SUNRISE REPORT
EXPANDED SCOPE OF PRACTICE FOR ATHLETIC TRAINERS

Nature of Scope Expansion Requested

This request is for the purpose of allowing licensed athletic trainers in the State of Arizona to practice to the full extent of their education, training, qualification and competence in order to serve the patient population to which they provide care. Specifically, the requested scope expansion will:

1) Allow athletic trainers to provide dry needling as an additional therapeutic modality, in accordance with rules adopted by the Arizona Board of Athletic Training pertaining to the required education and training.

2) Clarify that wound care and closure is an aspect of the authorized scope of practice in accordance with long-standing practice in Arizona and elsewhere based upon the education, training and qualifications currently possessed by licensed athletic trainers; and authorize the Arizona Board of Athletic Training to adopt rules and regulations pertaining to the education, training and qualifications required for athletic trainers to employ emerging techniques for wound care and closure as the education and training of Arizona athletic trainers evolves in the future.

Introduction

Athletic training is an allied health profession, long-recognized by the American Medical Association and other organizations of medical professionals. Athletic trainers are nationally credentialed after obtaining a minimum of a baccalaureate degree and passing a rigorous certification examination. The vast majority of current practitioners possess at least an advanced degree, and commencing in 2022, all candidates for national certification will be required to possess at least a master's degree from an accredited athletic training education program (CAATE Curricular Content Standards, 2018; NATA Strategic Alliance Degree Statement, 2015).

Athletic trainers engage in the prevention, recognition, examination, evaluation, rehabilitation and management of athletic injuries, and the prevention, evaluation, immediate care and monitoring of athletic illnesses. They practice under the direction of a licensed medical or osteopathic physician. Athletic trainers work in a variety of settings, including youth sports, secondary schools, colleges and universities, professional and other elite sports organizations, physician practices, sports medicine clinics, hospitals, the military, corporations that provide on-site health care for employees (e.g., Amazon), and privately-owned clinics.

In 2000, the Arizona Legislature passed, and then-Governor Hull signed into law, the Arizona Athletic Training Practice Act (ARS § 32-4101, et. seq). This statute created the Arizona Board of Athletic Training (ABAT), and granted it authority to license athletic trainers and regulate the athletic training profession. There are currently 853 athletic trainers licensed by ABAT.

Athletic trainers are licensed in 47 other states and the District of Columbia, and are regulated through certification in two states. Only one state, California, lacks a regulatory structure for athletic training. There are currently more than 50,000 licensed athletic trainers in the United States.

In 2010, the Legislature passed and then-Governor Brewer signed into law an amendment to the Athletic Training Practice Act to expand the scope of practice to include treatment of athletic illnesses, and to allow treatment of any injury of the types which occur in sports, regardless of the circumstances under which the injury was sustained. This made athletic training services available to a substantial number of Arizonans who prefer to receive treatment from licensed health care professionals who specialize in treating athletes, whether or not those patients are involved in sports themselves.

Athletic trainers are qualified to treat the full range of injuries and illnesses which arise in sports, from blisters and bruises to cardiac arrest, heat stroke, and catastrophic head and spinal cord injuries. They are often the first responders in both emergent and non-emergent situations. In addition to being qualified to provide life-saving emergency response to severe injuries and illnesses, they are qualified to provide initial treatment to a wide range of non-emergent injuries and, in most settings in which they are employed, are frequently required to do so. They also employ a wide range of therapeutic modalities to patients who require post-injury and post-surgical rehabilitation, frequently at no cost or a lower cost than most other health care professionals who provide similar treatment. Moreover, in many high schools, athletic trainers are the primary health care providers for many of the student/athletes to whom they provide treatment. That patient population is greatly served by their athletic trainers being able to offer the full range of treatment for which they are qualified by virtue of their education, training, knowledge and skills.

The largest single demographic served by athletic trainers in Arizona are high school athletes, numbering more than 121,300 participants across boys and girls sports (National Federation of High School Sports, 2019). Other demographics, including youth sports participants, collegiate athletes, professional athletes, adult recreational athletes, and others living a healthy active lifestyle, substantially increase the total population of Arizonans served by athletic trainers.

1. Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice:

A. Dry Needling

Pertinent parts of the Athletic Training Practice Act currently read as follows:

> "4. "Athletic training" includes the following performed under the direction of a licensed physician and for which the athletic trainer has received appropriate education and training as prescribed by the board:
>
> (a) The prevention, recognition, examination, evaluation, rehabilitation and management of athletic injuries.
>
> …
>
> (d) The use of heat, cold, water, light, sound, electricity, passive or active exercise, massage, mechanical devices or any other therapeutic modality to prevent, treat, rehabilitate or recondition athletic injuries." (A.R.S. § 41-4101(4)).

As with all health care professions, the practice of athletic training is evolving over time, with new treatment modalities being integrated into their accredited education and training on a regular basis. For example, after an extensive review of athletic training education and training, the Commission on Accreditation for Athletic Training Education (CAATE), which is the accreditation body for professional and post-professional athletic training education programs, released new educational curricular content standards for professional programs (Masters level) that must be integrated by 2020 (CAATE Curricular Content Standards, 2018; NATA Strategic Alliance Degree Statement, 2015). One of those evolving modalities is "dry-needling," and athletic trainers today are receiving foundational education in accredited programs and training specific to this modality through extensive continuing education programs.

In 2014, the legislature recognized this evolving modality as something that physical therapists may utilize with appropriate additional education and training as determined by the Board of Physical Therapy. The legislature amended the language of the Physical Therapy Practice Act to establish the parameters for the lawful use of dry needling by licensed physical therapists. (Laws 2014, Chapter 220.) This sunrise applicant is now seeking a similar amendment to the athletic training practice act. Without specific amendment to the athletic training practice act, the Board of Athletic Training has ruled that athletic trainers cannot lawfully employ dry needling as a therapeutic modality. Accordingly, athletic training patients in Arizona are deprived of the opportunity to receive the established benefits of dry needling from their treating athletic trainer, as discussed below.

Dry needling has become a widely employed therapeutic modality, both in Arizona and nationally. A review of dry needling literature demonstrates that there is evidence that the

technique is effective for a wide range of treatment purposes and conditions, including neuromusculoskeletal conditions and pain and movement impairments. It is commonly used by athletic trainers in numerous states, including Colorado, District of Columbia, Indiana, Iowa, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, Nevada, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Texas, West Virginia, Wisconsin, and Wyoming. Recently, the Nevada legislature specifically added dry needling to the Nevada physical therapy and athletic training practice acts. A significant number of licensed athletic trainers in Arizona have received advanced training in dry needling and are therefore qualified to employ this modality, but may not do so under interpretation of their current practice act.

A substantial number of licensed Arizona athletic trainers practice in settings (high schools, colleges and universities, youth sports organizations, elite sports organizations and professional sports organizations) in which the patients they treat are not charged for the athletic training services they receive. These athlete/patients will benefit financially if their treating athletic trainers are lawfully authorized to perform dry needling as a therapeutic modality upon receiving physician direction to do so. Under current law, these athlete/patients (and their families) are forced to employ the services of other categories of health care professionals on a fee-for-service basis. In addition to the cost savings, this change will provide these athlete/patients the benefit of:

- Expanded consumer choice and access to care;
- Increased cost-effectiveness related to overall care;
- Use of the established health care workforce within the institution/organization, resulting in greater consistency and continuity of care due to inter-professional collaboration and a team approach; and
- More convenient care and improved access to treatment options since it will be provided within the existing athletic training facilities where they already receive daily attention and treatment.

Many other Arizona licensed athletic trainers practice in traditional health care settings (hospitals, physician practices, sports medicine clinics and athletic training clinics) in which their use of dry needling would be beneficial to the treatment and rehabilitation of their patients. Their patients in those settings will also receive many of the above-mentioned benefits.

Dry needling is widely recognized as a safe, efficient and effective modality when practiced by qualified and competent health care professionals. We are aware of no reported or documented harm to the public associated with athletic trainers dry needling in those states where the practice is ongoing.

B. Wound Care and Closure

Wound care and closure has long been an accepted component of the practice of athletic training. It is employed extensively by licensed athletic trainers in Arizona, particularly in those settings (high schools, colleges and universities, youth sports organizations, elite sports organizations and professional sports organizations) in which athlete patients receive athletic training services

free of charge as a result of their participation on an organized sports team. Traditionally, this mode of treatment has been limited to the use of skin adhesives and tapes for closure of wounds. While the Arizona Athletic Training Practice Act includes the use of modalities to treat athletic injuries within the athletic training scope of practice, it does not make specific reference to wound care and closure treatment. This sunrise applicant deems it prudent to clarify the practice act by incorporating specific reference to this treatment modality as an aspect of the existing scope of practice of athletic training.

Moreover, in the evolution of athletic training practice, additional methods currently employed by other health care professionals have emerged and are expected to emerge as routine aspects of the practice of athletic training throughout the country. In several states, athletic trainers are using more advanced methods of wound care and closure and numerous accredited athletic training educational programs include education and training related to these methods to ensure graduating students are competent in advanced wound closure techniques. With the increased availability of residency training programs, such as Emory's School of Medicine Residency Program for Athletic Trainers, advanced techniques are being taught to athletic trainers to support their practice and patient care (Emory University School of Medicine Certified Athletic Trainer Residency). Moreover, the *2020 Standards for Accreditation of Professional Athletic Training Programs* published by the Commission on Accreditation of Athletic Training Education (CAATE), (CAATE Curricular Content Standards, 2018) which accredits college/university Athletic Training Education Programs (ATPs) in Arizona and nationwide include a requirement that accredited programs provide education and training pertaining to wound care and closure. For those licensed athletic trainers that are already practicing, there are continuing education programs available as an opportunity to learn these more advanced methods, such as a recent offering at the 2019 National Athletic Trainers' Association Annual Clinical Symposium (2019 NATA Clinical Symposium Program).

As a result of this evolution in education and practice, it is anticipated that many of these ATPs will include more advanced methods of wound care and closure in their curricula, and that many athletic trainers in Arizona will receive the education and training required to competently and safely administer advanced wound closure methods in their treatment of athletic training patients. Additionally, athletic trainers who are educated and trained in other states will come to Arizona for employment opportunities and may be restricted in their ability to use those skills to perform wound closure techniques that they have been trained to perform safely on patients. In order to assure that these practitioners can employ the full range of their education, training and competency, it is also prudent to clarify the practice act by specifying the requirements for them to do so. By adding language to the athletic training scope of practice that includes *"other emerging closure techniques for which the athletic trainer has received appropriate education and training and specific physician direction*," this applicant seeks to achieve that clarification and assure protection of the public.

Expanding athletic trainers' ability to perform these important services they are trained to do will benefit the public by enabling those patients who receive athletic training services as an aspect of their participation in organized sports programs to enjoy more advanced techniques for treatment of wounds, rather than being forced to seek this treatment from other categories of

health care professionals on a fee-for-service basis. Licensed athletic trainers who practice in traditional health care settings (hospitals, physician practices, sports medicine clinics and athletic training clinics) will also be able to provide the benefit of these more advanced techniques to their patients rather than having to refer them elsewhere, thereby assuring greater consistency and continuity of care.

2. Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice, and details on what that education or training includes for that proposed scope of practice.

A. Dry Needling

Dry needling is considered to be an advanced treatment modality which requires education and training over and above that which is required for entry-level practitioners. Experts have identified 123 discreet tasks that practitioners of dry needling must develop through their education and training (Caramagno et al, 2015). A comprehensive survey of Athletic Training Education Programs (ATPs) by athletic training experts determined that 110 (89.4%) of the discreet dry needling tasks are addressed in all accredited athletic training programs (Hortz et al, 2019). To gain the knowledge and skill required to perform the remaining 13 tasks, athletic trainers must take specialized continuing education course work, which is widely available. Such continuing education programs must be accredited by the Board of Certification-Athletic Training (BOC), which is the nationally recognized credentialing agency for athletic trainers in Arizona and all other states.

As noted above, many licensed athletic trainers in Arizona have already received this advanced education and training, but are precluded by current law from incorporating this education and training into their practice. This sunrise applicant will propose to the Arizona Board of Athletic Training (ABAT) that, in order to qualify to employ dry needling in their scope of practice, licensed athletic trainers be required to receive a minimum 25 hours of specific instruction in dry needling from a continuing education provider approved by the BOC. We will also propose that ABAT prescribe course content substantially similar to that prescribed by the Physical Therapy Board, which reads:

> "2. The course content shall include the following components of education and training:
>
> a. Sterile needle procedures to include one of the following standards:
> i. The U.S. Centers For Disease Control And Prevention, or
> ii. The U.S. Occupational Safety And Health Administration;
> b. Anatomical Review;
> c. Blood Borne Pathogens;
> d. Contraindications and indications for "dry needling",

3. The course content required in subsection (C) of this Section shall include, but is not limited to, passing of both a written examination and practical examination before completion of the course content. Practice application course content and examinations shall be done in person to meet the qualifications of subsection (C).

4. The course content required in subsection (C) of this subsection shall total a minimum of 24 contact hours of education." (A.A.C. R4-24-313).

The advanced practice education and training courses currently available to licensed athletic trainers, as referred to above, meet those criteria.

B. Wound Care and Closure

As noted above, licensed athletic trainers have long employed certain basic methods of wound care and closure in their professional practice, and competency in these techniques is a requirement for completion of every accredited entry-level athletic training education program (CAATE Curricular Content Standards, 2018; Board of Certification Practice Analysis, 7th Edition). In steadily increasing numbers, members of the profession are receiving education and training in the use of more advanced techniques, and in other states they are already employing those methods in their practice. Beginning January 1, 2020, all CAATE-accredited ATPs will be required to include wound care and closure in their curricula, and many will provide education and training in the use of more advanced techniques. Several are already teaching such methods as suturing (e.g. Boston University, Ball State University and Texas Tech University). Further, as noted above, Emory University Medical School Residency Program for Athletic Trainers is an example of a program that teaches advanced wound closure techniques to their athletic training residents (Emory University School of Medicine Certified Athletic Trainer Residency). This applicant will propose to ABAT that, in order to qualify for the use of more advanced techniques, licensed athletic trainers be required to demonstrate education and training specific to those techniques which is adequate to assure their competency in the safe usage thereof.

3. Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.

A. Dry Needling

The national examination for applicants for professional licensure designated by ABAT is conducted by the BOC. As explained in its own literature:

> "The Board of Certification (BOC) is a not for profit credentialing body for individuals with education and experience in the practice of athletic training. The BOC has developed a credentialing program for athletic trainers that meets professional standards and is accredited by the Institute for Credentialing

Excellence (ICE).

> In order to attain the athletic trainer credential, an individual must complete an entry level athletic training education program accredited by the Commission on Accreditation of Athletic Training Education (CAATE), be endorsed by a recognized program director of a CAATE accredited education program, have a current certification in emergency cardiac care, and pass the BOC examination. *The BOC examination focuses on those areas of professional practice required for entry level athletic trainers* that are critical to ensuring that their clients, the athletic trainer themselves, their employer, fellow employees, and the profession are not physically, financially, or emotionally harmed through their actions." (Emphasis added) (Board of Certification Practice Analysis, 6th).

As noted above, experts have identified 123 discreet tasks which an athletic trainer must be qualified to perform in order to competently employ dry needling as a therapeutic modality. (Caramagno et al, 2015; Hortz et al 2019) Of those, 110 are addressed during *entry level education* and therefore the BOC test assesses a candidate's competency related to those tasks and their related knowledges and skills. These tasks do not apply solely to dry needling, but are employed in many aspects of the practice of athletic training. As for the other 13 tasks required for competent administration of dry needling, those are tested in conjunction with advanced practice courses specific to dry needling, as alluded to above.

B. Wound Care and Closure

As described above, wound care and closure have long been an aspect of athletic training education and practice and thus have been addressed in BOC testing. Again, as stated in BOC literature:

> "(T)he athletic trainer shall provide appropriate treatment and assessment of open wounds and dermatological conditions under the direction of a physician. The athletic trainer must use appropriate blood-borne precautions, sterile and clean techniques in the care, treatment and dressing of wounds and dermatological conditions. The athletic trainer may use additional thermal, electrical, mechanical and acoustical modalities to encourage healing or restrict infection during the care of these conditions." (Board of Certification Practice Analysis, 6th).

Accordingly, with respect to the current education and practice of athletic training related to wound care and closure, BOC testing addresses the issue. Wound care and closure has been a long-standing practice of athletic training due to the integral role athletic trainers play in managing and treating acute injuries and guiding post-surgical care. As education and training evolve, more advanced wound closure techniques are being taught in athletic training education programs. The BOC exam reflects the skills and techniques that are being taught and delivered in clinical practice and they base this content on an extensive practice analysis of the profession.

The practice analysis is conducted approximately every seven years and serves as the blueprint for the BOC exam. The last practice analysis for athletic training was conducted in 2015 and reflects practice at that time; it does not include the evolution of the education and training subsequent to that analysis, including updated professional curricular standards and move of the profession to an entry-level master's degree. As the education and practice of athletic training evolves to incorporate emerging techniques commonly employed by other categories of health care professionals for wound care and closure, BOC testing will also evolve to include assessment of each candidate's competence to perform those techniques as required of entry level athletic trainers.

4. The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification or licensure as this state.

A. Dry Needling

The proposed change related to dry needling will enable athletic trainers currently licensed in Arizona, as well as those who have relocated or will relocate from other states, who have successfully completed one of the advanced practice courses in dry needling which is approved by the BOC, to practice to the full extent of their education and training.

B. Wound Care and Closure

The proposed change related to wound care and closure will align the scope of practice of athletic training to be consistent with long-standing practices in the profession related to wound care and closure, and enable those who meet the future requirements adopted by ABAT for education and training related to more advanced techniques in wound care and closure to practice to the full extent of their education and training as those more advanced techniques evolve in athletic training education and practice. The proposed change will authorize ABAT to adopt such requirements by rule in order to facilitate that desired goal.

5. The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

The proposed changes will not increase cost to this state. With respect to the public, the proposed change will reduce costs for those who receive athletic training services at no cost in conjunction with their participation in organized sports programs and organizations. At present, the majority of those athlete/patients must seek the services addressed in this report from other categories of health care professionals on a fee-for-service basis. It is also expected to reduce costs to those treated by athletic trainers in settings which provide services on a fee-for-service basis, inasmuch as charges for athletic training services are typically below those of other

categories of health care professionals offering the same or similar types of treatment. Finally, there is potential that the proposed changes will reduce future health care costs because immediate action, attention, and management of health conditions, such as wounds needing closure, should prevent worse health conditions from emerging.

6. The relevant health profession licensure laws, if any, in this or other states.

A. Dry Needling

The only relevant health profession licensure laws in this state are those statutory provisions we are seeking to amend. In at least 15 states, licensed athletic trainers are allowed to practice athletic training in accordance with broad language in their practice acts which is substantially similar to the current language in the Arizona Athletic Training Practice Act, i.e. *"for which the athletic trainer has received appropriate education and training as prescribed by the board"* and *"any other therapeutic modality to prevent, treat, rehabilitate or recondition athletic injuries."* In those states, the regulatory boards have interpreted that language to allow dry needling without any specific reference thereto in the Athletic Training Practice Act.

For example, in October 2019 the North Caroline Board of Athletic Training issued a directive which states, in pertinent part:

> "Many sports medicine and athletic training staff are beginning to utilize dry needling as a treatment technique. There has been a significant increase in dry needling certification programs and continuing education courses. Athletic trainers are typically in a good position to administer dry needling as a treatment technique in the performance of their duties. The Board has received a number of questions from licensed athletic trainers about the use of dry needling in the performance of their duties. The North Carolina Athletic Trainers Licensing Act ("Act") does not exclude dry needling from the athletic training plan of care. North Carolina law allows athletic trainers to carry out the prevention and rehabilitation of injuries through physical modalities, including heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment. North Carolina law does not allow an athletic trainer to undertake medical diagnosis. But again, based on currently available resource information, nothing in the Act prohibits or excludes dry needling from the athletic training plan of care. The athletic trainer must satisfy certain educational and training requirements prior to providing dry needling for the treatment of musculoskeletal pain and soft tissue. Dry needling is an advanced skill that requires additional training beyond entry-level education and should only be performed by athletic trainers who have demonstrated knowledge, skill, ability, and competence." (North Carolina Board of Athletic Trainer Examiners: Directive, 2019).

Another example appears in the FAQ section of the website of the regulatory board for athletic training in Ohio, in response to a question as to whether athletic trainers can perform dry needling:

"Answer: The Ohio Athletic Training Practice Act does not specifically prohibit dry needling . . . .

Therefore, the following questions should be asked to determine whether this skill is within the athletic training scope of practice:

A. Is the task represented in entry level education and practice?
B. Has the practitioner had continuing education to adequately prepare them to perform the task?
C. Does this task provide for safety and welfare of the client?

This foundation should provide the framework for analyzing and determining if a task is within one's "personal" scope of practice. If the professional can provide supporting evidence that adequately addresses these areas, then the task is considered within that athletic trainer's scope of athletic training practice." (Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, FAQ on Dry Needling).

In addition, in the 2018-2019 legislative session, Nevada enacted a specific statutory provision (NRS 640, Sec. 8) to authorize licensed athletic trainers to perform dry needling using language which is substantially similar to that which we are proposing (Nevada Legislation, 2019).

B. Wound Care and Closure

The only relevant health profession licensure laws in this state are those statutory provisions to which we are seeking amendment. There is no specific reference to "wound care and closure" in any other state's athletic training practice act. As noted above, in this respect we are simply seeking a change to clarify that the scope of practice of athletic training already includes this methodology and is being routinely practiced by licensed athletic trainers in this state, and to create flexibility in the near future as more advanced techniques emerge in the education, training and practice of athletic trainers in Arizona and elsewhere. This applicant is asking the legislature to authorize ABAT to allow licensed athletic trainers to employ such advanced techniques upon meeting conditions and requirements specified by ABAT rules.

7. Recommendations, if any, from the applicable regulatory entity or entities, from the department of health services and from accredited educational or training programs.

At the time of submission of this report, the Arizona Board of Athletic Training has not made any recommendation concerning the proposed changes in the scope of practice of athletic trainers. The Department of Health Services also has made no recommendation concerning these proposed changes.

There are three accredited athletic training educational programs in Arizona: A.T. Still University, Grand Canyon University, and Northern Arizona University. The Northern Arizona University program has indicated that it has no recommendation concerning the proposed

changes, being precluded by university policy from commenting on legislative matters. As of the time of submission of this report, no recommendation has been received from either the A.T. Still University program or the Grand Canyon University program.

~Respectfully submitted by the Arizona Athletic Trainers' Association on this 1st day of November, 2019

References

1. Arizona Administrative Code. Title 4: Professions and Occupations; Chapter 24. Board of Physical Therapy. In: Office of the Secretery of State, ed. Arizona; 2019.

2. Board of Certification. Practice Analysis, 6th Edition. 2009:1-158.

3. Board of Certification. Practice Analysis, 7th Edition. 2015:1-163.

4. Caramagno J, Adrian L, Mueller L, Purl J. Analysis of Competencies for Dry Needling by Physical Therapists. 2015.

5. Commission on Accreditation of Athletic Training Education. 2020 Standars for Accreditation of Professional Athletic Training Programs. 2018:1-22.

6. Emory University School of Medicine. Certified Athletic Trainer Residency. https://med.emory.edu/departments/orthopaedics/education/fellowship/certified-at/index.html. Accessed October 25, 2019.

7. Hortz BV, Falsone S, Tulimieri D. Current Athletic Training Educational Preparation for Dry Needling. *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers' Association.* 2019;4(3):1-12.

8. National Athletic Trainers' Association. Strategic Alliance Degree Statement. 2015.

9. National Federation of High School Sports. Participation Statistics 2018/2019: Arizona. https://members.nfhs.org/participation_statistics. Accessed October 25, 2019.

10. Nevada Legislature. Senate Bill (Adopted) for Dry Needling for Physical Therapists and Athletic Trainers. https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6314/Overview. Accessed October 20, 2019.

11. North Carolina Board of Athletic Trainer Examiners. Dry Needling Statement. http://www.ncbate.org/assets/final--ncbate-dry-needling-statement-october-2019.pdf. Accessed October 29, 2019.

12. Ohio Occupational Therapy Physical Therapy and Athletic Trainers Board. Frquently Asked Questions: Dry Needling. https://otptat.ohio.gov/Athletic-Training/FAQ. Accessed October 25, 2019.