
SENATE BILL 5642

State of Washington

66th Legislature

2019 Regular Session

By Senators Cleveland, Kuderer, Warnick, and Rivers

Read first time 01/25/19. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to physical therapists performing intramuscular
2 needling; amending RCW 18.74.010; and adding a new section to chapter
3 18.74 RCW.

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

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

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

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

15 (2) "Board" means the board of physical therapy created by RCW
16 18.74.020.

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

1 performed and capable of responding immediately in the event of an
2 emergency.

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

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

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

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

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

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

36 (c) "Other assistive personnel" means other trained or educated
37 health care personnel, not defined in (a) or (b) of this subsection,
38 who perform specific designated tasks that are related to physical
39 therapy and within their license, scope of practice, or formal
40 education, under the supervision of a physical therapist, including

1 but not limited to licensed massage therapists, athletic trainers,
2 and exercise physiologists. At the direction of the supervising
3 physical therapist, and if properly credentialed and not prohibited
4 by any other law, other assistive personnel may be identified by the
5 title specific to their license, training, or education.

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

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

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

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

33 (c) Training for, and the evaluation of, the function of a
34 patient wearing an orthosis or prosthesis as defined in RCW
35 18.200.010. Physical therapists may provide those direct-formed and
36 prefabricated upper limb, knee, and ankle-foot orthoses, but not
37 fracture orthoses except those for hand, wrist, ankle, and foot
38 fractures, and assistive technology devices specified in RCW
39 18.200.010 as exemptions from the defined scope of licensed orthotic
40 and prosthetic services. It is the intent of the legislature that the

1 unregulated devices specified in RCW 18.200.010 are in the public
2 domain to the extent that they may be provided in common with
3 individuals or other health providers, whether unregulated or
4 regulated under this title, without regard to any scope of practice;

5 (d) Performing wound care services that are limited to sharp
6 debridement, debridement with other agents, dry dressings, wet
7 dressings, topical agents including enzymes, hydrotherapy, electrical
8 stimulation, ultrasound, and other similar treatments. Physical
9 therapists may not delegate sharp debridement. A physical therapist
10 may perform wound care services only by referral from or after
11 consultation with an authorized health care practitioner;

12 (e) Performing intramuscular needling;

13 (f) Reducing the risk of injury, impairment, functional
14 limitation, and disability related to movement, including the
15 promotion and maintenance of fitness, health, and quality of life in
16 all age populations; and

17 (~~(f)~~) (g) Engaging in administration, consultation, education,
18 and research.

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

20 (12) "Sharp debridement" means the removal of devitalized tissue
21 from a wound with scissors, scalpel, and tweezers without anesthesia.
22 "Sharp debridement" does not mean surgical debridement. A physical
23 therapist may perform sharp debridement, to include the use of a
24 scalpel, only upon showing evidence of adequate education and
25 training as established by rule. Until the rules are established, but
26 no later than July 1, 2006, physical therapists licensed under this
27 chapter who perform sharp debridement as of July 24, 2005, shall
28 submit to the secretary an affidavit that includes evidence of
29 adequate education and training in sharp debridement, including the
30 use of a scalpel.

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

34 (14) "Intramuscular needling" means a skilled intervention that
35 uses a single use, sterile filiform needle to penetrate the skin and
36 stimulate underlying connective and muscular tissues for the
37 evaluation and management of neuromusculoskeletal pain and movement
38 impairments. Intramuscular needling requires an examination and
39 diagnosis. Intramuscular needling does not include stimulation of
40 auricular points, or distal points.

1 (15) Words importing the masculine gender may be applied to
2 females.

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

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

15 (a) A total of seventy-five hours of didactic instruction in the
16 following areas:

17 (i) Anatomy and physiology of the musculoskeletal and
18 neuromuscular systems;

19 (ii) Anatomical basis of pain mechanisms, chronic pain, and
20 referred pain;

21 (iii) Trigger point evaluation and management;

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

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

27 (b) A total of seventy-five hours of in-person intramuscular
28 needling instruction in the following areas:

29 (i) Intramuscular needling technique;

30 (ii) Intramuscular needling indications and contraindications;

31 (iii) Documentation and informed consent for intramuscular
32 needling;

33 (iv) Management of adverse effects;

34 (v) Practical psychomotor competency; and

35 (vi) Occupational safety and health administration's bloodborne
36 pathogens protocol.

37 (c) A successful clinical review of a minimum of one hundred
38 fifty hours of at least one hundred fifty individual intramuscular
39 needling treatment sessions by a qualified provider. A physical

1 therapist seeking endorsement must submit an affidavit to the
2 department demonstrating successful completion of this clinical
3 review.

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

5 (a) A physician licensed under chapter 18.71 RCW or osteopathic
6 physician licensed under chapter 18.57 RCW;

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

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

11 (d) A licensed physical therapist who holds one of the following
12 credentials:

13 (i) Orthopedic manual therapy fellowship/fellow of the American
14 academy of orthopedic manual physical therapy with intramuscular
15 needling instruction that meets or exceeds the requirements for an
16 intramuscular needling endorsement; or

17 (ii) American board of physical therapy specialties certification
18 in orthopedics with intramuscular needling instruction that meets or
19 exceeds the requirements for an intramuscular needling endorsement.

20 (3) After receiving seventy-five hours of didactic instruction
21 and seventy-five hours of in-person intramuscular needling
22 instruction, a physical therapist seeking endorsement has up to
23 eighteen months to complete a minimum of one hundred fifty treatment
24 sessions for review.

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

28 (5) A physical therapist can apply for endorsement before they
29 have one year of clinical practice experience if they can meet the
30 requirement of seventy-five hours of didactic instruction and
31 seventy-five hours of in-person intramuscular needling instruction in
32 subsection (1)(a)(i) and (ii) of this section through their pre-
33 licensure coursework and has completed all other requirements set
34 forth in this chapter.

35 (6) If a physical therapist is intending to perform intramuscular
36 needling on a patient who the physical therapist knows is being
37 treated by an East Asian medicine practitioner for the same
38 diagnosis, the physical therapist shall make reasonable efforts to
39 coordinate patient care with the East Asian medicine practitioner to
40 prevent conflict or duplication of services.

1 (7) All patients receiving intramuscular needling from a physical
2 therapist must sign an informed consent form that includes:
3 (a) The definition of intramuscular needling;
4 (b) A description of the risks of intramuscular needling;
5 (c) A description of the benefits of intramuscular needling;
6 (d) A description of the potential side effects of intramuscular
7 needling; and
8 (e) A statement clearly differentiating the procedure from the
9 practice of acupuncture.

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