

# FINAL BILL REPORT

## 2SHB 1039

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Synopsis as Enacted

**Brief Description:** Concerning physical therapists performing intramuscular needling.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Macri, Harris, Corry, Duerr, Riccelli, Chambers, Goodman, Reed, Fitzgibbon, Pollet, Ryu, Paul, Thai, Springer, Stonier, Kloba, Santos and Ormsby).

**House Committee on Health Care & Wellness**  
**House Committee on Appropriations**  
**Senate Committee on Health & Long Term Care**

### **Background:**

#### Physical Therapists.

Licensed physical therapists may perform a variety of services, including:

- examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments; functional limitations in movement; and disability or other health- and movement-related conditions;
- alleviating impairments and functional limitations in movement;
- performing wound care services;
- reducing the risk of injury, impairment, functional limitation, and disability related to movement;
- engaging in administration, consultation, education, and research; and
- spinal manipulation—after being issued an endorsement.

In 2016 the Attorney General issued an opinion finding that dry needling did not fall within the scope of practice for a licensed physical therapist under the existing statute.

Additionally, in 2016 the Department of Health (DOH) completed a sunrise review of a proposal establishing an endorsement for dry needling for physical therapists. The proposal required a physical therapist to have one year of full-time physical therapy practice and 54 hours of training and education in dry needling to obtain an endorsement. The DOH found the proposal did not meet the sunrise criteria for increasing the profession's scope of

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practice finding that there was no supervised clinical experience requirement, and the applicant did not demonstrate that 54 hours of training was sufficient to ensure the professional ability to perform dry needling. However, the DOH found that the applicants demonstrated that with adequate training that includes a clinical component, dry needling may fit within the physical therapist's scope of practice.

#### Acupuncture.

"Acupuncture and Eastern medicine" is defined as a health care service utilizing acupuncture or Eastern medicine diagnosis and treatment to promote health and treat organic or functional disorders, which includes a variety of traditional and modern acupuncture and Eastern medicine therapeutic treatments, such as the practice of acupuncture techniques and herbal medicine to maintain and promote wellness; prevent, manage, and reduce pain; and treat substance use disorder. Acupuncture and Eastern medicine includes a variety of services and modalities, including intramuscular needling and dry needling of trigger points and other nonspecific points throughout the body in accordance with acupuncture and Eastern medicine training.

#### Informed Consent.

Generally, a health care provider must obtain informed consent from a patient or the patient's representative before performing medical treatment. Informed consent is the process by which the treating health care provider discloses information to a patient or the patient's representative so that the patient may make a voluntary choice to accept or refuse treatment.

#### **Summary:**

Intramuscular needling, also known as dry needling, is defined as a skilled intervention that uses a single use, sterile filiform needle to penetrate the skin and stimulate underlying myofascial trigger points and connective and muscular tissue for the evaluation and management of neuromusculoskeletal pain and movement impairments. Intramuscular needling requires an examination and diagnosis and does not include needle retention without stimulation or the stimulation of auricular points or distal points. Physical therapy is defined to include intramuscular needling.

A physical therapist may perform intramuscular needling only after receiving an endorsement from the Secretary of Health (Secretary). The Secretary, upon approval by the Board of Physical Therapy (Board), must issue an endorsement to a physical therapist who has at least one year of postgraduate experience that averages at least 36 hours a week and consists of direct patient care and who provides evidence in a manner acceptable to the Board of 325 hours of instruction and clinical experience that meet the following criteria:

- 100 hours of didactic instruction in the following areas:
  - anatomy and physiology of the musculoskeletal and neuromuscular systems;
  - anatomical basis of pain mechanisms, chronic pain, and referred pain;
  - trigger point evaluation and management;

- universal precautions in avoiding contact with a patient's bodily fluids; and
- preparedness and response to unexpected events including injury to blood vessels, nerves, and organs, and psychological effects or complications;
- 75 hours of in-person intramuscular needling instruction in the following areas:
  - technique;
  - indications and contraindications;
  - documentation and informed consent;
  - management of adverse effects;
  - practical psychomotor competency; and
  - the Occupational Safety and Health Administration's bloodborne pathogens protocol; and
- a successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider.

A qualified provider for purposes of the clinical review requirement must be a:

- licensed physician, licensed osteopathic physician, licensed naturopath, licensed acupuncture and Eastern medicine practitioner, or a licensed advanced registered nurse practitioner;
- physical therapist credentialed to perform intramuscular needling in any branch of the United States Armed Forces;
- licensed physical therapist who holds an intramuscular needling endorsement; or
- licensed physical therapist who meets the requirements of an intramuscular needling endorsement.

After receiving the 175 hours of required instruction, a physical therapist has up to 18 months to complete the 150 treatment session reviews. A physical therapist can apply for the endorsement before they have one year of experience, if they meet the 175 hours of instruction through their prelicense coursework and have completed all other requirements.

A physical therapist may not delegate intramuscular needling and must remain in constant attendance of the patient during the procedure. If a physical therapist intends to perform intramuscular needling on a patient who the physical therapist knows is being treated by an acupuncturist or acupuncture and Eastern medicine practitioner for the same diagnosis, the physical therapist must make reasonable efforts to coordinate patient care with the practitioner to prevent conflict or duplicate services. Intramuscular needling may not be administered as a stand-alone treatment within a physical therapy care plan.

All patients receiving intramuscular needling from a physical therapist must sign an informed consent form that includes:

- the definition of intramuscular needling;
- a description of the risks, benefits, and potential side effects of intramuscular needling; and
- a statement clearly differentiating the procedure from the practice of acupuncture.

**Votes on Final Passage:**

House	94	1	
Senate	47	0	(Senate amended)
House	96	1	(House concurred)

**Effective:** July 23, 2023