• DPT in 2001, ATSU
• 10 years in private practice
• www.OneAccordPT.com

- Dry Needling Background: (Over 200 hours of training)

- Certified:
  - American Dry Needling Institute (Dr. Ma)
  - American Academy of Manipulative Therapy (Dr. Dunning)
  - Myopain Seminars (Dr. Dommerholt) Levels 1, 2,
  - Member of AzPTA DN Task Force
Oct. 2011, ASOMA complaint Dismissed by AzPTB, no incident of law being broken

Feb. 2012, ASOMA complaint #2 Investigated & dismissed by AzPTB

Sept. 2012 AzPTA DN Task Force Formed

Oct. 2013 AzPTB Determined DN with Scope

3 Stakeholders Meeting 2013

AZ Timeline
Dec. 2013, Sunrise Review with Joint Health Committee

MPTA Formation Dec 2013

Jan – April Legislative Lobbying

April 24th
SB1154 Signed

Rules Process
What AZ did right:

• Formed Effective DN Task Force
• Asked for help
• Created an Encompassing Definition
• Created Grassroots Effort
• Created a Presence at Legislature
• Made it about being fair
• Kept emotions out of it
Task Force Formation

• Made up of various PTs:
  • Academics
  • PTs that did not DN
  • PTs that did DN
  • **PTs from the 4 Major DN ConEd Providers**
  • **None of the PTs employed by or owned DN ConEd Company**

It is ok to ask for help
Why Diverse Task Force

• Incorporates the breadth of practice
• Avoids Technique Approach Bias
• Avoids Giving Competitive Advantages

Strength lies in differences, not in similarities.

Stephen R. Covey
• How we define ourselves now will guide how we practice tomorrow.
Why your definition counts:

• IT GUIDES & LIMITS YOUR SCOPE

• Should encompass the totality of practice not just one approach or technique

• Should be able to grow with research and understanding

• Should not use non-PT terminology to define PT: ie. “distal point”
What is Dry Needling?

Arizona Statute Defines Dry Needling as:
A SKILLED INTERVENTION PERFORMED BY A PHYSICAL THERAPIST THAT USES A THIN FILIFORM NEEDLE TO PENETRATE THE SKIN AND STIMULATE UNDERLYING NEURAL, MUSCULAR AND CONNECTIVE TISSUES FOR THE EVALUATION AND MANAGEMENT OF NEUROMUSCULOSKELETAL CONDITIONS, PAIN AND MOVEMENT IMPAIRMENTS.
What is DN cont.:

- AZ Definition is currently to the most accurate comprehensive definition nationally to date
- It describes what we do in the simplest form and allows for growth of our profession
- It does not define a technique or singular approach to DN
Narrative Review

Dry needling: a literature review with implications for clinical practice guidelines

James Dunning¹,², Raymond Butts³,⁴, Firas Mourad⁵, Ian Young⁶, Sean Flannagan⁷, Thomas Perreault⁸

¹Nova Southeastern University, Ft. Lauderdale, FL, USA, ²Alabama Physical Therapy & Acupuncture, Montgomery, AL, USA, ³University of South Carolina, Columbia, SC, USA, ⁴Palmetto Health Research Physical Therapy Specialists, Columbia, SC, USA, ⁵Sportlife Physiotherapy, Montichiari, Italy, ⁶Spine & Sport, Savannah, GA, USA, ⁷OneAccord Physical Therapy, Casa Grande, AZ, USA, ⁸Portsmouth-Newington Physical Therapy, Portsmouth, NH
Why Not Call It TDN?

Dunning et al. 2014:

• “Just as the Maitland, Kaltenborn, and McKenzie approaches are unique brands of manual therapy, so is ‘TDN’ and ‘IMT’ to dry needling. They provide a single framework or paradigm within the much broader field of dry needling.”
Why Not Call It TDN?

- 241-patient study
- Reported that only 2 of the 14 target structures were muscular TrPs
- Other structures needled included: ligaments, scar tissue, tendons, bones, and teno-osseus insertion sites, all of which are types of connective tissue.
Why Not Call It TDN?

• Trigger Point Dry Needling implies we only treat taunt bands in muscles . . .

• What about CTS, tendinopathies, scar tissue ...
• Words to avoid at State & National Levels:
  • Trigger Point Dry Needling (TDN) – *Myopain*
  • Functional Dry Needling - *Kinetacore*
  • Integrative Dry Needling – *Am. DN Institute*
  • Intramuscular Stimulation – *Gunn*
  • Intramuscular Dry Needling
  • Intramuscular Manual Therapy
  • BioMedical Dry Needling – *Am. DN*
Defining DN anything other than simply “Dry Needling” creates:

1. Restricted scope of practice, limiting us to treating solely muscle
2. Restricts future research of the effectiveness of DN with neural & connective tissue
3. Creates an ethical dilemma where national & State associations and boards may have inadvertently given a competitive advantage to certain ConEd providers
What we did:

- After Dec. 2013 Joint Health Committee it became obvious
- Lobbyist don’t know specifics of practice or the determination of acupuncturist
- Politics as usual approach with agendas
- Dig-Heal-In mentality vs. solutions based strategies
- Disconnect between association, board, leadership and practitioners
What we did:

• 6 PTs & 5 hours of strategic planning
• Dr. Justin Dunaway, PT, DPT, OCS, Cert. SMT/DN
• Dr. Calvin Noonan, PT, DPT, ATC, Cert. SMT/DN
• Dr. Cory McKinnon, PT, DPT, Cert. SMT/DN
• Dr. Kyle McCherney, PT, DPT, OCS
• Ms. Sarah Hanna, PT, DPT, Cert. DN
What we did:

- Petition targeting Governor & State Legislators
- [www.ProtectPT.com](http://www.ProtectPT.com)
- Facebook, website, twitter: [www.MPTAlliance.com](http://www.MPTAlliance.com)
- Strategic Grassroots Effort
Grassroots:

• Disconnect between practicing PT & Legislative agendas

• 5 PTs started calling all private practices in Joint Health Committee Districts

• Call to action: Call, write, email senators & legislators

• 556 LAcvs vs. 6000 Lic. PT/PTA
Legislative Presence
Legislative Visits

• Began meeting with legislators
  • Without board/association lobbyist
  • With patients

• Key relationships/conversations:
  • Elizabeth Marr, PT, DPT – Lake Havasu (Sen. Ward D.O.)
  • Patient meeting with Sen. Barto (Chair of Senate Health Committee)
Other Activities

• Newspaper & TV
• Sent Governor petition with signatures
• Created email alert system that could be immediately activated (mailchimp)
What we learned:

• Everyone has agendas
• Lobbyist will spin everything
• A handful of people not willing to settle can influence an entire process
• Legislators are in office to write bills
  • Proud of them
  • Know who you are talking to
• Ask them for a solution … don’t always bring the solution
Resources

- www.MPTAlliance.com
- DN Definition Resource Paper
- Creating A DN Task Force Paper
- Dunning et al. 2014 DN Review
- Speaking points for patients & practitioners