. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

2. Out of State Licensure: List all jurisdictions in which you have been issued a license to practice as a physical **Page 46** 

therapist or physical therapist assistant: active, inactive, or expired. Indicate license number and date issued. You will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have <u>ever</u> held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees

State/Jurisdiction	License Number	Issue Date / Status

**QUESTIONS MUST BE ANSWERED.** If any of the following questions are answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

YES NO 3. Have you ever been denied to sit for a physical therapy or physical therapy assistant licensure exam? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions. Have you ever taken the NPTE examination? If yes, have your scores transferred to Virginia. 5. Have you ever been denied a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions. 6. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction? 7. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.). 8. Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions. 9. Have you had any malpractice suits brought against you in the last ten years? If so, how many? \_\_\_\_\_Provide details. Letters must be submitted by your attorney regarding malpractice suits. 10. Have you been physically or emotionally dependent upon the use of alcohol/ drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice. 11. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If yes, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice. **Testing Accommodation** Do you wish to request an accommodation for taking the NPTE according to the Americans with Disabilities Act (ADA)? If yes, please see the instructions for licensure by examination for details. **Military Spouse** Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?

#### AFFIDAVIT OF APPLICANT

- (a) I have read and understand the Virginia Board of Physical Therapy regulations and am aware that if granted a physical therapist license in Virginia, I am required to comply with any laws and regulations of the Virginia Board of Physical Therapy.
- (b) I hereby give permission to the Virginia Board of Physical Therapy to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any Agent thereof, and to substantiate my statement(s) if desired by the Board.
- (c) I shall present any credentials or documents required or requested by the Board.
- (d) I, \_\_\_\_\_\_, the applicant herein, depose and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualification as an applicant shall be sufficient grounds for the denial, suspension, cancellation, or revocation of my Virginia Board of Physical Therapy license even though it is not discovered until after issuance.

Signature of Applicant

Date



## COMMONWEALTH OF VIRGINIA Department of Health Professions

Board of Physical Therapy Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

E-mail: PTBoard@dhp.virginia.gov Website: www.dhp.virginia.gov Phone: 804-367-4674

## Application for Licensure by Endorsement to Practice Physical Therapy as a:

Mark only one box

Physical Therapist - \$140.00 FEE

Physical Therapist Assistant - \$100.00 FEE

#### Attach check or money order made payable to the Treasurer of Virginia. ALL FEES ARE NON-REFUNDABLE

#### 1. Legal Full Name (Please Print or Type)

First Name		Middle Name and	Middle Name and Maiden Name			Last Name and Suffix		
Social Security No. or VA Control No.* Date of Birth		Date of Birth			of Birth (City and Si	tate)		
Address of Record: S	Street		City			State	ZIP Code	
Aiternate Public Addr	ess: Street		City			State	ZIP Code	
Business Name & Ad	dress: Street	···	City			State	ZIP Code	
public disclosure in the provide a work addre record will also be us	ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an atternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. However addresses of individuals are not posted on the "License Lookup" program available through the board's website.							
Home Phone:		Work Phone:				Mobile Phone:		
E-Mail Address								
Graduation Date	Degree (Official Transcript required)							
Submit address change	s in writing immediately. Atta	ch check or money o	der mad	e payable t	o the Treasu	arer of Virginia. Apr	plications will not be processed	

Submit address changes in writing immediately. Attach check or money order made payable to the Treasurer of Virginia. Applications will not be processed without the fee or vice versa. Incomplete applications WILL BE RETURNED. Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is destroyed. An applicant shall reapply for licensure, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

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#### APPROVED BY .

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
			1
*In accordance with \$54.1-116 Code of Virginia, vo	u are required to submit your Social	Controller Muselines and tract	an analysis of a shift being shift of the sh

"In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the <u>Virginia</u> Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will <u>not</u> be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. <u>NO LICENSE WILL BE ISSUED TO ANY</u> <u>INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.</u> \*\*In order to obtain a Virginia driver's license control number, it is necessary papear in person at an office of the Department of Motor Vehicles <u>in Virginia</u>. A fee and disclosure to DMV of your Social Security Number will be required obtain this number.

2. Active Clinical Practice: Clinical Practice must be professional practice during the five (5) years immediately preceding



application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction. For the purpose of this section active clinical practice is defined at least 2,500 hours of patient care over a five-year period immediately preceding the application for licensure in Virginia. Your Employer must provide verification on letterhead of your clinical practice in patient care.

List in chronological order all professional physical therapy active clinical practice for the past five (5) years immediately preceding application for licensure in Virginia. Practice must be with a current, unrestricted license issued in U.S. providing patient care. (You may use additional paper if needed).

DATES Business Name, Address, and Telephone Number		
From To		
	······································	

#### 3. National Practitioner Data Bank(NPDB):

You will need to request a current report - Self Query - from NPDB. You may request the Self Query report through their website at <u>www.npdb.hrsa.gov</u>

- 4. **Continuing Education:** Submit evidence of completion of 15 hours of continuing education for each year in which you held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years.
- 5. Out of State Licensure: List all jurisdictions in which you have been issued a license to practice as a physical therapist or physical therapist assistant: active, inactive, or expired. Indicate license number and date issued. You will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have <u>ever</u> held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees.

State/Jurisdiction	License Number	Issue Date / Status

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (6-14) is answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

- 6. Have you ever been denied to sit for a physical therapy or physical therapy assistant licensure exam?
   If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.
- 7. Have you ever taken the PES/FSBPT examination? If yes, have scores transferred to Virginia.
- 8. Have you ever been denied a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.
- **9.** Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?

YES NO

- 10. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).
- 11. Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.
- 12. Have you had any malpractice suits brought against you in the last ten years? If so, how many? \_\_\_\_\_Provide details. Letters must be submitted by your attorney regarding malpractice suits.
- 13. Have you been physically or emotionally dependent upon the use of alcohol/ drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.
- 14. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If yes, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.

#### **15. MILITARY SPOUSES**

(

Are you the spouse of a member of the U. S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? \_\_\_\_\_yes \_\_\_\_\_no.

#### **16. AFFIDAVIT OF APPLICANT**

- (a) I have read and understand the Virginia Board of Physical Therapy regulations and am aware that if granted a physical therapist license in Virginia, I am required to comply with any laws and regulations of the Virginia Board of Physical Therapy.
- (b) I hereby give permission to the Virginia Board of Physical Therapy to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any Agent thereof, and to substantiate my statement(s) if desired by the Board.
- (c) I shall present any credentials or documents required or requested by the Board.
- (d) I, \_\_\_\_\_\_, the applicant herein, depose and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualification as an applicant shall be sufficient grounds for the denial, suspension, cancellation, or revocation of my Virginia Board of Physical Therapy license even though it is not discovered until after issuance.



## COMMONWEALTH OF VIRGINIA Board of Physical Therapy

Department of Health Professions Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

E-Mail: PTBoard@dhp.virginia.gov Website: www.dhp.virginia.gov Phone: 804-367-4674

## Application for Reinstatement to Practice Physical Therapy as a:

Mark only one box

Physical Therapist - \$180.00 FEE

Physical Therapist Assistant - \$120.00 FEE

Attach check or money order made payable to the Treasurer of Virginia. ALL FEES ARE NON-REFUNDABLE

1. Legal Full Name (Please Print or Type)

First Name		Middle Name and Maiden Name			ast Name and S	Guffix
Social Security No.	or VA Control No.*	Date of Birth	DD YY	Place of I	Birth (City and S	tate)
Address of Record:	Street		City		State	ZIP Code
Alternate Public Add	iress: Street		City		State	ZIP Code
Business Name & Address: Street			City		State	ZIP Code
public disclosure if provide a work addr record will also be u	they want their address ess, a post office box, o sed as the public addres	of record to remain confi r a home address as the r	dential, used only for public address. If an	agency purp alternative pu	oses. Health p iblic address is	e an alternative address for professionals may choose to not provided, the address of adividuals <u>are not posted</u> on
Home Phone:		Work Phone:		M	obile Phone:	
E-Mail Address				VA	PT/PTA Licen	se No:
Graduation Date	Degree	College/University				

Submit address changes in writing immediately. Attach check or money order made payable to the Treasurer of Virginia. Applications will not be processed without the fee or vice versa. Incomplete applications WILL BE RETURNED. Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is destroyed. An applicant shall reapply for reinstatement, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

#### APPLICANTS DO NOT USE SPACES BELOW THIS LINE - FOR OFFICE USE ONLY

#### APPROVED BY \_\_

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the <u>Virginia</u> Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will <u>not</u> be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. <u>NO LICENSE WILL BE ISSUED TO ANY</u> <u>IDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.</u>\*\*In order to obtain a Virginia driver's license control number, it is necessary

to oppear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

2. List in chronological order all professional practices since graduation (e.g. hospital department, outpatient centers, etc.). Also list all periods of absences from work and non-professional activity or employment for more than three months. Account for all time. (You may use additional paper if needed).

DATES Business Name, Address, Telephone Number, and Position Held From To	

#### 3. National Practitioner Data Bank(NPDB):

You will need to request a current report – *Self Query* - from NPDB. There is a processing fee that must be paid by credit card (VISA, MasterCard, Discover or American Express) to NPDB. They do not accept cash or checks. You may request the *Self Query* report through their website at <u>www.npdb.hrsa.gov</u>

- 4. Continuing Education: Submit evidence of completion of continuing education for each year in which your license has been expired up to 60 hours obtained within the past four years.
- 5. Out of State Licensure: List all jurisdictions in which you have been issued a license to practice as a physical therapist or physical therapist assistant: active, inactive, or expired. Indicate license number and date issued. You will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have <u>ever</u> held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees.

State/Jurisdiction	License Number	Issue Date / Status

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (6-12) is answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

- 6. Have you ever been denied a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.
- 7. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?
- 8. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

YES

NO

9.	Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease	YES	NO
	and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	_	—
10.	Have you had any malpractice suits brought against you in the last ten years? If so, how many?Provide details. Letters must be submitted by your attorney regarding malpractice suits.		
11.	Have you been physically or emotionally dependent upon the use of alcohol/ drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.		
12.	Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If <b>yes</b> , please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.		

#### **13. AFFIDAVIT OF APPLICANT**

- (a) I have read and understand the Virginia Board of Physical Therapy regulations and am aware that if granted a physical therapist license in Virginia, I am required to comply with any laws and regulations of the Virginia Board of Physical Therapy.
- (b) I hereby give permission to the Virginia Board of Physical Therapy to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any Agent thereof, and to substantiate my statement(s) if desired by the Board.
- (c) I shall present any credentials or documents required or requested by the Board.
- (d) I, \_\_\_\_\_\_, the applicant herein, depose and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualification as an applicant shall be sufficient grounds for the denial, suspension, cancellation, or revocation of my Virginia Board of Physical Therapy license even though it is not discovered until after issuance.

Signature of Applicant

Date

#### Virginia Board of Physical Therapy Perimeter Center – 9960 Mayland Drive – Suite 300 – Henrico, VA 23233-1463 Phone: 804-367-4674 – website: www.dhp.virginia.gov – e-mail: PTBoard@dhp.virginia.gov

#### INSTRUCTIONS

#### Reinstatement of Licensure to Practice as a Physical Therapist or Physical Therapist Assistant (This form has been designed for use as a checklist)

If all documentation/information has been received from the applicant, the licensing process takes approximately 3 to 5 business days. Upon receipt of the reinstatement application an acknowledgement email is sent to the applicant advising the applicant what items have been received and what items are lacking. If an email address is provided, application acknowledgements may be sent via e-mail.

Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is destroyed. An applicant shall reapply for licensure, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

1. THE APPLICATION FOR REINSTATEMENT TO PRACTICE PHYSICAL THERAPY OR AS A PHYSICAL THERAPIST ASSISTANT- This application will not be considered until all sections have been completed.

If you answered yes to question #8 on page (2) two the application, attach your state criminal history records; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; and any other information you wish to have considered with your application (i.e., information on the status of incarceration, parole, or probation; reference letters; documentation of rehabilitation; etc.). Include explanation.

- 2. FEES All fees are non-refundable. The completed application should be returned to the board office along with the reinstatement fee of \$180.00 for Physical Therapists or \$120.00 for Physical Therapist Assistants. Applications will not be processed unless the fee is attached; fees sent before the receipt of an application will be returned. Applications submitted without the application fee will be returned.
- 3. EMPLOYMENT VERIFICATION It is important to include all information on question two regarding your PT employment, include name, address and telephone numbers of past employers as they will be randomly checked for accuracy. You must practice physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement OR successfully complete a trainee as specified in 18VAC112-20-140. To provide evidence of active practice, your employer must provide an original letter on letterhead of your clinical practice verifying dates of employment and the number of hours worked with their original signature.
- 4. <u>CONTINUING COMPETENCY HOURS</u> -- Refer to regulation section 18 VAC 112-20-136 (2). Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years. (60 hours maximum). Complete the Continued Competency Activity and Assessment Form and submit copies of supporting documentation, i.e. certificate of completion.
- 5. <u>STATE LICENSE VERIFICATION</u> Written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees.
- 6. NATIONAL PRACTITIONER DATA BANK (NPDB) You will need to request a current Self Query - from NPDB. There is a processing fee that must be paid by credit card (VISA, MasterCard, Discover or American Express) to NPDB. They do not accept cash or checks. You may request the Self Query report through their website at www.npdb.hrsa.gov

TRAINEESHIP REQUIREMENTS - TRAINEESHIPS MUST BE SERVED IN THE STATE OF VIRGINIA.

If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

Refer to the regulations for more information; sections 18 VAC 112-20-136 and 18 VAC 112-20-140.

#### PLEASE NOTE

It is unlawful to practice physical therapy or as a physical therapy assistant in Virginia until you have received your Virginia license, or until you have received authorization from the board office to serve a traineeship under the direct supervision of a licensed physical therapist in Virginia.

#### ADDITIONAL INFORMATION MAY BE REQUESTED

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## COMMONWEALTH OF VIRGINIA Board of Physical Therapy

Department of Health Professions Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

E-Mail: PTBoard@dhp.virginia.gov Website: www.dhp.virginia.gov Phone: 804-367-4674

## Application for Reinstatement After Disciplinary Action

Mark only one box

Reinstatement after Suspension - \$500.00 Fee

Reinstatement after Revocation - \$1,000.00 Fee

#### Attach check or money order made payable to the Treasurer of Virginia. ALL FEES ARE NON-REFUNDABLE

1. Legal Full Name (Please Print or Type)

First Name	Middle Name and Maiden Name		L	Last Name and Suffix		
Social Security No. or VA Control No.*	Date of Birth MM			of Birth (City and State)		
Address of Record: Street		City		State	ZIP Code	
Alternate Public Address: Street		City		State	ZIP Code	
Susiness Name & Address: Street		City	- <u></u>	State	ZIP Code	
ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. However, addresses of individuals are not posted on the "License Lookup" program available through the board's website.					ofessionals may choose to not provided, the address of	
Home Phone:	Work Phone:		Mo	obile Phone:		
E-Mail Address	<b>I</b>		VA	PT/PTA Licens	e No:	

Graduation Date	Degree	College/University and City, State	
	-		
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Submit address changes in writing immediately. Attach check or money order made payable to the Treasurer of Virginia. Applications will not be processed without the fee or vice versa. Incomplete applications WILL BE RETURNED. Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is **destroyed**. An applicant shall reapply for reinstatement, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

#### APPLICANTS DO NOT USE SPACES BELOW THIS LINE -- FOR OFFICE USE ONLY

#### APPROVED BY \_

to obtain this number.

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the <u>Virginia</u> Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will <u>not</u> be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law quires that this number be shared with other state agencies for child support enforcement activities. <u>NO LICENSE WILL BE ISSUED TO ANY</u> <u>JDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS</u>. \*\*In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in <u>Virginia</u>. A fee and disclosure to DMV of your Social Security Number will be required

Page 57

2. List in chronological order all professional practices since graduation (e.g. hospital department, outpatient centers, etc.). Also list all periods of absences from work and non-professional activity or employment for more than three months.

Account for all time. (You may use additional paper if needed).

From	DATE Business Name, Address, Telephone Number, and Position Held		

#### 3. National Practitioner Data Bank(NPDB):

You will need to request a current report – *Self Query* - from NPDB. There is a processing fee that must be paid by credit card (VISA, MasterCard, Discover or American Express) to NPDB. They do not accept cash or checks. You may request the *Self Query* report through their website at <u>www.npdb.hrsa.gov</u>

- 4. Continuing Education: Submit evidence of completion of continuing education for each year in which your license has been suspended/revoked up to 60 hours obtained within the past four years.
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State/Jurisdiction	License Number	Issue Date / Status

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (6-12) is answered yes, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

- YES NO
- 6. Have you ever been denied a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.
- 7. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?
- 8. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

9.	Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease	YES	NO
	and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<u> </u>	
10.	Have you had any malpractice suits brought against you in the last ten years? If so, how many?Provide details. Letters must be submitted by your attorney regarding malpractice suits.		
11.	Have you been physically or emotionally dependent upon the use of alcohol/ drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If <b>yes</b> , please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.		
12.	Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If <b>yes</b> , please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.		

#### **13. AFFIDAVIT OF APPLICANT**

- (a) I have read and understand the Virginia Board of Physical Therapy regulations and am aware that if granted a physical therapist license in Virginia, I am required to comply with any laws and regulations of the Virginia Board of Physical Therapy.
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- (c) I shall present any credentials or documents required or requested by the Board.
- (d) I, \_\_\_\_\_\_, the applicant herein, depose and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualification as an applicant shall be sufficient grounds for the denial, suspension, cancellation, or revocation of my Virginia Board of Physical Therapy license even though it is not discovered until after issuance.

Signature of Applicant

Date

# Legislative and Regulatory Actions

#### Project 4433 - Proposed

#### BOARD OF PHYSICAL THERAPY

#### Practice of dry needling

#### 18VAC112-20-121. Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional [, post-graduate ] training.

[<u>1.</u>] <u>The training shall be specific to dry needling and shall include emergency preparedness</u> and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

[ 2. The training shall consist of a minimum of 54 hours of in-person didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. ]

<u>C. Prior to the performance of dry needling, the physical therapist shall obtain informed</u> <u>consent from the patient or his representative. The informed consent shall include the risks and</u> <u>benefits of the technique [ and shall clearly state that the patient is not receiving an acupuncture</u> <u>treatment</u>]. The informed consent form shall be maintained in the patient record.

[<u>D. Dry needling shall only be performed by a physical therapist trained pursuant to</u> subsection B and shall not be delegated to a physical therapist assistant or other support personnel.]

## Summary of Public Comments Received on Proposed Regulations – Dry Needling

## **Board of Physical Therapy**

## **Public Comment on Proposed Regulations**

## **Dry Needling**

## **Comments received by Regular Mail**

Commenter	Comment
American Medical Society for Sports Medicine	AMSSM is in favor of proposed regulation; fully-trained PTs should be allowed to perform dry needling. Dry needling is proven to be a safe and effective treatment for neuromusculoskeletal conditions, pain, movement impairments, and disability. Agrees with written referral and informed consent. Concern about lack of specificity for additional training; more clarity is needed as well as requirement for some portion of CE in dry needling.
Council of Colleges of Acupuncture & Oriental Medicine	CCAOM opposes the proposed regulations for the following reasons: 1) dry needling is acupuncture; is an invasive procedure that uses acupuncture needles & is part of the armamentarium of acupuncture; 2) acupuncture uses biomedical terminology so use of such language cannot be basis for defining dry needling as distinct from acupuncture; 3) physical therapists are prohibited from performing surgery and dry needling is an incisive procedure; 4) no national standard in PT for education and training in dry needling, so risk of public harm; 5) Attendance in dry needling courses not restricted to PTs who have a doctoral level degree; 6) PT regulators must specify training; 7) PT regulators must conduct adverse event monitoring through appropriate reporting; 8) PT in states where dry needling is allowed have exceeded the intended scope of practice
American Academy of Medical Acupuncture	AAMA submitted its policy statement on dry needling. It is an invasive procedure using acupuncture needles that has medical risk. It should only be performed by practitioners with extensive training and licensure to perform these procedures, such as licensed medical physicians or licensed acupuncturists.
American Academy of Physical Medicine and Rehabilitation	AAPM&R submitted its 2012 position paper which is basically identical to the policy statement of the AAMA.
Geller Law Group on behalf of the Acupuncture Society of Virginia (ASVA)	ASVA opposes the proposed regulation and the practice of dry needling by physical therapists for the following reasons: 1) It is an invasive procedure outside the scope of practice for PT; presents a public health and safety risk; and is an overstep of the regulatory authority of the Board. The practice of acupuncture is carved out of the practice of medicine and defined in statute. The AMA position is that the practice should be "performed by practitioner with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists." 2) Nothing in the statutory definition of the practice of PT extends the scope to include insertion of acupuncture needles; 3) the Board has overstep its authority by attempting to add the practice of acupuncture to the practice of PT. Included exhibits on AMA statement and claim report update from CNA on physical therapy liability.
Brigitte Fox, L.Ac.	Opposes the proposed regulations. States that: 1) dry needling is the

AcuWorks	practice of acupuncture; 2) requirements for licensure to perform
	acupuncture necessary to protect the public; and 3) proposed regulations
	lack any minimum training requirement. Practitioners should treat patients
	in accordance with their expertise and scope of practice.

## **Comments received by Email**

Commenter	Comment
Michelle Wright, L.Ac. Naples, NY	Opposes dry needling by physical therapists, who are not legally and safely qualified to perform acupuncture. Dry needling is one style and technique in acupuncture. Standard for a physician to practice acupuncture is 300 hours of post-doctoral training, and PTs do not have same preparation for invasive procedures. No standard for training practitioner in dry needling and no means of assessment of competency for instructors, so the public is at risk. Dry needling by PT is an intentional misrepresentation to the public. Cites recent reports of serious injuries associated with non-acupuncturists practicing dry needling; lack of education and supervised clinical training could be a direct correlation to such injuries.
Joan Choi, L.Ac.	Acupuncture is a unique profession; dry needing by PT will injure acupuncturists. They need to get acupuncture license; need to protect acupuncture profession.
David S. Groopman, M.D.	Opposes dry needling by physical therapists. It is acupuncture, and extensive training & practice necessary to minimize incidence of adverse events. Weekend courses are no substitute for lengthy and comprehensive training. References the position of the American Academy of Medical Acupuncture (noted above)
Jun Xu, M.D. Greenwich, CT	Dangerous to patient safety to expand PT practice. Reviewed training and education for medical and acupuncture profession and licensure. Unsafe and inadequate training puts patients at risk.
Arthur Yin Fan, PhD L.Ac.	Practice of dry needling just a rebranding of acupuncture. Weekend training is inadequate; education should match requirement for licensed acupuncturists.
Dianna Paulsen	Have gone to a licensed acupuncturist for procedures; would not want a PT without extensive training to practice dry needling.

## Comments received at the Public Hearing on February 7, 2017

Commenter	Comment
Susan Ole (in favor)	Had trouble breathing, voice, swallowing, and range of motion in shoulders, arms and neck after cervical surgery. Two months of therapy had no success, but dry needling worked "like a miracle". Voice returned, breathing relieved, neck had range of motion because of dry needling. Therapist was well qualified and did much more than muscle relaxers could. Most outstanding difference between dry needling and acupuncture was the way that acupuncture relates to energies, with no mention of muscles. Physical Therapist works with muscles and bones only.
Tom Bohanon (in favor)	Clinician and past president of the Virginia Physical Therapy Association. Physical therapists are highly educated and get trained at the doctoral level. Based on FSBPT study, 86% of clinical training for dry needling

	occurs at entry level program (clean and sterile techniques, anatomy with cadaver). Dry needling is a different modality than acupuncture. Physical therapists trained on treatment techniques to the neuromuscular and neuromusculoskeletal system, which trigger point dry needling is.
Blaze Williams (in favor)	Faculty at VCU and current vice president of the sports section of the American Physical Therapy Association. Echo comments of Tom Bohanon. As a physical therapy educator, physical therapists educated in anatomy through gross anatomy, physiology, neuroanatomy, neurophysiology, kinesiology, and functional anatomy. More than ample education to receive additional training in dry needling
Erik Wijtmans (in favor)	30 years as licensed physical therapist, on teaching faculty at ODU, clinical instructor certified by APTA. Teaches dry needling courses to dentists, nurses, nurse practitioners, physicians, physician assistants, chiropractors and acupuncturists. Physical therapy education is at least 8900 hours (5400 in undergraduate, 3400 in graduate school). Dry needling not an entry level skill, taught in post graduate curriculum. Needles being used are solid filiform, specifically made for physical therapists to use in dry needling. Safety and accuracy paramount. Informally surveyed acupuncturists in his classes, they say ashi points are not the same as myofascial trigger points, same for chi response being different from needling response. Dry needling is a tool in the physical therapist tool box. Regulations state that therapist shall obtain full consent from patient; including disclosure that patient is not receiving acupuncture.
Dorthea Martin (in favor)	Agree with previous gentlemen regarding education and continuing education. Previous physical therapists did exercises and manipulation, with no effect. Current one does dry needling, which has been life- changing. Aside from needles, completely different than acupuncture (trigger points, experience).
Judith Vaughn (in favor)	After rectal surgery was in tremendous pain, unaided by physician or specialists. Manipulation also ineffective, but dry needling "literally saved my life". Dry needling has also helped her plantar fasciitis in both feet, frozen shoulder and rotator cuff.
Amy Casdor-Gonzales (in favor)	Pursued numerous modalities for physical pain, but nothing helped until myofascial release physical therapy enhanced by dry needling. Physical therapists who practice this are well trained, studied hard, and know what they are doing
Juanita Puffinbarger (in favor)	My recovery would not be possible without dry needling. When dry needling began she understood it was not acupuncture. What is in place is more than adequate. Patient care should be primary purpose, regulations should keep them informed and covered.
lan Scott (in favor)	Been all around the world and experienced numerous remedies and solutions, including acupuncture. Used dry needling as alternative to surgery and now pain free, with complete function.
Susan Stuart (in favor)	Quality of life was poor, scared of needles, multiple pain management doctors. Directed to dry needles instead of opioids. Physical therapists explained procedures, showed exactly what they were doing and how muscles linked. Feels like physical therapists taught her more about her own body than Richmond's top neurosurgeon. Has gone in with level 10 pain and left after needling to go shopping, "miraculous".
Bruce Allen (in favor)	Chronic pain in right hip, traditional physical therapy offered no relief. Two session of dry needling did more than all previous therapy combined.

Yun Fan (opposed)	Acupuncture and dry needling is the same as a person changing clothes, they look different, but underneath are the same thing. There is no difference
Rebecca Reynolds (opposed)	Nurse practitioner, also acupuncturist and certified in dry needling. Dry needling acupuncture effective modality. Regulation as they stand now are not adequate to become proficient in dry needling (don't discuss pneumothorax, forbidden points in pregnancy).Orthopedic acupuncture is close to dry needling, which covers item B in proposed changes. Proposing that dry needling is not acupuncture (item C) is an alternative fact, a majority of dry needling points are classis acupuncture points or ashi points. Saying dry needling is not acupuncture is like saying kinesiology is not physical therapy. Dry needling is trigger point localized acupuncture.
Arthur Fan (opposed)	MD, PhD, RAC. Dry needling another name/form for acupuncture, according to WHO. Dry needling brought to Us by acupuncture researcher (Dr. Janet Travell) who used another name to attract more students. Indication and needling activity/techniques are the same as acupuncture. Education requirements are too low, allowing many other people to do it as well (nurse, MD, exercise trainer)
Aubrey Fisher (opposed)	Licensed acupuncturist. Commonwealth of Virginia defines acupuncture as "stimulation of certain points on or near the surface of the body by insertion of needles to prevent or modify the perception of pain or to normalize physiological functions" Board of Physical Therapy defines dry needling as, "filiform needles to penetrate the skin and/or underlying tissues to affect changes in body structure and function for evaluation and management of neuromuscular conditions, pain, movement, impairments, and disabilities. This is a definition of acupuncture. Language used by Physical Therapists is same as what is already in acupuncture statutes. Acupuncture therapy includes treatment strategy of dry needling, including reactive points also known as hyperirritable loci or trigger points, to relieve musculoskeletal and connective tissue disorders. Acupuncture is more than energy flow and meridians, our channel systems are based on fascial, neurological, circulatory and muscular maps as they relate to body's anatomy and physiology,
Stephanie Penum (opposed)	Licensed acupuncturist in VA and AZ. Dry needling and trigger point dry needling is a term practiced by acupuncturists because it is a treatment strategy, not just a treatment modality. The North Carolina case, which was dismissed without prevalence, only occurred because the NC Board of Acupuncture did not exhaust all of their administrative processes; it was not a ruling in favor of dry needling for physical therapists. There is now another lawsuit pending against the North Carolina Board of Physical Therapy, as the Acupuncture Board has exhausted their methods. When the Texas Attorney General said it would most likely rule in favor of the Physical Therapy Board making trigger point dry needling within the scope of practice, which was an opinion not a ruling. These statements are misleading to the public and those reading the proposal. Adverse action reports have been sent out in other states, just not Virginia (Colorado- skier lung was punctured; Maryland- teachers nerve in leg was punctured; Arizona- needles were inserted through patients clothing and needles were disposed in public recycling bin; Georgia-dry needling was performed on a minor without consent from a parent/guardian).
Sarah Steed (opposed)	National Board Certified Acupuncturist. Had patients come to her practice that were injured by dry needling done by a physical therapist, which needed several treatments to recover. Had other patients who

	were not helped by pain medication, physical therapy, dry needling or chiropractic. There are side effects to dry needling, we just never hear about them.
Bridget Fox (opposed)	Registered Nurse turned acupuncturist. Specialization has occurred throughout human history, including subspecialties within professions. This is to benefit the patient. Physical therapy was borne out of this specialization, as an alternative to surgery. Good physical therapist should not have to do dry needling, rehab should not include needles. This regulation is grasping at another treatment option, "let me stick needles in him". Four years of acupuncture school only covers the tip of the iceberg, any less training is sad and will do more harm than good.
Sarah Hung (opposed)	Licensed acupuncturist. Dry needling is acupuncture, specifically a form of orthopedic acupuncture (taught in schools and has continuing education classes about). No minimum training standards in the regulations is a public safety concern, even though the American Medical Association recommends a minimum level for physical therapists similar to those for acupuncturists. Proposed courses also don't include clinical supervision. Medical doctors need 100 hours of clinical supervision to do acupuncture; it cannot just be a weekend course. I also support what everyone else on the opposed side has said.
Diane Lowry (opposed)	Licensed acupuncturist. The insertion of FDA regulated acupuncture needles into trigger points for providing therapeutic relief falls under the purview of acupuncture, dry needling is not distinct. Dry needling presents a threat to public safety without adequate education, supervised clinical training and independent competency examination. Dry needling is not safe, and injuries range from pneumothorax to nerve damage. This has caused insurance companies to call it an emerging area of risk. Additionally the draft regulation has no minimum training standard, which is against the American Medical Association policy.
Janet Borgess (opposed)	Licensed Acupuncturist. Modality of dry needling is physical intervention that uses filiform acupuncture needles to stimulate points on the body. Where and how to insert the needle is supposedly based only on Western medical concepts, which was the original intent of Janet Travell. Valuable modality; we all want to help our patients. However, dry needling, motor point needling, myofascial needling, trigger point needling, and integrated dry needling are all styles of acupuncture. The only difference is the training and intent of practitioner inserting needle. Licensed acupuncturists practice all of these styles. Regulations as they stand risk intentionally putting public in danger by allowing physical therapists to independently decide if they have advanced procedural skill. Physical therapists have reportedly been doing dry needling since 2003, without a 100% safety record. Current draft may make it more convenient for Board of Physical Therapy to protect itself from public complaint, but it does not protect public safety. Further, to have a patient sign a disclosure that says they are not receiving acupuncture and then treating with acupuncture is confusing and deceptive.
lan Hurdibaugh (opposed)	Abstained from comment
Pamela Howard (opposed)	Licensed and board certified acupuncturist. In the last 4 years delivered over 10,000 treatments to over 1,000 patients. As a patient had great success with acupuncture to treat lateral epicondylitis. Continuing education classes for orthopedic acupuncture addresses motor points of the muscles of the body (class based on Dr. Janet Travell and Matt Calveston- an acupuncturist).

Kelly Sherman (opposed)	Board certified acupuncturist. Respect physical therapists scope of practice and the care they give their patients. Patient centered care to me is integrative care. That means I can refer patients to physical therapists for care and they can refer patients to me, to help in the form of trigger point therapy.
Matthew Stanley (opposed)	Representing Acupuncture Society of Virginia. The Society is opposed to physical therapists practicing procedure called dry needling, as it falls under scope of practice of acupuncture, defined by Virginia Statute pursuant to section 54.12-900. Not been demonstrated how dry needling does not fit under such definition. No statute that provides legal authority for physical therapists or any other health practitioners to expand scope of practice via regulation to include dry needling. We believe Board of Physical Therapy is in violation of state law. Proposed regulation identifies it as an advanced procedure that requires advanced training but does not recommend or require any specific post graduate training hours (can be completed in as little as a weekend with no prior experience in the safe use of needles). Number of serious injuries from dry needling, which cause the American Medical Association to become critical of the lax regulation and nonexistent standards around this invasive procedure (need to meet standards required for acupuncturists and physicians to keep patients safe). Largest company insuring physical therapists called it an emerging area of risk. No provision of these regulations provides protections for patient safety. Acupuncturists in Virginia need at least 1,365 hours of acupuncture specific training, including 775 hours of didactic material specific to acupuncture and 660 hours of supervised clinical training. Even medical doctors with training in use of invasive medical devices need 300 hours of training in acupuncture (more than a weekend). No difference in training requirements for physical therapists without doctorate level degree and entry level physical therapists with less than two years of training. Virginia Department of Planning and Budget Economic Impact Analysis of the regulation state that "54 hours of professional training is required under the existing guidance, while the proposed regulation does not state a specific number of training hours".

## Comments posted on the Virginia Regulatory Townhall

# Of the 2051 comments posted on the Townhall, there were 1786 unique comments (not duplicated by multiple entries).

## There were 610 in support of the proposed regulation. Comments in support included:

- Great clinical utility (important tool in "toolbox")
  - Should be adjunct modality offered with additional continuing education and certification
    - More specific and effective than ultrasound in releasing chronic contracted muscles
    - Mandate reporting of any patient injuries to track whether training is sufficient

- Recognition of "open access" to a physical therapist's treatment must be maintained
- o Insurance will usually cover dry needling but not acupuncture
- Physical Therapists help people move better- dry needling provides relief of musculoskeletal/ nervous system deficits
- Not the same as acupuncture
  - Inactivate muscular trigger points; useful in pain control, muscle length/stretching, and neuromuscular re-education
    - Can be done without pain medication
    - Targeting only skeletal muscles
    - Helpful with fibromyalgia, myofascial pain,
      - Trigger points and myofascial dysfunction are muscle disorders. The experts in muscle anatomy, physiology, function, and pathology are physical therapists
  - Focus on hyperirritable loci in muscle tissue
    - Dry needling is an extension of manual stimulation of trigger points
    - Differs from acupuncture in clinical reasoning, technique and goal of treatment
    - Only similarity is needle being used
  - Trigger point dry needling focuses on targeting specific muscles that can lead to pain and looks to minimize the presents of active trigger points which have been associated with various types of pain. Acupuncture focuses on meridians and energy flow to restore balance within the body's system.
- Education requirement for certificate (50ish hours)
  - PTs know anatomy, physiology, neuromuscular re-education, soft tissue dysfunction
  - FSMB study shows 86% of KSA required for dry needling is obtained when graduating from accredited program
- Don't let doctors dictate PT practices
  - o Physician referral only adds to bureaucratic issues/red tape

# There were 1176 comments opposed to the proposed regulations. Comments in opposition included:

- Educational requirements not strict enough
  - Not as strict educational requirements (20-30 hours vs MD education and 300 hours in acupuncture)
    - Outside scope of practice for physical therapist
      - Could damage internal organs (lungs, liver) along with nerves that PTs don't have training in
      - Invasive procedure

- Need certification of clean needle techniques
- Mixture of Eastern and Western Medicine (PTs have no eastern training)
  - Regulations have no minimum for training
- Follow California's example
- 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
- Give acupuncturist PT designation if dry needling is to fall under that scope of practice
- Comparison to acupuncture
  - Existence of trigger points as primary sources of pain has never been confirmed
    - Does not work beyond contextual effects (neurophysical phenomenon)
    - No animal model to study trigger points, can't confirm existence as local pathophysiology
  - Simplified acupuncture- same techniques, tools, indications, same points (just different names)
    - Trigger points are acupoints or ASHI points
  - WHO, AMA and AAPMR has clear definition that dry needling is acupuncture (non physicians should have 1500 hours training)
    - Constitutes acupuncture under VA and FDA law currently
    - medicalacupuncture.org/Portals/2/PDFs/AAMADryNeedlingPolicyOct15. pdf
    - <u>https://www.aapmr.org/practice/resources/positionpapers/AAPMR%20Do</u> cuments/AAPMR-Position-on-Dry-Needling.pdf
- Public safety risk having PT's do it (public confusion, lower quality of treatment)
  - Minimizes therapeutic value of acupuncture
- PTs trying to capture market share
- American Society of Acupuncturist position
  - Dry needling pseudonym for acupuncture that has been adopted by health providers who lack legal ability to practice acupuncture within scope of practice
  - American Academy of Medical Acupuncture set industry standard of 300 hours of postdoctoral training with examination at end by independent testing board

# Comments Received from Members of the Regulatory Advisory Panel (RAP) on the Proposed Dry Needling Regulations

#### Tillman Wolf, Corie (DHP)

From:	Josh Bailey <josh.bailey@racva.com></josh.bailey@racva.com>
Sent:	Wednesday, July 12, 2017 8:50 AM
То:	Tillman Wolf, Corie (DHP)
Subject:	Courses for Dry Needling readily available
Attachments:	Courses for Dry Needling readily available.docx

Thank you for asking me to be a part of the Dry Needling RAP. I have attached reputable courses that are readily consumed in the PT marketplace as well as my recommendations for the number of hours to be utilized in the regulation. I feel that this limits the ambiguity of the requirements needed for a practitioner to provide this modality. To my knowledge, all of the courses listed in the attached have or would meet the criteria to be approved for CEUs by the VPTA. Although the list is not all inclusive, all are reputable and all have a common requirement of 54 hours of foundational training.

Thank you for your consideration.

All the best, Josh

Joshua A. Bailey PT, DPT

President and CEO, Rehab Associates of Central Virginia President, Virginia Physical Therapy Association Principal and Co-Founder, PT Management Group of Virginia Board Certified Orthopedic Clinical Specialist Board Certified Strength and Conditioning Specialist Board Certified Pedorthist

20347-B Timberlake Road Lynchburg, VA 24502 Ph. 434.845.9053 x 1017 Ph. 1-855-RACV4PT Fax 434.528.2788 <u>www.racva.com</u> We ARE Physical Therapy....Our goal is your success.





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Courses for Dry Needling readily available:

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KinetaCore-offer 5 courses-Level 1 and Level 2 courses in 2 and 3 day formats that range from 19-27 hours of CEU's each of onsite education. There is additional online training that is required. This makes each course have a total CEU value of 25-33 credits.

Integrative Dry Needling- Foundation course is 27 credit hours, Advanced Course is 27 hours as well.

Myopain Seminars-2 foundational courses each with 27 hours.

Spinal Manipulation institute-2 foundational courses with 27 hours each.

My recommendation is to require 54 hours of in person training in order to be allowed to perform trigger point dry needling in Viriginia.

#### Tillman Wolf, Corie (DHP)

From: Sent: To: Subject: Lisa Shoaf <Ishoaf@marybaldwin.edu> Thursday, July 20, 2017 1:18 PM Tillman Wolf, Corie (DHP) Re: Dry Needling Regulatory Advisory Panel - Follow up

Corie,

I had the opportunity to talk with an expert in dry needling and do some additional investigation. There appear to be about 13 companies now offering some type of dry needling education in the US. The range of hours varies, but so does the quality of the education. The premier group appears to be Myopain Seminars. The person I spoke to is certified with Myopain. She reports that the minimum class/hands on is 2, 3-day weekend courses that comprise about 58 hours. The actual certification takes an additional course beyond that. She feels that if we are going to include hours we should stick with the 54 that were in the guidance document as this number came from FSBPT in their report and is consistent with the hours someone would do over the 2 weekends for Myopain. So, that is my feedback on the issue for the board. I hope it is helpful. Thanks.

Lisa Shoaf

On Tue, Jul 11, 2017 at 9:34 AM, Tillman Wolf, Corie (DHP) < Corie. Wolf@dhp.virginia.gov> wrote:

Dear Panel members,

Thank you all for your participation in the Regulatory Advisory Panel (RAP) meeting on June 29<sup>th</sup>. Attached please find the draft minutes for the meeting, which will be posted to our website and Townhall.

Also attached is the document from Maryland mentioned at the meeting by Janet Borges, L.Ac., regarding the Maryland Board's analysis of dry needling training.

Please note that the agreed upon deadline for submission of additional information about training programs, content, and/or hours for the Board's consideration is Friday, July 21, 2017. (The additional information can be forwarded to me at this e-mail address.)

The next scheduled meeting of the full Board of Physical Therapy is Tuesday, August 22, 2017, at 9:30 a.m. at the DHP 2<sup>nd</sup> Floor Conference Center, Board Room # 4 (same location as the RAP meeting).

If you have any questions or concerns, do not hesitate to contact me.

#### Sincerely, Corie

1 A LA #

#### Corie E. Tillman Wolf, J.D.

**Executive Director** 

Boards of Funeral Directors and Embalmers,

Physical Therapy, and Long-Term Care Administrators

(804) 367-4424

corie.wolf@dhp.virginia.gov

# Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice and providing information to health care practitioners and the public.

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Any and all statements provided humin shall and be construed as an official policy, position, epinion, or statement of the Verginia Board of Physical Therapy, Long Term Care Administrators, or Traveral Directors and Feddedorers. Board statif cannot and do not provide legal addeed, Beard stati porvides assistance to the public by providing returner to Board status, and regulations; however, any such assistance provided by Beard stati porvides assistance to the public by providing returner to Beard status, and regulations; however, any such assistance provided by Beard stati shall not be construed as legal advice for any particular distances, new shall any such assistance communicate and applicable laws and regulations governing any particular situations or incorpotion. Please consult as altorney regarding any legal questions returned to state and federal laws and regulations, including the interpretation and application of the laws and regulations of VBOPT, VBOLECA, or VBOCDS.

UNDER NO CIRCUMSTANCES FRALL VROUT, VROETCA, 67 BOTTELITES MEMBERS, OUT CERS, AGENTS, OR TMPCOTES BETTADLE FOR ANY ACTIONS TAKEN OR OMESSIONS MADE IN RELIANCE ON ANY INFORMATION CONTAINED IN THIS INFALL. Dear RAP members and members of the Board of Physical Therapy,

Please find hereby my opinion following the discussion and the request made during the Virginia Board of Physical Therapy's Regulatory Advisory Panel meeting on the Proposed Dry Needling Regulations, held on Thursday, June 29, 2017, regarding training. The question developed if there is a need to attach a number of required hours, or to adopt a measure for competency level, or both, to the proposed dry needling regulations for physical therapists in the Commonwealth of Virginia.

As specifically requested by Dr. Alan Jones, I reviewed several current dry needling training and certification programs "which can be identified as training programs that are considered to be good training programs." "This to determine whether there are any best practices, so that the Board can review the information and hours issue."

Although we can argue what "good" trainings programs are, I looked at several different programs and course providers. The first five on the list are the oldest, the largest and the most well-known dry needling course programs in the USA, the last one is a smaller program:

- Myopain Seminars
- Dr. Ma's Integrative Dry Needling
- Kinetacore/EIM
- Spinal Manipulation Institute (Dunning)
- ODNS (hosted by IAOM-US)
- The Dry Needling Institute (Fishkin).

When examining these different courses, I observed a vast difference. The course programs vary in the length of the complete course curriculum: anywhere from two days (Fishkin) to eight days (Myopain Seminars). They vary in the amount of course hours: anywhere from 12 (Fishkin) to at least 90 (Myopain Seminars). They also vary in content: the type and amount of material that is covered. In addition, some have a Certification program, some have not. The Certification process itself varies as well: some course providers do not offer a certification at all but rather have several different workshops (ODNS/IAOM-US), while another provider teaches a 12 hour, two day dry needling certification after two courses (some with, and others without the need for passing a written and/or practical exam) (Dr. Ma's Integrative Dry Needling, Kinetacore/EIM, Spinal Manipulation Institute). The most comprehensive course provider will certify the therapist in dry needling only after taking two, three day courses and one, two day course, followed by the need of passing rigorous written and practical exams on the third day of the third course (Myopain Seminars).

One course provider writes on its website: "These courses are built upon the training you have already received in your education as a healthcare professional."

In other words, there is currently no standard length of the courses, there is no standard in content, there is no standard in certification, and there is no standard in examination – if it is done at all -, among any of the reviewed course providers in the USA.

The specific skills which are needed to perform dry needling by physical therapists are very well defined in the HumRo report of 2015 which was conducted per request of the FSBPT. This report is also part of the FSBPT Resource Paper Regarding Dry Needling 6<sup>th</sup> edition, 2016.

If we are specific about the skill set that PT's should have to perform dry needling, it does not relate to hours of instruction. Also, learning a skill does not guarantee competence. However, it is a more specific requirement than arbitrary hours. So first someone must learn a skill (during a course), and then they must continue to work on the skill to become competent. This model emphasizes that it is not about time spent, but, be conscious of skills and knowing your limits.

Therefore, if the Board decides to add language in the regulation regarding training, it doesn't make sense to put an arbitrary amount of hours in there. In addition, the 54 hours which are in the current guidelines, were based on taking two courses of the only dry needling program in the USA that was known to the Board at that time (2006), and "it sounded like a good number". Consequently, I strongly recommend that instead of putting a number of hours down, the regulation needs to list, or refer to, the skill set and knowledge which are needed to perform dry needling safely, accurately, that it needs to be based on evidence informed practice, on knowledge of pain sciences, and on solid clinical reasoning.

The Board of Examiners in Physical Therapy in Maine wrote in February 2016 "that physical therapists could perform dry needling noting however that specific training requirements would not be developed. The PT is "individually responsible for obtaining and maintaining the necessary knowledge, skill, and competency to safely practice any area of their physical therapy practice"." (Page 9 of the FSBPT Resource Paper).

Correspondingly, it is my opinion that the burden of proof of sufficient training in order to practice dry needling should be with the therapist and should not be directed by the Board. This is, and always has been the case: there is no other regulation which stipulates the need for a set amount of CEU's before a physical therapist can treat his/hers patient with a newly acquired skill. This not only includes learning other invasive procedures, for example performing EMG's and sharp debridement, but also for instance when HVLA manipulation techniques are taught. As professionals, physical therapists ought not to use a technique if they have not learned the skills required to perform such a technique or procedure.

Respectfully submitted,

Erik Wijtmans, PT, MTC, CGIMS, CMTPT

#### Tillman Wolf, Corie (DHP)

From: Sent: To: Subject: Janet Borges <janetlb88@icloud.com> Friday, July 21, 2017 4:15 PM Tillman Wolf, Corie (DHP) Follow up comments to RAP - PT Board

Hello Corie,

Believe this is the deadline to supply your PT Board / RAP members with any additional information prior to your upcoming meeting next month.

I will attend this meeting, and would like to reiterate a few points:

There is no training or certification standard for assurance of public safety in the current draft of dry needling regulations. This conflicts directly with the mandate of the DHP, which is to: "...ensure safe and competent patient care by...enforcing standards of practice..."

The Virginia Board of Physical Therapy is essentially condoning training from non-standardized, for-profit
programs for a complicated adjunct treatment modality, involving deeply inserted filiform needles into
patients. The current draft offers no training or certification standard to give guidance as to whether a
practitioner is capable to perform this treatment on patients who have no idea whether their practitioner is
competent.

- Effectively the Virginia Physical Therapy Board is condoning regulation policy that is driven by profit (the companies offering such training) rather than safety. The current draft of proposed regulations primarily protects the Board rather than the public, or even the practitioners.

- There have been many cases nationally of patient injury, included 3 documented in Virginia within the last 3 years. There will be more.

The public should be able to determine what kind of training, certification, and standard of care that they can expect from any practitioner that is inserting an acupuncture / filiform needle. Regulations, which are expressly written to carry out the intent of the law, should clarify these standards.

Finally, I am extremely disappointed at the seemingly impatient impetus to act quickly in this matter, rather than taking the time to schedule another RAP meeting in order to fully work through these issues. There is nothing preventing PTs from continuing to use dry needling via the current guidance document still in place. Patient safety should be the primary goal, and it does not seem (to me) that this has been carried out.

Thank you again for your time, I am happy to help in any way that you need. You have my permission to share these comments.

Kind regards, Janet Janet L. Borges, L.Ac.

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# **Recommendation for Examination by a Physician**

| I,                      | , recommend to you                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | (licensed acupuncturist)                                                                                                                                                                                                                                                                                                                             |
| _                       |                                                                                                                                                                                                                                                                                                                                                      |
| p                       | nysician regarding the condition for which you are seeking acupuncture treatment.                                                                                                                                                                                                                                                                    |
| I                       | inderstand this recommendation.                                                                                                                                                                                                                                                                                                                      |
| $\overline{\mathbf{P}}$ | tient Date                                                                                                                                                                                                                                                                                                                                           |
| re<br>08                | arginia law requires that I give this form to you if I do not have written evidence that you have ceived a diagnostic exam in the last six months from a licensed practitioner of medicine, teopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. <i>Sode of Virginia</i> §54.1-2956.9, 18 VAC 85-110-10). |
| Ā                       | Date                                                                                                                                                                                                                                                                                                                                                 |
| •                       | n a separate sheet)<br>structions to Licensed Acupuncturist:                                                                                                                                                                                                                                                                                         |
| •                       | The patient must sign and date the form.<br>Make a copy of this form and retain the original in the patient's chart. Give a copy of the signed form to the patient.<br>If the patient does not understand English, make sure the form is translated to the patient or                                                                                |

• If the patient does not understand English, make sure the form is translated to the patient or provide the form in the patient's language.

Dry Needling Training Courses – Additional Information and Research

## Dry Needling Courses

#### (NOTE: This is not a complete listing)

| Education<br>Sponsor                                          | estite activitient                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          | Training<br>Days/Hours                                                                                                              | Needs for<br>Class/Prerequisites                                                                                                                                                                                                 | Miscellaneous                                                                                                                    |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Therapy<br>Concepts, Inc.                                     | Trigger Point Dry<br>Needling Level 1<br>(Attachment A)                                                                                                  | Introduction to theory and physiology of<br>myofascial trigger points; history of dry<br>needling; anatomy review, including trigger<br>points and referral patterns. "The muscle<br>groups included in the dry needling training<br>course are the cervical and lumbar spine, hip,<br>lower extremity, shoulder, and forearm."                                                                                                          | 3 day course<br>(does not break<br>down hours)                                                                                      | Current CV with<br>continuing education<br>courses listed, copy<br>of their license, and<br>have a minimum of <b>2</b><br>years experience                                                                                       |                                                                                                                                  |
| Therapy<br>Concepts, Inc.                                     | Trigger Point Dry<br>Needling Level 2<br>(Attachment A)                                                                                                  | Combination of lecture, testing, demonstration<br>and large amount of hands-on lab sessions;<br>"participants will use skills they learned and<br>practiced in the first course to treat musculature<br>that was deemed more difficult due to various<br>safety concerns;" participants given an<br>assessment tool to enhance evaluation of<br>myofascial pain patients and clinical decision<br>making process for use of dry needling | 3 day course (23<br>contact hours)                                                                                                  | Need level 1<br>completion;<br>completed<br>treatment logs<br>consisting of 250 or<br>more treatment<br>sessions over 5-6<br>month period; review<br>of specified<br>publications from C.<br>Chan Gunn and<br>Travell and Simons |                                                                                                                                  |
| Dr. Ma's<br>Integrative<br>Dry Needling<br>Institute<br>(IDN) | IDN Foundation Dry<br>Needling Course –<br>Neurologic Dry<br>Needling for Pain<br>Management and<br>Sports<br>Rehabilitation<br>Course<br>(Attachment B) | Combines interactive lectures and hands-on labs<br>for practitioners to obtain knowledge and<br>clinical skills necessary to diagnose and treat soft<br>tissue pain and dysfunction using the IDN<br>concept.                                                                                                                                                                                                                            | 27 hour (32<br>hour?) applied<br>learning course<br>with lectures and<br>hands-on labs<br>For hour break<br>down - see<br>printouts | Physical Therapists,<br>Chiropractors,<br>Physicians, ND, NP,<br>RN, permitted to<br>practice dry needling<br>in their state                                                                                                     | Foundation<br>course approved<br>for 32 hours<br>through<br>Federation of<br>State Boards of<br>Physical<br>Therapy<br>(ProCert) |
| Dr. Ma's<br>Integrative<br>Dry Needling<br>Institute<br>(IDN) | Dr. Ma's Advanced<br>Neurologic Dry<br>Needling for Pain<br>Management and<br>Performance<br>Enhancement<br>(Attachment I)                               | "Ma's dry needling courses are based on<br>neuromuscular approach and geared to treat a<br>broad range of soft tissue dysfunction in general<br>medical practice. Both courses can be taken by<br>practitioners who are allowed by their state to<br>practice dry needling."                                                                                                                                                             | <b>3 day, 27 hour</b><br>course                                                                                                     | Attendance and<br>completion of<br>Foundation Seminar                                                                                                                                                                            | Advanced<br>course approved<br>for 27 hours by<br>the Federation<br>of State Boards<br>of Physical<br>Therapy<br>(ProCert)       |
| Medbridge<br>Education                                        | Functional Dry<br>Needling Part A:<br>Intro, History,<br>Legislative Issues,<br>and Basic<br>Techniques<br>(Attachment C)                                | Clinicians will be exposed to theoretical<br>concepts, research and safety. Technique<br>instruction included                                                                                                                                                                                                                                                                                                                            | Course is<br>approved for <b>2.5</b><br>hrs                                                                                         | Must complete<br>learning assessments<br>to be awarded credit,<br>no minimum score<br>required unless<br>specified in course<br>description                                                                                      | Approved by<br>Texas PTA                                                                                                         |

| Education<br>Sponsor   | Course Name                                                               | Course Description                                                                                                                                                                                                                                                                                                                                                                                      | Training<br>Days/Hours                                                                                                                           | Needs for<br>Class/Prerequisites                                                                                                                                                                                                                                                        | Miscellaneous                                                                                                        |
|------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Medbridge<br>Education | Functional Dry<br>Needling Part B:<br>Clinical Application                | Practitioners "will now gain an understanding o<br>how [dry needling] is becoming integral in<br>addressing issues ranging from pain, limited<br>mobility, inhibition and repetitive strain, and<br>how to address impairments associated with                                                                                                                                                          | f Course is<br>approved for 3.75<br>hrs                                                                                                          | Completion of Part A<br>course                                                                                                                                                                                                                                                          |                                                                                                                      |
|                        | (Attachment C)                                                            | dysfunctional movement."                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |                                                                                                                      |
| KinetaCore             | Functional Dry<br>Needling (FDN)<br>Level 1<br>(Attachment D)             | Foundational course teaches insertion of fine<br>filament needles into neuromuscular<br>junctions/motor points for muscle stimulation<br>and pain relief; Course involves lab time to test<br>and practice technique; All practitioners must<br>pass a theoretical and practical examination                                                                                                            | 2 day course – 10<br>online CEU's and<br>19 onsite hours =<br>29 hours<br>3 day course – 10<br>online CEU's and<br>27 onsite hours =<br>37 hours | Current licensure as<br>PT, MD, DO, DC, PA,<br>or NP (LAc by<br>request/referral);<br>Minimum of 6<br>months of clinical<br>practice (or meet<br>state requirement for<br>clinical practice prior<br>to DN)                                                                             | Kinetacore<br>partnered with<br>Evidence in<br>Motion in June<br>2016 for<br>Kinetacore's Dro<br>Needling<br>Courses |
| KinetaCore             | Functional Dry<br>Needling (FDN)<br>Level 2<br>(Attachment D)             | Advanced level dry needling course "includes<br>theoretical and laboratory sessions, which<br>incorporate instruction in safety, needling<br>technique, treatment rationales for various<br>diagnoses, and education in contraindications,<br>precautions, and possible complications."                                                                                                                 | 2 day course – 6<br>online CEU's and<br>19 onsite hours =<br>25 hours<br>3 day course – 6<br>online CEU's and<br>27 onsite hours =<br>33 hours   | Successful<br>Completion of Level<br>1; Current licensure<br>as PT, MD, DO, DC,<br>PA, or NP (LAc by<br>request/referral);<br>Submission of patient<br>log of 200 dry<br>needling sessions, or<br>complete Functional<br>Therapeutics and<br>submit log of 100 dry<br>needling sessions |                                                                                                                      |
| (inetaCore             | Advanced<br>Functional Dry<br>Needling (FDN)<br>Level 3<br>(Attachment D) | "[A]dvanced clinical applications course focuses<br>on the complex patient and advanced strategies<br>when other treatments have not<br>workedCourse is culmination of all<br>foundational and clinical applications content<br>learned with KinetaCore."                                                                                                                                               | recommended<br>readings; 18 total                                                                                                                | Successful<br>completion of FDN<br>Levels 1 and 2; 2<br>years dry needling<br>experience; Current<br>licensure as PT, MD,<br>DO, DC, PA, or NP                                                                                                                                          |                                                                                                                      |
| inetaCore              | (Attachment D)                                                            | "Intermediate to advanced level Clinical<br>Applications course is perfect for FDN1 and<br>FDN2 graduates. The course allows practitioners<br>to expand upon their practice of Level 1<br>techniques, learn new Level 2 muscles, and<br>incorporate dynamic positioning techniques and<br>more e-stimClinicians will learn how to<br>incorporate dry needling within the scope of<br>other modalities." | course – <b>19 hours</b><br><b>3 day onsite</b><br>course - <b>27 hours</b>                                                                      | Successful<br>completion of FDN<br>Level 1; Current<br>licensure as PT, MD,<br>DO, DC, PA, or NP<br>(LAc by<br>request/referral)                                                                                                                                                        |                                                                                                                      |
| netacore               | Pelvic Floor                                                              |                                                                                                                                                                                                                                                                                                                                                                                                         | hours onsite c                                                                                                                                   | Successful<br>completion of FDN<br>evel 1 course;<br>ompletion of                                                                                                                                                                                                                       |                                                                                                                      |

| Education<br>Sponsor                             | Course Name                                                                                        | Course Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Training<br>Days/Hours                                                                                                                                                     | Needs for<br>Class/Prerequisites                                                                                                                                                                                                                                                                           | Miscellaneous                                          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                  | (Attachment D)                                                                                     | course, with online post-test required to obtain certificate of completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            | introductory course<br>on pelvic floor<br>dysfunction; Current<br>licensure as PT, MD,<br>DO, DC, PA, or NP<br>(LAc by<br>request/referral);<br>Submission of patient<br>log with 200 dry<br>needling sessions or<br>complete Functional<br>Therapeutics and<br>submit log of 100 dry<br>needling sessions |                                                        |
| Dry Needling<br>Institute – Dr.<br>David Fishkin | Dry Needling<br>Institute 12 Hour<br>Certified Training<br>Course<br>(Attachment E)                | "Purpose is to prepare healthcare professionals<br>to utilize dry needling as a diagnostic and<br>treatment modality"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2 day-12 hours                                                                                                                                                             | Open to all health<br>care providers whose<br>scope of practice<br>includes dry<br>needling; consent,<br>insurance, waiver<br>forms                                                                                                                                                                        |                                                        |
| Double E PT<br>Education                         | Dry Needling a<br>Tool For PT Practice<br>Course 1<br>(Attachment F)                               | Purpose is to learn about trigger points and<br>different interventions used to treat them, with<br>focus on dry needling; DN is presented as one<br>intervention to use as treatment; participants<br>will learn palpation skills to identify trigger<br>points and learn how to employ DN and their<br>hands to include soft tissue manual therapy;<br>Participants will take didactic test and hands-on<br>test                                                                                                                                                                                                                                                       | <b>3-day, 28 hour</b><br>course - lectures<br>and hands-on/lab                                                                                                             | Licensed PT who are allowed to use DN                                                                                                                                                                                                                                                                      | North Carolina<br>Board of PT<br>Examiners - 28<br>hrs |
| Double E PT<br>Education                         | Dry Needling a<br>Tool For PT Practice<br>Part 2<br>(Attachment F)                                 | Purpose is to refine and expand the clinician's<br>skills in the utilization of DN in clinical practice;<br>discussion of clinical cases/reports; student<br>cases presented; advanced with palpation skills<br>to identify effectively and safely trigger points<br>and learn specific safety techniques over thorax;<br>learn how to integrate DN into full PT evaluation<br>and treatment plan                                                                                                                                                                                                                                                                        | 3-day, 28 hour<br>course - lectures<br>and hands-on/lab                                                                                                                    | Licensed PT who<br>allowed to use DN                                                                                                                                                                                                                                                                       | North Carolina<br>Board of PT<br>Examiners - 28<br>hrs |
| Myopain<br>Seminars                              | Myopain Dry<br>Needling Seminars –<br>DN Program<br>Foundations DN-1<br>and DN-2<br>(Attachment G) | DN Program Foundations DN1&2 - Teach<br>techniques of trigger point identification and the<br>concepts of DN with an emphasis on the most<br>common muscles seen in clinical practice<br>DN1- Historical review of myofascial pain, pain<br>models and the neuro-matric, intro to relevant<br>pain sciences, inter/intra rater reliability, motor<br>endplate dysfunction, elastography, and the<br>characteristics of trigger points<br>DN2- Review of scientific basis of myofascial<br>pain, etc. Introduction to various clinical aspects<br>of myofascial pain. Attention towards peripheral<br>and central sensitization and consequences for<br>clinical practice | DN 1 & 2<br>= each are 3-day<br>hands-on<br>workshops; Each<br>course includes a<br>theoretical exam<br>and practical<br>competency test<br>HR break down<br>see printouts | Licensed health care<br>practitioners who are<br>allowed to use DN<br>within their practice                                                                                                                                                                                                                |                                                        |

| Education<br>Sponsor                | Course Name                                                                                                                                                                                         | Course Description                                                                                                                                                                                                                                                                                                                                                                                                             | Training<br>Days/Hours                                                                                                                                                                                                                                                                                                    | Needs for<br>Class/Prerequisites                                                             | Miscellaneous              |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|
| Myopain<br>Seminars                 | Myopain Dry<br>Needling Seminars –<br>Advanced Course<br>DN-3<br>(Attachment G)                                                                                                                     | Advanced Course - DN3- Bring clinician to<br>highest level of clinical proficiency in<br>management of patients with myofascial pain<br>plus other DN treatments for other topics. Learn<br>to examine and treat all accessible muscles in<br>body.                                                                                                                                                                            | DN3= 2 day<br>course, then<br>exam (Must pass<br>theoretical<br>examination of 80<br>multiple choice<br>questions with a<br>minimum score<br>of 70% then<br>practical<br>examination-<br>demonstrating<br>DN with two<br>randomly<br>selected<br>muscles);<br>certification as<br>CMTPT<br>HR break down<br>see printouts | Foundation courses<br>DN 1 and DN 2 are<br>prerequisites for DN<br>3                         |                            |
| Spinal<br>Manipulation<br>Institute | DN1- Dry Needling<br>for Craniofacial,<br>Cervicalthoracic &<br>Upper Extremity<br>Conditions: an<br>Evidence-Based<br>approach (Pt 1 of<br>the Certification in<br>Dry Needling)<br>(Attachment H) | "Participants will learn superficial and deep dry<br>needling techniques for the treatment of<br>craniofacial, cervicothoracic and upper<br>extremity muskuloskeletal conditionsDry<br>needling will be taught within the framework of<br>western musculoskeletal diagnoses, not within<br>the theoretical framework of traditional Chinese<br>medicine."                                                                      | <b>3-day, 27 hour</b><br>course<br>Must complete<br>DN1&DN2 for<br>certificate in DN<br>(Cert. DN)                                                                                                                                                                                                                        | No prerequisites;<br>Registrants must be<br>licensed in their<br>respective<br>state/country |                            |
| Spinal<br>Manipulation<br>Institute | DN2- Dry Needling<br>for Lumbopelvic &<br>Lower Extremity<br>Conditions: an<br>Evidence-Based<br>approach (Pt 2 of<br>the Certification in<br>Dry Needling<br>(Attachment H)                        | "Participants will learn superficial and deep dry<br>needling techniques for the treatment of<br>lumbopelvic and lower extremity<br>musculoskeletal conditionsFor the<br>management of lumbopelvic and lower<br>extremity pain syndromes, dry needling will be<br>taught as one part of the treatment package,<br>but not the only part [with spinal manipulation<br>as well]".                                                | <b>3-day 27 hour</b><br>course<br>Must complete<br>DN1&DN2 for<br>certificate in DN                                                                                                                                                                                                                                       | No prerequisites<br>Registrants must be<br>licensed in their<br>respective<br>state/country  |                            |
| SF Dry<br>Needling                  | Structure &<br>Function Dry<br>Needling<br>(Attachment I)                                                                                                                                           | "Clinician will learn a diagnosis-focused<br>approach to dry needling,[and] fundamental<br>skills necessary for safe and proper needle<br>insertion and removal, as well as effective<br>strategies to manage commonly encountered<br>pathologies in orthopedic and sport<br>rehabilitationThe use of cupping and<br>intramuscular electrical stimulation will also be<br>discussed, demonstrated, and practiced in<br>class." | 25 hour lab-<br>based course                                                                                                                                                                                                                                                                                              |                                                                                              | FSBPT ProCert<br>certified |

| Education<br>Sponsor                | Course Name                                        | Course Description                                                                                                                                                                 | Training<br>Days/Hours | Needs for<br>Class/Prerequisites                                                                                                                                                                            | Miscellaneous              |
|-------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Total Motion<br>Release<br>Seminars | Master Dry<br>Needling – Level 1<br>(Attachment I) | Introductory course for use of DN in clinical<br>practice; open to PTs and PTAs in the upper<br>levels of their coursework                                                         | 27 hours               | State practice act<br>that includes dry<br>needling within scope<br>of practice; active<br>malpractice<br>insurance                                                                                         | FSBPT ProCert<br>certified |
| Total Motion<br>Release<br>Seminars | Master Dry<br>Needling – Level 2<br>(Attachment I) | Three-day introductory course to enhance and<br>expand upon foundational principles from 27<br>hour Level 1 course; heavy emphasis on<br>practical, hands-on training and practice | 3-day, 27 hours        | State practice act<br>that includes dry<br>needling within scope<br>of practice; active<br>malpractice<br>insurance; signed<br>liability waiver;<br>Master Dry Needling<br>Level 1 seminar or<br>equivalent | FSBPT ProCert<br>certified |

\*\*GEMT website could not be found--- only one found was in AU--- website in Appendix C of FSBPT Resource paper indicated "page was not found"\*\*

# F5BPT Resource Paper Dec. 2016 Appendix C

| Course Titl-                                 | Education Course     |                                                                                                         |
|----------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------|
| Course Title                                 | Education Sponsor    | Website                                                                                                 |
| Trigger Point Dry<br>Needling                | Therapy Concepts     | http://www.therapyconceptsinc.com/events.php#2                                                          |
| Level 1                                      |                      |                                                                                                         |
| Trigger Point Dry                            | Therapy Concepts     | http://www.therapyconceptsinc.com/events.php#2                                                          |
| Needling                                     |                      |                                                                                                         |
| Level 2                                      |                      |                                                                                                         |
| Systemic Integrative Dry                     |                      | http://www.dryneedlingcourse.com/dry needling course.htm                                                |
| Needling Course Pain<br>Management, Sports   |                      |                                                                                                         |
| and Trauma                                   |                      |                                                                                                         |
| Rehabilitation                               |                      |                                                                                                         |
| Trigger Point Dry                            | GEMt – Global        | http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-                                             |
| Needling Level I                             | Education for Manual | Needling-Level-I-Training/page17.html                                                                   |
| Training                                     | therapists           |                                                                                                         |
| Dry Needling Level 2                         | Global Education for | http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-                                             |
| Training                                     | Manual therapists    | Needling-Level-I-Training/page17.html                                                                   |
| Dry Needling                                 | Myopain Seminars     | www.myopainseminars.com                                                                                 |
| DN-1: Dry Needling for                       | Spinal Manipulation  | http://www.dryneedlingseminars.com/?utm_source=National+                                                |
| Craniofacial,<br>Cervicothoracic &           | Institute            | PT+List&utm campaign=42a600cd6b-                                                                        |
| Upper Extremity                              |                      | Spinal Manipulation Institute 2010&utm medium=email&utm<br>term=0_b80b4ebfeb-42a600cd6b-85739005        |
| Conditions: an                               |                      | <u></u>                                                                                                 |
| Evidence-Based                               |                      |                                                                                                         |
| Approach (Part 1 of the                      |                      |                                                                                                         |
| Certification in Dry<br>Needling)            |                      |                                                                                                         |
| needing)                                     |                      |                                                                                                         |
|                                              |                      |                                                                                                         |
|                                              | Spinal Manipulation  | http://www.dryneedlingseminars.com/?utm_source=National+                                                |
| DN-2: Dry Needling for                       | Institute            | <u>PT+List&amp;utm_campaign=42a600cd6b-</u><br>Spinal_Manipulation_Institute_2010&utm_medium=email&utm_ |
| Lumbopelvic & Lower                          |                      | term=0_b80b4ebfeb-42a600cd6b-85739005                                                                   |
| Extremity Conditions:                        |                      |                                                                                                         |
| an Evidence-Based<br>Approach (Part 2 of the |                      |                                                                                                         |
| Certification in Dry                         |                      |                                                                                                         |
| Needling)                                    |                      |                                                                                                         |
|                                              |                      |                                                                                                         |

# Appendix C: Examples of Courses in Dry Needling (not a complete list)

| DN Course 1                                                                                                | Doublee PT Education                        | http://www.doubleepteducation.com                                                        |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|
| DN Course 2                                                                                                | Doublee PT Education                        | http://www.doubleepteducation.com                                                        |
| Functional Dry Needling<br>Part A: Introduction,<br>History, Legislative<br>Issues, and Basic<br>Technique | Medbridge                                   | https://www.medbridgeeducation.com/courses/details/functio<br>nal-dry-needling-part-a    |
| Integrated Trigger Point<br>Dry Needling for the<br>Lower Quarter                                          | Evidence in Motion                          | http://www.evidenceinmotion.com/educational-<br>offerings/course_cat/continuing-courses/ |
| Integrated Trigger Point<br>Dry Needling for the<br>Upper Quarter                                          | Evidence in Motion                          | http://www.evidenceinmotion.com/educational-<br>offerings/course_cat/continuing-courses/ |
| Dr. Ma's Certification in<br>Dry Needling course for<br>Pain Management and<br>Sports Medicine             | Dr. Ma's American Dry<br>Needling Institute | http://dryneedlingcourse.com/schedule-and-registration                                   |
| Certified Training<br>Course                                                                               | Dry Needling Institute                      | http://fishkincenter.com/dryneedlinginstitute/                                           |

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Page 88

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# level 1

#### DESCRIPTION

This three day course introduces Trigger Point Dry Needling as an intervention for treating a variety of diagnoses. In the trigger point dry needling training estimated – Level I course participants are introduced to the theory and physiology of myofascial trigger points, and the history of dry needling. Anatomy of each muscle will be reviewed, including the trigger points and their corresponding releval patterns. The muscle groups included in the dry levelling training course are the correct and lumbar spine, hip, tower extremely, should forearm.

This course will be limited to 20 perficientia and attendees will mind to provide a current CV with continuing education courses listed, and a copy of their licence. In order to be considered for perficientian in this course. All perficience must have a minimum of 2 years of experience.

Trigger Point Dry Les dling Treining Seminer Offectiver:

- Participants will be sole to identify trigger points in the cervical and function option, hip, to ser extremely, should be an increarm.
- Feriorm dry needling in the above described nancel groups in a more and effective reander.
- Understand all the contraindications to dry neurifing:
- Have a thorough understanding of the phyclology of trigger points and the total and of trigger points using Dry Needling techniques.

#### Biography: Dr. Patty Princell, PT. ScD

Dr. Party Pennell-Rost is the owner of Beck to Motion Physical Therapy that whe fourthed in Deriver 15 years are used has worked in the Deriver area for her 21 year carsor. In 1992, she received her Master's degree in physical therapy from the University of Colorido and has her Decicrote of Selerice through Texas Yeah. Party has been teaching continuing education to PTs for over 15 years and dry needing for 4 years.

Polly has extensive training and experience/in manual fill around of the spice and extensions. The other force of expensions is diagnosis and treatment of renning injuries including or tractic pre-cription. She track and for 3 years with the Wearsa's Tennis A sociation tracking professional tennis players will over the contract Party was over ded Colorado Physical Therapy Association's Physical Therapist of the Year in 2005. Aside from her prevent products, Party works at clinical facably filler the tennis to the Year in 2005. Aside from her prevent products, Party works at clinical facably filler to the tent of the Year in 2005.

TAGS

Things To Do In Denver, CO Class Health

SHARE WITH FRIENDS

#### DATE AND TIME

Fri, Mar 31, 2017, 12:00 PM – Sun, Apr 2, 2017, 5:00 PM MDT Add to Calendar

#### LOCATION

Back to Motion Physical Therapy 616 Washington Street Denver, CO 80203 View Map

#### FRIENDS WHO ARE GOING

Connect to Facebook

#### ATTACHMENT A

# Itvel 2

#### DESCRIPTION

This three day Tripger Point Dry Needling Training course (23 contact hours) is a continuation of the Level Lourse and consists of a combination of lectore, teeting, demonstration and a large about of hands-on laboratory sessions. In the advanced Trigger Point Dry Needling Training course, part signants will use the ekile three have learned and practiced in the first course to the transplant teeting that was deemed more difficult due to various safety concurse. Additionally participants will be given an assessment tool to enhance evoluation of checkle ray function and help with the clinical decision making process for the use of dry needling.

#### **Course Objectives**

- Define trigner points, motor banding, and assure legital presentations of neuronau other dysfunction.
- Review Renature supporting officiery and treatment automatics of Trigger Polat Dry NewCling.
- · Instruct application of Trigger Puint Dry Needling for notes obvanced crubepoor's and expressiveular conditions,
- Review enclomy of regions to be taught in Level II courted
- Discuss with participants their own separations regardlers interaction is use integrating Trigger Point Dry Needing into their practice setting.
- Discuss safety.
- Discuss in d'initions and contraind politices for irrentment.
- Discuss expecting treatment refer site for various disgnesses.

This Trigger Point Dry Meeding Training course will benefit physical therapists, medical diletters, and declars of estaughthy who work with patients suffering from chronic musculoskeletal conditions. This course will be limited to people who have laken the Level 1 Trigger Point Dry Needling Training course and have completed their treatment log-consisting of 250 or more treatment assigns over a 5 – 0 month period. Prior to the course participants should review C. Chan Guan's book Treatment of Chronic Pain and Travell and Simons two volumes of Myofancial Pain and Dystandion: The Trigger Point Dry Needling into the course since integrating Trigger Point Dry Needling into their practice.

#### Instructor: Dr. Patty Pennell, PT, ScD.

Dr. Patty Perunal-Neet is the own in of Back to Matter Physical Thus, py the second se

Plitty has extended training and experience in manual theory of the solid on a skidulative. The other from or her produces is diagonale and training input is including original processplice. She travited for 3 years with the Women's Tennis Association tracking professional tennis players all over the world. Puty was not ded Colorado Physical Theory Association's Physical Theory Interpreted to a 2001. Aside from her private putplice, Party works to clinic if fourly for Regis University's Physical Theory Program.

#### TAGS

Things To Do In Denver, CO Class Health

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ALL COURSES FOUNDATION COURSES ADVANCED COURSES

# IDN Foundation Dry Needling Course -- Cincinnati, OH August 18 - August 20 | \$1295 SOLD OUT

Add to Wait List



The purpose of the Neurologic Dry Needling for Pain Management and Sports Rehabilitation Course is to obtain knowledge and clinical skills necessary to diagnose and treat soft tissue pain and dysfunction using the Integrative Dry Needling (IDN) concept. This 27-hour applied-learning course combines interactive lectures and practical hands-on labs. Students participate in several practical sessions, which are intended to provide feedback to students regarding their comprehension of key concepts and techniques. These practical lab sessions enable students to critically self-evaluate if additional instruction or self- study is needed for clinical competency.

#### Description

#### IDN Foundation Course - Neurologic Dry Needling for Pain Management and Sports Rehabilitation

Neurologic Dry Needling for Pain Management and Sports Rehabilitation is the culmination of the work and clinical experience of Dr. Yun-tao Ma and Dr. Frank Gargano DPT. The Integrative Dry Needling (IDN) training program will develop the knowledge and clinical skills required to effectively diagnose and treat painful neuromuscular conditions.

IDN teaches you to treat the body systemically; we do not divide the body into upper and lower halves requiring you to take 2 courses before you can treat the entire body. Our system is built on the foundation of Neurological Dry Needling that provides a logical and systematic process for addressing pain and dysfunction. As a result, course participants develop an adaptable clinical procedure allowing immediate integration of dry needling into clinical practice.

#### Objectives

#### **Course Content**

The Integrative Dry Needling Foundation Course for Pain Management and Sports Rehabilitation covers:

- Dry needling techniques- (80% of the needling technique is virtually pain-free)
- Detailed, tried and tested needling safety techniques and contraindications for dry needling therapy to avoid human error in clinical practice.
- · Modifiable dry needling system that easily adapts to physical therapy practice and to the specific needs of each patient.
- Systemic Homeostatic trigger point concept (physiological and biomechanical approach).
- Paraspinal trigger point concept (neurosegmental and dermatomal approach).

#### ATTACHMENT **B**

https://integrativedryneedling.com/event/idn-foundation-dry-needling-course-cincinnati-oh/ 7/5/2017

 Symptomatic trigger point concept (neuromyofascial pain in the head, neck, shoulder, upper limbs, thoracic, lumbar, hip and lower limbs).

#### Learning Objectives

- 1. Independently identify each of the three types of trigger points (homeostatic, paravertebral and symptomatic) in a given case study.
- 2. Integrate the physiological mechanisms of needling when developing a treatment plan for a given musculoskeletal condition.
- 3. Discuss the prevention and management of adverse responses to dry needling based on OSHA requirements with 100% accuracy during case study.
- 4. Independently apply dry needling treatment safely into musculoskeletal trigger points during lab sessions.
- 5. Independently evaluate soft tissue dysfunctions relating to a given musculoskeletal condition and pain.
- 6. Correctly defend the IDN system for treatment of musculoskeletal pain based on the unique neurology and physiology of neuro-trigger points.
- 7. Independently discuss integrating the IDN system into the participant's physical therapy practice in relation to current clinical, legislative and billing barriers.

#### **Learning Activities**

The 27 hour intensive practical classroom structured program addresses theory and key principles with extensive and supervised participant practice.

- Multiple PowerPoint presentations with video support will begin each new section.
- · Instructor demonstration of the techniques allowing ample time for questions.
- Interactive lab session will follow where the participants practice and discuss each new technique and concept.
- · After each interactive lab section is concluded there is an instructor summary and time for any additional questions.

#### Agenda

#### DAY 1

| 8:00 - 10:00  | Introduction of the systems: Physiological mechanisms of dry needling; paripheral and central mechanisms; specific and non-specific mechanisms |  |  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 10:00 - 11:00 | Needling insertion techniques using ½"- 1" needle. Needle handling and discussion on low blood pressure and safety techniques. Lab practice    |  |  |
| 11:00 – 12:00 | Neuroanatomy of neuro-trigger points and Development of Homecstatic neuro-trigger points                                                       |  |  |
| 12:00 1:00    | Lunch break                                                                                                                                    |  |  |
| 1:00 - 2:00   | Development of neuro-trigger points and physiology of different types of trigger points                                                        |  |  |
| 2:00 - 3:00   | Quantitative Analysis of peripheral to central sensitization- Lab practice                                                                     |  |  |
| 3:00 - 4:00   | Dry needling research Lecture                                                                                                                  |  |  |
| 4:00 – 6:30   | Surface anatomy of neuro-trigger points in head, cervical, trunk, upper & lower extremities,                                                   |  |  |
| DAY :         |                                                                                                                                                |  |  |

# **Dry Needling Course**

Email: Ma@DryNeedlingCourse.com

Tel: 303-516-0595

6343 Old Mahogany Ct.,

Naples, FL, 34109 USA

- <u>Home</u>
- About Dr. Ma
- <u>NEW DEVELOPMENTS!</u>
- <u>Dr. Ma's Textbooks »</u>
- Schedule and Registration
- Why Choose Us?
- Contact Us

# Dr Ma's new textbook on Neurologic Dry Needling<sup>©</sup> is now available .

To host a course Contact us at Ma@DryNeedlingCourse.com.

• Dr Ma's new textbook on Neurologic Dry Needling<sup>©</sup> is now available .You can order it from our website

# **Course Evaluation**

We don't need to say that our course is one-of-a-kind.

Our students say it for us: "This course is beyond great! For the following reasons (more) ... "

Dr Ma's Sports course will teach you the science and provide the "how to" for you to reduce Cellular Aging in the athlete. Not only does it provide valuable practical information and techniques, but the course and book gives the clinician the effective tools to use for assessing, analyzing and evaluating the autonomic nervous system". Dr. Clayton Gibson, III, DC, Personal Physician to Elite, Olympic and Professional Athletes, Atlanta, Georgia, USA

# Schedule and Registration Information

Neurologic Dry Needling a Integrative Dry Needling <sup>TM</sup>, aka Dry Needling for Physical Therapy, aka Dry Needling, neuro-muscular aproach developed by Dr Ma for Physical Therapists, Chiropractors, Physicians, ND, NP, RN

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### PRESENTLY ONLY DR. FRANK GARGANO IS TEACHING DR.MA's DRY NEEDLING COURSES

## Dr. Ma's Integrative Dry Needling (IDN) courses ARE LICENCED EXCLUSIVELY TO FRANK GARGANO, PT, DPT

FOR COURSE INFORMATION, please contact (https://www.integrativedryneedling.com).

Dr Ma's NEW TEXTBOOK on NEUROLOGIC DRY NEEDLING© is finished and available. You can order it from our website

• Ma's DRY NEEDLING courses are based on neuromuscular approach and geared to treat a broad range of soft tissue dysfunction in general medical practice. Both courses can be taken by practitioners who are allowed by their state to practice dry needling.

#### ABOUT DR MA'S DRY NEEDLING COURSES :

- All treatment procedures and needling techniques presented in our courses are developed by Dr Ma and can be learn ONLY at Dr Ma's courses
- Dr Ma's students are practicing virtually PAIN FREE dry needling immediately and comfortably on a strong professional level after completing his Certification in Dry Needling course.
- Dr Ma as a pioneer of Integrative NEURO-MUSCULAR Dry Needling System, and creates unique neuro-modulation systemic approach in dry needling for treating myofascial pain
- Our Safety Record is impeccable: ALL DR MA's STUDENTS HAVE BEEN PRACTICING DRY NEEDLING ACCIDENT-FREE. Please compare other courses safety record. Facts speak better than a thousand words of Dr Ma's professional experience and attention to safety issues.

"Ever since I have taken Dr. Ma's course for dry needling it has taken off in my practice! I can no longer support the number of patients that are asking for it and they have to wait several weeks to see me". Tony Del Angel D.C

"Decided to take Dr Ma's course based on the reputation of being the "Best Dry Needling Course" in the nation and also teaching a pain-free method of needling. This course exceed my expectations and I feel 100% confident to treat my patients." Jon Seeman, PT

"I have attended more than 50 seminars in the last 5 years.

This has beed by far the most informative course that I have ever been to" Eric Clark, DC

"In 30 years it has been a rare occasion for a procedure to revolutionize my practice in terms of outcomes and patient management. Dr. Ma's Integrative Dry Needling courses are one of those exceptional courses that truly enabled me to raise my clinical results." Donald DeFabio, DC

Copyright 2016, Dry Needling Course

Dr. MA

Day 1

8:00 – 10:00 Introduction of the systems: Physiological mechanisms of dry needling; peripheral and central mechanisms; specific and non-specific mechanisms

10:00 – 11:00 Needling insertion techniques using ½"- 1" needle. Needle handling and discussion on low blood pressure and safety techniques. Lab practice

11:00 - 12:00 Neuroanatomy of neuro-trigger points and Development of Homeostatic neuro-trigger points

12:00 - 1:00 Lunch break

1:00 – 2:00 Development of neuro-trigger points and physiology of different types of trigger points

2:00 - 3:00 Quantitative Analysis of peripheral to central sensitization- Lab practice

3:00 - 4:00 Dry needling research Lecture

4:00 - 6:30 Surface anatomy of neuro-trigger points in head, cervical, trunk, upper & lower extremities,

Day 2

8:00 – 9:30 Safety considerations including adverse reactions, contraindications to dry needling, OSHA guidelines and Blood Borne Pathogens.

9:30 - 11:00 Needling technique Lab- 3" needling of the hip, and pelvic region. Safety issues. Practice.

11:00 –12:30 Needling technique Lab-2": (2:2 Concept)- Lumbosacral plexus, Cervical and Shoulder region. Safety issues. Practice

12:30 - 1:30 Lunch

1:30-2:30 Needling technique Lab-1": Thoracic spine (1:1 Concept), extremity (1). Safety issues. Practice.

2:30 – 4:00 Needling technique Lab: Craniofacial and cranial nerve pain and dysfunction including muscles of mastication. Safety issues. Practice.

4:00 - 5:00 Needling technique Lab: Anterior trunk and abdominals. Safety issues. Practice.

5:00 - 6:30 Needling technique Lab: Lower Extremity. Safety issues. Practice.

Day 3

8:00 – 8:30 Integrative Dry Needling for Performance (Athletic) Enhancement lecture

8:30 - 10:00 Electrical Nerve Stimulation (ENS) application and safety issues. Specialty needling techniques & practice.

10:00 – 12:00 Needling technique Lab: Anterior cervical spine and suboccipital region. Safety issues. Practice.

12:00-1:00 Lunch

1:00 – 2:00 Administrative Discussion: Consent to treat, political & legislative issues effecting practice, marketing, and final details of the administrating the practice of dry needling in your clinic.

2:00 - 3:00 Systemic integration of needling. Practice

3:00 - 6:00 Written and practical examinations

First Chapter FreeBuy This Course: \$100

This course is approved for 2.5 hrs in VA Show full accreditation details

The regulating agency in your state has indicated that they will accept continuing education courses approved by organizations such a another state's APTA chapter. This course is approved by the Texas Physical Therapy Association (APS #: 1708024TX). This course is valid for Category A credit.

**Target Audience:** 

PT

Levels:

PT: Intermediate

#### **Disclosure Statement:**

Satisfactory completion requirements: AOTA approved courses: OT's and COTA's must complete learning assessments with an average score of 70% or above. All other disciplines must complete learning assessments to be awarded credit, no minimum score required unless otherwise specified in the course description.

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| Virginia            | V  |
| Physical Therapist  | ~  |

Dry needling is a newly emerging advanced treatment technique in which solid fine filament needles are inserted into the muscle to treat the soft tissue, namely the neuromuscular structures affecting proper posture, mobility, strength and function. In this course by Edo Zylstra, PT, DPT, OCS, IMSp, clinicians will be exposed to theoretical concepts, research and safety. Technique instruction will be included to demonstrate how dry needling is utilized in clinical practice. The objective of this course is to properly educate medical practitioners as to the value that Functional Dry Needling brings to the integrative and advanced practice of physical therapy. Indications, contraindications, safety, proper application and educational background will all be emphasized.

#### **Meet Your Instructor**



#### Edo Zylstra, PT, DPT, OCS

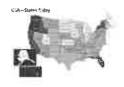
Edo Zylstra was active in developing the current standards for Dry Needling (aka Trigger Point Dry Needling) training in Colorado. He has taught over 50 Dry Needling courses internationally and is currently developing more advanced techniques for therapists experienced in this manual therapy technique. Edo Zylstra received his Master of Science degree in physical therapy from Regis University in Denver, Colorado. He received his certification for Dry Needling from The Institute for the Study and Treatment Of Pain (iSTOP) in Vancouver, British Columbia. Edo was instrumental in the process of getting Dry Needling accepted as a treatment technique within the scope of practice for physical therapists in Colorado, and continues to do the same for other states that do not currently have Dry Needling within their physical therapy scope of practice. In 2005 Edo opened his clinic, KinetaCare, previously Sport & Spine Physical Therapy Brighton, in Colorado. Prior to opening his clinic he spent over four years working in a chronic pain clinic specializing in manual therapy utilizing Intramuscular Stimulation (IMS), and Trigger Point Dry Needling. Edo then took a second series of training courses throughPain and Rehabilitation in Bethesda, Maryland, where he learned Travell & Simons' techniques for diagnosis and treatment of myofascial pain and trigger points. In 2006 Edo developed and began instructing both Introductory and Advanced Trigger Point Dry Needling courses (now Functional Dry Needling®). In 2007 he joined Robert De Nardis to instruct Dry Needling courses in Australia, and in 2008 Edo and Robert founded GEMt, Global Education of Manual Therapists. As of 2010 the North American Branch was renamed KinetaCore®, of which Edo became the sole director, while Robert De Nardis serves as the director for the Australian branch, still named GEMt. Edo has a passion for functional dry needling and hopes to continue to educate therapists across the globe in this amazing technique so that patients who once had no access can now find a provider in their city and benefit from this treatment. Edo received his board certification as an Orthopaedic Clinical Specialist in 2011 and this past December, completed his Doctor of Physical Therapy degree through Regis University. Edo hopes that through his education and his passion for educating others, by the year 2020 the field of physical therapy will have elevated to the respected level it deserves.

#### Read full bio

#### **Chapters & Learning Objectives**

ATTACHMENT C





#### 1. Introduction

1.

Outline the accepted definition of dry needling as created by the APTA task force on dry needling. Differentiate dry needling from acupuncture, as outlined by the APTA task force on dry needling. Synthesize the relationship between scope of practice and activities performed by a particular profession.



#### 2. Theories

List and identify the key characteristics of a trigger point. Describe the typical behavior of a trigger point pain referral pattern. Synthesize the most currently supported theory on why trigger points develop.



#### 3.

2.

#### 3. Literature Review

Identify the likely causes of pain in trigger points as supported by current literature. Synthesize the reasoning behind elevated electrical activity in active trigger points. Outline the state of current evidence associated with neuromyofascial pain and trigger points.



#### 4. Mechanisms & Technique

Identify the goals of dry needling. Outline contraindications to dry needling. Outline potential complications associated with dry needling. Outline proper utilization of dry needling in a functional model.



#### 5. Introduction to Clinical Application

Describe safety precautions that should be taken in the clinical application of dry needling. Outline the basic steps in the clinical application of dry needling.

#### **Recommended Courses**

https://www.medbridgeeducation.com/courses/details/functional-dry-needling-part-a



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- MedBridge Certificates
- Clinician Mobile App

#### Patient Engagement O

- Home Exercise Program
- Patient Education
- Patient Mobile App

#### Enterprise Q

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- Patient Engagement
- Patient Satisfaction (NPS\*)
- Learning Management System
- <u>Continuing Education</u>
- <u>Compliance</u>
   Patient Mobile App

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# Functional Dry Needling Part B: Clinical Application

presented by Edo Zylstra

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No subtitles

00:00 00:46 00:46

spaceplay / pause

qunload | stop

fullscreen

shift + ←→slower / faster

†↓volume

mmute

←→seek

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Physical Therapist

After an introduction to Functional Dry Needling® in the Part A course, the practitioner will now gain an understanding of how this technique is becoming integral in addressing issues ranging from pain, limited mobility, inhibition and repetitive strain, and how to address impairments associated with dysfunctional movement. The focus of this course is on treating movement impairment rather than pain. Participants will gain a solid understanding of the different techniques of dry needling and

how moving towards a functional model may be the most appropriate for the profession of physical therapy. The basis of successful treatment and resolution of symptoms is associated with movement impairments and diagnoses.

#### **Meet Your Instructor**



#### Edo Zylstra, PT, DPT, OCS

Edo Zylstra was active in developing the current standards for Dry Needling (aka Trigger Point Dry Needling) training in Colorado. He has taught over 50 Dry Needling courses internationally and is currently developing more advanced techniques for therapists experienced in this manual therapy technique. Edo Zylstra received his Master of Science degree in physical therapy from Regis University in Denver, Colorado. He received his certification for Dry Needling from The Institute for the Study and Treatment Of Pain (iSTOP) in Vancouver, British Columbia. Edo was instrumental in the process of getting Dry Needling accepted as a treatment technique within the scope of practice for physical therapists in Colorado, and continues to do the same for other states that do not currently have Dry Needling within their physical therapy scope of practice. In 2005 Edo opened his clinic, KinetaCare, previously Sport & Spine Physical Therapy Brighton, in Colorado. Prior to opening his clinic he spent over four years working in a chronic pain clinic specializing in manual therapy utilizing Intramuscular Stimulation (IMS), and Trigger Point Dry Needling. Edo then took a second series of training courses through Pain and Rehabilitation in Bethesda, Maryland, where he learned Travell & Simons' techniques for diagnosis and treatment of myofascial pain and trigger points. In 2006 Edo developed and began instructing both Introductory and Advanced Trigger Point Dry Needling courses (now Functional Dry Needling®). In 2007 he joined Robert De Nardis to instruct Dry Needling courses in Australia, and in 2008 Edo and Robert founded GEMt, Global Education of Manual Therapists. As of 2010 the North American Branch was renamed KinetaCore®, of which Edo became the sole director, while Robert De Nardis serves as the director for the Australian branch, still named GEMt. Edo has a passion for functional dry needling and hopes to continue to educate therapists across the globe in this amazing technique so that patients who once had no access can now find a provider in their city and benefit from this treatment. Edo received his board certification as an Orthopaedic Clinical Specialist in 2011 and this past December, completed his Doctor of Physical Therapy degree through Regis University. Edo hopes that through his education and his passion for educating others, by the year 2020 the field of physical therapy will have elevated to the respected level it deserves.

Read full bio

#### **Chapters & Learning Objectives**



#### 1. FDN Defined

2,

Outline the fundamental reasons behind the development of Functional Dry Needling. Identify the main goal of Functional Dry Needling. Compare and contrast the functional approach to the classic medical model. Outline the various types of dry needling that have been developed in the history of the technique.



#### 2. Functional Approach to Treatment

Define the functional approach to treatment. Synthesize the mechanisms of joint and muscle innervation, and how this may affect clinical practice. Describe the joint by joint approach and outline the need for stability or mobility in the main joints of the body. Outline the definition of pain as determined by the International Association for the Study of Pain.

**A** 12



#### 3. Integration of FDN with Functional Movement

Outline desirable outcomes for a patient following treatment with Functional Dry Needling. Justify a progression of treatment in the Functional Dry Needling approach, such as which region should be treated first. Outline the proper palpation of trigger points. Synthesize possible side-effects for patients after dry needling treatment.



#### 4. Demonstration/Application of FDN

Review the fundamental steps in the performance of dry needling techniques.



#### 5. Introduction to Case

Outline the keys to safe and proper dry needling technique application. Review details related to the patient case that will be presented in the following chapters.



#### 6. Assessment Findings

Outline the functional assessment of a patient. Identify the top 7 movements of the SFMA. Connect assessment findings to possible patient dysfunction.



#### 7. Prepping Patient, Treatment & Reassessment

Outline the steps to prep a patient for dry needling. Justify the proper patient education techniques related to dry needling. Describe dry needling technique application to the hamstrings, gastroc, tensor fascia latae, gluteus minimus, and gluteus medius. Connect the effects of dry needling treatment to improvements in function, ROM, and other physical measures as presented in the patient case study.

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#### 8. FAQ

8.

Outline common questions related to the integration of dry needling into physical therapy practice.

#### **Recommended Courses**



Pilates: History, General Principles and Precautions

presented by Sherri Betz





Evidence-Informed Assessment and Evaluation of Pain

presented by James Elliott & David Walton

Preview Course



Introduction to Pilates for Rehabilitation

presented by Sherri Betz



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#### TEAMMATES:

# FUnctional Dry Needling Level TintaCore (http://www.kinetacore.com//) NeuroRTI (http://www.neurorti.com//)

KinetaCore's Functional Dry Needling (FDN) Level 1 course gives clinicians the tools to elevate their practice to a new level of patient care. This foundational Functional Dry Needling course of study teaches the insertion of fine filament needles into neuromuscular junctions/motor points, stimulating the muscle, and bringing unbelievable pain relief and significantly improved function to athletes and patients who have been suffering for years.

FDN Level 1 teaches important dry needling technique and involves ample lab time to test, practice and perfect the art and science of Functional Dry Needling to offer this to your patients the very next day. Musculature taught in the introductory level involves areas of the hip, lower extremity, thigh, upper extremity, shoulder, lumbar spine and cervical spine. A strong emphasis on safety and precaution is reinforced, as well as clinical application, research, history of dry needling, and relevant case study.

Upon completion of this introductory level course, each practitioner will understand trigger points and the clinical presentation of neuromuscular dysfunction. They will demonstrate competency in dry needling of the muscles covered and will understand indications, contraindications, precautions and complications associated with Functional Dry Needling. To earn this certificate, all practitioners must pass both a theoretical and practical examination.



#### \$1,250 USD

Price for course located in Canada: \$1,500 USD

Have you already taken a dry needling course with EIM or another provider? Send us your certificate of completion of a dry needling course of at least 23 CEUs, and receive 40% off our US FDN Level 1 Course!

#### **Course Format**

| VIEW 2-DAY COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | August 25-27, 2917                                                                                                                                                                      | _           |
| VIEW 3-DAY COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/UI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                         | 3N1-3-DAY-4 |
| <ul> <li>2-Day Onsite Course CEUs: 10 online, 19 onsite, 29 total</li> <li>3-Day Onsite Course CEUs: 10 online, 27 onsite, 37 total</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (2-DBy)<br>(https://my.kinetacore.com/RegistrationFr<br>sType=1&sessfrmt=True&sessid=4958)<br>stiftsvillE, oN (ONTARIO)                                                                 |             |
| Both 2-day and 3-day courses include a lab-intensive atmosphere. The 3-day course nvolves even more onsite lab time, SFMA instruction and 3-4 case presentations with assessment, treatment and practical experience. The 3-day course also provides the additional onsite hours that some states require before practicing dry needling in patient treatment.                                                                                                                                                                                                                                              | September 9–10, 2017<br>Functional Dry Needling Level 1 -<br>(2-Day)<br>(https://my.kinetacore.com/RegistrationFr<br>sType=1&sessfmt=True&sessid=4621)                                  | <b>v</b> :  |
| Prerequisites:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CALGARY, AB (ALBERTA)                                                                                                                                                                   |             |
| <ul> <li>Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)</li> <li>Minimum of 6 months practicing as clinician. (Colorado PT's are required to practice for 2 years prior to taking the course. Check with your state's dry needling requirements.)</li> </ul>                                                                                                                                                                                                                                                                               | Upcoming 3-Day Courses (14)<br>August 11-13, 2017<br>Functional Dry Needling Level 1 -<br>(3-Day)                                                                                       |             |
| Course Registration Includes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (https://my.kinetacore.com/RegistrationFest<br>sType=1&sessfmt=True&sessid=4892)                                                                                                        |             |
| <ul> <li>Water and Lunch is provided each day. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunches, but we cannot offer food sensitive options. We are happy to assist you in locating meal options in the vicinity of the course venue.</li> <li>Course supplies (including small, medium and large sized gloves)</li> <li>FREE NEEDLES upon course completion</li> <li>A comprehensive manual</li> <li>A Discounted 3-Month Website Membership</li> <li>Continued support from KinetaCore</li> </ul> | BRIGHTON, CO<br>August 18–20, 2017<br>Functional Dry Needling Level 1 -<br>(3-Day)<br>(https://my.kinetacore.com/RegistrationFr<br>aType=1&sessfirmt=True&sessid=4893)<br>LAS VEGAS. NV |             |

SAMPLE PATIENT CONSENT FORM (HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2016/08/FDN\_PATIENT\_CONSEN

FDN LEVEL 1 LOG (HTTP://KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/04/FDN-LOG-BLANK.XLS)

**Important Notices** 

ATTACHMENT D



- This course requires 10 hours of pre-course online content. This content must be completed in the Moodle Learning Platform prior to attending the weekend onsite.
- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. For more information, please email us (mailto:education@kinetacore.com).
- Those who do not pass both Theory and Practical testing will be required to retake the material, which may incur further registration fees. Read, study and come prepared.
- Click here (http://www.kinetacore.com/cancellation-policy/) to view the KinetaCore Cancellation Policy
- Please review your licensing state's scope of practice (http://www.kinetacore.com/scope-of-practice) to determine its status on Dry Needling.
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information before registering.

MEMBERS FIND A THERAPIST ABOUT US COURSES PRODUCTS (HTTP://WWW.KINETACORE.Q00M7AFB00JVWW.KINETACORE.Q00M7AFB00JVWW.KINETACORE.Q00M7AFB00JVWW.KINETACORE.COM/FIND KinetaCore Membership (http://www.kinetacore.com/kcmembership) A-THERAPIST/) History (http://www.kinetacore.com/a06UT/Fi8th/0/S/) News (http://www.kinetacore.com/abifut/difersi) Dry Needling (http://kc.evikiezzain/hierinhe.shrip/@bindatie/fattp/fibringskboekzeo\_rea/bunktienaidezyozeddilug/) Events (http://www.kinetacore.com/ali/aa/dubble/gorning Courses (http://w/weduieetacore/acore.com/ali/aa/dubble/gorning Courses (http://www.kinetacore.com/ali/aa/dubble/gorning Courses (http://www.kinetacore.com/ali Faculty (http://www.kinetacore.com/abautileotilyty/sked Questions (http://www.kinetacore.com/faq/) (HTTP://WWW.KINETACORE.COM/GET-Staff (http://www.kinetacore.com/about/staff/) IN-TOUCH/) Scope of Practice (http://www.kinetacore.com/about/scope-of-practice/) Contact Us (http://www.kinetacore.com/get-in-touch/) Frequently Asked Questions (http://www.kinetacore.com/faq/)

KinetaCore 175 S. English Station Rd. Suite 218 Louisville, KY 40245 Directions > (https://www.google.com/maps/place/175 S. English Station Rd. Suite 218 Louisville KY 40245)

(p) 877.573.7036 (f) 720.247.9131 (e) education@kinetacore.com (mailto:education@kinetacore.com)

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#### TEAMMATES

# FUnctional Dry Needing Level 2

Successful completion of this advanced level of the Dry Needling course of study will deem you competent and proficient in becoming a Functional Dry Needling® (FDN) Practitioner. Similar to the class model of FDN Level 1, this course includes theoretical and laboratory sessions which incorporate instruction in safety, needling technique, treatment rationales for various diagnoses, and education in contraindications, precautions, and possible complications of dry needling. Content is taught in a blended format including both pre-course online content and hands-on lab-intensive weekend course.

Having practiced and perfected the techniques of FDN Level 1, practitioners are now experienced and skilled enough to cover musculature in more technical areas including that of the thoracic spine and trunk, lumbar spine, cervical spine, hip, hand, foot, upper extremity, temporomandibular joint, and connective tissues.

#### **Course Format**

KinetaCore offers the FDN Level 2 course in a 2-day and 3-day format. Both versions of the course require 6 hours of pre-course online coursework to be completed in the



#### \$1,250 USD

Price for course located in Canada: \$1,500 USD

Upcoming 2-Day Courses (11)

Functional Dry Needling Level 2 -

(https://my.kinetacore.com/RegistrationFig.

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(3-Day)

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| Moodle Learning Platform prior to the onsite date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | September 16-17, 2017                                                                                                                                                                         | ba -        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| VIEW 2-DAY COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/U                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Functional Dry Needling Level 2 -<br>PLOAD SIJES/5/2017/06/KINETACORE-                                                                                                                        | )N2-2-DAY-A |
| 5 x, x X X X X X X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (https://my.kinetacore.com/RegistrationFe                                                                                                                                                     |             |
| VIEW 3-DAY COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/U                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STYDE=1&Sessimi=True&Sessid=4896)<br>PLOADS/SITES/5/2017/06/KINETACORE-<br>ASHBURN, VA                                                                                                        | )N2-3-DAY-A |
| <ul> <li>2-Day Onsite Course CEUs: 6 online, 19 onsite, 25 total</li> <li>3-Day Onsite Course CEUs: 6 online, 27 onsite, 33 total</li> <li>Both 2-day and 3-day courses include a lab-intensive atmosphere. The 3-day course involves even more onsite lab time, SFMA instruction and 3-4 case presentations with assessment, treatment and practical experience. The 3-day course also provides the additional onsite hours that some states require before practicing dry needling in patient treatment.</li> </ul> | September 16–17, 2017<br>Functional Dry Needling Level 2 -<br>(2-Day)<br>(https://my.kinetacore.com/RegistrationFr<br>sType=1&sessfrmt=True&sessid=4384)<br>HOUSTON, TX                       | é           |
| Prerequisites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Upcoming 3-Day Courses (4)                                                                                                                                                                    |             |
| <ul> <li>Successful completion of FDN Level 1 (https://www.kinetacore.com/educational-offerings/course/level-1/)</li> <li>Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)</li> <li>Submit to KinetaCore a patient log of 200 dry needling sessions.</li> <li>Or, complete Functional Therapeutics and submit a log of 100 dry needling sessions.</li> </ul>                                                                                           | November 11–13, 2017<br>Functional Dry Needling Level 2 -<br>(3-Day)<br>(https://my.kinetacore.com/RegistrationFr<br>sType=1&sessfrmt=True&sessid=4875)<br>RICHMOND, BC (BRITISH<br>COLUMBIA) | ×           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | November 17-19, 2017                                                                                                                                                                          |             |

#### **Course Registration Includes**

- . Water and Lunch is provided on all course days. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunches, but we cannot offer food sensitive options. We are happy to assist you in locating meal options in the vicinity of the course venue.
- Course supplies (including small, medium and large sized gloves)
- Comprehensive Lab Manual
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore<sup>®</sup>

SAMPLE PATIENT CONSENT FORM (HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2016/08/FDN\_PATIENT\_CONSEN

FDN LEVEL 2 LOG (HTTP://KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/04/FDN-LOG-BLANK.XLS)

#### Important Notices

This course requires 6 hours of pre-course online content. This content must be completed in the Moodle Learning Platform prior to attending the weekend onsite.

http://www.kinetacore.com/educational-offerings/course/functional-dry-needling-level-2/

- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. Please contact us for more information.
- Be prepared to take this course and pass both theoretical and practical testing to earn your certification to practice dry needling. If you do not pass either Theory or Practical test, you will be required to re-test the material, which may incur further registration fees. Read, study and come prepared.
- Click here (http://www.kinetacore.com/cancellation-policy/) to review KinetaCore's CEU and Cancellation Policy.
- Please review your licensing state's scope of practice (http://www.kinetacore.com/scope-of-practice) to determine its status on Dry Needling.
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information before registering.

ABOUT US COURSES MEMBERS PRODUCTS FIND A THERAPIST (HTTP://WWW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINETACORE.COM/TARDONTOW.KINTETACORE.COM/TARDONT History (http://www.kinetacore.com/aB&U/AB&U/AS/) KinetaCore Membership (http://www.kinetacore.com/kcmembership) A-THERAPIST/) News (http://www.kinetacore.com/ab5ut/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsing/@antatinb/lattpff/wingekinetacore.com/ab5ut/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsing/@antatinb/lattpff/wingekinetacore.com/ab5ut/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsing/@antatinb/lattpff/wingekinetacore.com/ab5ut/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsing/@antatinb/lattpff/wingekinetacore.com/ab5ut/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsing/@antatinb/lattpff/wingekinetacore.com/ab5ut/abiorsi) Dry Needling (http://kc.evidecessiful/abiorsi) Dry Needling (http://kc.evidecessiful Events (http://www.kinetacore.com/ali/tas/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/labledoming Courses (http://www.kinetacore.com/ali/tas/d/labledom Faculty (http://www.kinetacore.com/atrack/activ/t/sked Questions (http://www.kinetacore.com/faq/) (HTTP://WWW.KINETACORE.COM/GET-Staff (http://www.kinetacore.com/about/staff/) IN-TOUCH/1 Scope of Practice (http://www.kinetacore.com/about/scope-of-practice/) Contact Us (http://www.kinetacore.com/get-in-touch/) Frequently Asked Questions (http://www.kinetacore.com/faq/)

KinetaCore 175 S. English Station Rd, Suite 218 Louisville, KY 40245 Directions > (https://www.google.com/maps/place/175 S. English Station Rd. Suite 218 Louisville KY 40245)

(p) 877.573.7036 (f) 720.247.9131 (e) education@kinetacore.com (malito:education@kinetacore.com)

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#### TEAMMATES

# Advanced Functional Spithter (http://www.neurorti.com/)

## A Neuro-Functional Approach

This two-day advanced clinical applications course focuses on the complex patient and advanced strategies when other treatments have not worked. This course reviews neuroanatomy and neurophysiology and how to apply it into dry needling and clinical practice for the experienced needler who has been trained in the past but wants to advance their skills to where modern dry needling has progressed. These techniques are perfect for the patient with chronic pain or signs of sensitization, and also for the athletic population who require a practitioner to get them past the 'extra mile'. The Advanced Course is for those who want to advance their current clinical acumen, progressing from the foundation of our Functional Dry Needling series and adding specific techniques targeting the peripheral joints and the TMJ. This course is a culmination of all foundational and clinical applications content learned with KinetaCore. Come prepared to think and practice like never before!

#### **Course Format**

Onsite Weekend Intensive course with required and recommended readings

Advanced Functional Dry Needling Level 3 Course: 18 CEUs.

COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/201 形经科研名-ADVANCED-COUF-E-20170112-

#### Prerequisites

- Successful completion of FDN1 and FDN2, and 2 years dry needling experience
- Current license as a PT, MD, DO, DC, PA or NP
- · Visit our Course Materials tab for important guidelines and pre-reading materials.

#### Course Registration Includes

- Water and Lunch is provided both days of the course. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunch, but we are happy to assist you in locating meal options in the vicinity of the course venue.
- . Supplies to be used throughout the course (small, medium and large sized aloves provided).
- Comprehensive Lab Manual
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore<sup>®</sup>

#### Important Notices

Bring your previous manuals for reference on this course!

http://www.kinetacore.com/educational-offerings/course/fdn-3/

- · It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also have it practiced on you.
- · Pregnant women may not participate in this course due to risks associated with the practical sessions. Please contact us for more information.
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information.
- Be prepared to take this course and pass both theoretical and practical testing to earn your certification to practice dry needling. If you do not pass either Theory or Practical test, you will be required to re-test the material, which may incur further registration fees. Read, study and come prepared.







October 28-29, 2017 Advanced Functional Dry Needling: A Neuro-Functional Approach (Level 3)

\$1,000 USD

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Upcoming Courses (1)

(https://my.kinetacore.com/RegistrationFi sType=1&sessfrmt=True&sessid=4901)

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Faculty (http://www.kinetacore.com/abma/ulaculty/kjked Questions (http://www.kinetacore.com/faq/) IN Staff (http://www.kinetacore.com/about/staff/) Cr

Contact Us (http://www.kinetacore.com/get-in-touch/)

Scope of Practice (http://www.kinetacore.com/about/scope-of-practice/) Frequently Asked Questions (http://www.kinetacore.com/fag/)

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(p) 877.573.7036 (f) 720.247.9131 (e) education@kinetacore.com (mailto:education@kinetacore.com)

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#### TEAMMATES:

# FUN (http://www.kinetacore.com/) ISP (http://www.ispinstitute.com/) KinetaCore (http://www.kinetacore.com//) NeuroRTI (http://www.neurortl.com/)

This intermediate to advanced level Clinical Applications course is perfect for FDN1 and FDN2 graduates. The course allows practitioners to expand upon their practice of Level 1 techniques, learn new Level 2 muscles, and incorporate dynamic positioning techniques and more e-stim. It will teach the dry needling practitioner not just how to treat a muscle, but also how to utilize dry needling in treatment of the whole patient. Clinicians will learn how to incorporate dry needling within the scope of other modalities, and will learn to think and treat more globally. This course is vital to those wanting to integrate dry needling into their clinical practice and understand the treatment of the whole patient from start to finish.

Design of the course is to further expose participants to Functional Dry Needling, and to help practitioners develop a diagnostic theory to explain functional movement deficits, and apply a treatment plan to address them. Treatment techniques taught and utilized in this course will include new, intermediate FDN techniques, manual therapy techniques and corrective exercises. FT will develop clinical reasoning based on the model of movement dysfunction, which results in pain, rather than simply treating painful structures. The participants will have a greater understanding of "regional interdependence" and will be able to apply Dry Needling and other functional therapeutic techniques to address common and chronic dysfunctions found everyday in the clinic.

There is no other course offered that teaches both the assessment and decisionmaking process to develop an expertise utilizing and integrating Dry Needling and other manual therapy techniques together.

#### Course Format

KinetaCore offers the Functional Therapeutics course in a 2-day and 3-day weekend intensive format. Both 2-day and 3-day courses include a lab-intensive atmosphere. The 3-day course involves even more onsite lab time, SFMA demonstration and clinical integration, treatment techniques and lab practical experience. The 3-day course also provides the additional onsite hours that some states require before practicing dry needling in patient treatment.

- · 2-Day Onsite Course CEUs: 19 hours onsite
- 3-Day Onsite Course CEUs: 27 hours onsite



#### Starting at \$1,000 USD

Pricing Options: 2-day onsite - \$1,000 USD 3-day onsite - \$1,250 USD

Upcoming 3-Day Courses (2)

October 27-29, 2017 Functional Therapeutics: Applications for Dry Needling -(3-Day) (https://my.kinetacore.com/RegistrationFi sType=1&sessfrmt=True&sessid=4902) ASHBURN, VA

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November 10-12, 2017 Functional Therapeutics: Applications for Dry Needling -(3-Day) (https://my.kinetacore.com/RegistrationFe

VIEW 2-DAY COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/06/KINETACORE-ADVANCED-FL

VIEW 3-DAY COURSE AGENDA (HTTP://WWW.KINETACORE.COM/WP-CONTENT/UPLOADS/SITES/5/2017/08/KINETACORE-ADVANCED-FL

#### Prerequisites

- Successful completion of FDN1 (http://www.kinetacore.com/educationalofferings/course/level-1/)
- Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)

#### **Course Registration Includes**

- Water and Lunch is provided all 3 days. Please bring any additional snacks/drinks you would like in order to keep physically sustained throughout the weekend. Also note that we provide lunch for the three days, but we cannot offer food sensitive options. We are happy to assist you in locating meal options in the vicinity of the course venue.
- Supplies to be used throughout the course (small, medium and large sized aloves provided).
- A comprehensive manual (200 pages)
- A Discounted 3-Month Website Membership
- Continued support from KinetaCore<sup>®</sup>

#### Important Notices

- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also to have it practiced on you.
- Pregnant women may not participate in this course due to risks associated with the practical sessions. For more information, please email us (mailto:education@kinetacore.com).
- If you have a post-operative or other medical condition which may prohibit you from taking this course, please consult your physician and contact us for more information before registering.
- Be prepared to take this course and pass both theoretical and practical testing to earn your certification to practice dry needling. If you do not pass either Theory or Practical test, you will be required to re-test the material, which may incur further registration fees. Read, study and come prepared.
- Please review your licensing state's scope of practice (http://www.kinetacore.com/scope-of-practice) to determine its status on Dry Needling.
- Click here (http://www.kinetacore.com/cancellation-policy/) to view the KinetaCore Cancellation Policy

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# Functional Dry Needling of the Pelvic Floor

# Description

Functional Dry Needling of the Pelvic Floor is a lab intensive on-site course designed to instruct participants in the application of dry needling to female and male pelvic floor musculature and associated neuroanatomical structures including the thoracolumbar spine, abdomen, pelvis and hip joint complex. This course will provide a comprehensive review of anatomy, practice hands-on examination techniques and discuss clinical reasoning related to disorders of the pelvic floor.

This course is a revolutionary approach to treating patients with pelvic floor dysfunction commonly associated with pelvic pain, incontinence, voiding dysfunction and/or sexual pain or dysfunction. Dry needling will assist with the restoration of muscle function, improve proprioception, reduce and eliminate pain, and normalize tissue sensitivity to optimize patients' function and quality of life.

# **Course Format**

This two-day course combines lecture, hands-on-demonstrations and laboratory practice of selected advanced dry needling techniques. Furthermore, associated manual examination and treatment techniques will be performed. Participants will benefit from a maximum 1:8 instructor/student ratio, and will undergo an on-site skills assessment prior to the conclusion of the course. In addition, an on-line post-test will be required in order to obtain course certificate of completion.

Please note: Internal pelvic floor assessment is not required and will not be a component of the course work.

2-Day Onsite Course CEUs: 16 hours onsite

Target Audience: Pelvic floor therapists and clinicians who have an interest in treating pelvic floor dysfunction

# Prerequisites

- Successful completion of Functional Dry Needling Level I
   (http://www.kinetacore.com/educational-offerings/course/level-1/)
- Completion of an introductory course on pelvic floor dysfunction. Participants should be prepared to identify and palpate pelvic floor muscles and associated structures

http://www.kinetacore.com/educational-offerings/course/functional-dry-needling-pelvic-floor/ 8/8/2017

neighboring the external genitalia. Internal pelvic floor assessment is not required and will not be a component of the course work; however, one muscle of the urogenital triangle in the female, the bulbocavernousus muscle, requires internal vaginal palpation in order to safely dry needle this structure. If you are not experienced at performing internal vaginal palpation you do not have to needle the bulbocavernosus muscle.

- Current license as a PT, MD, DO, DC, PA or NP (LAc only by request/referral.) (Not accepted: ATC, RMT, OT, PTA)
- Submit to KinetaCore a patient log of 200 dry needling sessions or complete Functional Therapeutics and submit a log of 100 dry needling sessions.

# Objectives

- 1. Participants will demonstrate competency with anatomy, palpation and the application of dry needling to the muscles of the pelvic girdle, thoracolumbar spine, and abdomen.
- 2. Participants will understand the rationale for selecting dry needling to achieve optimal patient outcomes using clinical reasoning and evidence-based practice.
- 3. Participants will gain a strong appreciation of neurology and dysfunction in the nervous system associated with the pelvic floor, including visceral and somatic dysfunction.
- 4. Participants will practice the application of electrical stimulation with dry needling to the pelvic floor and associated anatomical structures to improve identified neuromuscular dysfunction.

## **Important Notices**

- It is vital to your patient care that you have experienced this treatment in an educational setting. Please come prepared to practice the dry needling and also to have it practiced on you.
- Click here (http://www.kinetacore.com/cancellation-policy/) to view the KinetaCore Cancellation Policy.
- Please review your licensing state's scope of practice (http://www.kinetacore.com/scope-of-practice) to determine its status on Dry Needling.

KinetaCore 175 S. English Station Rd. Suite 218 Louisville, KY 40245 Directions > (https://www.google.com/maps/place/175 S. English Station Rd. Suite 218 Louisville KY 40245)

(p) 877.573.7036

(f) 720.247.9131

(e) education@kinetacore.com (mailto:education@kinetacore.com)

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home

# **Spinal Manipulation Institute**

# American Academy of Manipulative Therapy<sup>TM</sup>

- <u>Home</u>
- Institute Faculty
- Seminar Description
- <u>Testimonials</u>
- Research
- Dates and Locations
- <u>Register Online</u>
- <u>Contact Us</u>

Distinguish yourself as an expert in both HVLA thrust manipulation and dry needling by earning the **DIPLOMA in OSTEOPRACTIC<sup>TM</sup>**. Get **CERTIFIED in SPINAL MANIPULATIVE THERAPY (Cert. SMT) & DRY NEEDLING (Cert. DN)**. Apply now to the 12-month, APTAaccredited <u>AAMT Fellowship in Orthopaedic Manual Physical Therapy</u> and earn the <u>FAAOMPT</u> <u>credential</u>.

SMT-1: High-Velocity Low-Amplitude Thrust Manipulation of the Cervical, Thoracic, Lumbar & SI Joints

SMT-2: Cervicothoracic Dysfunction & Cervicogenic Headaches: Diagnosis & Management with HVLA Thrust Manipulation & Exercise

SMT-3: Lumbar and Sacroiliac Dysfunction: Diagnosis & Management with HVLA Thrust Manipulation & Exercise

SMT-4: Certification in Spinal Manipulative Therapy (Cert. SMT): Comprehensive Review & Comprehensive Oral, Practical & Written Examination

DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling)

DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)

EMT-1: Extremity Manipulative Therapy: Upper & Lower Extremity HVLA Thrust Manipulation

IASTM-1: Instrument-Assisted Soft-Tissue Mobilization for Spine & Extremity Conditions: An Evidence-Based Approach

DD-1: Differential Diagnosis & Multi-Modal Management of Upper & Lower Extremity Spine Related Pain Syndromes of any kind, in the practice of traditional Chinese acupuncture or Oriental Medicine. More specifically, this course does not teach participants to needle acupuncture points on traditional Chinese meridians.

For the management of headache, cervical, thoracic, and upper extremity pain syndromes, dry needling will be taught as one part of the treatment package, but not the only part. That is, the most recent literature clearly supports the inclusion of cervical and thoracic HVLA thrust manipulation (Dunning et al, 2012; Cross et al, 2011; Lau et al, 2011, Gross et al., 2010; Cleland et al, 2007) for the effective treatment of cervicothoracic pain and disability. Likewise, cervical manipulation has been found to reduce headache frequency, intensity, duration, and disability associated with cervicogenic headaches in the short and long-term (Jull et al, 2002; Haas et al, 2010); and moreover, cervical, elbow and wrist manipulation have each been shown to reduce forearm pain in chronic lateral epicondylalgia syndrome (Fernandez-Carnero et al, 2008, 2009, 2011; Struijs et al, 2003). Nevertheless, within the emerging literature, the combination of spinal manipulation and dry needling is showing the most promise for "best practice" models in a variety of musculoskeletal conditions. This is the "Osteopractic" approach in essence—the combination of spinal manipulation (SMT-1, SMT-2, SMT-3 & SMT-4), extremity manipulation (EMT-1), and dry needling (DN-1 & DN-2) for the evidence-based treatment of neuromusculoskeletal conditions. Learn from the experts that are trained in all three by registering online now!

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American Academy of Manipulative Therapy (AAMT) Fellowship in Orthopaedic Manual Physical Therapy: Deposit for Fellowship Cohort that begins March 1, 2018

IASTM-1: Instrument-Assisted Soft-Tissue Mobilization Custom FRAMS (Fibrosis Release And Myofascial Stretching) TOOL SET for Spine & Extremity Conditions

Register Online

# **Seminar Description**

## DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling)

No prerequisites are needed for this **three-day 27-hour course in dry needling**; however, registrants must be a licensed physical therapist, osteopath, medical doctor, naturopathic doctor or acupuncturist in their respective state or country. <u>Certification in Dry Needling</u>™ (Cert. DN™) will be awarded upon successful completion (i.e. written and practical examination) of both the DN-1 & DN-2 courses, giving <u>54 hours</u> of hands-on dry needling education in total.

Participants will learn superficial and deep dry needling techniques for the treatment of craniofacial, cervicothoracic and upper extremity musculoskeletal conditions. This course does include, but is not limited to, needling of taut bands of muscle (i.e. trigger points) as originally introduced by Travell & Simons. That is, peri-neural needling and needle puncture of tendons, ligaments, musculotendinous junctions, teno-osseus junctions, and bone (i.e. "periosteal pecking") will also be taught as essential components of musculoskeletal needling practice. More specifically, peri-neural and peri-vascular needling will be instructed for the purpose of improving microcirculation and disrupting fibrosis in chronic neurogenic pain conditions (e.g. an impacted median nerve in carpal tunnel syndrome). Dry needling is certainly a lot more than sticking needles in trigger points!

Dry needling will be taught within the framework of western musculoskeletal diagnoses, not within the theoretical framework of traditional Chinese medicine (TCM), and not for the purpose of altering the flow of Qi or energy along traditional Chinese meridians. More specifically, the participant will learn evidence-based guidelines, recommended "point" locations, and dosages for the use of dry needling in the treatment of specific neuromusculoskeletal conditions (not just individual muscles!) including: whiplash associated disorders, cervicogenic headaches, tension type headaches, migraine headaches, rib syndromes, facet joint syndromes, cervical radiculopathy, mechanical neck pain, carpal tunnel syndrome, shoulder impingement syndrome, lateral epicondylalgia, and temporomandibular dysfunction. In addition, the most recent evidence underpinning the mechanical, hypoalgesic (central, segmental, peripheral), neurophysiologic, chemical, and hormonal effects of dry needling will be presented.

Brain imaging studies have demonstrated that needling of "key" distal points (not trigger points), that are not "onsite" with the patient's symptoms, stimulates the descending pain inhibitory systems or cortical areas of the brain that are involved in pain control. Furthermore, much of the literature that "dry needling" draws from uses the term "acupuncture" in its title, and many of these studies have used both traditional acupuncture points and myofascial trigger points in their treatment regimes. Thus, a foundational knowledge of the nomenclature and the location of several key traditional acupuncture and dry needling literature within the context of neuromusculoskeletal conditions. However, this course in dry needling does not constitute training,

https://www.spinalmanipulation.org/seminar.php?id=9



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ATTACHMENT H

8/8/2017

Page 117

Page 1 of 3

#### SCHEDULE- DN3

Note: Actual times may vary with each program at the discretion of the instructors. Coffee breaks are provided; meals are on your own.

| Day 1                           | 7:30-8:30   | Lecture Review: Other Needling Approaches                                                                                                          |
|---------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:30 am-6:30 pm                 | 8:30-9:45   | Long Thumb Muscles and Extensor Indices                                                                                                            |
|                                 | 9:45-10:00  | Break                                                                                                                                              |
|                                 | 10:00-11:30 | Hand Muscles                                                                                                                                       |
|                                 | 11:30-12:30 | FHL, FDL, Poplitues, Posterior Tibialis                                                                                                            |
|                                 | 12:30-1:30  | Lunch                                                                                                                                              |
|                                 | 1:30-2:30   | Anterior and Lateral Compartment Lower Leg<br>Foot Muscles: EDB, EHB, Abductor Hallucis, ADM, FDB, FA, adductor Hallucis, Dorsal and<br>Interossei |
|                                 | 2:30-4:00   | Interossei                                                                                                                                         |
|                                 | 4:00-4:15   | Break                                                                                                                                              |
|                                 | 4:15-5:15   | Masseter and Temporalis                                                                                                                            |
|                                 | 5:15-6:15   | Anterior and Posterior Digastric                                                                                                                   |
|                                 | 6:15-6:30   | Group Practical Review                                                                                                                             |
|                                 | 0.00 10.00  | Lester Deview Province of Articles                                                                                                                 |
| <b>Day 2</b><br>8:00 am–6:30 pm | 8:00-10:30  | Lecture Review: Review of Articles                                                                                                                 |
| 0.00 am-0.50 pm                 | 10:30-10:45 | Break                                                                                                                                              |
|                                 | 10:45-11:45 | Scalenes and Longus Colli                                                                                                                          |
|                                 | 11:45-12:45 | Medial and Lateral Pterygoids                                                                                                                      |
|                                 | 12:45-1:45  | Lunch                                                                                                                                              |
|                                 | 1:45-2:45   | Corrugator, Procures, Occipito-Frontalis, Zygomaticus Risorius, Buccinator                                                                         |
|                                 | 2:45-3:00   | Break                                                                                                                                              |
|                                 | 3:00-6:00   | Lab Practical Review                                                                                                                               |
| Day 3                           | 8:00-10:30  | Theoretical Examination                                                                                                                            |
| 8:00 am-2:30 pm                 | 10:30-11:00 | Break                                                                                                                                              |
|                                 | 11:00-End   | Practical Examinations                                                                                                                             |
|                                 | 11.00 1/10  |                                                                                                                                                    |

## SCHEDULE (DN-2 NEW FORMAT)

Note: Actual times may vary with each program at the discretion of the instructors. Coffee breaks are provided; meals are on your own.

| <b>Day 1</b><br>7:30 am-6:30 pm | 7:30-9:30<br>9:30-9:45<br>9:45-10:00<br>10:00-11:00<br>11:00-11:45<br>11:45-12:45<br>12:45-2:15<br>2:15-3:15<br>3:15-3:30<br>3:30-4:30<br>4:30-5:30<br>5:30-6:30 | MFP and Sensitization lecture review (module 5-7)<br>Break<br>Precautions and Needle Review Slides<br>Teres Major and Minor<br>Coracobrachialis<br>Lunch<br>Pronator Teres, Wrist Flexors and FPL<br>Pectoralis Minor<br>Break<br>Levator Scapulae<br>Supraspinatus<br>SCM Review                                                       |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Day 2</b><br>7:30 am–6:30 pm | 7:30-8:30<br>8:30-10:00<br>10:00-10:15<br>10:15-11:15<br>11:15-12:30<br>12:30-1:30<br>1:30-2:30<br>2:30-3:45<br>3:45-4:00<br>4:00-5:15<br>5:15-6:30              | Clinical Aspects of MFP Review<br>Posterior Cervicals including Cervical Mutifidi and Cranial Attachments<br>Break<br>Oblique Capitis Inferior<br>Thoracic and Lumbar Multifidi and Lumbar Iliocostalis<br>Lunch<br>Iliacus and TFL<br>Deep Hip Rotators<br>Break<br>Abdominal Muscles<br>Serratus Anterior                             |
| <b>Day 3</b><br>7:30 am-4:00 pm | 7:30-8:30<br>8:30-10:15<br>10:15-10:30<br>10:30-12:00<br>12:00-1:00<br>1:00-1:45<br>1:45-2:45<br>2:45-4:00                                                       | Lower Trap, Mid Trap, Subscap (medial approach)<br>Rhomboids, Serratus Posterior Superior, Longissimus, and Iliocostalis Muscles<br>Break<br>Serratus Posterior Inferior, Latissimus Dorsi and Pectoralis Major on Trunk<br>Lunch<br>Quiz and Review<br>Muscle Competency<br>Scar Tissue, Adhesions, Enthesopathies, and Tendinopathies |

\*\* In addition, students will have 5 hours of home study modules to review prior to each course.

## SCHEDULE- D1

# Note: The actual times may vary with each program at the discretion of the instructors. Coffee breaks are provided; meals are on your own.

| Day 1           | 7:30-8:30   | Review of Intro Lecture                                                                   |
|-----------------|-------------|-------------------------------------------------------------------------------------------|
| 7:30 am-6:30 pm | 8:30-9:30   | Palpation Lab                                                                             |
|                 | 9:30-9:45   | Break                                                                                     |
|                 | 9:45-10:45  | Needle Handling Lab                                                                       |
|                 | 10:45-11:45 | OSHA, Needle Precautions                                                                  |
|                 | 11:45-12:45 | Lunch                                                                                     |
|                 | 12:45-2:00  | Infraspinatus                                                                             |
|                 | 2:00-3:15   | Deltoids                                                                                  |
|                 | 3:15-3:30   | Break                                                                                     |
|                 | 3:30-4:30   | Biceps and Brachialis                                                                     |
|                 | 4:30-5:30   | Triceps                                                                                   |
|                 | 5:30-6:30   | Upper Trapezius                                                                           |
| Day 2           | 7:30-8:30   | Review of Intro to Pain Sciences                                                          |
| 7:30 am-6:30 pm | 8:30-9:30   | SCM                                                                                       |
|                 | 9:30-9:45   | Break                                                                                     |
|                 | 9:45-11:15  | Latissimus Dorsi (axillary portion) and Pectoralis Major (axillaryand clavicular portion) |
|                 | 11:15-12:15 | Subscapularis (lateral approach)                                                          |
|                 | 12:15-1:15  | Lunch                                                                                     |
|                 | 1:15-2:45   | Brachioradialis and Wrist Extensors                                                       |
|                 | 2:45-3:45   | Supinator/Anconeus                                                                        |
|                 | 3:45-4:00   | Break                                                                                     |
|                 | 4:00-5:15   | QL and Psoas                                                                              |
|                 | 5:15-6:30   | Gluteus max/med/min                                                                       |
| Day 3           | 7:30-9:00   | Adductor longus, brevis, magnus/gracilis                                                  |
| 7:30 am-3:30 pm | 9:00-10:00  | Pectineus                                                                                 |
|                 | 10:00-10:15 | Break                                                                                     |
|                 | 10:15-11:45 | Quads and Hamstrings                                                                      |
|                 | 11:45-12:45 | Lunch                                                                                     |
|                 | 12:45-1:45  | Gastroc/Soleus                                                                            |
|                 | 1:45-2:30   | Post Quiz and Review **                                                                   |
|                 | 2:30-3:30   | Muscle Competency Check Off **                                                            |

\*\* In addition, students will have 5 hours of home study modules to review prior to each course.

## Janet G. Travell, MD Seminar Series: Dry Needling Courses | Myopain Seminars

This mundations courses consist of two three-day hands-on workshops to teach the techniques of trigger point identification and the concepts of day meeting with an employed on the most remainen pendes sets in disjoid practice. The Foundations courses have to be taken in other.



Fefor to the connect, indicate will receive several honic study matches, considing of videos of lactures, hand-outs and several scientific articles.

The third crusse induced a brief historical review of mynfascial (win, prior models and the uncrumatric, an inapplication to relevant poin sciences, inter- and intra-reter reliability, motor enclosed dysfunction, clantagraphy, and the characteristics of integrar points.

The DN-2 characterizations review of the scientific best of myclic dal pain, the cherakaterization of the particle, and pain the back of home with the objects of the particle, and other theoretical hypotheses. In addition studied with the objects due to be the back due to be the back due to be back due to

Students on review the first set in the confort of their home or of the During first odded course, the most pertainant months of under a children when the new set of the for contrast of domains with Each traching block courses of an introductory letters and demonstration, followed by un avised his is on provide in coefficients. This is a balance program with interchine Contral applicability upon completion. The Foundation courses (D11-1 and DN-2) must be taken in order and are presequisites for the Advanced Level course (DA-3). Each course includes a theoretical evaluation and a prestance (D3-3).

#### DRY NEEDLING (DN) PROGRAM: ADVANCED DN-3

Following successful completion of the Foundations courses, students are incourses if to at least the Advance ( Dry Nix = 19 100 - 10 (DN-3).

The Advanced dry needing course will bring the civicien to the highest level of civical protections in the management of protects with reported in pain. Other dry reacting topics in tude the basedment of scar time, endersoundly, so if the important. This is a two-day course followed by course to the describion and practical examinations on the third day.

Sincler's with hum to evanine and times of receiver matches in the budy, where guiding a pressond understanding of the relevable In such evide on the level that there are any other course pressmant in the US State offer the same level of instruction and depth.

#### DRY NEEDLING CERTIFICATION

Immediately indexend the second day coarse of the DN-3 course, Myopiain Saminors effors studying the opportunity to doministic the mattery of contempolity pain science invicids and remainship coupling cur course monstre dimension error and a. The theoretical excision counters of 80 montplate these que there. To pass the emphaticute a minimum science of 70 million equipate the coupling on the recent error, objects continue with practical error institutes, which could be a dealed when the club thereing for the required. Upon completing on the recent error, objects continue with practical error institutes, which could be a dealed when the club thereing for the restor and only of science. Club of the reaction being the twell, relief the other courses is reliable form other parts when reacting the other twell, relief the other courses is reliable form other parts



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"The Dynain Schners dry manifest on uses are the bash counters I have been and I have been them all. The professionalism, encodedge, and parsion were evident and they use over of the remains in sectors were their great. I am man proved of my CMTPT avaientials from any of my other creditions. I biggy meanment the dry needing on growt"—Sun evolution, Fir, DPT, OCS, NTC, ATC/L, CMTPT, Mean, NZ

"I have taken a hoste and advanced Day is ending nodes with another providence of how been producing Day Receiving and years. I receiving to dethe part Repairs Sections's Thinger Point Day Receiving Correst Descard I wanted the preventing of the Constraint, who has none on concession encoded of wrining and research on this matching, of pairs's expression to mech none theory is, specific and reflexion to what I had been expression. I know that may not are a first and the preventing of the test in the Mappin course and I pien on composing their full contribution or contaction, "—Constraints of First ACC, Derbard, 40

Select a course from the dut below to see full information, including polarities and

DN-1, Foundations I DN-2, Foundations II DN-3, Advanced

http://myopainseminars.com/seminars-travell-dry-needling-courses/



### Janet G. Travell, MD Seminar Series: Dry Needling Courses | Myopain Seminars

If you consider the old DN-1, DN-2, and DR-5, otherni the new DN-3 course. There are no discourts for attending the new DR-3 course.

#### FACULTY

The Dry Needing country are freight by Myopain Seminars Dry Needling Faculty, which includes

- Senior instructors: Dr. Jan Dommerholt, Dr. Robert Gerwin, Dr. Tracey Adler, Dr. Michelle Layton, Dr. Johnson McEvoy, Dr. Robert Stanborough, and Mr. Erlk Wijtmans;
- Instructors: Dr. Andrew Ball, Dr. Amanda Blackmon, Dr. Joe Donnelly, Dr. Savas Koutsantonis and Dr. Ralph Simpson;
- Lab Instructors: Dr. Carlos Berio, Ms. Erika Bourne, Ms. Anne Campbell, Dr. Jonathan Claude, Dr. Andrew Contreras, Dr. Jennifer Flage Hobson, Mr. Todd Hooks, Dr. Francis Jung, Mr. Mike Karegeannes, Mr. Andy Kerk, Dr. Aart Schulenklopper and Dr. Colleen Whiteford.

Hyper in Fundams sub-very level mendants for its instructors. Did you know that all instructors of our day needlate courses, for as upply, have particulated our calification coordinations, have at here 10 years of clicical momentue and have a combine lieu of

- A minimum of 5 years of citrical day no.s2 and experience.
- A PaD degree
- A transitional DPF orgree
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#### CORPORATE SPONSORSHIP

My opein Santiners offers are Day Needling courses as "open" or fool churses, and "corporate" or sponsor of courses for p can yields. To explore bringing blyc, set Schinars' course progress in your point is or involtal, picker contact us. Click here to learn more about sponsoring a course or view our current Partners.

#### TAKING DN COURSES AS PART OF YOUR NXT GEN RESIDENCY OR FELLOWSHIP

Theory is an endersing in the minip what first Gen, the Myr rais Seminard DN-1 and DN-2 connection counties on enders track in the first Gen Follow/disp. **Click here** for those biforment out.



#### ELIGIBILITY

The workshops are designed for licensed healthcare practitioners, who are a lowed to use dry notating in their particle and juteriarion, including phylochian and physician assistants, dentision, wateriarianise, physical therapiets, occupations, accupations, and physical therapiets, occupations, activities, attribute trainers, numeric, and numer precisioners. Medical residents and physical therapy residents are control to a structure to a structure to the precision of the precision of the physical therapy residents are control to the physical trainers.

Plosa ge the opists, ho lysockers, neuronuscular theorists, physical therapy and acets, and occupational therapy additional bill engode to append the DA-connect and ace encourage it to a long courses control the appendix or **Myopain Seminars Manual Trigger Point Program.** 

#### PREGNANCY

Program better a pro-theorem welcome to attend the dry mading consets. Each better dry producer can decide whether they must to be needed during the courses. While to clinical produce we recommend against dry needing during the first true each, creating no universities associated with dry needing during programby.

Some accumulate groups and individual academicturists have supposed user day meeting of so-called "torbidden points" could be amortification, but analyze scirnitic studies have refuted this orielated concent. See for example, the **review article by Carr published in Acupuncture In Medicine 2015;33:413–419**.

#### DRY NEEDLING PROGRAM: FOUNDATIONS I & II

Mysfactid targer points are a common feature of meetly all poin syndromes, including block you do and the closesteries by periodent poin, loss of function and movimment in pairments. The tweet may involve moust creately to thiliques, including dry neerting or injectious, correcting to see located and posterial dynamics, and restoriug no real movement proteins.



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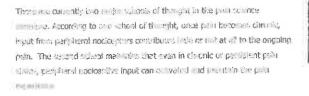
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## JANET G. TRAVELL, MD SEMINAR SERIES: DRY NEEDLING COURSES

#### DRY NEEDLING COURSES

The Kyopele Selations Dry Neetling counce program consists of two Selations on counters (DN-1 and DN-2) and club Advanced on a sel (DN-3). The Kyopele Selations Dry Rev Sing club act interpretate a strong pain indicate counters



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A the pain sections, we consider that the current section index. By rendering the matter part, clinicitians can positively contribute to characterize a section of the matterial section of patients and positively contribute to characterize a section of the matterial section of patients with the positively contributes. By rendering of patients, clinicitians can positively contribute to the matterial section of patients with the current part of the matterial section of patients with the positively contributes. Our fey nearly provide set within a biopercharacterized of the matterial sections of the positively contributes of the provide section of the matterial set within a biopercharacterized of the matterial sections of the provide section of the matterial sections of the provide section of the provi

According to the into Dr. Hong-You Ge, MD, PhD, "The importance of central sensitivation is revealable to doe the lost does lee by scientists. It gives a vecong goldance to the therapists and revealed us to doe brain and not to the padplaced in the applet. However, we can not there are importance of central sensitivation in pain the of ridy. It is the still manual code by palpheral network countral sensitivation in pain.

All change a chait lent reducts porthat due than well craighter through a sub-craft that least have an office.

These stock *Trigger Point Dry Needling: An Evidence and Clinical-Based Approach* by Jon Chimitachiak to differ electric declaration of the sector of the declaration of the sector of the declaration of the sector of the sector

The Dry Nordship courses are compositively prior dust (SPS) for courses for the DN-1 and DN-2 courses and \$1,055 for the DA-3 course, which instructions for the Dry Needing courses feature occursed instructor-student metrics.

#### TRANSITIONING FROM THE "OLD" TO THE "NEW" PROGRAM

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- Byou chan lated only the old DN-2, the best option is to where the obset DN-1, function by the only DN-2 at a Sub- chacoust, and the DN-3 characterized occurs of the astronomy of the attenting Biologic DN-5 characterized.
- If you completed the old DN-1 and DN-2, initial time new DN-2 and DR-3 courses

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# ATTACHMENT G



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# Structure & Function Dry Needling

My Licenses

Effective Dates: Ongoing Practitioner Type: PT & PTA

### DESCRIPTION

In this 25-hour lab-based course, the clinician will learn a diagnosis-focused approach to dry needling. The clinician will learn fundamental skills necessary for safe and proper needle insertion and removal, as well as effective strategies to manage commonly encountered pathologies in orthopedic and sport rehabilitation. Safety considerations are emphasized. Current science and research will be presented, along with a vast amount of clinical experience and pearls, allowing immediate application of dry needling into the cliniciana' professional practice. The use of cupping and inframuscular electrical stimulation will also be discussed, demonstrated and practiced in class.

#### Fees

**CCU Assignment** 

Locations

Additional Dates and Locations

Record This Activity

You can modify this oblivity in the next step.

# Info Sheet

DURATION FEE CCUS 25.00 Hours\$1,2928000

CERTIFICATION DATES 11/28/2016 --11/27/2017

## ACTIVITY TYPE

Workshop/Seminar

#### TOPICS

Sports Foot Shoulder Spine



Instructors

#### Agenda

### Objectives

-Adhere to safe needling techniques, including universal precautions and bloodborne pathogen education per the CDC and/or OSHA given a specific case study\* -Integrate surface anatomy palpation and layered anatomy application for safety considerations when inserting a dry needie into a patient given a specific case study\* -List 5 contraindications and precautions for dry needling and intramuscular electrical stimulation application -Master application of dry needling techniques for common orthopedic pathologies and sport related dysfunctions given a specific case study\*

-Mester application of intramuscular electrical stimulation for the common orthopedic pathologies and sport related dysfunctions given a specific case study\* -Master application of three different cupping techniques based on desired physiological or clinical outcome in a

given case study\*

-Given a specific case study, correctly integrate dry needling and intramuscular electrical stimulation into the overall treatment program\*

\*indicates higher level of learning

Outline

Materials

Prerequisites

Activity Approvers

Hip

Back Lea

Hand Knee

Musculoskeletal

Neck Orthopedics Rehabilitation Myofascial Release Cervical

Thoracic Lumbar Mcdalities Diagnosis and Evaluation Documentation and Billing Evidence-Based Practice TMJ

# Vendor Details

SF Dry Needling 2414 N. 38th Street Phoenix, AZ 85008, **USA** Visit Website

Phone (602) 888-1998 Contact Ashley Rice Email info@structureandfunction.net

Page 2 of 3

Reviews 0 Average from C Reviewers



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# Advanced Neurologic Dry Needling for Pain Management and Performance Enhancement

Effective Dates: Ongoing Pro

Practilioner Type: PT

## DESCRIPTION

This Advanced course will present the recent developments in evidence-based research for dry needling relating to treatment of community based patients and athletes. Emphasis is on acquiring a deeper understanding of the pathophysiology of soft tissue dysfunction and therapeutic physiology of dry needling. Clinical techniques for examination and management of peripheral nerve injury, neuromuscular dysfunction and biomechanical imbalance of the musculoskelstal system will be presented. This course is designed to provide information on how integrative dry needling can assist in maximizing human (athletic) performance by understanding the physiology of soft tissue healing and remodeling. Pre and post athletic event integrative dry needling treatments are an integral part of the comprehensive management of soft tissue recovery and ultimately physical performance. A considerable amount of lab time is focused on assuring safe and effective dry needling skills & clinical decision-making

Record This Activity

You can modify this activity in the next step.

# Info Sheet

DURATION FEE CCUS 27.00 Hours\$1,2952000

CERTIFICATION DATES

7/15/2017 - 7/14/2019

ACTIVITY TYPE Continuing Education Coursework

#### **TOPICS**

Neurology Musculoskeletal Inflammation Orthopedics

Fees

**CCU Assignment** 

Locations

Additional Dates and Locations

Instructors

Agenda

#### **Objectives**

1. Independently identify a minimum of three peripheral neuro-trigger points in a given case study.

 Independently integrate the physiological mechanisms into a treatment plan for a given musculoskeletal condition.
 Independently evaluate peripheral nerve (soft tissue) dysfunctions relating to a given musculoskeletal condition and pain.

4. Formulate a strategy of prevention and management for adverse responses to dry needling based on OSHA requirements during a case study.

5. Independently choose the correct neuro-trigger point treatment sites for safe application of dry needling treatment during lab sessions.

6. Correctly defend the IDN system for treatment of musculoskeletal pain based on the unique neurology and physiology of neuro-trigger points.

7. Independently integrating the IDN system into the participant's physical therapy practice in relation to current clinical, legislative and billing barriers.

## Outline

### Materials

#### Prerequisites

Attendance and successful completion of our Foundation seminar: Neurologic Dry Needling for Pain Management & Sports Rehabilitation.

Recommended reading: Dr. Ma's Neurologic Dry Needling.

# **Vendor Details**

Dr. Ma's Integrative Dry Needling Institute for Physical Therapists LLC 7051 Navajo Trail Solon, OH 44139, USA <u>Visit Website</u>

Phone (440) 554-4221 Contact Frank Gargano Ernail Frank@integrativedryneedling.co Yun-tao Ma, (Lantern publishing, 2016) This is the textbook for the course.

## **Activity Approvers**

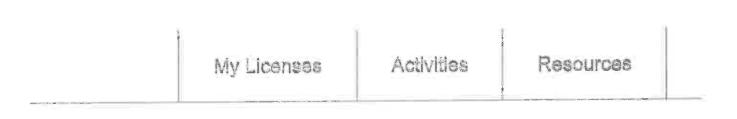
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# Neurological Dry Needling for Pain Management and Sports Rehabilitation

Effective Dates: Ongoing Practitioner Type: PT

## DESCRIPTION

Integrative Dry Needling is the culmination of Dr. Yun-tao Ma's 40 years of research and experience into a systematic approach to the application of the physiological mechanisms of dry needling. The Integrative Dry Needling (IDN) training program will develop the knowledge and clinical skills required to effectively diagnose and treat painful neuromuscular conditions in any region of the body. The IDN system integrates the older traditional treatment approaches to create an assessment and treatment system that drastically reduces the time spent on palpation, while improving clinical efficacy. As a result, course participants will develop a clinical protocol to allow immediate integration of dry needling into their clinical practice.

#### Fees

**CCU Assignment** 

Locations

Instructors

Agenda

Record This Activity

You can modify this activity in the next step.

# Info Sheet

DURATION FEE CCUS 27.70 Hours\$1,295200

CERTIFICATION DATES 10/1/2016 - 9/30/2017

## ΑCTIVITY TYPE

Continuing Education Coursework

TOPICS Musculoskelotai



## Objectives

Learning Objectives:

At the end of this course, participants will be able to:

1. Develop the psychomotor skills necessary to effectively demonstrate and deliver dry needling treatment during the mastery lab sessions.

2. Acquire the knowledge and clinical skills necessary to evaluate and treat all types of myofascial pain and soft tissue dysfunction.

 Describe the practical applications of the physiological mechanisms of needling during the mastery lab sections
 Describe the neuroanatomy and physiology of trigger

points, and the unique concepts of the IDN system during the case study portion of the course.

 Provide safe and effective needling treatment, including preventing and managing adverse responses to needling and clean needling technique.

 Integrate dry needling techniques into their physical therapy practice.

# Vendor Details

Dr. Ma's Integrative Dry Needling Institute for Physical Therapists LLC 7051 Navajo Trail Solon, OH 44139, USA <u>Visit Website</u>

Phone (440) 554-4221 Contact Frank Gargano Email Frank@integrativedrynecdling.co

## Materials

#### Prerequisites

Required reading: Biomedical Acupuncture for pain management, Integrative approach. Yun-teo Ma, Mila Ma, Zan Hee Cho (Elsevier, 2005)

## **Activity Approvers**

Reviews 0 Average from 0 Reviewers

Page 2 of 2

Page 131 8/7/2017

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12 Hour Dry Needling Course | Dry Needling Institute - Dr. David Fishkin | FishkinCente... Page 1 of 4

The Dry Needling Institute

## **Dry Needling Institute 12 Hour**

## **Certified Training Course**



Sat 8:00AM - 6:00PM and Sun 8:00AM - 2:00PM

Dry Needling Institute's 12 hour certified training course results in immediate clinical applicability. Its purpose is to prepare health care professionals to utilize dry needling as a diagnostic and

treatment modality.

This course is meant for practitioners who desire improved clinical outcomes, improved patient satisfaction and increased referrals.

- Achieve great clinical outcomes in treating issues and tissues throughout the body.
- Complement your other treatment protocols with an evidenced based approach.
- Raise your practice profile.
- Generate additional internal and external referrals.
- Decrease the stress on your body!
- Requires minimal capital to implement.

#### **Training Course Fee**

#### \$1200 All Attendees

PLEASE NOTE: 80% of the course fee is refundable if notice of cancellation is received by DNI up to 30 days before the course begins. Fees are nonrefundable within the last 30 days before the course.

## ATTACHMENT E



#### **Course Objectives**

Upon completion of this training the learner will:

- Understand the various theories and models that underlie dry needling technique.
- Know all safety and indication/contraindication parameters for needling services.
- Learn and demonstrate all dry needling procedures in all body areas to the instructor.
- Apply dry needling technique to various case scenarios presented by the instructor to demonstrate integration of the three previous elements.

Upon achieving these objectives the learner will be certified to deliver dry needling services safely and effectively to the public.

#### Value-Added

- You receive a comprehensive 12 hour, two-day certified course.
- Class size is limited to ensure clinical competency.
- Participants receive a coursebook, educational materials, and a startup supply of needles.
- Continental breakfast provided on all days, and healthy refreshments throughout.
- Free parking.

#### **Eligibility Requirements**

- Open to all licensed health care practitioners whose scope of practice permits the use of dry needling.
- All participants must sign consent forms permitting the other participants to practice and perform dry needling on them and permitting the instructor to demonstrate dry needling on them.
- All participants must provide proof of adequate malpractice insurance.
- All participants must sign a waiver absolving the instructor of any liability in the event of injury.
- All participants must be prepared to dress down to shorts, and women should wear bras with rear closures to facilitate hands-on practice as part of the training.

#### **Course Overview**



Current research, clinical trials, case studies, and my own personal experience all attest to the power of this evidence-based approach to treating soft tissue dysfunction.



With this powerful clinical tool, you can expand your scope of practice and contribute to the good of the public health by lessening the suffering of your patients, more efficiently and with longer lasting results.

This course has been audited by a representative of the Maryland State Board of Chiropractic Examiners and has been rated as "exceeding all expectations."

Participants will learn how dry needling theory is based on the same anatomic, neurologic and biomechanical principles they already use in their day-to-day practice. Participants will also learn how to apply their kinesthetic training and other skills to a technique that is increasingly recognized to be effective for diagnosing the source of myofascial pain syndromes, and for treating both acute and chronic pain.

Participants will learn how to perform dry needling using fine, thin, solid filament needles and they will practice what they learn on each other, in the workshop, under the direction of the instructor. Finally, participants will leave the workshop with a start-up supply of needles that they can use in their offices with their own patients.

#### Dry Needling Institute

Tracing courses in the trasitionic and munagement of myclerical (singler points.

**DNI Courses Offered** 

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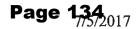
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Register 3 Tay Online (Rockville Crity) Course Schedule

Course Times & Locations

12 Hour Course Scillet00A - StCOP, Scin 6:00A -3:00P



American Academy of Manipulative Therapy (AAMT) Fellowship in Orthopaedic Manual Physical Therapy: Deposit for Fellowship Cohort that begins March 1, 2018

IASTM-1: Instrument-Assisted Soft-Tissue Mobilization Custom FRAMS (Fibrosis Release And Myofascial Stretching) TOOL SET for Spine & Extremity Conditions

Register Online

# **Seminar Description**

## DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)

No prerequisites are needed for this **three-day 27-hour course in dry needling**; however, registrants must be a licensed physical therapist, osteopath, medical doctor, naturopathic doctor or acupuncturist in their respective state or country. <u>Certification in Dry Needling</u>™ (Cert. DN<sup>™</sup>) will be awarded upon successful completion (i.e. written and practical examination) of both the DN-1 & DN-2 courses, giving <u>54 hours</u> of hands-on dry needling education in total. Note: DN-2 may be taken before DN-1.

Participants will learn superficial and deep dry needling techniques for the treatment of lumbopelvic and lower extremity musculoskeletal conditions. This course does include, but is not limited to, needling of taut bands of muscle (i.e. trigger points) as originally introduced by Travell & Simons. That is, peri-neural needling and needle puncture of tendons, ligaments, musculotendinous junctions, teno-osseus junctions, and bone ("periosteal pecking") will also be taught as essential components of musculoskeletal needling practice. More specifically, peri-neural and peri-vascular needling will be instructed for the purpose of improving microcirculation and disrupting fibrosis in chronic neurogenic pain syndromes. Dry needling is certainly a lot more than sticking needles in trigger points!

Dry needling will be taught within the framework of western musculoskeletal diagnoses, not within the theoretical framework of traditional Chinese medicine (TCM), and not for the purpose of altering the flow of Qi or energy along traditional Chinese meridians. More specifically, the participant will learn evidence-based guidelines, recommended "point" locations, and dosages for the use of dry needling in the treatment of specific neuromusculoskeletal conditions (not just individual muscles!) including: mechanical low back pain, multifidus dysfunction, primary piriformis syndrome, acute lumbar radiculopathy ("sciatica"), hip dysfunction, knee osteoarthritis, patellofemoral pain syndrome, medial collateral ligament injuries, "shin splints", ankle "sprains", Achilles tendinosis, and plantar fasciitis. In addition, the most recent evidence underpinning the mechanical, hypoalgesic (central, segmental, peripheral), neurophysiologic, chemical, and hormonal effects of dry needling will be presented.

Brain imaging studies have demonstrated that needling of "key" distal points (not trigger points), that are not "onsite" with the patient's symptoms, stimulates the descending pain inhibitory systems or cortical areas of the brain that are involved in pain control. Furthermore, much of the literature that "dry needling" draws from uses the term "acupuncture" in its title, and many of these studies have used both traditional acupuncture points and myofascial trigger points in their treatment regimes. Thus, a foundational knowledge of the nomenclature and the location of several key traditional acupuncture points course to help the clinician understand and interpret the

existing biomedical acupuncture and dry needling literature within the context of neuromusculoskeletal conditions. However, this course in dry needling does not constitute training, of any kind, in the practice of traditional Chinese acupuncture or Oriental Medicine. More specifically, this course does not teach participants to needle acupuncture points on traditional Chinese meridians.

For the management of lumbopelvic and lower extremity pain syndromes, dry needling will be taught as one part of the treatment package, but not the only part. That is, there is high quality evidence that spinal manipulation has a clinically relevant effect on pain and disability in patients with acute and chronic low back pain (Rubinstein et al, 2011; Standaert et al, 2011; UK BEAM Trial, 2004); furthermore, patients with low back pain who do not receive lumbopelvic HVLA thrust manipulation as part of the treatment package are 8 times more likely to experience a worsening in disability than those patients who do receive spinal manipulation (Childs et al, 2007). Additionally, HVLA thrust manipulation of the sacrum has been found to increase the strength and basal tonus of the pelvic floor muscles (Almeida et al, 2010); and sacroiliac joint manipulation has been shown to improve the feed-forward activation timing of the transverse abdominus muscle (Marshall & Murphy, 2006). Nevertheless, within the emerging literature, the combination of spinal manipulation and dry needling is showing the most promise for "best practice" models in a variety of musculoskeletal conditions. This is the "Osteopractic" approach in essence-the combination of spinal manipulation (SMT-1, SMT-2, SMT-3 & SMT-4), extremity manipulation (EMT-1), and dry needling (DN-1 & DN-2) for the evidence-based treatment of neuromusculoskeletal conditions. Learn from the experts that are trained in all three by registering online now!

Register online for this seminar

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# Dry Needling: A Tool for Physical Therapy Practice, Part 2



This 3-day 28-hour course in dry needling is a compliment to Course 1 in terms of evidencebased practice, safety, advancing the range of muscles needled, and practical employment of this treatment tool using clinical reasoning in more complicated cases. The purpose of this course is to refine and expand the clinician's skills in the utilization of dry needling in clinical practice. At the

end of this course, the clinician will have the foundation to move from a novice level regarding dry needling of trigger points to a master level of treating musculoskeletal disorders with a myofascial component. Clinical case reports/studies will be discussed and analyzed. Student cases will be presented and worked through with instructor and student feedback. Participants will advance palpation skills to effectively and safely identify trigger points and then learn the specific safety techniques over the thorax. Students will learn how to integrate trigger point dry needling into a full PT evaluation and treatment plan resolve trigger points and restore function in the thoracic spine, hand, foot, and face for the treatment of musculoskeletal disorders.

# Course Objectives:

Upon completing this course, you'll be able to:

1. Understand why and how to employ dry needling within a full PT exam from history to differential diagnosis, from tests and measures to matching interventions, to the correlated home exercise

2. Understand the scientific underpinnings of the mechanisms of myofascial trigger points and dry needling

3. Discuss an overview of research literature on dry needling from 1979 to 2015 and understand how it pertains to PT clinical reasoning with each patient

4. Demonstrate excellence in safety of needle handling with regards to indications/contraindications, clean needle technique, OSHA needle safety standards,



and a knowledge of 3-dimensional anatomy

5. Demonstrate excellence in safety in any region and in particular when dry needling any muscles over the lung field via the rib block technique, the parallel-to-thorax technique, as well as other safety techniques

6. Demonstrate excellence in a variety of dry needle treatment techniques and paying close attention to patient assessment and reassessment during treatment

7. Integrate dry needling in a treatment program for various musculoskeletal conditions to include costochondritis, neck pain, headaches, TMJ, hand and foot pain, myofascial trigger points about the thorax, and other selected muscles

# Eligibility:

This course is designed for licensed physical therapists who are allowed to use dry needling in their practice and jurisdiction.

Class size:

Between 20-30 students

# PT Continuing Education Approved Course:

North Carolina Board of PT Examiners 28 hrs

# Participation Policy:

Attendees must be able to fully participate in all lab activities, to include being the needling subject for all sections

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| Dates: 6/25/17 - 6/27/17; 9/29/17 - 10/01/17;<br>11/03/17 - 11/05/17; Ongoing<br>Locations: Fairfax, VA; Hammond, LA; Phoenix, AZ;<br>Raleigh, NC; Solon, OH<br>Price Range: \$1295.00<br>Vendor: Dr. Ma's Integrative Dry Needling Institute<br>for Physical Therepists LLC<br>ProCert certified                                                                                                             |              | <ul> <li>Healthcare Academy         <ul> <li>(1)</li> <li>+ Show 3 more</li> </ul> </li> <li>ProCert Certification         <ul> <li>ProCert Certified (10)</li> <li>Not Certified (124)</li> </ul> </li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Neurological Dry Needling for Pain<br>Management and Sports Rehabilitation<br>Type: Continuing Education Coursework<br>Dates: Ongoing<br>Locations: clevaland, OH; Fainfax, VA; Glendals,<br>AZ; Las vegas, NV; Marietta , GA; Solon, OH;<br>Vernon, CT; Winchester , VA<br>Price Range: \$1295.00<br>Vendor: Dr. Ma's Integrative Dry Needling Institute<br>for Physical Therapists LLC<br>ProCert certified | <u>32.00</u> | Approver<br>FSBPT/ProCert (10)<br>Location<br>Miles From:<br>ZIP:                                                                                                                                              |
| Master Dry Needling : Level -2 Type: Continuing Education Coursework Dates: Ongoing Locationa: Releigh, NO Price Range: \$995.00 Vendor: Total Motion Release Seminars ProCert certified                                                                                                                                                                                                                      | <u>29.00</u> | Apply<br>Can't find the<br>activity you're                                                                                                                                                                     |
| Master Dry Needling : Level - 1<br>Type: Continuing Education Coursework<br>Dates: Ongoing : Locations: Raleigh, NC<br>Price Range: \$1295.00<br>Vendor: Total Motion Retense Seminars<br>ProCert certified                                                                                                                                                                                                   | <u>27.00</u> | <b>looking for?</b><br>Don't worry about it!<br>aPTitude is still growing,<br>so you may need to<br>manually add your                                                                                          |
| Handling Aggressive Residents and     Patients with Dementia     Type: Online Course Dates: Ongoing     Locations: Tampa, FL Price Range: \$20.00     Vendor: Ed4Online     ProCert certified                                                                                                                                                                                                                 | <u>1.00</u>  | activity to our system.<br>Create &<br>Record<br>Activity                                                                                                                                                      |
| <ul> <li><u>Physical Therapy and Safe Patient</u></li> <li><u>Handling and Mobility: Optimum Outcomes</u></li> <li><u>and Safety for Everyone</u></li> <li>Type: Online Course   Dates: Ongoing</li> <li>Locations: Houston, TX  </li> <li>Price Range: \$99.00  </li> <li>Vendor: PhysicalTherapy.com</li> <li><b>ProCert certified</b></li> </ul>                                                           | 2.00         |                                                                                                                                                                                                                |

<u>20.00</u>

| Reaching for Excellence in Safe<br>Patient Handling and Mobility—<br>Implementing Culture Change with Special<br>Emphasis on Falls, Pressure Ulcers and<br>Mobility                                                                            |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Type: Symposium/Conference<br>Dates: 4/10/17 - 4/30/17<br>Locations: Glendale, AZ<br>Price Range: \$175.00<br>Vendor: Tampa VA Research and Education<br>Foundation, Inc.<br><b>ProCert certified</b>                                          |             |
| <u>Safe Resident Handling for Managers:</u><br><u>Ergonomics for the Prevention of MSDs</u><br>Type: Online Course Dates: Ongoing<br>Locations: henderson, MN<br>Price Range: \$0.00<br>Vendor: Healthcare Academy<br><b>ProCert certified</b> | <u>1.00</u> |
| K. <u>Handling Augmentative</u> <u>Communication</u> Type: Online Course Dates: Ongoing     Locations: Tampa, FL Price Range: \$20.00      Vendor: Ed4Online <b>ProCert certified</b>                                                          | <u>1.00</u> |
| PREVIOUS 1                                                                                                                                                                                                                                     | NEXT        |
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3. Define trigger point, taut band, and neurological presentations of neuromuscular dysfunction.

4. Define and understand the concept of trigger points, their pathogenesis, and hypothetical constructs of Chad Gunn and Janet Travell.

5. Discuss and define attributes/features of trigger points and discuss the various interventions used in the treatment of trigger points.

6. Integrate understanding of appropriate use of trigger point dry needling within a clinical reasoning framework.

7. Perform trigger point dry needling and develop moderate proficiency using trigger point needling on select muscles of the spine, lower, and upper quadrant.

# Eligibility

This course is designed for licensed physical therapists who are allowed to use dry needling in their practice and jurisdiction.

# PT Continuing Education Approved Course:

North Carolina Board of PT Examiners 28 hrs

# Class Size:

Between 20-30 students

# Participation Policy:

Attendees must be able to fully participate in all lab activities, to include being the needling subject for all sections



doubleepteducation



# Dry Needling--a Tool for PT Practice, Course 1 Description:

Dry Needling--a Tool for Physical Therapy Practice, Course 1 is a 3-day, 28-hour course delivered via on-site lectures and extensive hands-on lab/practical instruction using a regional approach in order to facilitate participant learning. The purpose of this course is to learn about trigger points and the different interventions used to treat them, focusing heavily on the



intervention of dry needling. While dry needling is emphasized in this course, it is presented as one intervention or tool that the clinician can integrate into his or her treatment program. The participants will learn palpation skills to effectively identify trigger points and then learn how to employ dry needling and their hands--to include evidence for soft tissue manual therapy--to resolve trigger points and restore function in the spine, lower, and upper quarter musculoskeletal disorders. This course will also investigate the emerging evidence/research regarding the treatment effectiveness, proposed mechanisms of action, and safety considerations for trigger point dry needling. Participants take a didactic test and a hands-on practical test that investigate the participant's palpation skills to accurately identify trigger points, correct hand placement for dry needling, knowledge of landmarks, safety considerations for various muscles, and correct and safe handling/disposal of needles. A heavy focus is placed on the integration of these techniques in clinical practice using clinical reasoning.

## Course Objectives:

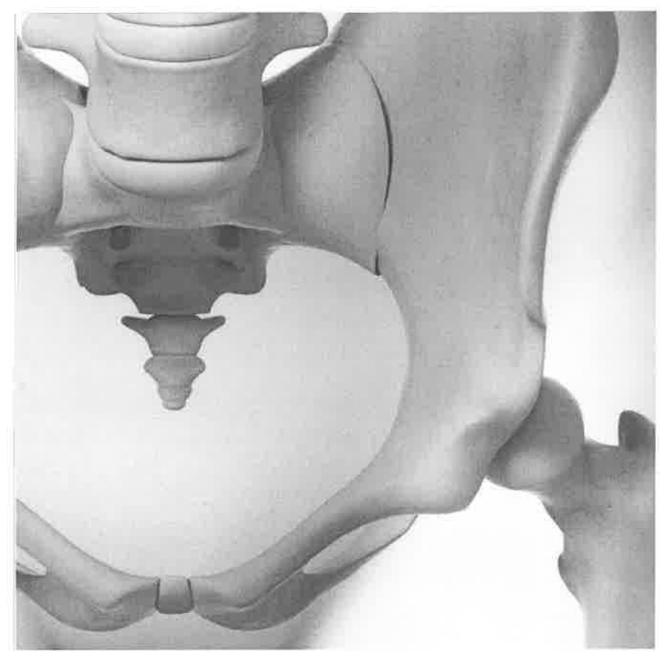
Upon completing this course, you'll be able to:

1 Discuss the history of myofascial pain.

2. Review and define the concept of trigger points and supporting literature around this concept.

ATTACHMENT F





# \$1,000 USD

Upcoming Courses (1)

September 30 – October 1, 2017 Functional Dry Needling Of The Pelvic Floor (https://my.kinetacore.com/RegistrationFormAccessCode.aspx? sType=1&sessfrmt=True&sessid=4898) ASHBURN, VA

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### LICENSE TRACKING

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Activities

Activities

My Recorded Activities

Find / Record Activities

Resources

## Master Dry Needling : Level - 1

My Licenses

Effective Dates: Ongoing Practitioner Type: PT & PTA

## DESCRIPTION

This course is intended as an introductory course to utilize DN in clinical practice and is open to Physical Therapists and Physical Therapy Assistants. Students of these disciplines are welcome as long as they are in the upper levels of their course work. It will begin with a history of dry needling and its contrast and comparison to acupuncture. It will continue with its use in trigger points and myofascial pain syndromes. Also included will be musculotendinous, tenoperiosteal and ligamentous applications. Record This Activity

You can medify this activity in the next step.

## Info Sheet

DURATION FEE CCUS 27.00 Hours\$1,2952000

CERTIFICATION DATES 1/1/2019 - 12/31/2019

ACTIVITY TYPE Continuing Education Coursework

ī/2017

TOPICS Sports Fcot Shoulder Spine

https://pt.fsbpt.net/aPTitude/licensees/Activities/Profile?id=108053&v=126410



CCU Assignment

Instructors

Agenda

Objectives

## Activity Profile

Objectives -

By the end of the course the participants will be able to -1. Correctly explain using 5 main points, the efficacy of DN history and clinical applications.

2. Correctly list at least 5 normal and 5 abriormal muscle contraction physiology.

3. Correctly list the 10 precipitating and perpetuating factors in trigger point (TP) syndromes, as taught in class.

4. Correctly demonstrate the application of electrical stimulation to inserted needles as taught in class.

5. Correctly explain the muscle attachments and trigger points, by surface anatomy and muscle testing method.

6. Correctly describe at least 5 ligamentous and tenoperiosteal tissues by surface anatomy.

7. Properly insert needles into each tissue identified including depth and angle of penetration, as shown by the instructor.

8. Justify at least 5 uses of Neural Therapy concepts into treatment, as taught in class.

9. Justify the practical application of Total Motion Release concepts into the Dry Needling treatment as taught in class.

10. Correctly list at least 10 absolute and relative contraindications to Dry Needling therapy.

11. Analyze the findings of the one type of tissue encountered at the end of a needle, using "needle palpation."

12. Correctly utilize the different needling techniques and stimulation performed across the field, as per the given case scenario.

Back Leg Hand Knee Musculoskeletal Arm Neck Myofascial Release Cervical

## Vendor Details

Total Motion Release Seminars 3500 Bush St., Ste. 101 Raleigh, NC 27609, USA <u>Visit Website</u>

Phone (919) 749-2106 Contact Tom Dalonzo-Baker Emall tmrs.sam@gmail.com



https://pt.fsbpt.net/aPTitude/licensees/Activities/Profile?id=108053&v=126410

Outline

Materials

## Prerequisites

State practice act that includes dry needling as being within scope of practice. Active malpractice insurance.

## Activity Approvers

Reviews 0 Average from 0 Reviewers

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1



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My Recorded Activities

Master Dry Needling : Level -2

Effective Dates: Ongoing Practitioner Type: PT

## DESCRIPTION

Fees

Locations

Instructors

Objectives

Agenda

Outline

**CCU Assignment** 

v

This course is a three day introductory course to anhance and expand upon the foundational principles offered in cur 27-hour Level Level Level I course, Introduction to Dry Needling. While this course is still designed to place heavy emphasis on practical, hands-on training and practice, the attendee will be introduced to more detail of current research regarding DN efficacy, physiclogical effects, controversies and potential adverse effects.

Record This Activity

Find / Record Activities

You can modify this activity in the next step.

## Info Sheet

DURATION FEE CCUS 27.00 Hours\$995.009.00

CERTIFICATION Certified DATES 6/8/2018 - 6/7/2019

**ACTIVITY TYPE** Continuing Education Coursework

TOPICS Sports Shoulder Leg Knee



This course is a three day introductory course to enhance and expand upon the foundational principles offered in our 27-hour Level I course, Introduction to Dry Needling. While this course is still designed to place heavy emphasis on practical, hands-on training and practice, the attendee will be introduced to more detail of current research regarding DN efficacy, physiological effects, controversies and potential adverse effects. Peripheral and central sensitization issues will be discussed. The participant will be familiarized not only with HOW to needle but also WHAT functional outcomes may be influenced by needling, which is WHY we needle. As always, an emphasis will be placed on patient and clinician safety and proper handling of potential blood-borne pathogens. While many of the tissues covered in the Level One course were larger and more common clinically encountered muscle groups, more complex anatomical regions such as the face, hand and foot intrinsics will be taught in Level II. Relevant regional and three-dimensional anatomy (utilizing state-of-the-art software programs) as well as pathophysiology of common disorders will be covered as the weekend progresses. Level Il also dedicates more time of DN beyond trigger point techniques to other soft tissue applications in musculotendinous, tenoperiosteal and ligamentous tissues. The art of "needle palpation" will be emphasized, allowing the participant to correctly distinguish between normal and abnormal tissue in different body types. Pre and post DN functional assessments will be included. Prior to postcourse proliciency testing, multiple case studies will be presented. Each attendee will be expected to sign a waiver and practice DN on a lab partner. Pregnant females are not allowed to participate in the course as all attendees are expected to needle lab partners.

## Materials

#### Prerequisites

PREREQUISITES

\*State practice act that includes dry needling as being within scope of practice.

Musculoskeletal Neck Rehabilitation

## Vendor Details

Total Motion Release Seminars 3500 Bush St., Ste. 101 Raleigh, NC 27609, USA Visit Website

Phone (919) 749-2106 Contact Tom Dalonzo-Baker Email tmrs.sam@gmail.com \*Active maipractice insurance.

\*Signed liability waiver by all attendees. Female allendees

must sign to certify they are not pregnant.

\*Master Dry Needling Level I seminar or equivalent

## **Activity Approvers**

Reviews 0 Average from Reviewers

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## 18VAC112-20-131 - Continued Competency Requirements for Renewal of an Active License

# 18VAC112-20-131. Continued Competency Requirements for Renewal of an Active License.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

a. The Virginia Physical Therapy Association;

b. The American Physical Therapy Association;

c. Local, state or federal government agencies;

d. Regionally accredited colleges and universities;

e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;

f. The American Medical Association - Category I Continuing Medical Education course; and

g. The National Athletic Trainers' Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice. Up to two of the Type 2 continuing education hours may be satisfied through delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services.



3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he has met the standard of the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment tool was taken.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

**Historical Notes** 

Derived from Volume 19, Issue 01, eff. October 23, 2002; amended, Virginia Register Volume 25, Issue 18, eff. June 10, 2009; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 03, eff. November 4, 2015; Volume 33, Issue 15, eff. May 5, 2017.

