Welcome Katharine Stout

Katharine Stout, PT, DPT, NCS, MBA, is the newly appointed physical therapist member of the Board. Dr. Stout recently accepted a position as a scientific advisor and neuro-musculoskeletal portfolio manager for Clinical and Rehabilitative Medicine Research Program at Ft. Detrick. Prior to her current role, Dr. Stout has worked on telehealth projects with the Army’s Northern Region Medical Command Telerehabilitation and Defense Veterans Brain Injury Center as the tele-TBI program manager, providing telehealth services to remote and troop-intensive sites for service members who have sustained a brain injury. Stout is per diem at Holy Cross Hospital and has assisted the team with incorporation of Tele-PT into their support of local senior centers. She serves as adjunct faculty at the University of Maryland School Of Medicine and lectures on acute care rehabilitation, brain injury rehabilitation, wellness, and telerehabilitation. Dr. Stout is married and has a 1 year old son, a 4 year old lab mix, and a 16 year old beagle.

Legislative Committee Update

During the 2014 General Assembly, the Maryland Board of Physical Therapy Examiners and the Maryland Board of Chiropractic and Massage Therapy jointly introduced legislation to require criminal history background checks for licensure applicants. The proposed legislation will permit the Board of Physical Therapy Examiners to continue its mandate of public protection by obtaining verifiable background information on applicants. Currently 15 jurisdictions, including the District of Columbia, require criminal record checks for licensure as physical therapists and physical therapist assistants. The Board looks forward to working with the Board of Chiropractic and Massage Therapy, the General Assembly, and stakeholders in passing this important legislation in the Board’s continued effort to protect the citizens of Maryland while promoting high standards of professionalism in the practice of physical therapy.
In 1989, Maryland became the first jurisdiction to allow dry needling by physical therapists. Of the 53 jurisdictions that regulate the practice of physical therapy (all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands), 26 jurisdictions specifically allow dry needling by licensed physical therapists. The District of Columbia and the neighboring states of Virginia and West Virginia permit dry needling. Further, physical therapists in the United States Army and within the Veterans Administration currently utilize dry needling to treat patients. As the first jurisdiction to approve dry needling by physical therapists, Maryland remains progressive and proactive in permitting safe therapeutic interventions, while protecting the public.

Some states have delineated specific training requirements for physical therapists who utilize dry needling as a part of their practice. The Commonwealth of Virginia, in Guidance Document 112-9, indicates a “physical therapist using dry needling must complete at least 54 hours of post professional training.” Similarly, North Carolina requires a minimum of 54 hours of training for physical therapists practicing dry needling. Other states (Louisiana and Missouri) have minimum training requirements of 50 hours. Colorado has a minimum requirement of 46 hours for physical therapist performing dry needling. All of this training is beyond the entry-level training for a physical therapist, which is currently at the doctoral level.

In 2010, the Maryland Board of Acupuncture asked the Maryland Attorney General’s Office for an opinion on whether dry needling falls within the definition of the practice of physical therapy in Maryland. At the time, the Board of Acupuncture believed that the “authority to insert needles is reserved... to licensed acupuncturists” and certain exempted health care professionals, including physicians performing medical acupuncture.

In August 2010, the Attorney General of Maryland issued an opinion in response to the Board of Acupuncture’s request. In the opinion, the Attorney General reviewed the history of dry needling and acupuncture in Maryland and the scope of physical therapy in Maryland. The Attorney General determined that “the authority to use acupuncture needles for therapeutic purposes is not necessarily reserved exclusively to licensed acupuncturists or those specifically exempted from the licensing requirements for acupuncture... In our opinion the Physical Therapy Board may determine that dry needling is within the scope of practice of physical therapy if it conducts rulemaking... and adopts a regulation that relates dry needling to the statutory definition of the practice of physical therapy.”

In drafting the regulations, the Board of Physical Therapy Examiners considered regulations and position statements from many jurisdictions, including Colorado, the District of Columbia, and North Carolina. The Board also gave serious consideration to a resource paper on dry needling published by the Federation of State Boards of Physical Therapy. We have reached out formally and informally to various stakeholders, including experts in the field, physical therapy educators, the American Physical Therapy Association, the Board of many jurisdictions, including Colorado, the District of Columbia, and North Carolina. The Board also gave serious consideration to a resource paper on dry needling published by the Federation of State Boards of Physical Therapy. We have reached out formally and informally to various stakeholders, including experts in the field, physical therapy educators, the American Physical Therapy Association, the Board of Examiners, and the Maryland Board of Examiners.

In May 2013 the Board said farewell to long-time Board Member Dr. Donald J. Novak, PT, DPT after eight years of dedicated service. Originally appointed by then-Governor Robert Ehrlich in 2005, Don’s dedication was acknowledged by reappointment to a second full term by Governor Martin O’Malley in 2009. During his time of service to the Board, Don was particularly helpful in reviewing hundreds of Continuing Education Unit (CEU) applications and making significant contributions to scope of practice inquiries. The Board thanks Don for his eight years of dedicated service to the citizens of Maryland.

In 2003, the Board began by hosting a Dry Needling Task Force Forum to begin the process of drafting a document that would discuss a framework for the regulations. The Board formed a committee of the Board that met on a regular basis to develop a proposed rule. Following the public comment period initiated by the Secretary of Education, the Board began the second phase of these steps again to implement the changes requested by the Secretary. This multi-year process will ultimately benefit the citizens of Maryland by increasing the safeguards required for public protection, including those related to education and training. On December 5, 2013, Brett Felter, staff Board Counsel, Carlton Curry, our Executive Director, and I met again with Maryland’s chief medical officer to discuss additional modifications requested by the Secretary. We believe that we have adequately addressed these and now anticipate support from the Secretary for these proposed regulations as they continue to move through the legislative process. We expect these Regulations to be voted on by the Maryland General Assembly this term.

The proposed regulations cover a number of critical areas of concern relating to the provisions of dry needling, including education and training, needle management techniques, documentation, informed consent, a restriction of delegation, and discipline. Furthermore, the regulations take into consideration the rigorous training in background areas relevant to health care professionals, including those such as surface anatomy and skeletal muscle physiology-content areas that are part of the national certification examination in acupuncture. Taking into consideration the basic preparation that all physicians must receive in entry level programs, the regulations propose two categories of training: dry needling specific education, and hands-on training in the application and technique of dry needling. The proposed regulations also require sponsorship for those courses by a national organization or its affiliate, so that they meet the highest standards possible. All education and training must include assessment of competency for the didactic work and a demonstration of the hands-on technique.

The proposed regulations also clarify for patients the status of physical therapists that currently provide dry needling while also protecting the public from substandard practice. Additionally, the Board has proposed a number of oversight mechanisms intended to allow the Board to assess the practice of dry needling to determine if the regulations are providing for the safety of patients in the State or if further regulatory changes are needed.

Finally, the proposed Regulations recognize that discipline of physical therapists that practice dry needling without the required education and training or without observing the standards of practice is an important part of oversight. The proposed regulations note specific areas of the existing disciplinary guidelines that may provide the basis for disciplinary actions for dry needling-related violations.

This has been a long process and should be completed soon. We appreciate stakeholders’ patience and involvement in the long process. Soon, hopefully very soon, the public and providers alike should have clear standards for care in dry needling that will ultimately benefit all Marylanders.

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**BOARD MEETINGS**

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The Open Session of the Board meeting is open to the public. The meetings are held at 4201 Patterson Avenue, Baltimore, MD 21215, Room #110 at 1:00 p.m.

Unit #93  
Board of Physical Therapy  
4201 Patterson Avenue  
Baltimore, MD 21215