Dry Needling State Practice Act Requirements:

 **Effective April 19, 2021**

**Dry Needling**

Physical therapists performing dry needling in Florida are required to meet the standards set forth in section 486.117, Florida Statutes (F.S.), and rule 64B17-6.008, Florida Administrative Code (F.A.C.)

Within 60 days of the effective date of rule 64B17-6.008, F.A.C., on April 19, 2021, or within 60 days of the intent to perform dry needling in Florida, a licensed and qualified physical therapist performing dry needling, shall submit to the Board of Physical Therapy Practice, Form DH5057-MQA, Physical Therapist Dry Needling Attestation.

An adverse medical incident that is a direct result of physical therapy treatment involving dry needling shall be reported within 15 days of the incident, using Form DH5053-MQA, Physical Therapy Dry Needling Adverse Medical Incident Report.

**Law and Rule:**

Section 486.117, F.S., Physical therapist; performance of dry needling; and
Rule 64B17-6.008, F.A.C., Minimum Standards of Practice for the Performance of Dry Needling.

Forms:

[Physical Therapist Dry Needling Attestation, Form DH5057-MQA](https://cdn.ymaws.com/www.fpta.org/resource/resmgr/resources/form_dh5057-mqa_rule_64b17-6.pdf); and

[Physical Therapy Dry Needling Adverse Medical Incident Report, Form DH5053-MQA](https://cdn.ymaws.com/www.fpta.org/resource/resmgr/resources/form_dh5053-mqa_rule_64b17-6.pdf).

**486.117 Physical therapist; performance of dry needling.**

(1) The board shall establish minimum standards of practice for the performance of dry needling by physical therapists, including, at a minimum, all of the following:

(a) Completion of 2 years of licensed practice as a physical therapist.

(b) Completion of 50 hours of face-to-face continuing education from an entity accredited in accordance with s. 486.109 on the topic of dry needling which must include a determination by the physical therapist instructor that the physical therapist demonstrates the requisite psychomotor skills to safely perform dry needling. The continuing education must include instruction in all of the following areas:

1. Theory of dry needling.

2. Selection and safe handling of needles and other apparatus or equipment used in dry needling, including instruction on the proper handling of biohazardous waste.

3. Indications and contraindications for dry needling.

4. Psychomotor skills needed to perform dry needling.

5. Postintervention care, including adverse responses, adverse event recordkeeping, and any reporting obligations.

(c)1. Completion of at least 25 patient sessions of dry needling performed under the supervision of a physical therapist who holds an active license to practice physical therapy in any state or the District of Columbia, who has actively performed dry needling for at least 1 year, and who documents that he or she has met the supervision and competency requirements and needs no additional supervised sessions to perform dry needling; or

2. Completion of 25 patient sessions of dry needling performed as a physical therapist licensed in any state or in the United States Armed Forces.

(d) A requirement that dry needling may not be performed without patient consent and must be a part of a patient’s documented plan of care.

(e) A requirement that dry needling may not be delegated to any person other than a physical therapist who is authorized to engage in dry needling under this chapter.

(2) The board shall establish additional supervision and training requirements before the performance of dry needling of the head and neck or torso by a physical therapist if the board deems it necessary for patient safety.

(3) The department shall, within existing resources, submit a report to the President of the Senate and the Speaker of the House of Representatives on or before December 31, 2022, detailing the number of physical therapists in the state, the number of physical therapists in the state performing dry needling, any increases or decreases in the number of physical therapists in the state by geographic area, and any adverse medical incidents as defined by the board involving physical therapists in the state performing dry needling.

(4) The performance of dry needling in the practice of physical therapy may not be construed to limit the scope of practice of other licensed health care practitioners not governed by this chapter.

History.—s. 3, ch. 2020-128.

**64B17-6.008 Minimum Standards of Practice for the Performance of Dry Needling.**

(1) For purposes of this rule only, the words and phrases listed below are defined in the following manner:

(a) “Adverse medical incident” means an event over which the physical therapist could exercise control and which is associated in whole or in part with the performance of dry needling, rather than the condition for which dry needling occurred, and which resulted in any prolonged and/or emergent neurological, pulmonary, vascular, or musculoskeletal condition that required the transfer of the patient to a hospital and/or referral to a physician for treatment of the resulting condition.

(b) “Supervision” means observation of the dry needling procedure by a physical therapist licensed in any state or the District of Columbia who meets the qualifications for practicing dry needling in the state of Florida and who has a minimum of one year and 25 sessions of experience treating patients using dry needling. The observation may be in person or via synchronous telehealth as defined in s. 456.47, F.S.

(c) “Competency requirements” means proficiency in the subject areas listed in subparagraphs (2)(b)1.a.-e.

(2) The minimum standards of practice for the performance of dry needling by a physical therapist include the following:

(a) Completion of two years of practice as a physical therapist licensed in any state or the District of Columbia;

(b) Completion of 50 hours of face-to-face continuing education on the topic of dry needling from an entity accredited in accordance with s. 486.109, F.S.

1. The continuing education must include instruction in the following subject areas:

a. Theory of dry needling;

b. Selection and safe handling of needles and other apparatus or equipment used in dry needling, including instruction on the proper handling of biohazardous waste;

c. General indications and contraindications for dry needling, as well as complex anatomical and safety considerations of the cranio-facial and peripheral nervous systems for dry needling of the head, neck, and torso;

d. Psychomotor skills needed to perform dry needling, including tissue palpation, needle insertion, and needle extraction; and

e. Postintervention care, including adverse responses, adverse event recordkeeping, and any reporting obligations.

2. The continuing education must include a determination by the instructor, who is a licensed physical therapist meeting the qualifications set forth in (1)(b) “Supervision,” that the physical therapist being trained in dry needling demonstrates the requisite competency and psychomotor skills to safely perform dry needling; and

(c) After completing (2)(a) and (b), completion of 25 patient sessions of dry needling under one of the following circumstances:

1. While licensed as a physical therapist in another state or while serving as a physical therapist in the United States Armed Services; or

2. Under the supervision of a physical therapist who holds an active license to practiced physical therapy in any state or the District of Columbia. Such supervisor must document that the supervised therapist has met the supervision and competency requirements and needs no additional supervised sessions to perform dry needling. It is the responsibility of the supervised physical therapist to maintain all documents.

(3) A physical therapist shall not delegate performance of dry needling to a physical therapist assistant, unlicensed personnel, or any other person who is not a licensed physical therapist who is qualified under this rule.

(4) A physical therapist shall not perform dry needling without patient consent documented in the patient’s medical record.

(5) An adverse medical incident that is a direct result of physical therapy treatment involving dry needling shall be reported to the Board within 15 days of the incident using Form DH5053-MQA, Physical Therapy Dry Needling Adverse Medical Incident Report, effective 08/2020, which is hereby incorporated by reference and is available through[http://www.flrules.org/Gateway/reference.asp?No=Ref-12809](https://www.flrules.org/Gateway/reference.asp?No=Ref-12809), or [www.floridasphysicaltherapy.gov/resources](https://floridasphysicaltherapy.gov/resources/).

(6) Within 60 days of the effective date of this rule, or within 60 days of the intent to perform dry needling in the state of Florida, the licensed and qualified physical therapist shall submit to the Board Form DH5057-MQA, Physical Therapist Dry Needling Attestation, effective 08/2020, which is hereby incorporated by reference and is available through [http://www.flrules.org/Gateway/reference.asp?No=Ref-12811](https://www.flrules.org/Gateway/reference.asp?No=Ref-12811), or [www.floridasphysicaltherapy.gov/resources](https://floridasphysicaltherapy.gov/resources/).

Rulemaking Authority 486.025, 486.117 FS. Law Implemented 486.117 FS. History–