

2SHB 1039 - S COMM AMD

By Committee on Health & Long Term Care

ADOPTED 04/06/2023

1 Strike everything after the enacting clause and insert the
2 following:

3 **"Sec. 1.** RCW 18.74.010 and 2018 c 222 s 1 are each amended to
4 read as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

7 (1) "Authorized health care practitioner" means and includes
8 licensed physicians, osteopathic physicians, chiropractors,
9 naturopaths, podiatric physicians and surgeons, dentists, and
10 advanced registered nurse practitioners: PROVIDED, HOWEVER, That
11 nothing herein shall be construed as altering the scope of practice
12 of such practitioners as defined in their respective licensure laws.

13 (2) "Board" means the board of physical therapy created by RCW
14 18.74.020.

15 (3) "Close supervision" means that the supervisor has personally
16 diagnosed the condition to be treated and has personally authorized
17 the procedures to be performed. The supervisor is continuously on-
18 site and physically present in the operatory while the procedures are
19 performed and capable of responding immediately in the event of an
20 emergency.

21 (4) "Department" means the department of health.

22 (5) "Direct supervision" means the supervisor must (a) be
23 continuously on-site and present in the department or facility where
24 the person being supervised is performing services; (b) be
25 immediately available to assist the person being supervised in the
26 services being performed; and (c) maintain continued involvement in
27 appropriate aspects of each treatment session in which a component of
28 treatment is delegated to assistive personnel or is required to be
29 directly supervised under RCW 18.74.190.

30 (6) "Indirect supervision" means the supervisor is not on the
31 premises, but has given either written or oral instructions for
32 treatment of the patient and the patient has been examined by the

1 physical therapist at such time as acceptable health care practice
2 requires and consistent with the particular delegated health care
3 task.

4 (7) "Physical therapist" means a person who meets all the
5 requirements of this chapter and is licensed in this state to
6 practice physical therapy.

7 (8)(a) "Physical therapist assistant" means a person who meets
8 all the requirements of this chapter and is licensed as a physical
9 therapist assistant and who performs physical therapy procedures and
10 related tasks that have been selected and delegated only by the
11 supervising physical therapist. However, a physical therapist may not
12 delegate sharp debridement to a physical therapist assistant.

13 (b) "Physical therapy aide" means an unlicensed person who
14 receives ongoing on-the-job training and assists a physical therapist
15 or physical therapist assistant in providing physical therapy patient
16 care and who does not meet the definition of a physical therapist,
17 physical therapist assistant, or other assistive personnel. A
18 physical therapy aide may directly assist in the implementation of
19 therapeutic interventions, but may not alter or modify the plan of
20 therapeutic interventions and may not perform any procedure or task
21 which only a physical therapist may perform under this chapter.

22 (c) "Other assistive personnel" means other trained or educated
23 health care personnel, not defined in (a) or (b) of this subsection,
24 who perform specific designated tasks that are related to physical
25 therapy and within their license, scope of practice, or formal
26 education, under the supervision of a physical therapist, including
27 but not limited to licensed massage therapists, athletic trainers,
28 and exercise physiologists. At the direction of the supervising
29 physical therapist, and if properly credentialed and not prohibited
30 by any other law, other assistive personnel may be identified by the
31 title specific to their license, training, or education.

32 (9) "Physical therapy" means the care and services provided by or
33 under the direction and supervision of a physical therapist licensed
34 by the state. Except as provided in RCW 18.74.190, the use of
35 Roentgen rays and radium for diagnostic and therapeutic purposes, the
36 use of electricity for surgical purposes, including cauterization,
37 and the use of spinal manipulation, or manipulative mobilization of
38 the spine and its immediate articulations, are not included under the
39 term "physical therapy" as used in this chapter.

1 (10) "Practice of physical therapy" is based on movement science
2 and means:

3 (a) Examining, evaluating, and testing individuals with
4 mechanical, physiological, and developmental impairments, functional
5 limitations in movement, and disability or other health and movement-
6 related conditions in order to determine a diagnosis, prognosis, plan
7 of therapeutic intervention, and to assess and document the ongoing
8 effects of intervention;

9 (b) Alleviating impairments and functional limitations in
10 movement by designing, implementing, and modifying therapeutic
11 interventions that include therapeutic exercise; functional training
12 related to balance, posture, and movement to facilitate self-care and
13 reintegration into home, community, or work; manual therapy including
14 soft tissue and joint mobilization and manipulation; therapeutic
15 massage; assistive, adaptive, protective, and devices related to
16 postural control and mobility except as restricted by (c) of this
17 subsection; airway clearance techniques; physical agents or
18 modalities; mechanical and electrotherapeutic modalities; and
19 patient-related instruction;

20 (c) Training for, and the evaluation of, the function of a
21 patient wearing an orthosis or prosthesis as defined in RCW
22 18.200.010. Physical therapists may provide those direct-formed and
23 prefabricated upper limb, knee, and ankle-foot orthoses, but not
24 fracture orthoses except those for hand, wrist, ankle, and foot
25 fractures, and assistive technology devices specified in RCW
26 18.200.010 as exemptions from the defined scope of licensed orthotic
27 and prosthetic services. It is the intent of the legislature that the
28 unregulated devices specified in RCW 18.200.010 are in the public
29 domain to the extent that they may be provided in common with
30 individuals or other health providers, whether unregulated or
31 regulated under this title, without regard to any scope of practice;

32 (d) Performing wound care services that are limited to sharp
33 debridement, debridement with other agents, dry dressings, wet
34 dressings, topical agents including enzymes, hydrotherapy, electrical
35 stimulation, ultrasound, and other similar treatments. Physical
36 therapists may not delegate sharp debridement. A physical therapist
37 may perform wound care services only by referral from or after
38 consultation with an authorized health care practitioner;

39 (e) Performing intramuscular needling;

1 (f) Reducing the risk of injury, impairment, functional
2 limitation, and disability related to movement, including the
3 promotion and maintenance of fitness, health, and quality of life in
4 all age populations; and

5 ~~((f))~~ (g) Engaging in administration, consultation, education,
6 and research.

7 (11) "Secretary" means the secretary of health.

8 (12) "Sharp debridement" means the removal of devitalized tissue
9 from a wound with scissors, scalpel, and tweezers without anesthesia.
10 "Sharp debridement" does not mean surgical debridement. A physical
11 therapist may perform sharp debridement, to include the use of a
12 scalpel, only upon showing evidence of adequate education and
13 training as established by rule. Until the rules are established, but
14 no later than July 1, 2006, physical therapists licensed under this
15 chapter who perform sharp debridement as of July 24, 2005, shall
16 submit to the secretary an affidavit that includes evidence of
17 adequate education and training in sharp debridement, including the
18 use of a scalpel.

19 (13) "Spinal manipulation" includes spinal manipulation, spinal
20 manipulative therapy, high velocity thrust maneuvers, and grade five
21 mobilization of the spine and its immediate articulations.

22 (14) "Intramuscular needling," also known as "dry needling,"
23 means a skilled intervention that uses a single use, sterile filiform
24 needle to penetrate the skin and stimulate underlying myofascial
25 trigger points and connective and muscular tissues for the evaluation
26 and management of neuromusculoskeletal pain and movement impairments.
27 Intramuscular needling requires an examination and diagnosis.
28 Intramuscular needling does not include needle retention without
29 stimulation or the stimulation of auricular and distal points.

30 (15) Words importing the masculine gender may be applied to
31 females.

32 NEW SECTION. Sec. 2. A new section is added to chapter 18.74
33 RCW to read as follows:

34 (1) Subject to the limitations of this section, a physical
35 therapist may perform intramuscular needling only after being issued
36 an intramuscular needling endorsement by the secretary. The
37 secretary, upon approval by the board, shall issue an endorsement to
38 a physical therapist who has at least one year of postgraduate
39 practice experience that averages at least 36 hours a week and

1 consists of direct patient care and who provides evidence in a manner
2 acceptable to the board of a total of 325 hours of instruction and
3 clinical experience that meet or exceed the following criteria:

4 (a) A total of 100 hours of didactic instruction in the following
5 areas:

6 (i) Anatomy and physiology of the musculoskeletal and
7 neuromuscular systems;

8 (ii) Anatomical basis of pain mechanisms, chronic pain, and
9 referred pain;

10 (iii) Trigger point evaluation and management;

11 (iv) Universal precautions in avoiding contact with a patient's
12 bodily fluids; and

13 (v) Preparedness and response to unexpected events including but
14 not limited to injury to blood vessels, nerves, and organs, and
15 psychological effects or complications.

16 (b) A total of 75 hours of in-person intramuscular needling
17 instruction in the following areas:

18 (i) Intramuscular needling technique;

19 (ii) Intramuscular needling indications and contraindications;

20 (iii) Documentation and informed consent for intramuscular
21 needling;

22 (iv) Management of adverse effects;

23 (v) Practical psychomotor competency; and

24 (vi) Occupational safety and health administration's bloodborne
25 pathogens protocol.

26 (c) A successful clinical review of a minimum of 150 hours of at
27 least 150 individual intramuscular needling treatment sessions by a
28 qualified provider. A physical therapist seeking endorsement must
29 submit an affidavit to the department demonstrating successful
30 completion of this clinical review.

31 (2) A qualified provider must be one of the following:

32 (a) A physician licensed under chapter 18.71 RCW; an osteopathic
33 physician licensed under chapter 18.57 RCW; a licensed naturopath
34 under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine
35 practitioner under chapter 18.06 RCW; or a licensed advanced
36 registered nurse practitioner under chapter 18.79 RCW;

37 (b) A physical therapist credentialed to perform intramuscular
38 needling in any branch of the United States armed forces;

39 (c) A licensed physical therapist who currently holds an
40 intramuscular needling endorsement; or

1 (d) A licensed physical therapist who meets the requirements of
2 the intramuscular needling endorsement.

3 (3) After receiving 100 hours of didactic instruction and 75
4 hours of in-person intramuscular needling instruction, a physical
5 therapist seeking endorsement has up to 18 months to complete a
6 minimum of 150 treatment sessions for review.

7 (4) A physical therapist may not delegate intramuscular needling
8 and must remain in constant attendance of the patient for the
9 entirety of the procedure.

10 (5) A physical therapist can apply for endorsement before they
11 have one year of clinical practice experience if they can meet the
12 requirement of 100 hours of didactic instruction and 75 hours of in-
13 person intramuscular needling instruction in subsection (1)(a)(i) and
14 (ii) of this section through their prelicensure coursework and has
15 completed all other requirements set forth in this chapter.

16 (6) If a physical therapist is intending to perform intramuscular
17 needling on a patient who the physical therapist knows is being
18 treated by an acupuncturist or acupuncture and Eastern medicine
19 practitioner for the same diagnosis, the physical therapist shall
20 make reasonable efforts to coordinate patient care with the
21 acupuncturist or acupuncture and Eastern medicine practitioner to
22 prevent conflict or duplication of services.

23 (7) All patients receiving intramuscular needling from a physical
24 therapist must sign an informed consent form that includes:

25 (a) The definition of intramuscular needling;

26 (b) A description of the risks of intramuscular needling;

27 (c) A description of the benefits of intramuscular needling;

28 (d) A description of the potential side effects of intramuscular
29 needling; and

30 (e) A statement clearly differentiating the procedure from the
31 practice of acupuncture.

32 (8) Intramuscular needling may not be administered as a stand-
33 alone treatment within a physical therapy care plan."

2SHB 1039 - S COMM AMD

By Committee on Health & Long Term Care

ADOPTED 04/06/2023

1 On page 1, line 2 of the title, after "needling;" strike the
2 remainder of the title and insert "amending RCW 18.74.010; and adding
3 a new section to chapter 18.74 RCW."

EFFECT: Specifies that intramuscular needling includes
stimulating underlying myofascial trigger points.

Clarifies that intramuscular needling does not include needle
retention without stimulation.

Prohibits physical therapists from using intramuscular needling
as a stand-alone treatment within a physical therapy care plan.

--- END ---