

[First Reprint]

**SENATE, No. 867**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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INTRODUCED JANUARY 14, 2020

**Sponsored by:**

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**District 32 (Bergen and Hudson)**

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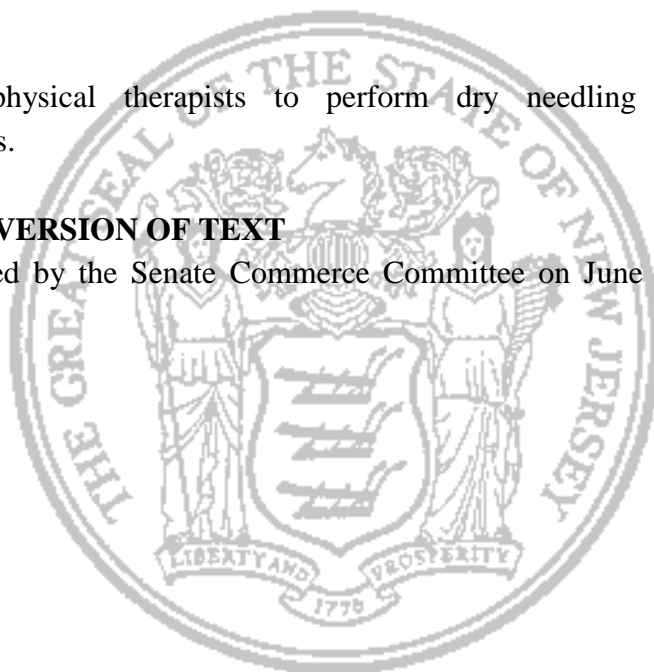
**Senators A.M.Bucco, Codey, Assemblymen Wimberly, DePhillips, McKeon, Mejia, Greenwald, Calabrese, Mukherji and Assemblywoman Murphy**

**SYNOPSIS**

Permits physical therapists to perform dry needling under certain circumstances.

**CURRENT VERSION OF TEXT**

As reported by the Senate Commerce Committee on June 16, 2021, with amendments.



(Sponsorship Updated As Of: 1/10/2022)

1 AN ACT concerning the practice of physical therapy and amending  
2 and supplementing P.L.1983, c.296.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. Section 3 of P.L.1983, c.296 (C.45:9-37.13) is amended to  
8 read as follows:

9 3. As used in P.L.1983, c.296 (C.45:9-37.11 et seq.):

10 "Board" means the State Board of Physical Therapy Examiners  
11 established pursuant to section 5 of P.L.1983, c.296 (C.45:9-37.15).

12 "Direct supervision" means the presence of the supervising  
13 physical therapist on site, available to respond to any consequence  
14 occurring during any treatment procedure.

15 "Dry needling" means a physical intervention that uses a dry,  
16 filiform needle, without medication or other deliverable, to  
17 penetrate the skin and stimulate underlying muscular tissue,  
18 connective tissues, or myofascial trigger points for the management  
19 of neuromusculoskeletal pain and movement impairments. "Dry  
20 needling" shall not mean the stimulation of auricular or distal points  
21 or the practice of acupuncture as defined by section 2 of P.L.1983,  
22 c.7 (C.45:2C-2).

23 "General supervision" means supervision by a physical therapist  
24 in which: the physical therapist shall be available at all times by  
25 telecommunications but is not required to be on-site for direction  
26 and supervision; and the supervising physical therapist assesses on  
27 an ongoing basis the ability of the physical therapist assistant to  
28 perform the selected interventions as directed.

29 "Physical therapist" means a natural person who holds a current,  
30 valid license to practice physical therapy pursuant to the provisions  
31 of P.L.1983, c.296 (C.45:9-37.11 et seq.) and in accordance with  
32 regulations of the board.

33 "Physical therapist assistant" means a natural person who is  
34 licensed pursuant to the provisions of P.L.1983, c.296 (C.45:9-  
35 37.11 et seq.) and who assists a licensed physical therapist under his  
36 direct or general supervision in accordance with P.L.1983, c.296  
37 (C.45:9-37.11 et seq.) and regulations of the board.

38 "Physical therapy" and "physical therapy practice" mean the  
39 identification of physical impairment, movement-related functional  
40 limitation, or balance disorder that occurs as a result of injury or  
41 congenital or acquired disability, or other physical dysfunction  
42 through examination, evaluation and diagnosis of the physical  
43 impairment or movement-related functional limitation and the  
44 establishment of a prognosis for the resolution or amelioration  
45 thereof, and treatment of the physical impairment or movement-

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is  
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SCM committee amendments adopted June 16, 2021.

1 related functional limitation, which shall include, but is not limited  
2 to, the alleviation of pain, physical impairment and movement-  
3 related functional limitation by therapeutic intervention, including  
4 treatment by means of manual therapy techniques and massage, dry  
5 needling, electro-therapeutic modalities, wound debridement and  
6 care, the use of physical agents, mechanical modalities,  
7 hydrotherapy, therapeutic exercises with or without assistive  
8 devices, neurodevelopmental procedures, joint mobilization,  
9 movement-related functional training in self-care, providing  
10 assistance in community and work integration or reintegration,  
11 providing training in techniques for the prevention of injury,  
12 impairment, movement-related functional limitation, or dysfunction,  
13 providing consultative, educational, other advisory services, and  
14 collaboration with other health care providers in connection with  
15 patient care, and such other treatments and functions as may be  
16 further defined by the board by regulation.

17 "Physical therapy" and "physical therapy practice" also include  
18 the screening, examination, evaluation, and application of  
19 interventions for the promotion, improvement, and maintenance of  
20 fitness, health, wellness, and prevention services in populations of  
21 all ages exclusively related to physical therapy practice.

22 "Wound debridement and care" means the removal of loosely  
23 adhered necrotic and nonviable tissue, by a physical therapist, to  
24 promote healing, done in conjunction with a physician or podiatric  
25 physician.

26 (cf: P.L.2017, c.121, s.1)

27  
28 2. Section 8 of P.L.1983, c.296 (C.45:9-37.18) is amended to  
29 read as follows:

30 8. a. The board shall:

31 (1) Administer and enforce the provisions of P.L.1983, c.296  
32 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

33 (2) Establish procedures for application for licensure;

34 (3) Establish standards for, and adopt and administer  
35 examinations for licensure;

36 (4) Review and pass upon the qualifications of applicants for  
37 licensure;

38 (5) Insure the proper conduct and standards of examinations;

39 (6) Issue and renew licenses to physical therapists and physical  
40 therapist assistants pursuant to P.L.1983, c.296 (C.45:9-37.11 et  
41 seq.);

42 (7) Establish disciplinary measures, including but not limited to,  
43 suspending, revoking, or refusing to renew the license of a physical  
44 therapist or physical therapist assistant pursuant to the provisions of  
45 P.L.1978, c.73 (C.45:1-14 et seq.);

46 (8) Maintain a record of every physical therapist and physical  
47 therapist assistant licensed in this State, his place of business, his  
48 place of residence, and the date and number of his license;

1 (9) Conduct hearings into allegations of misconduct by  
2 licensees;

3 (10) Establish requirements and standards for continuing  
4 professional education and competency and approve courses that  
5 are eligible to meet these requirements and standards, as provided  
6 in section 25 of P.L.2003, c.18 (C.45:9-37.34f);

7 (11) Conduct hearings pursuant to the "Administrative  
8 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that  
9 the board shall have the right to administer oaths to witnesses, and  
10 shall have the power to issue subpoenas for the compulsory  
11 attendance of witnesses and the production of pertinent books,  
12 papers or records;

13 (12) Conduct proceedings before any board, agency or court of  
14 competent jurisdiction for the enforcement of the provisions of  
15 P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-  
16 37.34b et al.);

17 (13) Conduct investigations as necessary and have the  
18 enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14  
19 et seq.);

20 (14) Within 180 days of the effective date of P.L.2003, c.18,  
21 establish standards in accordance with the provisions of section 22  
22 of P.L.2003, c.18 (C.45:9-37.34c), in collaboration with the State  
23 Board of Medical Examiners and other appropriate professional  
24 licensing boards established pursuant to Title 45 of the Revised  
25 Statutes, setting forth the conditions under which a physical  
26 therapist is required to refer an individual being treated by a  
27 physical therapist to or consult with a practitioner licensed to  
28 practice dentistry, podiatry or medicine and surgery in this State, or  
29 other appropriate licensed health care professional. Pending  
30 adoption of the standards: (a) a physical therapist shall refer any  
31 individual who has failed to demonstrate reasonable progress within  
32 30 days of the date of initial treatment to a licensed health care  
33 professional; and (b) a physical therapist, not more than 30 days  
34 from the date of initial treatment of functional limitation or pain,  
35 shall consult with the individual's licensed health care professional  
36 of record as to the appropriateness of the treatment, or, in the event  
37 that there is no identified licensed health care professional of  
38 record, recommend that the individual consult with a licensed  
39 health care professional of the individual's choice;

40 (15) Establish mechanisms to assure that the public has access  
41 to physical therapists' services, and report back to the Senate  
42 Health, Human Services and Senior Citizens and Assembly  
43 Regulated Professions Committees, or their successors, regarding  
44 this access; **[and]**

45 (16) Within 180 days of the effective date of P.L. , c. (C. )  
46 (pending before the Legislature as this bill), establish standards for  
47 the provision of dry needling by a physical therapist pursuant to  
48 sections 3 and 4 of P.L. , c. (C. ) (pending before the

1 Legislature as this bill), in collaboration with the State Board of  
2 Medical Examiners; and

3 (17) Promulgate rules and regulations necessary for the  
4 performance of its duties and the implementation of P.L.1983,  
5 c.296. (C.45:9-37.11 et seq.)

6 b. In addition to the provisions of subsection a. of this section,  
7 the board may establish standards of professional behavior.  
8 (cf: P.L.2017, c.121, s.2)

9  
10 3. (New section) a. A physical therapist may perform dry  
11 needling if the physical therapist meets all of the following  
12 requirements:

13 (1) possesses a doctorate in physical therapy from an accredited  
14 college or university or has otherwise been actively licensed as a  
15 physical therapist in this State since January 1, 2003;

16 (2) has no less than two years of active clinical experience in the  
17 treatment of patients as a licensed physical therapist in this State  
18 and holds a current, unrestricted license to practice physical therapy  
19 in this State;

20 (3) has a current CPR certification issued by the American Red  
21 Cross, American Heart Association, National Safety Council, or any  
22 other agency or organization approved by the board; and

23 (4) has obtained documentation of the successful completion of  
24 a dry needling continuing education and competency program  
25 approved by the board that satisfies subsections b. and c. of this  
26 section.

27 b. The board shall approve a dry needling continuing education  
28 and competency program if the program meets all of the following  
29 requirements:

30 (1) provides a minimum of 40 hours of academic instruction  
31 which is attended in person by the physical therapist and shall be  
32 completed by the physical therapist in no more than two years;

33 (2) provides the history and a current literature review of dry  
34 needling and evidence-based practice;

35 (3) covers pertinent anatomy and physiology;

36 (4) covers the choice and operation of dry needling supplies and  
37 equipment;

38 (5) provides knowledge of dry needling technique including  
39 indications, contraindications, and precautions for its use;

40 (6) provides knowledge of the risks and complications of dry  
41 needling;

42 (7) covers safe practice guidelines and generally accepted  
43 standards of practice, including clean needle techniques and the  
44 Occupational Safety and Health Administration's bloodborne  
45 pathogens standard;

46 (8) provides knowledge of post intervention care, including an  
47 adverse response or emergency;

1 (9) documents the successful completion of psychomotor and  
2 cognitive performance by means of practical and written  
3 assessments or examinations; and

4 (10) provides a minimum of 40 hours of practical hands-on  
5 instruction in the application and technique of dry needling under  
6 the direct supervision of a licensed physical therapist or physician  
7 pursuant to subsection c. of this section, which shall be completed  
8 by the physical therapist in no more than two years.

9 c. The dry needling continuing education and competency  
10 program, including the practical hands-on instruction required  
11 pursuant to paragraph (10) of subsection b. of this section, shall be  
12 taught by a licensed physical therapist who has a minimum of five  
13 years of clinical experience in the performance of dry needling or  
14 by a physician licensed to practice medicine and surgery in this  
15 State.

16 d. Following successful completion of the dry needling  
17 continuing education and competency program, including the  
18 practical hands-on instruction required pursuant to paragraph (10)  
19 of subsection b. of this section, a physical therapist shall complete  
20 10 of the required minimum credits of continuing education and  
21 competency in each biennial license renewal period in board-  
22 approved programs in dry needling if the physical therapist chooses  
23 to continue to utilize such intervention on patients.

24  
25 4. (New section) a. Dry needling shall only be performed by a  
26 physical therapist who meets the requirements of subsection a. of  
27 section 3 of P.L. , c. (C. ) (pending before the Legislature as  
28 this bill), and the performance of dry needling shall not be delegated to  
29 a physical therapist assistant or student physical therapist. A physical  
30 therapist who meets the requirements to provide dry needling shall  
31 only utilize the specific dry needling techniques for which the physical  
32 therapist has completed instruction and demonstrated competency.

33 b. For patients who receive an order, prescription, or referral for  
34 physical therapy from a New Jersey-licensed physician, osteopathic  
35 physician, or podiatric physician, dry needling shall only be performed  
36 on the patient after the physical therapist licensed in New Jersey to  
37 perform dry needling communicates with the physician who ordered,  
38 prescribed, or referred the patient to physical therapy. <sup>1</sup>This  
39 communication shall address the physical therapy diagnosis of the  
40 patient, the specific dry needling technique that the physical therapist  
41 intends to utilize in the treatment of the patient, the proposed number,  
42 size, and insertion points of the needles, and any elevated risk factors  
43 that the patient may have.<sup>1</sup> The physical therapist shall maintain  
44 documentation of such communication in the patient record. In no  
45 event shall a physical therapist perform dry needling on a patient if, in  
46 the medical judgment of the physician who ordered, prescribed, or  
47 referred the patient to physical therapy, dry needling is contraindicated

1 or clinically inappropriate and such judgment is clearly communicated  
2 to the physical therapist by the physician.

3 c. A physical therapist shall obtain written informed consent from  
4 each patient prior to the provision of dry needling. The patient shall  
5 receive a copy of the written informed consent and the physical  
6 therapist shall retain a copy in the patient's record. The informed  
7 consent shall include, at a minimum, the following:

- 8 (1) the patient's signature;  
9 (2) the risks, benefits, and possible complications of dry needling;  
10 (3) the treatment alternatives to dry needling;  
11 (4) the physical therapist's level of education regarding supervised  
12 hours of training in dry needling;  
13 (5) the importance of consulting with the patient's physician  
14 regarding the patient's condition; and  
15 (6) a clearly and conspicuously written statement that the patient is  
16 not receiving acupuncture, which shall include the following language:  
17 "DRY NEEDLING IS A TECHNIQUE USED IN THE PRACTICE  
18 OF PHYSICAL THERAPY TO TREAT MYOFASCIAL,  
19 MUSCULAR, AND CONNECTIVE TISSUES FOR THE  
20 MANAGEMENT OF NEUROMUSCULAR PAIN AND  
21 MOVEMENT DYSFUNCTION. DRY NEEDLING TECHNIQUE  
22 SHOULD NOT BE CONFUSED WITH AN ACUPUNCTURE  
23 TREATMENT PERFORMED BY A LICENSED  
24 ACUPUNCTURIST."

25 d. A physical therapist shall only use filiform needles labeled in  
26 accordance with the United States Food and Drug Administration  
27 guidelines when performing dry needling.

28 e. A physical therapist shall perform dry needling in a manner  
29 that is consistent with generally accepted standards of practice  
30 including clean needle techniques, safe disposal of sharp objects, and  
31 the Occupational Safety and Health Administration's bloodborne  
32 pathogens standard.

33 f. A physical therapist shall maintain documentation in the  
34 patient record of each dry needling session. The documentation shall  
35 include the treatment performed, the patient's response to the  
36 treatment, and any adverse reactions or complications to the treatment.

37 g. If requested by the board or a member of the general public, a  
38 physical therapist practicing dry needling shall provide documentation  
39 of the education and training completed by the physical therapist as  
40 required under section 3 of P.L. , c. (C. ) (pending before the  
41 Legislature as this bill). The failure to provide documentation in  
42 response to a request by the board or a member of the general public  
43 shall be deemed prima facie evidence that the physical therapist has  
44 not received the required training and shall not be permitted to perform  
45 dry needling.

46  
47 5. This act shall take effect on the 90th day next following  
48 enactment.