



Physical Therapist Intramuscular Needling Endorsement Application Packet

Contents:

1. 664-070	Contents List/Fee and Mailing Information	1 page
2. 664-072	Application Instructions and Checklist	1 page
2. 664-068	Physical Therapist Intramuscular Needling Endorsement Application	3 pages
5. 664-071	Intramuscular Needling Qualified Provider Attestation	2 pages
6. 664-069	Intramuscular Needling Example Informed Consent Form	1 page

In order to process your request:

Mail your application with initial documentation and your check or money order to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Physical Therapist Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Application Instructions Checklist

☐ **Application and Applicant Attestation:**

You must fill out the application completely, sign and date the application and applicant attestation, and submit to the department along with the other items in this checklist.

☐ **Endorsement Application Fee:**

There is a \$100.00 one-time fee for this endorsement. Your check or money order should be made out to the Department of Health. **This fee is non-refundable.**

☐ **Certificates of Completion:**

You must submit your certificates of completion showing you completed 75 hours of in-person training with your application.

☐ **Qualified Provider Attestation:**

The qualified provider who supervised your 150 hours of 150 intramuscular needling treatment sessions will need to fill out and sign this attestation. They may return the form to you, and you must submit it to the department with your application packet.

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Board of Physical Therapy

Request for Intramuscular Needling Endorsement

Complete applicant demographics, education and training, informed consent and coordination of care attestation, and the applicant attestation below. Then forward this form to your Qualified Provider for completion of the Qualified Provider attestation. Mail your complete application, the provider attestation form, and your check or money order for \$100.00 made payable to the Department of Health: Department of Health, PO Box 1099, Olympia, WA 98507-1099.

Applicant Demographics

First Name	Middle	Last Name
Credential # (if available)		Date of Birth
Email Address		
If the email address currently on record with the Department of Health is different than the one provided above, would you like your address of record updated? <input type="checkbox"/> Yes <input type="checkbox"/> No 		

Education and Training (indicate how you qualify for this endorsement)

I have completed one of the following three options as required under [RCW 18.74.200](#) and [WAC 246-915-390](#) and will submit evidence of completion (transcripts, certificate of completion) with my application:

- ☐ **Option 1:**
- One year of postgraduate practice experience that averages at least 36 hours a week and consists of direct patient care, **and**
 - A total of 100 hours of didactic instruction in the following areas:
 - (i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;
 - (ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;
 - (iii) Trigger point evaluation and management;
 - (iv) Universal precautions in avoiding contact with a patient's bodily fluids; and
 - (v) Preparedness and response to unexpected events including but not limited to injury to blood vessels, nerves, organs, and psychological effects or complications; **and**
 - A total of 75 hours of in-person intramuscular needling instructions in the following areas:
 - (i) Intramuscular needling technique;
 - (ii) Intramuscular needling indications and contraindications;
 - (iii) Documentation and informed consent for intramuscular needling;
 - (iv) Management of adverse effects;
 - (v) Practical psychomotor competency; and
 - (vi) Occupational safety and health administration's bloodborne pathogens protocol; **and**

- A successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider; **and**
- I completed the clinical review hours within 18 months of receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction.

☐ **Option 2:**

I completed the 100 hours of didactic instruction and 75 hours of in-person instruction through prelicensure coursework as follows:

- A total of 100 hours of didactic instruction in the following areas:
 - (i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;
 - (ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;
 - (iii) Trigger point evaluation and management;
 - (iv) Universal precautions in avoiding contact with a patient's bodily fluids; and
 - (v) Preparedness and response to unexpected events including but not limited to injury to blood vessels, nerves, organs, and psychological effects or complications; **and**
- A total of 75 hours of in-person intramuscular needling instructions in the following areas:
 - (i) Intramuscular needling technique;
 - (ii) Intramuscular needling indications and contraindications;
 - (iii) Documentation and informed consent for intramuscular needling;
 - (iv) Management of adverse effects;
 - (v) Practical psychomotor competency; and
 - (vi) Occupational safety and health administration's bloodborne pathogens protocol; **and**
- A successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider; **and**
- I completed the clinical review hours within 18 months of receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction.

☐ **Option 3:**

- I am credentialed to perform intramuscular needling through any branch of the military and shall submit verification of this credential to the department with this application.

Informed Consent Form Attestation

I understand that all patients receiving intramuscular needling from a physical therapist must sign an informed consent form that includes:

- The definition of intramuscular needling as set forth in [RCW 18.74.010](#);
- A description of the risks of intramuscular needling;
- A description of the benefits of intramuscular needling;
- A description of the potential side effects of intramuscular needling; and
- A statement clearly differentiating the procedure from the practice of acupuncture. Acupuncture shall be defined in accordance with the definition of “acupuncture and Eastern medicine” under [RCW 18.06.010](#).

An example of an informed consent form is included on the following page and may be used as a template.

I understand that if I perform intramuscular needling on a patient who is being treated by an acupuncturist or acupuncture and Eastern medicine practitioner for the same diagnosis, that I must make reasonable efforts to coordinate patient care with the acupuncturist or acupuncture and Eastern medicine practitioner to prevent conflict or duplication of services.

Signature: _____

Date: _____

Applicant Attestation

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate the application.

Signature: _____

Date: _____

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Physical Therapy Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Board of Physical Therapy Intramuscular Needling Endorsement Qualified Provider Attestation Form

Send this form to your Qualified Provider to fill out, and return to you. Submit this complete attestation as part of your application. If you have more than one Qualified Provider, please use additional Qualified Provider attestation forms. You may not serve as your own Qualified Provider.

Applicant Demographics

First Name	Middle	Last Name
Credential #	Date of Birth	

Qualified Provider Demographics (the qualified provider must fill out the remaining fields)

First Name	Middle	Last Name
Credential # (if available)	Email Address	

Please select the option that indicates how you qualify as a qualified provider in accordance with [RCW 18.74.200](#) and [WAC 246-915-390](#).

- ☐ A physician licensed under chapter [18.74 RCW](#); an osteopathic physician licensed under chapter 18.57 RCW; a licensed naturopath under chapter [18.36A RCW](#); a licensed acupuncture or Eastern medicine practitioner under chapter [18.06 RCW](#); or a licensed advanced registered nurse practitioner under chapter [18.79 RCW](#);
- ☐ A physical therapist credentialed to perform intramuscular needling in any branch of the United States armed forces;

State/License Number _____

- ☐ A licensed physical therapist who currently holds an intramuscular needling endorsement in Washington State; or
- ☐ A physical therapist licensed under the laws of another jurisdiction who meets the requirements for obtaining an intramuscular needling endorsement but does not currently hold an endorsement in Washington State.

State/License Number _____

Clinical Review of Applicant

A physical therapist must complete a minimum of 150 hours of at least 150 treatment sessions supervised by a qualified provider to qualify for the intramuscular needling endorsement.

I completed a successful clinical review of _____ (hours) which consisted of _____ (number of intramuscular needling treatment sessions)

Please indicate the total hours of clinical review completed in each category:

_____ (hours) The direct or indirect supervision of intramuscular needling treatment sessions

_____ (hours) Review of chart notes from intramuscular needling treatment sessions

_____ (hours) Oversight of intramuscular needling treatment sessions completed through an internship or apprenticeship

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate the application of the individual named in this document.

Qualified Provider Signature: _____ Date: _____

If the Qualified Provider has passed away, is incapacitated, or cannot be found, the applicant may submit an attestation/signed letter from another person with knowledge of the Qualified Provider's qualification, knowledge that the clinical supervision took place, and knowledge of how many hours were completed. Persons that might have this kind of knowledge may include the Qualified Provider's supervisor or manager, his or her successor, or the owner of the business where the supervision took place. If such a person cannot be found, the applicant may contact the program to determine if other evidence of supervision is sufficient.

Example

Intramuscular Needling Informed Consent Form

For patient receiving intramuscular needling services from a licensed physical therapist

A copy of this form must be provided to the patient or legal guardian if the patient is under 18 years of age, and a copy must be kept with the patient records.

- I understand that “intramuscular needling,” also known as “dry needling,” means a skilled intervention that uses a single use, sterile filiform needle to penetrate the skin and stimulate underlying myofascial trigger points and connective and muscular tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments. Intramuscular needling requires an examination and diagnosis. ([RCW 18.74.010](#))
- Intramuscular needling does not include needle retention without stimulation or the stimulation of auricular (ear) and distal (not local to the area being treated) points.

Patient initials _____

- I understand that there are risks associated with intramuscular needling that include but are not limited to soreness and bruising, infection, pain during treatment, risk of bleeding, other adverse reactions such as dizziness, faintness or allergic response.

Patient initials _____

- I understand that there are benefits associated with intramuscular needling that include but are not limited to enhanced blood flow, muscle relaxation, improved range of motion, and pain relief.

Patient initials _____

- I understand that intramuscular needling is not the same as acupuncture. “Acupuncture and Eastern medicine” means a health care service utilizing acupuncture or Eastern medicine diagnosis and treatment to promote health and treat organic or functional disorders, which includes a variety of traditional and modern acupuncture and Eastern medicine therapeutic treatments, such as the practice of acupuncture techniques and herbal medicine to maintain and promote wellness, prevent, manage, and reduce pain, and treat substance use disorder. ([RCW 18.06.010](#))

Patient initials _____

Patient Name _____ Date _____

Signature of Patient _____
(or legal guardian if patient is under 18 years of age)