
SECOND SUBSTITUTE HOUSE BILL 1039

State of Washington

68th Legislature

2023 Regular Session

By House Appropriations (originally sponsored by Representatives Macri, Harris, Corry, Duerr, Riccelli, Chambers, Goodman, Reed, Fitzgibbon, Pollet, Ryu, Paul, Thai, Springer, Stonier, Kloba, Santos, and Ormsby)

READ FIRST TIME 02/13/23.

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," also known as "dry needling,"
35 means a skilled intervention that uses a single use, sterile filiform
36 needle to penetrate the skin and stimulate underlying connective and
37 muscular tissues for the evaluation and management of
38 neuromusculoskeletal pain and movement impairments. Intramuscular
39 needling requires an examination and diagnosis. Intramuscular

1 needling does not include stimulation of auricular points, or distal
2 points.

3 (15) Words importing the masculine gender may be applied to
4 females.

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

7 (1) Subject to the limitations of this section, a physical
8 therapist may perform intramuscular needling only after being issued
9 an intramuscular needling endorsement by the secretary. The
10 secretary, upon approval by the board, shall issue an endorsement to
11 a physical therapist who has at least one year of postgraduate
12 practice experience that averages at least 36 hours a week and
13 consists of direct patient care and who provides evidence in a manner
14 acceptable to the board of a total of 325 hours of instruction and
15 clinical experience that meet or exceed the following criteria:

16 (a) A total of 100 hours of didactic instruction in the following
17 areas:

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

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

22 (iii) Trigger point evaluation and management;

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

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

28 (b) A total of 75 hours of in-person intramuscular needling
29 instruction in the following areas:

30 (i) Intramuscular needling technique;

31 (ii) Intramuscular needling indications and contraindications;

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

34 (iv) Management of adverse effects;

35 (v) Practical psychomotor competency; and

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

38 (c) A successful clinical review of a minimum of 150 hours of at
39 least 150 individual intramuscular needling treatment sessions by a

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

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

5 (a) A physician licensed under chapter 18.71 RCW; an osteopathic
6 physician licensed under chapter 18.57 RCW; a licensed naturopath
7 under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine
8 practitioner under chapter 18.06 RCW; or a licensed advanced
9 registered nurse practitioner under chapter 18.79 RCW;

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

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

14 (d) A licensed physical therapist who meets the requirements of
15 the intramuscular needling endorsement.

16 (3) After receiving 100 hours of didactic instruction and 75
17 hours of in-person intramuscular needling instruction, a physical
18 therapist seeking endorsement has up to 18 months to complete a
19 minimum of 150 treatment sessions for review.

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

23 (5) A physical therapist can apply for endorsement before they
24 have one year of clinical practice experience if they can meet the
25 requirement of 100 hours of didactic instruction and 75 hours of in-
26 person intramuscular needling instruction in subsection (1)(a)(i) and
27 (ii) of this section through their prelicensure coursework and has
28 completed all other requirements set forth in this chapter.

29 (6) If a physical therapist is intending to perform intramuscular
30 needling on a patient who the physical therapist knows is being
31 treated by an acupuncturist or acupuncture and Eastern medicine
32 practitioner for the same diagnosis, the physical therapist shall
33 make reasonable efforts to coordinate patient care with the
34 acupuncturist or acupuncture and Eastern medicine practitioner to
35 prevent conflict or duplication of services.

36 (7) All patients receiving intramuscular needling from a physical
37 therapist must sign an informed consent form that includes:

38 (a) The definition of intramuscular needling;

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

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

1 (d) A description of the potential side effects of intramuscular
2 needling; and
3 (e) A statement clearly differentiating the procedure from the
4 practice of acupuncture.

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