



Alabama Board of Athletic Trainers

Post Office Box 303770

Montgomery, Alabama, 36130

Office: 334-265-7125

Email: board@abat.alabama.gov

Website: www.athletictrainers.alabama.gov

Definition:

Dry needling involves the insertion of fine, solid core needles into soft tissues. This technique may be applied to muscular and tendinous structures, scar tissue, and myofascial trigger points to treat pain, spasm, inflammation, and tendinopathy. Dry needling cannot involve the use of therapeutic electrical currents. Excluded targets or sites of therapy include nerves, non-musculoskeletal organs and functions, intra-articular structures, bones, and meridian lines. Dry needling is not acupuncture. At no point should an athletic trainer attempt dry needling of or targeting these excluded sites, nor should an athletic trainer attempt dry needling skills or techniques that exceed or are outside of their training.

Requirements:

- 1) Athletic Trainers must be licensed in Alabama.
- 2) Coursework must be sponsored by a BOC-approved provider.
- 3) Must complete a minimum of 25 hours with both 1) face-to-face in nature and 2) included all regions of the body. No extremity specific only courses are allowable.
- 4) Approval of supervising physician via the Athletic Trainers' licensure Attestation form is completed before the practice of Dry Needling is employed.
- 5) Before any Dry Needling is employed, this Attestation form must be submitted to the Board and the licensee has received written approval of the Board.

ALABAMA BOARD OF ATHLETIC TRAINERS Dry Needling Standards

The following standards and protocols are established for athletic trainers in the State of Alabama to perform clinical skills related to dry needling.

Section 1: Definitions

As used in these standards, the following terms shall have the following meanings, respectively, unless the context clearly indicates otherwise:

- (1) ATTESTANT. The athletic trainer submitting a Dry Needling Attestation Form for which that athletic trainer, upon approval, may implement dry needling in the practice of athletic training.
- (2) DRY NEEDLING. The insertion of fine, solid core needles into soft tissues to treat pain, spasm, inflammation, and tendinopathy.

Section 2: Education and Training Standards for Dry Needling

An athletic trainer must meet the education and training standards outlined in this section prior to performing dry needling in the practice of athletic training.

2.1 Licensure Requirement

An attestant must be licensed by the Alabama Board of Athletic Trainers.

2.2 Required Education and Training

An attestant must complete a minimum of 25 hours of in-person coursework that meet the following requirements:

- 1) face-to-face in nature
- 2) includes all regions of the body

No extremity specific only courses are allowed. Coursework must be sponsored by a BOC-approved provider.

An attestant shall perform any necessary continuing education required by coursework to optimize the attestant's implementation of dry needling in the practice of athletic training.

2.3 Completion and Submission of Dry Needling Attestation Form

An attestant must complete and submit an attestation form to the Alabama Board of Athletic Trainers that includes:

- 1) Name and location of dry needling course(s)
- 2) Course sponsor, including BOC provider number
- 3) Date of course certificate/certification
- 4) Number of contact hours for each completed course
- 5) Copy of course certificate(s)

The attestant will also attest to understanding, acknowledgment, and adherence to the Education and Training Standards, as well as Clinical Standards, set forth to perform dry needling in the practice of athletic training. In completing and submitting the Dry Needling Attestation form,

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acknowledgement is also made that dry needling shall not be performed outside of, or beyond, the scope of training that the attestant has completed and for which the Board of Athletic Trainers have approved.

2.4 Approval from Supervising Physician

An attestant's supervising physician must provide approval, by signature, to perform dry needling via the Athletic Trainers' Licensure Attestation form prior to the attestant's implementation of dry needling in the practice of athletic training.

2.5 Receipt of Written Approval

An attestant must receive written approval from the Alabama Board of Athletic Trainers confirming the attestant has met education and training standards set forth prior to implementing dry needling in the practice of athletic training.

2.6 Dry Needling Prohibited without Written Approval

An athletic trainer is prohibited from performing dry needling in the practice of athletic training without written approval from the Alabama Board of Athletic Trainers.

2.7 Dry Needling Following a Change in Supervising Physician

An athletic trainer that has received previous written approval from the Alabama Board of Athletic Trainers to perform dry needling in the practice of athletic training and undergoes a change in supervising physician, is prohibited from performing dry needling in the practice of athletic training until the athletic trainer submits an updated attestation form to the Alabama Board of Athletic Trainers reflecting approval, by signature, of the athletic trainer's new supervising physician.

2.8 Acupuncture Prohibited

Nothing in the education and training of dry needling shall grant an attestant or athletic trainer the ability to perform acupuncture.

Section 3: Clinical Standards for Dry Needling

Athletic Trainers must adhere to the clinical standards outlined in the following subsections for dry needling in the practice of athletic training.

3.1 Anatomical Structures Approved for Dry Needling

- (1) Muscular, tendinous, and ligamentous structures
- (2) Scar Tissue
- (3) Myofascial trigger points

3.2 Anatomical Structures Excluded for Dry Needling

- (1) Non-musculoskeletal organs and functions
- (2) Intra-articular structures
- (3) Bones
- (4) Meridian Lines

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3.3 Persons Eligible for Dry Needling

An athletic trainer, that has received written approval from the Alabama Board of Athletic Trainers, may perform dry needling on an individual in one of the following circumstances:

- 1) A person that is 18 years old in an occupational setting.
- 2) A person that is actively participating as a member of an intercollegiate sports team or professional sports organization and has received clearance for athletic participation bases upon a pre-participation physical examination.
- 3) A person between the ages of 14 and 19 years old with a written prescription from the athletic trainer's supervising physician prescribing:
 - a. Diagnosis of condition to be treated
 - b. Length of time before required follow-up with physician
 - c. Maximum frequency of treatment
 - d. Location of treatment facility where dry needling shall be performed.

3.4 -Persons Ineligible for Dry Needling

An athletic trainer is prohibited from performing dry needling on a person under the age of 14.

3.5 Use of Therapeutic Electrical Currents Prohibited

An athletic trainer is prohibited from using therapeutic electrical currents in conjunction with dry needling.



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Dry Needling in Alabama - What you need to know:

We're excited to announce the practice of dry needling is now within the scope of practice for athletic trainers in the state of Alabama. This has been three years in the making, so a huge thank you to the members of the Alabama Board of Athletic Trainers (ABAT), Board of Medical Examiners (BME) and the combined Advisory Council. Here is a brief synopsis of what you need to know, and do, before implementing dry needling in your practice.

(1) First identify the proper course. The course must meet all the following:

- BOC approved course.
- Minimum of 25 hours.
- Course must cover full body training, no regional or limb specific training will count towards initial training.

(2) You must then complete the Dry Needling Attestation form found here including the supervising physician's approval.

(3) Then you must email to the Board's office at board@abat.alabama.gov the Attestation form and training certificate validating successful completion of the training course. Once vetted and approved, the applicant will be provided written notice that they may begin to practice dry needling.

Always adhere to best practices for dry needling.

Alabama Board of Athletic Trainers Dry Needling Attestation Form

Name _____ License No. _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

This form shall be submitted, along with the Dry Needling Course Certificate, to the Board
via email at a board@abat.alabama.gov.

Athletic Trainers must submit the required documentation to the Board to meet the regulated qualifications for the practice of dry needling, as described:

1. The Athletic Trainer must be a licensed athletic trainer within the State of Alabama.
2. The Dry Needling coursework is sponsored by a Board of Certification (BOC) approved provider.
3. The Dry Needling coursework was a minimum of 25 hours and was both 1) face-to-face in nature and 2) included all regions of the body. No extremity specific only courses are allowable.
4. Approval of supervising physician via the Athletic Trainers' licensure Attestation is attained before the practice of Dry Needling is employed.
5. This Attestation form is submitted to the Alabama Board of Athletic Trainers and written approval of the Alabama Board of Athletic Trainers is received before Dry Needling is employed.

Name and Location of Course	Course Sponsor BOC Provider Number	Date of Certification	Number of Contact Hours

By signing below, I attest that:

- ☐ I do hereby swear under penalty of perjury that the below statements and information contained in this document are true and correct.
- ☐ I do hereby swear that I will not practice Dry Needling outside of, or beyond, my scope of training.
- ☐ I have attached a certificate of Dry Needling course completion with this Attestation form that meet the above requirements.
- ☐ I attest that I will perform the necessary continuing education to optimize my implementation of Dry Needling for the optimal care and safety of my patients.

Athletic Trainer's Signature

Print Name (Legibly)

Date

Supervisory Physician's Signature

Print Name (Legibly)

Date