



February 14, 2024

Chairman Randy Fine
Florida House Health and Human Services Committee
House Office Building
402 S. Monroe Street Room 214
Tallahassee, FL 32399-1300

RE: Chiropractic Scope of Practice

Dear Chairman Fine:

At the request of our Florida members, the International Chiropractors Association (ICA) has reviewed the proposed legislation “HB 1063 Practice of Chiropractic Medicine” introduced by Rep. Christine Hunschofsky and Rep. Allison Tant. We stand in strong opposition to this legislation.

- Dry Needling is an invasive technique with risks to patient and doctor.
- Dry Needling is NOT chiropractic.
- Dry Needling is NOT Evidence-Based.
- Doctors of Chiropractic do not need dry needling to meet the needs of their patients.

Before we proceed, we note that utilization of the term ‘Chiropractic Medicine’ incorrectly infers that chiropractic is part of the medical establishment and may create confusion in the eyes of the public. The ICA objects to any scope expansion that increases risks to patients through the puncturing of skin for a therapeutic intervention such as IVs, joint injections, injections of any kind, or dry needling which is referenced in HB 1063 as “the use of monofilament intramuscular stimulation treatment for trigger points or myofascial pain.”

Dry Needling was rejected by a 4-2 vote of the Florida Board because it is medical not chiropractic. As legislators consider this bill, it is important to note that there is not a single question on the National Board of Chiropractic Examiners Parts I-IV, or the physiotherapy board, that is on the topic of dry needling, or “monofilament intramuscular stimulation treatment.” We are also not aware of an accredited Doctor of Chiropractic degree program accredited by the Council of Chiropractic Education that has dry needling as part of the core curriculum of training.



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Nowhere within the definition of chiropractic in the Florida statute does or should inserting needles fit into the science, art, and philosophy of the chiropractic profession.

“..a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques taught in chiropractic colleges accredited by the Council on Chiropractic Education. No person other than a licensed chiropractic physician may render chiropractic services, chiropractic adjustments, or chiropractic manipulations.”

The ICA strongly opposes expanding the Florida scope of practice to include any invasive techniques or procedures such as dry needling. It is in the interest of the public’s safety as well as the preservation of chiropractic as a separate and distinct profession. The entire profession is based upon our philosophy that our doctors identify subluxations through evaluations and imaging when needed, and then correct the subluxation (or misalignment) to remove the interferences and allow the body to optimize its innate self-healing, self-generating capacity.

If a patient has additional needs of care that would include invasive techniques, our doctors should be referring to the appropriately trained and credentialed health professional. The ICA is confident that the chiropractic system of healing as a profession is ‘enough’ on its own and does not need to be expanded to include medical procedures and invasive techniques such as dry needling. We arrived at our stance on this matter by a review of two primary issues. First – the risk/benefit ratio of dry needling. We do not find the evidence substantial enough to support the risks both to patient and to the provider (needle sticks are a very real concern and can spread hepatitis, HIV, etc.). Second, and equally important is the evaluation based on whether dry needling is in the lane of chiropractic or the lane of medicine? Clearly as an invasive technique dry needling is in the lane of medicine; and thus, does not belong in the chiropractic scope of practice.



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Background on the Invasive Technique of Dry Needling:

A 2014 review of the scientific literature on dry needling provided, “Wet needling uses hollow-bore needles to deliver corticosteroids, anesthetics, sclerosants, botulinum toxins, or other agents. In contrast, dry needling requires the insertion of thin monofilament needles, as used in the practice of acupuncture, without the use of injectate into muscles, ligaments, tendons, subcutaneous fascia, and scar tissue. Dry needles may also be inserted in the vicinity of peripheral nerves and/or neurovascular bundles to manage a variety of neuromusculoskeletal pain syndromes. Nevertheless, some position statements by several US State Boards of Physical Therapy have narrowly defined dry needling as an ‘intramuscular’ procedure involving the isolated treatment of myofascial trigger points (MTrPs).”[1] It also referred to the practice as an ‘invasive technique’ and noted a lack of high quality evidence to support its use myofascial trigger points for the purpose of short and long term pain reduction and further noted “a lack of robust evidence validating the clinical diagnostic criteria for trigger point identification or diagnosis.” It is noted in some of the studies that hypodermic needles are the preferred needle type by some who deliver this therapy because they are larger.

In a 2016 policy statement, the American Medical Association issued the following concern: “Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians,” AMA Board Member Russell W. H. Kridel, M.D.”[2] It should also be noted as well that in 2023, the AMA on a podcast noted their concerns about numerous health professions seeking scope expansion and their concern about patient safety.[3]

The current Physical Therapist standard for training in Florida is a minimum of 50 in person hours. An expert recently testified before the Florida Chiropractic Board that many more than 50 hours of training are required to develop proficiency.

Dry Needling is Not Without Risks: A 2019 study comparing Dry Needling in the treatment of MTrP compared to other forms of physical therapy in the treatment of neck pain concluded that while it was useful its efficacy in treating cervicgia could not be determined in comparison with other physiotherapy approaches.[4] Another 2019 study found that dry needling led to muscle edema and pain immediately after administration.[5] Another 2019 study noted the dozens of screening precautions such as dry needling of a patient with a comorbid vascular condition could further complicate a more serious adverse event such as epidural hematoma. **Additionally, patients with blood disorders such as sickle cell disease, leukocytosis, leukopenia, and**



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thrombocytopenia often have a potentially higher risk of infection due to possible concomitant immunosuppression and patients whose autoimmune condition is in a flare are advised not receive dry needling as it may exacerbate the condition.[6]

Risks Associated with Dry Needling:

- The top three recognized adverse events associated with dry needling are: bleeding, bruising, and pain.
- The same paper goes on to report that “Since dry needling involves a needle penetrating the skin, iatrogenic injury to vessels, nerves, spinal cord, internal organs, implanted devices, or infection are possible hazards for patients.”
- Other reported major adverse events in this study were pneumothorax (A pneumothorax is an abnormal collection of air in the pleural space between the lung and the chest wall and can be life threatening.) Additionally , nerve injury, infection, or excessive symptom exacerbation. [7]
- Acute onset chest pain, haemoptysis and exertional dyspnoea following a dry needling session. Diagnosis Chest x-ray showed bilateral pneumothoraces, worse on the right side were also reported in a case study. [8]

With Dry Needling Injuries Come Malpractice Litigation

- Physical Therapist (PT) in malpractice case for allegedly puncturing lung of patient with dry needling.[9]
- In reference to Florida’s legislation on PTs dry needling proposal in 2020 led Madonna Law Group to report that dry needling will lead to increased litigation. The reported that this would lead to increased malpractice lawsuits. They noted, “between 2012 and 2017, 19 states saw a total of 34 dry needling claims. Patients have suffered injuries, such as collapsed lungs, after being treated for back, neck or shoulder pain. Many of these claims arose “use of improper technique” and “lack of informed consent.”[10]
- A jury awarded a 60 year old woman a half million dollars after a needle became embedded in her back during a trigger point injection.[11]
- Injury claims have become so prevalent as to trigger a website for patients to seek legal assistance in filing claims.[9]
- Ohio jury awarded \$2 million to woman who suffered serious injuries from PT delivery of dry needling. Differences in the level of training between acupuncture and dry needling detailed by attorneys.[12]



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Promoting Dry Needling as Science Based is Misinformation

In one insurance company training on dry needling, the PT provides that dry needling is ‘science-based’ to promote confidence in the procedure when convincing the patient to try it. However, the peer review data paints a different picture. There is not a significant body of evidence to promote dry needling as more science based than acupuncture (which was the subject to an NIH Consensus Conference process in the 1990s.) [13] Many peer reviewed papers published note the lack of research evidence.

Separate and Distinct Profession

Chiropractic is a system of healing separate from allopathic medicine and Doctors of Chiropractic are a separate and distinct health care profession with its own science, art, and philosophy. ICA, which is the oldest international chiropractic organization, was established in 1926 by Dr. B.J. Palmer, the developer of the profession founded by his father Dr. D.D. Palmer in 1895. Just as he did throughout his lifetime, we seek to protect and promote chiropractic, through a preservation of the practice and keeping it clearly ‘in the lane of chiropractic’. The recent trend in Florida sadly is pushing us across that solid yellow line of the health care highway from **the practice of chiropractic to the practice of medicine.**

From a Personal Perspective: I have held a license to practice Chiropractic in the state of Florida for 35 years and I have practiced Chiropractic in the state of Pennsylvania for 33 years. Never has it ever been a question that a patient would expect me to perform dry needling. I would never consider it for several reasons.

Simply put, Dry Needling is NOT Chiropractic. There is no amount of training to justify a chiropractor performing this procedure. It is extremely dangerous and could significantly increase patient injuries. Chiropractors enjoy practicing safe and extremely effective care. Adding this to the scope of Chiropractic is reckless at minimum and costly and dangerous at maximum for the Chiropractor and absolutely unsafe for the patient population.

Please OPPOSE HB 1063.



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In Conclusion: ICA urges the Florida Senate to reject scope expansion for chiropractic and reject dry needling in the scope. Dry needling is in the lane of medicine, not the lane of chiropractic. Our patients benefit most from a focus on identifying and correcting subluxations through appropriate evaluation and the chiropractic adjustment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Selina Sigafoose Jackson'.

Selina Sigafoose Jackson, DC, FICA
President, International Chiropractors Association

Cc:

State Rep. David Borrero
State Rep. Adam Anderson
State Rep. Kelly Skidmore
State Rep. Carolina Amesty
State Rep. Jessica Baker
State Rep. Lindsay Cross
State Rep. Lisa Dunkley
State Rep. Tae Edmonds
State Rep. Mike Grant
State Rep. Dianne Hart
State Rep. Traci Koster
State Rep. Ralph Massullo
State Rep. Jenna Persons-Mulicka
State Rep. Rachel Plakon
State Rep. Michelle Salzman
State Rep. John Snyder
State Rep. Dana Trabulsy
State Rep. Kaylee Tuck
State Rep. Marie Woodson
State Rep. Taylor Yarkosky



Sources Cited

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About the International Chiropractors Association

Vision

Empower humanity to optimal life expression, health, and human potential through specific and scientific chiropractic care.

Mission

To protect and promote chiropractic throughout the world as a distinct healthcare profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.

History

The International Chiropractors Association (ICA) was established in 1926 in Davenport, Iowa by Dr. BJ Palmer who is known as the 'developer' of chiropractic. Originally named the Chiropractic Health Bureau, Dr. Palmer established the organization to advance the profession, initially through educating state legislators and regulators about what chiropractic is and why doctors of chiropractic are a separate and distinct profession predicated on its unique philosophy, art, and science. As a result, the ICA helped gain official recognition and licensure in U.S. states and territory. Recognizing that the need for chiropractic is global, Dr. Palmer initiated a name change. In the 1980s the ICA moved its offices to the Washington, DC region to better reach our national legislators and policy makers.

The ICA as the oldest international organization remains an organization focused on growing the profession worldwide, promoting regular chiropractic care, and protecting the profession as a separate and distinct profession while collaborating with across the health care professions. ICA stays true to the 'keeping chiropractic chiropractic' and opposes moves to medicalize the profession through broad scope expansions that dilute the focus from the identification and correction of the subluxation through the chiropractic adjustment.

About Selina Sigafoose Jackson, DC, FICA

Dr. Sigafoose Jackson is a graduate of Venice, Florida high school, and graduated at 23 with her Doctor of Chiropractic Degree from Life University. She is a second-generation chiropractor. Dr. Sigafoose Jackson was elected in 2020 as ICA President. Like her father, Dr. James Sigafoose, Dr. Sigafoose Jackson is an invited lecturer worldwide on the 33 principles of chiropractic – the foundational underpinnings of the profession's philosophy. She and her husband, Dr. Kevin Jackson have maintained their chiropractic practice in York, Pennsylvania for more than 30 years. She is also licensed to practice in Florida.