

CHAPTER 2020-128

Committee Substitute for House Bill No. 467

An act relating to physical therapy practice; amending s. 486.021, F.S.; revising and providing definitions; amending s. 486.025, F.S.; revising the powers and duties of the Board of Physical Therapy Practice; creating s. 486.117, F.S.; requiring the board to establish minimum standards of practice for the performance of dry needling, and additional supervision and training requirements for the performance of dry needling of specified areas, by physical therapists; requiring the Department of Health to submit a report to the Legislature by a specified date; providing construction; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (10) and (11) of section 486.021, Florida Statutes, are amended, and subsections (12) and (13) are added to that section, to read:

486.021 Definitions.—As used in this chapter, unless the context otherwise requires, the term:

(10) “Physical therapy assessment” means observational, verbal, or manual determinations of the function of the ~~movement musculoskeletal or neuromuscular~~ movement musculoskeletal system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, motor control, posture ~~postural attitudes~~, biomechanical function, locomotion, or functional abilities, for the purpose of physical therapy ~~making recommendations for~~ treatment.

(11) “Practice of physical therapy” means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other health ~~condition of health~~, and the rehabilitation of such disability, injury, disease, or other health condition ~~as related thereto~~ by alleviating impairments, functional movement limitations, and disabilities ~~by designing, implementing, and modifying treatment interventions through therapeutic exercise; functional movement training in self-management and in-home, community, or work integration or reintegration; manual therapy; massage; airway clearance techniques; maintaining and restoring the integumentary system and wound care; physical agent or modality; mechanical or electrotherapeutic modality; patient-related instruction ~~the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of such treatment, prevention, or rehabilitation~~ the foregoing ~~or related thereto~~; the performance of tests of neuromuscular functions as an~~

aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record or by an advanced practice registered nurse licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 30 days for a condition not previously assessed by a practitioner of record, the physical therapist shall have a practitioner of record review and sign the plan. The requirement that a physical therapist have a practitioner of record review and sign a plan of treatment does not apply when a patient has been physically examined by a physician licensed in another state, the patient has been diagnosed by the physician as having a condition for which physical therapy is required, and the physical therapist is treating the condition. For purposes of this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.

(b) The use of roentgen rays and radium for diagnostic and therapeutic purposes and the use of electricity for surgical purposes, including cauterization, are not "physical therapy" for purposes of this chapter.

(c) The practice of physical therapy does not authorize a physical therapy practitioner to practice chiropractic medicine as defined in chapter 460, including specific spinal manipulation, or acupuncture as defined in chapter 457. For the performance of specific chiropractic spinal manipulation, a physical therapist shall refer the patient to a health care practitioner licensed under chapter 460.

(d) This subsection does not authorize a physical therapist to implement a plan of treatment for a patient currently being treated in a facility licensed pursuant to chapter 395.

(12) "Dry needling" means a skilled intervention, based on Western medicine, that uses filiform needles and other apparatus or equipment to stimulate a myofascial trigger point for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disabilities.

(13) "Myofascial trigger point" means an irritable section of soft tissue often associated with palpable nodules in taut bands of muscle fibers.

Section 2. Section 486.025, Florida Statutes, is amended to read:

486.025 Powers and duties of the Board of Physical Therapy Practice. The board may administer oaths, summon witnesses, take testimony in all

matters relating to its duties under this chapter, establish or modify minimum standards of practice of physical therapy as defined in s. 486.021, including, but not limited to, standards of practice for the performance of dry needling by physical therapists, and adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the ~~provisions of this chapter.~~ The board may also review the standing and reputability of any school or college offering courses in physical therapy and whether the courses of such school or college in physical therapy meet the standards established by the appropriate accrediting agency referred to in s. 486.031(3)(a). In determining the standing and reputability of any such school and whether the school and courses meet such standards, the board may investigate and personally inspect the school and courses ~~make personal inspection of the same.~~

Section 3. Section 486.117, Florida Statutes, is created to read:

486.117 Physical therapist; performance of dry needling.—

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

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

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

1. Theory of dry needling.

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

3. Indications and contraindications for dry needling.

4. Psychomotor skills needed to perform dry needling.

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

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

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

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

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

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

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

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

Section 4. This act shall take effect July 1, 2020.

Approved by the Governor June 29, 2020.

Filed in Office Secretary of State June 29, 2020.