

Manning, Judy [IDPH]

From: Danna Smith <danna@ptlincoln.com>
Sent: Thursday, September 24, 2015 10:54 AM
To: Manning, Judy [IDPH]
Subject: Support for Dry Needling in Iowa

Hello,

My name is Danna Smith and I am PT practicing in Nebraska, but I am an adjunct faculty teacher at the PT program at Briar Cliff University. I am instructing the students on dry needling in their curriculum. Therefore, I feel I should speak in support of FDN for Iowa PTs as I will be educating PTs who will be practicing in the state in the future.

I have been certified in dry needling for 3 years and it has made significant contributions to improving the quality of care provided to my patients. FDN allows me to make more significant progress when treating pain. It allows me to have more time to work with neuro re-education and strengthening instead of spending an entire session on soft tissue work.

I am not a certified acupuncturist and nor have I ever claimed to be; FDN is not acupuncture. The overall goal, procedure, evaluation, and assessment used for dry needling is not what is used in acupuncture. I base my treatment locations on ROM assessments in the affected areas, palpation of soft tissue in the affected areas, strength assessments, and functional tests like single leg balance, and the squat. I then treat the area based on those findings. Once the treatment is finished I re-assess the previous tests and look for improvements in ROM, strength, and functional movement. Also, the use of one modality (i.e. exercises, ultrasound, estim, STM) is not confined to one profession or another.

Different professions use different modalities in different ways. The use of a filament needle in acupuncture and in dry needling is an example of utilizing the same tool for different purposes, in different professions.

In the 3 years I have been certified in FDN, I have had no adverse responses to the treatment. The risk of injury or adverse responses is low and proper training makes the risks even less.

I believe the majority of the knowledge used in treatment with FDN is learned during the course of education at a PT program. This includes proper assessment and palpation skills which are very important when using FDN as a treatment. This is why I believe most states should not allow first year graduates to immediately take a course in FDN. The new grad should practice for at least one year to become more experienced in palpating and understanding their anatomy. During that time the PT can become better at palpation and understand what normal vs abnormal tissue feels like in order to better utilize FDN. Kinetacore, a company that instructs FDN, breaks down the body into Level 1 and Level 2 certifications. Level 1 allows certified practitioners to treat areas that have low risk of adverse affects (not near the lungs, major nerves, or blood vessels). After treating 500 different patient's the PT can then take level 2 which teaches FDN in areas where important structures are near and requires proper technique and better palpation skills.

If the concern is about proper education and safety, then develop a timeline that would make those wanting to become certified in FDN to be at least one year out from school and practicing a year. Nebraska does not require a PT to be practicing a year, but I found it extremely beneficial as palpation skills are only improved through practice. Colorado requires

2 years of practice prior to taking a FDN course through a certified provider. Kinetacore, one of the educators on FDN, requires all PTs to practice at least 1 year before they can take their course no matter which state they reside.

In closing, FDN is a great tool for Physical therapists. The quality of improvement and the lasting improvement in the patient's symptoms is tremendous. Treating with FDN allows the PT to have a more well -rounded treatment session, focusing on other areas or exercises instead of spending an entire session on manual work. It is very important for practitioners to be competent in FDN. All PTs should be competent in all areas of their profession to provide the best

quality of care for our patients. Our goal as PTs is always to provide the best quality care to our patients and dry needling is an important tool in providing that care.

Thanks for your time.

Sincerely,

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Manning, Judy [IDPH]

From: Steve Finn <SFinn@myrtuemedical.org>
Sent: Thursday, September 24, 2015 4:05 PM
To: Manning, Judy [IDPH]
Subject: Dry Needling by Physical Therapists

Judy, I am in writing you to support the practice of dry needling by physical therapists in the state of Iowa. I have been a practicing PT in Iowa for over 23 years and have integrated dry needling into my practice for the past 2.5 years. I can honestly say this has been one of the most effective treatments I can provide for my patients. The benefits frequently seen are immediate improvement in range of motion, and a decrease in pain and improved performance in their daily activities. This has been effective for those with acute pain as well as those with chronic pain. Incorporating dry needling has allowed these patients to decrease the amount of pain medications. I take educating my patients very seriously about dry needling and how it is much different than acupuncture. I have always stressed that we are not acupuncturists. Thank you for your time.

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