

WAC 246-915-390 Intramuscular needling—Endorsement. (1) "Intramuscular needling" also known as "dry needling" is defined under RCW 18.74.010.

(2) As established in RCW 18.74.200 a physical therapist may perform intramuscular needling, also known as dry needling after being issued an intramuscular needling endorsement by the secretary.

(3) The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of post-graduate practice 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 a total of 325 hours of instruction and clinical experience that meet or exceed the following criteria:

(a) A total of 100 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 75 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 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider. After receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction, a physical therapist seeking endorsement has up to 18 months to complete a minimum of 150 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 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction through their prelicensure coursework and have completed all other applicable requirements.

(6) For the purpose of subsection (3)(c) of this section, "clinical review" may include:

(a) The direct or indirect supervision of intramuscular needling treatment sessions by a qualified provider.

(b) Review of chart notes from intramuscular needling treatment sessions by a qualified provider.

(c) Oversight by a qualified provider of intramuscular needling treatment sessions completed through an internship or apprenticeship.

(7) For the purpose of subsections (3)(c) and (6) of this section, a qualified provider is one of the following:

(a) A physician licensed under chapter 18.71 RCW; an osteopathic physician licensed under chapter 18.57 RCW; a licensed naturopath under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine practitioner under chapter 18.06 RCW; or a licensed advanced registered nurse practitioner under chapter 18.79 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 in Washington state; or

(d) A physical therapist licensed under the laws of another jurisdiction who meets the requirements for obtaining an intramuscular needling endorsement but does not currently hold an endorsement in Washington state.

(8) To apply for the endorsement:

(a) A licensed physical therapist shall submit to the department:

(i) A completed endorsement application as provided by the department;

(ii) Endorsement fees required under WAC 246-915-990;

(iii) Evidence of completion of the education and training requirements listed in RCW 18.74.200; and

(iv) A completed affidavit demonstrating successful completion of the clinical review requirement listed in RCW 18.74.200.

(b) A licensed physical therapist who is credentialed to perform intramuscular needling through any branch of the military meets the requirements of the intramuscular needling endorsement and shall submit to the department:

(i) A completed endorsement application verifying their military credential to perform intramuscular needling; and

(ii) Endorsement fees required under WAC 246-915-990.

(9) A physical therapist shall have patients receiving intramuscular needling sign an informed consent form that includes:

(a) The definition of intramuscular needling as set forth in RCW 18.74.010;

(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. Acupuncture shall be defined in accordance with the definition of "acupuncture and Eastern medicine" under RCW 18.06.010.

(10) Intramuscular needling may not be administered as a stand-alone treatment within a physical therapy care plan.

(11) If a physical therapist is intending 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 shall make reasonable efforts to coordinate patient care with the acupuncturist or acupuncture and Eastern medicine practitioner to prevent conflict or duplication of services.

[Statutory Authority: RCW 18.74.023, 43.70.110, 43.70.250, 43.70.280, and 18.74.200. WSR 24-11-160, § 246-915-390, filed 5/22/24, effective 6/22/24.]