AN ACT Relating to physical therapists performing intramuscular needling; amending RCW 18.74.010; and adding a new section to chapter 218.74 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

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

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

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

(3) "Close supervision" means that the supervisor has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervisor is continuously on-site and physically present in the operatory while the procedures are performed.

By Representatives Macri, Griffey, Goodman, Robinson, Dolan, Stokesbary, Fitzgibbon, Harris, Kloba, Stonier, Wylie, and Leavitt

Read first time 01/17/19. Referred to Committee on Health Care & Wellness.
performed and capable of responding immediately in the event of an emergency.

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

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

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires and consistent with the particular delegated health care task.

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

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

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

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

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

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

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

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

(c) Training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis as defined in RCW 18.200.010. Physical therapists may provide those direct-formed and prefabricated upper limb, knee, and ankle-foot orthoses, but not fracture orthoses except those for hand, wrist, ankle, and foot fractures, and assistive technology devices specified in RCW 18.200.010 as exemptions from the defined scope of licensed orthotic and prosthetic services. It is the intent of the legislature that the
unregulated devices specified in RCW 18.200.010 are in the public
domain to the extent that they may be provided in common with
individuals or other health providers, whether unregulated or
regulated under this title, without regard to any scope of practice;
(d) Performing wound care services that are limited to sharp
debridement, debridement with other agents, dry dressings, wet
dressings, topical agents including enzymes, hydrotherapy, electrical
stimulation, ultrasound, and other similar treatments. Physical
therapists may not delegate sharp debridement. A physical therapist
may perform wound care services only by referral from or after
consultation with an authorized health care practitioner;
(e) Performing intramuscular needling;
(f) Reducing the risk of injury, impairment, functional
limitation, and disability related to movement, including the
promotion and maintenance of fitness, health, and quality of life in
all age populations; and
(g) Engaging in administration, consultation, education, and
research.
(11) "Secretary" means the secretary of health.
(12) "Sharp debridement" means the removal of devitalized tissue
from a wound with scissors, scalpel, and tweezers without anesthesia.
"Sharp debridement" does not mean surgical debridement. A physical
therapist may perform sharp debridement, to include the use of a
scalpel, only upon showing evidence of adequate education and
training as established by rule. Until the rules are established, but
no later than July 1, 2006, physical therapists licensed under this
chapter who perform sharp debridement as of July 24, 2005, shall
submit to the secretary an affidavit that includes evidence of
adequate education and training in sharp debridement, including the
use of a scalpel.
(13) "Spinal manipulation" includes spinal manipulation, spinal
manipulative therapy, high velocity thrust maneuvers, and grade five
mobilization of the spine and its immediate articulations.
(14) "Intramuscular needling" means a skilled intervention that
uses a single use, sterile filiform needle to penetrate the skin and
stimulate underlying connective and muscular tissues for the
evaluation and management of neuromusculoskeletal pain and movement
impairments. Intramuscular needling requires an examination and
diagnosis. Intramuscular needling does not include stimulation of
auricular points, or distal points.

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Words importing the masculine gender may be applied to females.

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

(1) Subject to the limitations of this section, a physical therapist may perform intramuscular needling only after being issued an intramuscular needling endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of postgraduate practice experience that averages at least thirty-six hours a week and consists of direct patient care and who provides evidence in a manner acceptable to the board of a total of three hundred hours of instruction and clinical experience that meet or exceed the following criteria:

(a) A total of seventy-five hours of didactic instruction in the following areas:
   (i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;
   (ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;
   (iii) Trigger point evaluation and management;
   (iv) Universal precautions in avoiding contact with a patient's bodily fluids; and
   (v) Preparedness and response to unexpected events including but not limited to injury to blood vessels, nerves, and organs, and psychological effects or complications.

(b) A total of seventy-five hours of in-person intramuscular needling instruction in the following areas:
   (i) Intramuscular needling technique;
   (ii) Intramuscular needling indications and contraindications;
   (iii) Documentation and informed consent for intramuscular needling;
   (iv) Management of adverse effects;
   (v) Practical psychomotor competency; and
   (vi) Occupational safety and health administration's bloodborne pathogens protocol.

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

(2) A qualified provider must be one of the following:
(a) A physician licensed under chapter 18.71 RCW or osteopathic
physician licensed under chapter 18.57 RCW;
(b) A physical therapist credentialed to perform intramuscular
needling in any branch of the United States armed forces;
(c) A licensed physical therapist who currently holds an
intramuscular needling endorsement; or
(d) A licensed physical therapist who holds one of the following
credentials:
   (i) Orthopedic manual therapy fellowship/fellow of the American
   academy of orthopedic manual physical therapy with intramuscular
   needling instruction that meets or exceeds the requirements for an
   intramuscular needling endorsement; or
   (ii) American board of physical therapy specialties certification
   in orthopedics with intramuscular needling instruction that meets or
   exceeds the requirements for an intramuscular needling endorsement.
(3) After receiving seventy-five hours of didactic instruction
and seventy-five hours of in-person intramuscular needling
instruction, a physical therapist seeking endorsement has up to
eighteen months to complete a minimum of one hundred fifty treatment
sessions for review.
(4) A physical therapist may not delegate intramuscular needling
and must remain in constant attendance of the patient for the
entirety of the procedure.
(5) A physical therapist can apply for endorsement before they
have one year of clinical practice experience if they can meet the
requirement of seventy-five hours of didactic instruction and
seventy-five hours of in-person intramuscular needling instruction in
subsection (1)(a)(i) and (ii) of this section through their pre-
licensure coursework and has completed all other requirements set
forth in this chapter.
(6) If a physical therapist is intending to perform intramuscular
needling on a patient who the physical therapist knows is being
treated by an East Asian medicine practitioner for the same
diagnosis, the physical therapist shall make reasonable efforts to
coordinate patient care with the East Asian medicine practitioner to
prevent conflict or duplication of services.
(7) All patients receiving intramuscular needling from a physical therapist must sign an informed consent form that includes:

(a) The definition of intramuscular needling;

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

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

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

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

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