



Office of Professional and Occupational Regulation

**Joint Standing Committee on Labor, Commerce, Research and
Economic Development**

*Pursuant to L.D. 872
“An Act to Establish Requirements Related to the
Practice of Dry Needling”*

**Report of the
Maine Board of Examiners in Physical Therapy on Dry
Needling and Continuing Education Requirements**

January 9, 2018

I. Introduction

Representative Ryan Fecteau submitted L.D. 872, An Act to Establish Requirements Related to the Practice of Dry Needling.” The final disposition of LD 872 before the 128th Maine Legislature was Ought Not to Pass.

II. Recommendation by the Joint Committee on Labor, Commerce, Research and Economic Development

The Joint Standing Committee on Labor, Commerce, Research and Economic Development received considerable testimony both in support and in opposition to L.D. 872 at a public hearing on the bill. After thorough consideration and with cooperation of Commissioner Anne Head, Department of Professional and Financial Regulation, the Committee issued a letter dated April 11, 2017 to Commissioner Head directing the Maine Board of Examiners in Physical Therapy to:

1. Thoroughly reexamination and consider whether it should adopt rules to impose specific education and competency requirements on physical therapists who engage in dry needling; and
2. Reexamine its general approach to continuing education.

III. Assessment process and participants

Board of Examiners in Physical Therapy members:

Leslie Anderson, PT, Board Chairperson
Physical Therapist

Suzanne Gordon, PT, MACT, Ed.D., Board Vice-Chairperson
*Physical Therapist, Professor Emeriti at Husson University, School of Physical Therapy
MACT (Masters in Arts College Teaching)*

Nancy Chandler, DPT, MPH (*Masters in Public Health*), Board Complaint Officer
Doctor of Physical Therapy,

Scott D. Griffin, DPT, Board Member
Doctor of Physical Therapist

Geraldine L. Betts, Board Administrator, for administrative support
*Board of Examiner in Physical Therapy, Office of Licensing and Registration,
Department of Professional and Financial Regulation*

The Board of Examiners in Physical Therapy met at its offices in Gardiner, Maine, on August 18, 2017 to consider the directives contained in the Committee’s April 11, 2017 letter. All board members were present for this discussion and had been provided with the following research and reference information in advance of the meeting:

1. *Letter from the Joint Standing Committee on Labor, Commerce, Research and Economic Development dated April 11, 2017, to Commissioner Anne Head (See Appendix A)*
2. *Board of Examiners in Physical Therapy Advisory Ruling No. 2016-01 dated June 17, 2016 on Dry Needling (See Appendix B)*
3. *Dry Needling: A State to State Comparison of Regulation (See Appendix C)*
4. *Continuing Professional Education: A State to State Comparison of Regulation (See Appendix D)*
5. *Maine Physical Therapy Complaint Research Report (See Appendix E)*

IV. Board Response to Committee Directives

Dry Needling

The Board considered dry needling techniques in conjunction with physical therapy treatments by assessing additional research information and comparing actual experiences as shared by various members of the Board.

A member of the Board shared firsthand knowledge of physical therapists in her hospital work setting who enroll in a two-level dry needling continuing education certification program. Level 1 is a 30-hour basic course in dry needling covering safe points of dry needling in the upper thoracic and lumbar region, and direct patient treatment experience performing 200 patient treatments under supervision. Level 2 consists of 30 hours of topic-specific reviews and passage of a practical and written examination to obtain a course completion certification in dry needling.

The Board took note of a 2015 study¹ conducted by the HumRRO research organization for the Federation of State Boards of Physical Therapy (“FSBPT”) on competency and safe dry needling practice. The 3-step study included: 1) background review of the literature on dry needling to develop a preliminary set of dry needling tasks describing job related actions; 2) practitioner survey of more than 350 physical therapists, including individuals working in hospitals, private practice clinics, academia, and the military to identify entry-level knowledge, skills and abilities; and 3) task force meeting with seven dry needling experts to consolidate the information collected and construct a final set of competencies. In part, pages iii and 13 of the report state that, “86% of the knowledge requirements needed to be competent in dry needling is acquired during physical therapy clinical education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety and professional responsibility.” The Board also acknowledges that page iii of the report states, “14% of the knowledge requirements related to competency in dry needling must be acquired through post-graduate education or specialized training in dry needling.” The Board acknowledged that specialized training is required to develop psychomotor skills to safely handle needles and palpate tissues and contraindication management.

¹ HumRRO 2015 No. 033 Analysis of Competencies for Dry Needling by Physical Therapists, Final Report, Prepared for the Federation of State Boards of Physical Therapy, July 10, 2015

The Board recognizes that a recent physical therapist graduate has a good understanding a knowledge of physical therapy practice, but also agreed that dry needling is a modality of physical therapy treatment that requires additional education and training. The Board agreed that there are a variety of modalities in the practice of physical therapy, such as; manipulation of the spine, however, the law or rules do not require a physical therapist to take additional courses on each modality, nor does it [the Board] provide guidance. As a licensed practitioner, it is the responsibility of physical therapists to ensure that they have sufficient knowledge and understanding about their practice. It is not the responsibility of the Board to be prescriptive or to govern unnecessarily. Upon licensure, the individual has sufficiently demonstrated completion of the required education and examinations to demonstrate job-entry competencies.

The Board agrees that the practice of dry needling is associated with the education and practice of physical therapy and is a benefit to patients who receive this treatment. The board also agrees that the practice of dry needling in conjunction with physical therapy treatment is not outside the scope of physical therapy practice. The Board agreed that knowledge of contraindications is important to patient safety, however, the Board agreed that this is applied knowledge for any practice-specific modality. The Board reviewed state by state information on dry needling noting that about nineteen states do not have additional education requirements.

The Board's ten-year history of complaints shows forty-nine complaints were filed with the Board of which, sixty-three percent of the complaints were dismissed. A total of six allegations for incompetency practice were considered and all six were dismissed. No complaints were received alleging incompetency in dry needling.

Conclusion

The Board will develop guidelines on best dry needling practice and recommended self-assessment education in dry needling for individuals who choose to include dry needling in their practice. The Board concurred that individuals currently engaged in and have developed expertise in dry needling should not be required to obtain additional education or training, unless the licensee chooses to do so. The Board agrees that board-certification for dry needling or requiring the board's approval of courses of study or confirmation of completing any self-assessment education or courses of study in dry needling is not necessary to protect the public health and safety.

Continuing Education Discussion

The Board considered the national trend and the 10-year physical therapy complaints history. The complaint report demonstrated that most complaints are related to billing and inappropriate behavior by the physical therapist and applicants and licensees who fail to disclose criminal convictions.

The Board reflected on 10 MRS §8008 and its [Board] sole purpose to protect the public and to establish "minimum standards" of proficiency. The Board agreed that minimum standards are sufficiently demonstrated by the required pre-requisite licensing education and nationally recognized examinations. Members agree that in a rural state like Maine,

licensees proactively, on their own or through their employers maintain currency and expertise in the practice of physical therapy with primary focus on competencies as opposed to obtaining continuing education hours to satisfy a license renewal requirement. A member of the Board who is Professor Emeriti for a Maine physical therapy college system stated that physical therapy students are taught the importance and their responsibility of self-assessment education to advance their practice knowledge and skills.

The Board considered information from the FSBPT on continuing competence. The FSBPT created a for-profit, value point model that relates to competencies instead of continuing education hours. The model is readily available to licensees to sign up and participate in an online webinar. The Board agrees that competency based education sets a higher standard, but is generally best left to individual licensees to maintain currency in the practice and patient obligations and conditions. After considerable discussion, the Board agreed that it is important for licensees to keep current on procedures, treatments and specialty modality physical practice areas, but it does not feel that mandating continuing professional education ensures or guarantees competencies have been met.

Conclusion

After reviewing all information available and considerable discussion, the Board unanimously agreed that no basis for change in current rules was presented and it will not pursue mandating continuing professional education for its licensees.

APPENDIX A

*Letter – Joint Standing Committee on Labor, Commerce,
Research and Economic Development to Commissioner
Anne Head, dated April 11, 2017*

SENATE

AMY F. VOLK, DISTRICT 30, CHAIR
BRIAN D. LANGLEY, HANCOCK
SHENNA L. BELLOWS, KENNEBEC

HENRY FOUTS, ESQ., LEGISLATIVE ANALYST
JANET STOCCO, ESQ., LEGISLATIVE ANALYST
DIANE STEWARD, COMMITTEE CLERK



HOUSE

RYAN M. FECTEAU, BIDDEFORD, CHAIR
ANNE-MARIE MASTRACCIO, SANFORD
DILLON BATES, WESTBROOK
JAMES R. HANDY, LEWISTON
MICHAEL A. SYLVESTER, PORTLAND
MICHELLE DUNPHY, OLD TOWN
SUSAN M.W. AUSTIN, GRAY
LAWRENCE E. LOCKMAN, AMHERST
JOEL R. STETKIS, CANAAN
KAREN R. VACHON, SCARBOROUGH

STATE OF MAINE
ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE
COMMITTEE ON LABOR, COMMERCE, RESEARCH AND ECONOMIC DEVELOPMENT

April 11, 2017

Anne Head, Commissioner
Department of Professional and Financial Regulation
35 State House Station
Augusta, Maine 04333-0035

Dear Commissioner Head,

The Joint Standing Committee on Labor, Commerce, Research and Economic Development recently considered LD 872, "An Act To Establish Requirements Related to the Practice of Dry Needling." As drafted, the bill imposed specific minimum requirements for dry needling: that the licensed practitioner hold a doctoral degree in physical therapy, complete a minimum of 120 hours of education in dry needling theory and technique and 80 hours of clinical instruction in dry needling, complete instruction in exposure control for blood-borne pathogens, and register as a biomedical waste generator.

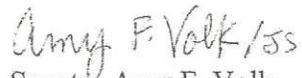
The Committee unanimously voted LD 872 "ought not to pass" after receiving a wealth of testimony both in support of and in opposition to the bill. That testimony and our research demonstrated that other state boards of physical therapy approach this scope of practice issue in a variety of ways. While a minority of state boards has concluded that dry needling is not within the scope of physical therapy practice, the majority of state boards has reached the opposite conclusion and has engaged in rulemaking to impose a range of education, training and examination requirements on licensed therapists who engage in dry needling.

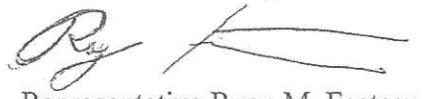
The Committee is aware that Maine Board of Examiners in Physical Therapy issued an advisory ruling in June of 2016 concluding that dry needling falls within the scope of physical therapy practice under Maine law but that, although dry needling remains a relatively unique treatment, licensed physical therapists are individually responsible for determining the amount of training necessary to obtain competence in this method of treatment. The Committee's vote on LD 872 was taken with the understanding that the Department of Professional and Financial Regulation could direct the Maine Board of Examiners in Physical Therapy to undertake a thorough re-examination and robust discussion of the question whether to adopt rules imposing specific education and competency requirements on licensed physical therapists who wish to engage in dry needling to ensure both public safety and the efficacy of this treatment modality.

We further request that you direct the Maine Board of Examiners in Physical Therapy to reexamine its general approach to continuing education. Although the board has statutory authority to impose continuing education requirements on licensees through Title 10, section 8003, the Committee was surprised to learn during the public hearing on LD 872 that individuals licensed by the board are not required to engage in any continuing education as a condition of licensure renewal in Maine. This topic warrants serious reconsideration by the board.

Thank you in advance for your assistance and please extend our gratitude to the board for its time and attention to these issues. The Committee looks forward to learning the outcomes of the board's discussions.

Sincerely,


Senator Amy F. Volk,
Senate Chair


Representative Ryan M. Fecteau,
House Chair

APPENDIX B

*Board of Examiners in Physical Therapy Advisory Ruling
No. 2016-01, dated June 17, 2016*

STATE OF MAINE
Professional and Financial Regulation
Office of Professional and Occupational Regulation
Board of Examiners in Physical Therapy
35 State House Station, Augusta, Maine 04333
ADVISORY RULING
No. 2016-01

Advisory Ruling Requested by: Dustin Hurd, DPT, CMP
OA Centers for Orthopaedics
33 Sewall Street
Portland ME 04102

Topic: “Dry Needling” technique in the practice of physical therapy

REQUEST FOR ADVISORY RULING

By email communication dated February 18, 2014, Mr. Hurd (P.T.) requests an opinion on the practice of “dry needling” by licensed Maine physical therapists. Pursuant to the authority granted in 5 M.R.S.A. § 9001 and Board of Examiners in Physical Therapy, chapter 3, the Board considered Mr. Hurd’s request at its March 13, 2015, meeting and now issues the following advisory ruling.

FACTS

Mr. Hurd stated that a number of states support the technique of “dry needling” in the practice of physical therapy. Mr. Hurd commented that the Maine Physical Therapist Practice act, 32 MRS chapter 45-A does not specifically address this technique and is seeking the Board’s opinion on this matter. Mr. Hurd provided a publication, Forum, summer 2012, issued by the Federation of State Boards of Physical Therapy on the matter, “Can Physical Therapists Do Dry Needling?” According to the publication “dry needling” is also known as “intramuscular manual therapy, trigger point dry needling, or intramuscular needling.”

In addition to 32 MRS chapter 45-A, the Maine Physical Therapist Practice act, the Board reviewed documents on the subject of dry needling issued by the Federation of State Board of Physical Therapist.

APPLICABLE LAW

32 M.R.S. §3111-A. Scope of practice reads in applicable part as follows:

“The practice of physical therapy includes the evaluation, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction and pain from injury, disease and any other bodily condition; the administration, interpretation and evaluation of tests and measurements of bodily functions and structures for the purpose of treatment planning; the planning, administration, evaluation and modification of treatment and instruction; and the use of physical agents and procedures, activities and devices for preventive and therapeutic purposes; and the

Physical Location: Gardiner Annex, 76 Northern Avenue, Gardiner, Maine
Tel: (207) 624-8625 • Fax: (207) 624-8666
www.maine.gov/professionallicensing

STATE OF MAINE
Professional and Financial Regulation
Office of Professional and Occupational Regulation
Board of Examiners in Physical Therapy
35 State House Station, Augusta, Maine 04333
ADVISORY RULING
No. 2016-01

provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain.”

DISCUSSION AND RULING

The Board agrees with the statement stated on page 3 of the FSBPT Dry Needling Resource Paper, 4th edition, July 2013, which states, “dry needling continuing education and use as an intervention has grown dramatically in the last few years, but overall, is still a relatively unique part of physical therapy practice.” While the Board agrees with the statement, an important factor for this advisory ruling consideration is the Maine Physical Therapist Practice act (32 MRS §3111-A). The Board voted in full agreement that “dry needling” is a recognized technique associated with the practice of physical therapy and is an appropriate technique when used during the course of a physical therapy treatment. The Board reasons that this physical therapy treatment technique is further substantiated in the scope of practice in that it references, “...activities and devices for preventive and therapeutic purposes...”

SCOPE OF ADVISORY RULING

The Board recognizes that the Maine Physical Therapist Practice Act does not state that a physical therapist is required to obtain additional knowledge and experience over and above the physical therapist educational requirements to perform specific techniques or to use practice related devices. The Board considered whether to mandate training prior to a licensee engaging dry needling techniques and concluded that licensed physical therapists are individually responsible for obtaining and maintaining the necessary knowledge, skill and competency to safely practice any area of their physical therapy profession. The training should be informed by evidence of research that substantiates the approach that is being taught and completion of such training should be affirmed by a certificate demonstrating completion of the educational training and available upon request. Further, the Board advises that any device used when rendering a treatment should be recorded in the patient’s documentation of the physical therapy plan of care.

The appropriate term to use by a physical therapist is “dry needling.” Use of the term “acupuncture” is not appropriate. Dry needling is separate and distinct from acupuncture techniques and the use of the term “acupuncture” should not be used with patients as it could create confusion.

This advisory ruling is not binding upon the Maine Board of Examiners in Physical Therapy, but justifiable reliance upon this ruling shall be considered in mitigation of any penalties sought to be assessed in any subsequent enforcement action initiated by the Board.

SIGNED Leslie Anderson P.T.M.S.B. Dated 6/17/2016
Leslie Anderson, P.T., Board Chair, Maine Board of Examiners in Physical Therapy

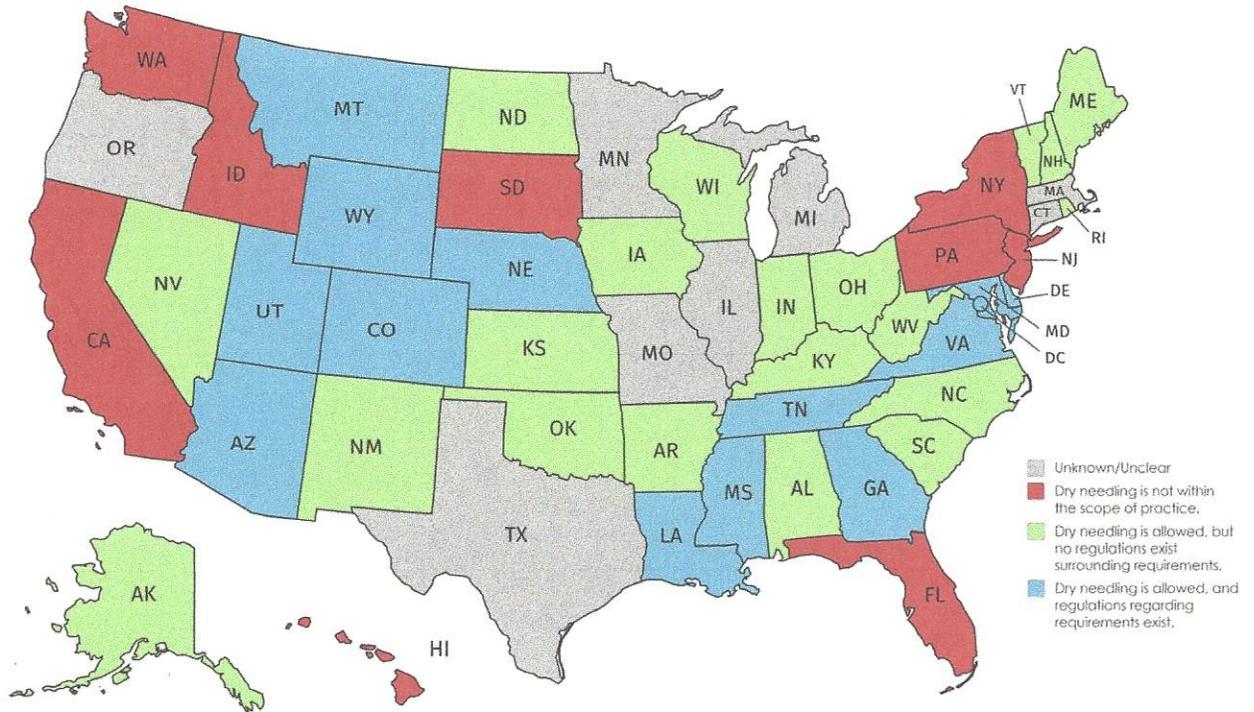
Physical Location: Gardiner Annex, 76 Northern Avenue, Gardiner, Maine
Tel: (207) 624-8625 • Fax: (207) 624-8666
www.maine.gov/professionallicensing

APPENDIX C

*Dry Needling: A State by State Comparison of Regulation,
July 2017*

Dry Needling: A State by State Comparison of Regulation

A majority of states across the nation have approved dry needling to be within the scope of physical therapy practice. Idaho, South Dakota, California, Florida, Pennsylvania, Washington, New York, Hawaii and New Jersey are the only states to date that do not allow Physical Therapists to use dry needling. Though many states ‘approve’ of dry needling, roughly half have regulated education requirements surrounding the practice. Many of the states that regulate the requirements for dry needling, request a certificate of completion of an approved course. Once the certification is produced it seems to be a one-time certification, and few states require on going continuing education hours for dry needling specifically. Some states however allow dry needling hours to count toward their total continuing education credit hours for their licensure renewal.



Created with mapchart.net ©

Key	<p> Dry needling is allowed, and regulations regarding requirements exist.</p> <p> Dry needling is not within the scope of practice.</p> <p> Dry needling is allowed, but no regulations exist surrounding requirements for dry needling.</p> <p> Unknown/Unclear</p>
State	Dry Needling Regulations
Alabama	Dry needling is allowed; no regulations currently surrounding requirements.

Alaska	Dry needling is allowed; no regulations currently surrounding requirements.
Arizona	<p>Dry needling is allowed; with a minimum of 24 contact hours of education. Course content that meets the training and education qualifications for “dry needling” shall contain all of the following:</p> <p>1. The course content shall be approved by one or more of the following entities prior to the course(s) being completed by the physical therapist.</p> <p>a. Commission On Accreditation In Physical Therapy Education,</p> <p>b. American Physical Therapy Association,</p> <p>c. State Chapters Of The American Physical Therapy Association,</p> <p>d. Specialty Groups Of The American Physical Therapy Association, or</p> <p>e. The Federation of State Boards Of Physical Therapy.</p> <p>View the full rule here: http://apps.azsos.gov/public_services/Title_04/4-24.pdf</p>
Arkansas	<p>Dry needling is allowed; no regulations currently surrounding requirements.</p> <p>http://kinetacore.com/wp-content/uploads/sites/5/2016/10/Arkansas-Minutes.pdf</p>
California	Rules state dry needling is not within the scope of practice for physical therapists.
Colorado	<p>Dry needling is allowed; requirements include practicing for at least two years and 46 hours of in-person training.</p> <p>View the full rule here: https://drive.google.com/file/d/0B-K5DhxXxJZbcm5IN0dENnRoT2s/view</p>
Connecticut	Unclear
Delaware	<p>Dry needling is allowed; requirements include practicing for at least two years, and a minimum of 54 hours.</p> <p>15.4.4.3 The program curriculum shall include the following:</p> <p>15.4.4.3.1 History and current literature review of dry needling and evidence based practice;</p> <p>15.4.4.3.2 Pertinent anatomy and physiology;</p> <p>15.4.4.3.3 Choice and operation of supplies and equipment;</p> <p>15.4.4.3.4 Knowledge of technique including indications/contraindications and precautions for use;</p> <p>15.4.4.3.5 Proper technique of tissue penetration;</p> <p>15.4.4.3.6 Knowledge of hazards and complications;</p> <p>15.4.4.3.7 Safe practice guidelines and generally accepted standards of practice including clean needle techniques and OSHA's blood borne pathogen standards;</p> <p>15.4.4.3.8 Post intervention care, including an adverse response or emergency;</p> <p>15.4.4.3.9 Documentation of successful completion of psychomotor and cognitive performance through practical and written examination; and</p> <p>15.4.4.3.10 Supervised training.</p> <p>View the full rule here: http://regulations.delaware.gov/AdminCode/title24/2600.shtml</p>
District of Columbia	<p>Dry needling is allowed; requirements include completion of a CAPTE approved educational program. No amount of hours is specified.</p> <p>6716.4 Intramuscular manual therapy is an advanced procedure that requires</p>

	<p>specialized training. A physical therapist shall not perform intramuscular manual therapy in the District of Columbia unless he or she has documented proof of completing:</p> <p>(a) A Board-approved professional training program on intramuscular manual therapy. The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program</p> <p>(b) A professional training program on intramuscular manual therapy accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program; or</p> <p>(c) Graduate or higher-level coursework in a CAPTE-approved educational program that included intramuscular manual therapy in the curriculum. View the full rule here: http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleID=1191856</p>
Florida	Rules state dry needling is not within the scope of practice for physical therapists.
Georgia	<p>Dry needling is allowed; requirements include a minimum of 50 hours of training and at least two years of experience as a physical therapist.</p> <p>View the full rule here: http://rules.sos.state.ga.us/nllxml/georgiacodesGetcv.aspx?urlRedirected=yes&data=admin&lookingfor=490-9</p>
Hawaii	Rules state dry needling is not within the scope of practice for physical therapists.
Idaho	Rules state dry needling is not within the scope of practice for physical therapists.
Illinois	Unclear
Indiana	Dry needling is currently allowed - the current statute is open and does not specifically state whether or not it is appropriate. Not prohibited; but not endorsed either.
Iowa	<p>Dry needling is allowed; the board does not address specific treatment approaches by licensure.</p> <p>https://idph.iowa.gov/Portals/1/userfiles/26/PTOT/Judge%20Decision%20Dry%20Needling.pdf</p>
Kansas	Dry needling is allowed; no regulations currently surrounding requirements.
Kentucky	<p>Dry needling is allowed; no regulations currently surrounding requirements.</p> <p>KRS 327.070(2)</p> <p>While dry needling is within the scope of practice of physical therapy, a physical therapist must practice only those procedures that the physical therapist is competent to perform. The board can discipline a physical therapist for “engaging or permitting the performance of substandard patient care by himself or by persons working under their supervision due to a deliberate or negligent act or failure to act, regardless of whether actual injury to the patient is established.”</p>
Louisiana	Dry needling is allowed; requirements include a minimum of 50 hours of training

	<p>face-to-face and at least two years of experience as a physical therapist. View the full rule here: https://www.laptboard.org/index.cfm/rules/rulesandregs</p>
Maine	<p>Dry needling is allowed; an advisory ruling was issued on June 17, 2016. The board recognized that dry needling is a recognized technique associated with the practice of physical therapy. View the full advisory ruling issued here: http://www.maine.gov/pfr/professionallicensing/professions/physical_therapists/pub/2016/pt_ar2016_01_dry_needling.pdf</p>
Maryland	<p>Dry needling is allowed, proposed regulations: at least 80 hours of contact training, and experience as a physical therapist for at least 2 years.</p> <p>A. In order to perform dry needling, a physical therapist shall have at least 80 total hours of instruction, which includes:</p> <p>(1) A total of at least 40 hours of instruction in the following dry needling-specific course content areas:</p> <p>(a) Theory and application of dry needling;</p> <p>(b) Dry needling technique, including spine and extremities;</p> <p>(c) Dry needling indications and contraindications;</p> <p>(d) Infection control, the Occupational Safety and Health Administration's Blood borne Pathogen Protocol, and safe handling of needles;</p> <p>(e) Emergency preparedness and response procedures related to complications associated with dry needling; and</p> <p>(f) Appropriate documentation of dry needling; and</p> <p>(2) At least 40 hours of practical, hands-on instruction in the application and technique of dry needling, under the supervision of a licensed health care practitioner competent in dry needling procedures who has:</p> <p>(a) Completed the requisite course work under §A(1) of this regulation; and</p> <p>(b) Practiced dry needling for at least 5 years.</p> <p>B. The instruction required under §A(1) of this regulation shall be provided by a continuing education course sponsored by the:</p> <p>(1) American Physical Therapy Association;</p> <p>(2) The APTA of Maryland; or</p> <p>(3) The Federation of State Boards of Physical Therapy.</p> <p>View the full rule here: https://health.maryland.gov/reggs/Pages/10-38-12-Dry-Needling-(.aspx</p> <p>The following was recently posted on the Board's page: "The Dry Needling Regulations promulgated the Maryland Board of Physical Therapy Examiners are effective as of June 19, 2017. This includes the Standards of Practices in Performing Dry Needling. The Minimum Education and Training Necessary to Perform Dry Needling has a one-year delayed effective date and will become effective June 19, 2018. The Board will provide additional information regarding the Dry Needling Registration Process in the coming weeks."</p>
Massachusetts	Unclear
Michigan	Unclear
Minnesota	Unclear
Mississippi	Dry needling is allowed, requirements include practicing as a physical therapist for at

	<p>least 3 years, and completing 50 hours of face-to-face training. View the full rule here: https://www.msbpt.ms.gov/secure/pdf/RequirementsDryNeedling.pdf</p>
Missouri	Unclear
Montana	<p>Dry needling is allowed; current rules: (a) Dry needling courses must include, but not be limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients. (b) Initial training in dry needling must include hands-on training, written, and practical examination as required by this rule. View the full rule here: http://leg.mt.gov/content/Committees/Interim/2015-2016/Economic-Affairs/Rules/dry-needling-rule.pdf</p>
Nebraska	<p>Dry needling is allowed; current rules: 1. Complete pre-service or in-service training. The pre-service or in-service training must include: a. Pertinent anatomy and physiology; b. Choice and operation of supplies and equipment; c. Knowledge of technique including indications and contraindications; d. Proper technique of tissue penetration; e. Sterile methods, including understanding of hazards and complications; and f. Post intervention care; and g. Documentation of application of technique in an educational environment. 2. The training program shall require training to demonstrate cognitive and psychomotor skills. Also, the training program must be attended in person by the physical therapist. 3. Maintain documentation of successful completion of training. Attorney General opinion: https://ago.nebraska.gov/sites/ago.nebraska.gov/files/docs/opinions/AG%20Opinion%202016-009.pdf</p>
Nevada	<p>Dry needling is allowed; no regulations currently surrounding requirements. http://ptboard.nv.gov/uploadedFiles/ptboardnvgov/content/About/2012-06-25_DryNeedlingOpinion.pdf</p>
New Hampshire	Dry needling is allowed; no regulations currently surrounding requirements.
New Jersey	<p>Attorney General made ruling that dry needling is not within the scope of practice for physical therapists. https://integrativedryneedling.com/wp-content/uploads/2013/08/new-jersey-dry-needling-opinion-AG-2.9.17.pdf</p>
New Mexico	Dry needling is allowed; no regulations currently surrounding requirements.
New York	Rules state Dry Needling is not within the scope of practice for physical therapists.
North Carolina	<p>Dry needling is allowed; no regulations currently surrounding requirements. https://integrativedryneedling.com/wp-content/uploads/2013/08/north-carolina-RRC-Meeting-Jan-5-15.pdf</p>
North Dakota	Dry needling is allowed; no regulations currently surrounding requirements.

Ohio	Dry needling is allowed; no regulations currently surrounding requirements.
Oklahoma	Dry needling is allowed; no regulations currently surrounding requirements.
Oregon	Unclear http://www.oregon.gov/PTbrd/docs/02.18.14.Revised.Statement.pdf
Pennsylvania	Rules state dry needling is not within the scope of practice for physical therapists http://www.kinetacore.com/wp-content/uploads/sites/5/2016/08/Pennsylvania-Letter.pdf
Rhode Island	Dry needling is allowed; no regulations currently surrounding requirements.
South Carolina	Dry needling is allowed; no regulations currently surrounding requirements.
South Dakota	Rules state dry needling is not within the scope of practice for physical therapists. http://www.sdbmoe.gov/sites/default/files/documents/Dry_Needling.pdf
Tennessee	<p>Dry needling is allowed; requirements include:</p> <p>(1) In order to perform dry needling, a physical therapist must obtain all of the educational instruction described in paragraphs (2)(a) and (2)(b) herein. All such educational instruction must be obtained in person and may not be obtained online or through video conferencing.</p> <p>(2) Mandatory Training - Before performing dry needling, a practitioner must complete educational requirements in each of the following areas:</p> <p>(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in physical therapy school:</p> <ol style="list-style-type: none"> 1. Musculoskeletal and Neuromuscular systems; 2. Anatomical basis of pain mechanisms, chronic pain, and referred pain; 3. Trigger Points; 4. Universal Precautions; and <p>(b) Twenty-four (24) hours of dry needling specific instruction.</p> <ol style="list-style-type: none"> 1. The twenty-four (24) hours must include instruction in each of the following six (6) areas: <ol style="list-style-type: none"> (i) Dry needling technique; (ii) Dry needling indications and contraindications; (iii) Documentation of dry needling; (iv) Management of adverse effects; (v) Practical psychomotor competency; and (vi) Occupational Safety and Health Administration's Blood borne Pathogens Protocol. <p>It is also a requirement that the physical therapist has at least 1 year of work experience.</p> <p>https://www.apta.org/StateAdvocacy/Brief/2015/4/16/ View the full rule here: http://share.tn.gov/sos/rules/1150/1150-01.20160629.pdf</p>
Texas	Unclear https://www.texasattorneygeneral.gov/opinions/opinions/51paxton/rq/2015/pdf/RQ0068KP.pdf

Utah	Dry needling is allowed; Requirements consist of 300 hours: 54 hours of in-person instruction, and 250 hours of patient treatment sessions, and a minimum of two years of being a physical therapist. https://le.utah.gov/xcode/Title58/Chapter24b/58-24b-S505.html View the summarized rules here: https://rules.utah.gov/publicat/code/r156/r156-24b.htm
Vermont	Dry needling is allowed; no regulations currently surrounding requirements.
Virginia	Dry needling is allowed; requirements include 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills. The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention. View the Virginia Board of Physical therapy guidance letter here: http://www.dhp.virginia.gov/physicaltherapy/physther_guidelines.htm
Washington	Rules state dry needling is not within the scope of practice for physical therapists. http://www.atg.wa.gov/ago-opinions/scope-practice-physical-therapy
West Virginia	Dry needling is allowed; no regulations currently surrounding requirements. http://www.wvbopt.com/documents/September%202012%20Newsletter.pdf
Wisconsin	Dry needling is allowed; no regulations currently surrounding requirements.
Wyoming	Dry needling is allowed; 27 hours of training is required. View the full policy here: https://drive.google.com/file/d/0B0o6dUJf0fqZRTRsTE5jSDU2Sm8/view

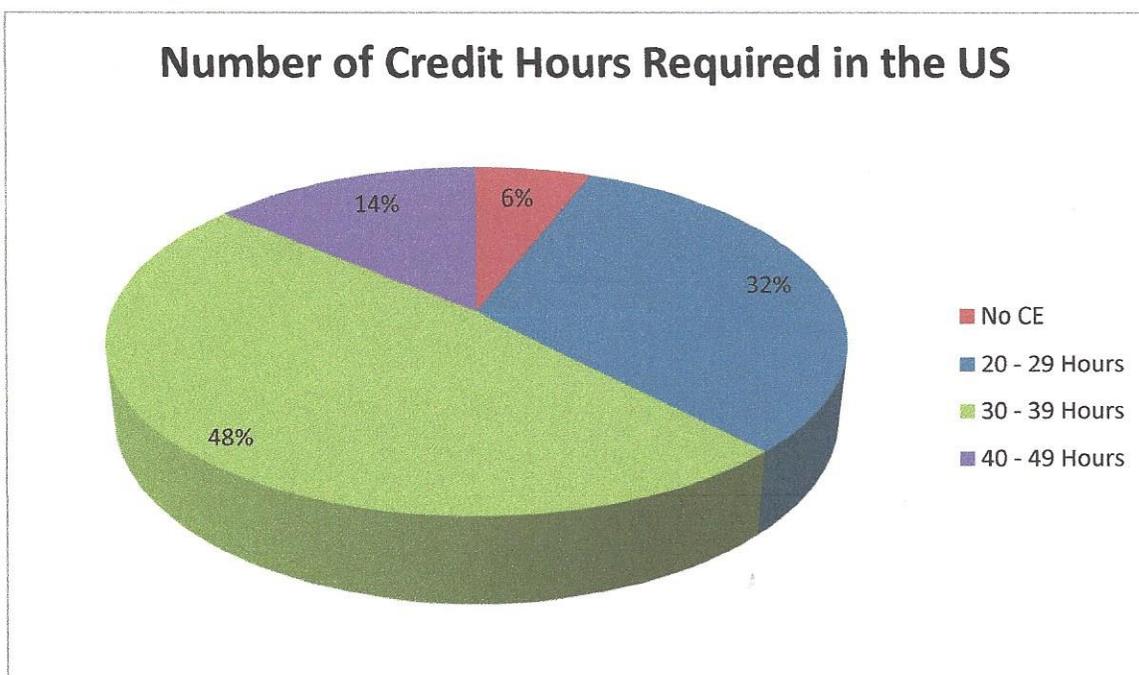
The information provided above is taken partly from the FSBT 5th Edition Resource Paper on Dry Needling in Physical Therapy, partly from the U.S. State Dry Needling Scope of Practice Decisions pulled from Dr. Ma's Integrative Dry Needling report, and partly from researching individual state physical therapy bulletins and board rules.

APPENDIX D

*Continuing Professional Education: A State by State
Comparison of Regulation, July 2017*

Continuing Professional Education: *A State by State Comparison of Regulation*

A large majority of states across the nation are regulating continuing education or continuing competency as part of their re-licensure program. Out of all fifty states and the District of Columbia; Maine, Massachusetts, and South Dakota remain to be the only states without a continuing education requirement. Listed below is a comprehensive chart displaying each state, the hours required for their CE requirements, a summary of the requirements, and whether or not the state requires a jurisprudence exam for license renewal.



The pie chart above shows the number of CE hours required biennially. New York was not included in the data because physical therapists in the state of New York renew every three years, rather than every two. Alabama, Connecticut, and Idaho renew their licenses annually, so their hours have been doubled to reflect a biennial scale.

State	Hours of CE Required	CE Regulation & Links	Jurisprudence Requirement
Alabama	10 Annually (20 Biennially)	One hour of continuing education is defined as 50 minutes of engagement in the continuing education activity. Possible CE hours include courses, clinical residencies, specialty certifications, peer-reviewed publications, teaching, developing alternative media materials, etc. View the full rule here: http://www.pt.alabama.gov/conted.aspx	All licensees must complete a minimum of two (2) hours of Alabama Jurisprudence continuing education every five years beginning in 2020.

Alaska	24 Biennially	<p>One “contact hour” equals a minimum of 50 minutes of instruction; during the concluding licensing period.</p> <p>Possible CEs include:</p> <ol style="list-style-type: none"> “1. The national physical therapy examination sponsored by the Federation of State Boards of Physical Therapy; 2. In addition to the contact hours of continuing education required under 12 AAC 54.410 and 12 AAC 54.420, 40 contact hours of continuing education consistent with the requirements of 12 AAC 54.410 and 12 AAC 54.420; 3. A review course sponsored by a school of physical therapy approved by the American Physical Therapy Association; 4. A physical therapy internship of 150 hours approved by the board.” <p>View the full rule here: https://www.commerce.alaska.gov/web/portals/5/pub/PT-OTStatutes.pdf#AAC54400</p>	
Arizona	20 Biennially	<p>At least 10 hours of CPE from category A, (E.g. hours from an accredited medical, PT, or healthcare program, a national or state health care association, or society.) No more than 10 hours of CPE credit can be from category B or C, B which is made up of non-approved contact hours from outside organizations (E.g. study groups or self-instruction). C is made up of hours teaching or lecturing. Each 60 minutes of instruction equals 1 contact hour.</p> <p>View the full rule here: https://ptboard.az.gov/sites/default/files/documents/files/ContCompOverview.pdf</p>	
Arkansas	20 Biennially	<p>According to the Arkansas Physical Therapy Practice Act CEU programs must be pre-approved by the board, or approved after attended to count towards a licensee's complete hours. CEU approved programs and college courses must be in the area of clinical application, clinical management, behavioral science, or scientific research. Articles and journals written by licensees may also be submitted. No more than 50% of continuing education can be taken through online/home study courses.</p> <p>View the full rule here: http://www.arptb.org/education/index.html</p>	<p>A passing score on the Arkansas State Board of Physical Therapy Jurisprudence Exam is required for initial licensure and for license renewal. The exam is required for every odd-numbered year renewal as part of continuing education. This exam counts as an online course.</p>
California	30 Biennially	<p>Continuing Education hours must include 4 basic life support hours, 2 ethics, laws, and regulatory hours. 24 additional hours are required in any category recognized by the PTBC.</p> <p>View the full rule here: https://govt.westlaw.com/calregs/Document/1A3A12DA0D48D11DEBC02831C6D6C108E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)</p>	

Colorado	30 Biennially	<p>Colorado's Continuing Professional Development (CDP) program is comprised of two sections:</p> <ol style="list-style-type: none"> 1. Licensees must complete the Reflective Self-assessment Tool (RSAT) once per 2-year renewal period. 2. Licensees must accumulate 30 points of Professional Development Activities (PDA) per 2-year renewal period. <ol style="list-style-type: none"> a. PDAs are separated into three categories, each with a corresponding point value. For the full list, refer here: https://drive.google.com/file/d/0B-K5DhxXxJZbcm5IN0dENnRoT2s/view 	
Connecticut	20 Annually, 40 Biennially	<p>Continuing education shall be in areas related to the individual's practice. The law does not specifically identify qualifying continuing education course work.</p> <p>View the statute here: https://www.cga.ct.gov/current/pub/chap_376.htm#sec_20-73</p>	
Delaware	30 Biennially	<p>The required hours include 0.2 units of ethics, and proof of current CPR certification by the American Red Cross, American Heart Association, National Safety Council or other agencies approved by the Board and posted on the Division of Professional Regulation's website. Proof of current CPR certification will count for 0.1 CEU. One CEU will be given for every 10 hours of an approved continuing education course. (1 contact hour = .1 CEU).</p> <p>View the full rule here: http://regulations.delaware.gov/AdminCode/title24/2600.shtml</p>	
District of Columbia	40 Biennially	<p>Approved continuing education programs include undergraduate or graduate courses, seminars and workshops, education programs given at a conference, in-service trainings, home study courses, real-time interactive remote media courses, and online video/teleconferences.</p> <p>No more than half of the required hours can come from online courses.</p> <p>View the full rule here: https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Physical_Therapy_DC_Municipal_Regulations_for_Physical_Therapy.pdf</p>	
Florida	24 Biennially	<p>A contact hour consists of fifty clock minutes. One continuing educational unit (CEU) shall be considered equivalent to ten (10) contact hours.</p> <p>Potential continuing education hours include professional ethics, clinical education, clinical practice, clinical research, clinical management, and clinical science. Florida law relating to physical therapy, basic sciences, risk management, and HIV/AIDS may also count as CEU topics. No more than five contact hours of courses in risk management shall be accepted within a biennium.</p> <p>View the full rule here: https://www.flrules.org/gateway/RuleNo.asp?title=CONTINUING</p>	

		%20EDUCATION&ID=64B17-9.001	
Georgia	30 Biennially	CE requirements include 4 hours of ethics and jurisprudence education. Some work eligible for credit hours include: programs approved by the American Physical Therapy Association, the Physical Therapy Association of Georgia, the Federation of State boards of Physical Therapy, and programs provided at CAPTE-accredited colleges and universities. Fifteen hours can count for undergoing peer review, ten for conducting a peer review when the activity is not the primary employment, ten hours for presenting, writing that does not exceed twenty hours, etc. For the full list, view the rules here: http://rules.sos.state.ga.us/gac/490-4	*Passing the jurisprudence exam can count towards CE required hours.
Hawaii	30 Biennially	One continuing competence unit is equivalent to at least fifty (50) minutes of classroom or hands on instruction. At least 24 hours must include the professional practice of physical therapy, or patient/client management. Two CCUs are required in ethics, laws, and rules, and 4 CCUs are required in life support for health care professionals that are comparable to the American Heart Association's basic life support health care provider course. View the full rules here: https://cca.hawaii.gov/pvl/files/2013/08/hrs_461J-1-17.pdf	
Idaho	16 Annually (32 Biennially)	Licensees may complete APTA, FSBPT, CAPTE, or NATA approved courses for CE credit. Attending workshops and authoring research may also count toward the requirement. View the full rules here: https://adminrules.idaho.gov/rules/current/24/1301.pdf	
Illinois	40 Biennially	Three of the required hours must pertain to ethical practice. A CE hour is equal to 50 minutes. All CE activities shall be relevant to the advancement, extension and enhancement of providing patient/client management, including but not limited to physical therapy examination, evaluation, intervention, and prevention and providing physical therapy services or fulfilling the other professional roles of a physical therapist or physical therapist assistant. For a full list of requirements, and alternative ways to gain CEs in Illinois: ftp://www.ilga.gov/JCAR/AdminCode/068/068013400000610R.html	
Indiana	22 Biennially	Two (2) hours must be in an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy. Credit may be obtained for professional research and writing, teaching with a maximum of ten hours, presenting with a maximum of ten hours, supervising students in residency programs with a maximum of ten hours, in-house/in-service seminars with a maximum of four hours, being part of a professional organization for a maximum of six	

		hours, etc. View the full rule here: http://www.in.gov/legislative/iac/T08440/A00060.PDF?	
Iowa	40 Biennially	Credit may be obtained through attending workshops, conferences, or completing online trainings. It may also be earned through completing an American Physical Therapy Association approved pre-professional clinical residency, supervising students, presenting programs, and all others listed here: https://www.legis.iowa.gov/docs/ACO/chapter/645.203.pdf	
Kansas	40 Biennially	A contact hour shall consist of 60 minutes of activity pertaining to the practice of physical therapy. Credit may be obtained from participating in the following trainings: clinical skills, administrative techniques, service to patients, research projects, peer-reviewed papers, etc. View the full rules here: https://kpta.com/pdfs/CE%20Regulations%20and%20Supervision.pdf	The Jurisprudence Exam must be completed by March 31 st of each renewal cycle, and will count as two contact hours toward a licensee's total continued competency requirement.
Kentucky	30 Biennially	PTs must complete 30 hours of CPE before renewal, (Many of those activities, particularly continuing education courses, require application for review and approval by the Kentucky Physical Therapy Association's Professional Continued Competency Committee.) View the full rules here: http://pt.ky.gov/Pages/default.aspx	The Jurisprudence Exam must be completed by March 31 of every renewal cycle (within the 2 year licensure period (biennium), and will count 2 contact hours towards the total continued competency requirement.
Louisiana	30 Biennially	At least 18 hours of clinical work is necessary, online or in person. At least 2 hours of Ethics is required, and at least 2 hours of jurisprudence is required. Taking the online jurisprudence exam, does not count as online hours. View the full rule here: https://www.laptboard.org/index.cfm/rules/rulesandregs	
Maine		None	
Maryland	30 Biennially	A physical therapist shall earn 3 CEUs equal to 30 contact hours, for the two-year period before renewal. "Continuing education unit (CEU)" means the basic unit of measurement for a licensee's direct participation in continuing education consisting of 10 contact hours. "Contact hour" means a period of 60 minutes in which actual learning takes place. Credit can be gained through postgraduate studies, attending seminars, conferences or workshops, authoring books, articles, or papers, or through home studying and online courses. View the full rule here: https://health.maryland.gov/bphte/Pages/bptact.aspx#chap2	

Massachusetts		None	
Michigan	24 Biennially	Licenses are required to complete 24 PDR credits (Professional Development Requirements) within the two years preceding their renewal. No more than 12 PDR credits should be from online programs, and no PDR credits will be counted for substantially similar programs. 1 PDR credit must be dedicated to pain and symptom management. 1 PDR credit must also be earned on identifying human trafficking victims. View the full rule here: https://mpta.com/continuing-education/MPTA-ProfessionalDevRequirements.pdf	
Minnesota	30 Biennially	Physical therapists must submit 30 hours of CPE credit every two years. No less than 10 hours must be obtained by attendance at educational activities, no more than 10 hours may be obtained through in-service educational activities sponsored by organizations, and no more than four hours of credit may be obtained through teaching, lecturing, or similar programs. View the full rule here: https://mn.gov/boards/physical-therapy/continuingeducation/	
Mississippi	30 Biennially	30 continuing competence units (CCU) should be earned by licensees for 2 year licensing period. 7.5 of those credits must be related to clinical practice. All licensees must take three (3) hours of board-approved hours of study in ethics, professionalism, or jurisprudence per licensing period as part of their total CC requirements. At least 15 of the 30 required continuing competence units must be from Certified Activities outlined in Rule 5.4. View the full rule here: https://www.msbpt.ms.gov/secure/continuingeducation.asp	
Missouri	30 Biennially	Hours may be obtained through courses administered by the APTA and affiliated state chapters and specialty boards. Hours may be earned for presenting, with a cap of 15 hours per biennial. Abstract presentations may count for two hours, while publications of chapters in a peer-reviewed publication may count for 5. Home study courses are accepted for credit, and Grand Rounds attendance hours will also count. Licensees may also earn credit for supervising a student in a CAPTE program. For every 120 hours supervised, the licensee can gain 1 CE hour. View the full rule here: http://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2150-3.pdf	
Montana	30 Biennially	15 of the credits attained for continuing education should include courses, physical therapy clinical specialty certification coursework, physical therapy clinical residency coursework, and postgraduate physical therapy education, including, but not limited to postdoctoral of physical therapy course work. The remaining 15	

		credits may be obtained through a non-approved course or experience. View the full rule here: http://www.mtrules.org/gateway/RuleNo.asp?RN=24%2E177%2E2105	
Nebraska	20 Biennially	Physical therapists must have at least 20 hours of acceptable continuing education credits every two years, in addition to passing the Nebraska Law Tutorial with a score of 100%. Acceptable credits include programs from colleges, state and national meetings that relate to the theory or application of physical therapy, home courses with testing mechanisms, videotapes or satellite programs, publication of a scientific review with a maximum of five hours. Participating in research or other scholarly activities with a maximum of ten hours, completing a residency program, supervising students, etc. For a full list, refer here: http://dhhs.ne.gov/publichealth/Licensure/Documents/PTAcceptableCE.pdf	Licenses have to pass the 'Nebraska Law Tutorial.'
Nevada	15 Annually (30 Biennially)	Licenses must complete 1.5 units of an approved course within the year immediately preceding his or her application for the renewal of his or her license, of which not more than 0.8 units may be completed in nonclinical courses. A unit of continuing education means 10 hours of instruction in an approved course. View the full rule here: https://www.leg.state.nv.us/NAC/NAC-640.html#NAC640Sec400	
New Hampshire	24 Biennially	Continuing competency hours may be gained through academic courses, seminars, conferences and workshops, in-service trainings, mentored independent study, supervising students, writing publications, research projects, completing distance learning courses, teaching, journal studies, and clinical monitoring of physical therapists in fellowship programs. For academic courses, one credit hour will be awarded for each 15 hours. In-service trainings have a maximum of eight hours. Independent study hours will only count one contact hour for every two clock hours, with a limit of eight hours. Supervising hours have the same restrictions as independent study. View the full rule here: http://www.gencourt.state.nh.us/rules/state_agencies/phy400.html	Completion of the New Hampshire Jurisprudence Assessment Module is required every 5 years.
New Jersey	30 Biennially	Physical therapists are required to have 30 credit hours of continuing education, including four credits of jurisprudence and professional ethics. View the full rule here: https://www.fsbpt.org/OurServices/JurisprudenceAssessmentModule%28JAM%29Services/NewJersey.aspx	
New Mexico	30	Thirty (30) hours of continuing education will be required	

	Biennially	biennially from licensees. Hours will be awarded to continuing education learning opportunities like live programs, physician in-service programs, management courses (max 15 hours), preparation or presentation of a workshop (max 15 hours), certificate courses for an advanced specialty, reading journal articles (max 15 contact hours), conducting research, home study courses, internet courses, alternative medicine seminars, and various other activities. For a full list of acceptable CE hours in New Mexico, click here: http://164.64.110.239/nmac/parts/title16/16.020.0008.htm	
New York	36 Triennially	36 hours of CE are required by licensees every three years. Acceptable hours include credited courses and professional development programs. http://www.op.nysed.gov/prof/pt/article136.htm#ptrqts	
North Carolina	30 Biennially	Licensees are required to collect 30 'points' biennially. The board approves courses, and standards can be found here: https://www.ncptboard.org/documents/continuingcompetence/combined%20and%20Approved%20CC%20rules%20effective%204-1-2015%20with%20highlight%20posted%203-31-15-2.pdf A registered attendee at courses or conferences offered live in real time by approved providers earns one point for each contact hour. The maximum number of points allowed during any reporting period for an interactive course offered through electronic media is 15. Credit will not be given for the same course or conference more than once during any reporting period.	
North Dakota	25 Biennially	All competence activities related to physical therapy sponsored by the APTA, State PT Associations, Medical/Educational institutions or certified by the Federation of State Boards of Physical Therapy (FSBPT) are automatically approved as "certified activities" by the North Dakota Board of Physical Therapy. Clinical Certifications = 15 units PRT (Practice review tool) = 15 units Successful completion of an accredited PT residency program = 25 units Option assessment = 3 units Online courses certified by FSBPT/ProCert or sponsored by the APTA, state PT associations, Medical/educational Institutions. View the board's standards around CE here: https://www.ndbpt.org/continuing_ed.asp	Licensees complete the jurisprudence exam when reapplying.
Ohio	24 Biennially	1 contact hour is one clock hour spent in a continuing education activity. All continuing education activities require valid Ohio Approval Numbers issued by the OPTA. Hours may be obtained through participating in or teaching certified courses, and publishing books or articles. No more than 12 hours may be obtained through teaching. A maximum of 10 hours may be obtained through publishing a book or article. View the full rule here:	

		http://otptat.ohio.gov/Portals/0/laws/Ohio%20PT%20Practice%20Act%20as%20of%20July%201%202015.pdf	
Oklahoma	40 Biennially	Licensees must obtain 40 hours of approved continuing education every two years. Courses are preapproved by the board. At least half of the hours accumulated must be from Category A; synchronous education, presentation of program, and post graduate studies. Three of the required hours must cover ethics education. View the full rule here: http://www.okmedicalboard.org/physical_therapists/download/456/PTRULES.pdf	
Oregon	24 Biennially	Courses, seminars, activities, and board approved workshops count toward CE hours. As well as individual study courses, online courses, webinars, and a course in CPR limited to one hour of CE. The maximum credit allotment for presenting courses is 12 hours of CE. Holding office and publishing peer-reviewed can also count for CE hours. For the full administrative rule, click here: http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_848/848_035.html	
Pennsylvania	30 Biennially	Pre-approved administrators for CE hours include APTA, FSBPT, and CAPTE. Licensees may acquire credit by authoring papers, with a maximum of 15 hours for authoring, 10 for editing and reviewing, and five for authoring a non-peer-reviewed article. View the full rule here: http://www.pacode.com/secure/data/049/chapter40/chap40toc.html#40.67 .	
Rhode Island	24 Biennially	Formal presentations, conferences, coursework from a regionally accredited college/university and/or self-study courses, such as on-line courses count towards CE requirements. Teaching and/or clinical supervision of student affiliates by licensed physical therapists in APTA- approved programs shall be approved for a maximum of three (3) hours per licensure cycle. For the full list of approved courses and requirements, refer here: http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/5244.pdf	
South Carolina	30 Biennially	Pre-approved courses include those from APTA and SCAPTA, as well as college courses, and AMA courses. In-service hours with a max of 0.4 CEUs (out of 3 CEUs) may count towards total CEUs. CPR courses may also with a maximum of 0.4 CEUs. View the full rule here: http://www.scstatehouse.gov/coderegs/Ch%20101.pdf	
South Dakota		None	
Tennessee	30	At least 20 of the CE hours must be obtained from peer reviews,	

	Biennially	<p>courses, seminars, workshops, home study courses, university credits, writing, teaching, certifications or presenting. A maximum of 10 CE hours may be obtained online through self-instruction, serving as an instructor, participating in a study group, attending or presenting in-service programs.</p> <p>View the full rule here: http://share.tn.gov/sos/rules/1150/1150-01.20160629.pdf</p>	
Texas	30 Biennially	<p>CCUS may be earned through sponsored courses, university courses, publications, manuscript reviews with a limit of 9 CCUs, grant proposals with a limit of 10 CCUs, grant reviews with a limit of 6 CCUs, teaching and presenting hours with a limit of 4-10 CCUs, advanced training, certification, and recognition, with a limit of 20 CCUs on mentorships of residents or fellows. Professional memberships and services may count as well, with a limit of 9 CCUs.</p> <p>For the full list, view this link: http://www.ptot.texas.gov/idl/312C3492-FD3C-DC93-295A-FA4E921C0EAF</p>	
Utah	40 Biennially	<p>A minimum of two continuing education hours must be completed in ethics/law. Department in-services, seminars, lectures, conferences, training sessions, webinars, internet courses, distance learning courses, journaling clubs, publications, etc. have a maximum of 15 hours. A maximum of 12 hours for authoring, 10 for personal group study, and 6 for authoring a poster or a non-peer-reviewed article.</p> <p>View the full rule here: https://dopl.utah.gov/laws/R156-24b.pdf</p>	
Vermont	24 Biennially	<p>Hours may be earned through credited courses, being an APTA instructor with a maximum of 14 hours, being an APTA instructor trainer, participating in a residency or fellowship program, receiving an ABPTS specialty certification, Training in FSBT Review Tools with a maximum of 16 CCUs, participating in a non-certified course of training for a maximum of 12 CCUs. Group study, formal mentored independent study, or individual study – all for 4 CCUs. *Vermont has a very detailed spreadsheet of approved CCUs and limitations, refer here for the complete chart: https://www.sec.state.vt.us/media/601817/83012-Final-V-CCU-Table-LN.pdf</p>	
Virginia	30 Biennially	<p>20 of the required 30 hours should be filled in courses by organizers like the Virginia Physical Therapy Association, The American Physical Therapy Association, colleges, and government agencies. No more than 10 of the CE hours should be accredited to consulting with colleagues, independent study, writing, or research. For the full rule, click here: http://www.dhp.virginia.gov/PhysicalTherapy/physther_laws_regs.htm#law</p>	

Washington	40 Biennially	Acceptable hours include taking courses in physical therapy, and reviewing audio/video recordings, or book/articles for a maximum of 10 hours. Refer to the rules here: http://app.leg.wa.gov/wac/default.aspx?cite=246-915-085	
West Virginia	24 Biennially	Completing exams, residencies, fellowships, tools, and courses can count towards education credit. A maximum of 8 hours can be gained through clinical instruction. Passing the exams listed below, (which are administered by the American Board of Physical Therapy Specialties): “10.3.b.1. Specialty examinations and recertification administered by the American Board of Physical Therapy Specialties (ABPTS). 10.3.b.2 The Hand Therapy Certification Commission (HTCC) certification examination. 10.3.b.3 Continuing education course instructors can receive 1 unit per hour of class instruction time will be awarded for board approved continuing education courses in the year the course given. Credit awarded to the instructor for said course will be granted only 1 time.” A complete copy of the rules can be found here: http://www.wvbopt.com/documents/Title%2016%20Series%201%20General%20Provisions%20for%20PT-PTA%20-%20Effective%20June%2016%20201121.pdf	
Wisconsin	30 Biennially	CEs may be earned through completing coursework, attending seminars, workshops, lectures, or conferences, completing self-study courses, earning clinical specializations with a maximum of 12 contact hours, authoring a book with a maximum of 12 CE per book, writing a chapter or poster with a maximum of 6 contact hours, presenting seminars or courses, teaching an academic course, authoring an article in a non-refereed publication with a max of 5 CEs, serving as an instructor for internships with a maximum of 15 hours. For the complete list, click here: https://docs.legis.wisconsin.gov/code/admin_code/pt/9.pdf	
Wyoming	30 Biennially	At least 15 of the required hours should be from courses of conferences from providers, such as the APTA, state chapters of the APTA, the federation of state boards of physical therapy, the international association for continuing education training, and the Wyoming Depart. of Health. Other options include self-study, in-services, lecturing, writing, clinical instruction, board and committee work, and group study. For the full rule, click here: https://drive.google.com/file/d/0B0o6dUJf0fqZUm9zMzdwZUhFWm8/view	

The data presented in the table above was pulled from the various states' government websites, and links have been provided to give greater detail.

Literature on this topic is limited, as well as dated; however here is a study on the effectiveness of two different types of CE: <https://academic.oup.com/ptj/article/86/9/1251/2805205/Impact-of-Continuing-Education-Interventions-on>

APPENDIX E

Physical Therapy Complaints Research Report, July 2017

Physical Therapy Complaints Report

From July 1, 2007 to June 30, 2017 there were 43 complaints filed against physical therapists in the state of Maine. This report includes 6 complaints that were filed before July 1, 2017, but were closed in the selected window, totaling to 49 complaints resolved in the stated time frame.

*Incompetent Practice Complaints

Case ID	Allegation	Resolution Decision	Resolution Outcome
2014-PHY-10039	Incompetence	Dismissed	No violation found
2007-PHY-3858	Incompetence	Dismissed	No violation found
2012-PHY-8307	Incompetence	Dismissed	No violation found
2014-PHY-10058	Incompetence	Dismissed	No violation found
2012-PHY-8678	Incompetence	Dismissed	No violation found
2015-PHY-11003	Incompetence	Dismissed	Insufficient evidence

+Unprofessional Conduct Complaints

Case ID	Allegation	Conduct	Resolution Decision	Resolution Outcome
2008-PHY-4454	Unprofessional Conduct		Dismissed	No violation found
2011-PHY-7048	Unprofessional Conduct		Dismissed	No violation found
2012-PHY-8367	Unprofessional Conduct		Dismissed	No violation found
2013-PHY-9598	Unprofessional Conduct		Dismissed	No violation found
2012-PHY-8210	Unprofessional Conduct	The licensee went on a house visit, took some of the patient's medications without the patient's knowledge, and later disposed of them.	Consent Agreement	Surrender
2013-PHY-9370	Unprofessional Conduct		Dismissed	Insufficient evidence
2015-PHY-11785	Unprofessional Conduct		Dismissed	Insufficient evidence
2016-PHY-12367	Unprofessional Conduct		Pending	
2010-PHY-6396	Unprofessional Conduct		Dismissed	Insufficient evidence
2017-PHY-12933	Unprofessional Conduct		Pending	

Frequency of Complaints by Allegation

Allegation	Total Number of Complaints	Number of Dismissals	Number of non-dismissals	Non-dismissal Outcomes
Abandonment	1	1	0	
Billing	3	2	1	Pending
Confidentiality breach	3	3	0	
Dual relationship	1	1	0	
Failure to comply with outside agency	1	0	1	Revocation
Failure to disclose discipline	2	1	1	Consent Agreement and Fine
Failure/disclose criminal conviction	6	4	2	1. Consent Agreement and Fine 2. Consent Agreement and Warning
Falsifying professional qualifications	1	0	1	Revocation
Impairment	1	0	1	Pending
Inappropriate communication	1	0	1	Consent Agreement with Fine, Probation, and Required Education.
Incompetence	6*	6	0	
Negligence	1	1	0	
Prior Disciplinary Action	3	2	1	Consent Agreement with a Warning and Fine.
Professional requirements not met	3	0	3	1. Pending 2. Pending 3. Denial of License
Records	3	2	1	Consent Agreement with a Warning and an Education Document review.
Sexual impropriety	2	0	2	1. Surrender 2. Probation
Unlicensed practice	1	1	0	
Unprofessional conduct	10+	7	3	1. Surrender 2. Pending 3. Pending
Total	49	31	18	

The chart above is meant to show how the board has responded to allegations over the past ten years, and to capture the frequency of different types of allegations. The board should note that there may be some overlap in cases, seeing as more than one allegation can be under the same case.

Of all the complaints filed against physical therapists in the last ten years, 63.27% of them have been dismissed. Out of the 49 complaints filed, 31 of them were dismissed, and 12 of the dismissed complaints involved a letter of guidance.

Synopsis of Inappropriate Communication

The licensee left an inappropriate note with a patient, suggesting that the patient come to the licensee's office after hours for a "real massage." The board offered a consent agreement to the licensee, who was issued a reprimand that resulted in a \$1,500.00 fine and a probationary period on their license for the six months following the consent agreement. During this probation the licensee was required to complete six hours of continuing education, was to be under supervision, produce quarterly reports, and was required to notify any employers of the discipline.