

**By** the Committees on Banking and Insurance; and Health Policy;  
and Senators Albritton and Harrell

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1                   A bill to be entitled  
2           An act relating to physical therapy practice; amending  
3           s. 486.021, F.S.; revising and defining terms;  
4           amending s. 486.025, F.S.; revising the powers and  
5           duties of the Board of Physical Therapy Practice;  
6           requiring the board to establish minimum standards of  
7           practice for the performance of dry needling by  
8           physical therapists; providing construction; providing  
9           an effective date.

10  
11 Be It Enacted by the Legislature of the State of Florida:

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

16           486.021 Definitions.—In this chapter, unless the context  
17 otherwise requires, the term:

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

26           (11) "Practice of physical therapy" means the performance  
27 of physical therapy assessments and the treatment of any  
28 disability, injury, disease, or other health condition of human  
29 beings, or the prevention of such disability, injury, disease,

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30 or other health condition ~~of health~~, and the rehabilitation of  
31 such disability, injury, disease, or other health condition ~~as~~  
32 ~~related thereto~~ by alleviating impairments, functional movement  
33 limitations, and disabilities by designing, implementing, and  
34 modifying treatment interventions through therapeutic exercise;  
35 functional movement training in self-management and in-home,  
36 community, or work integration or reintegration; manual therapy;  
37 massage; airway clearance techniques; maintaining and restoring  
38 the integumentary system and wound care; physical agent or  
39 modality; mechanical or electrotherapeutic modality; patient-  
40 related instruction ~~the use of the physical, chemical, and other~~  
41 ~~properties of air; electricity; exercise; massage; the~~  
42 ~~performance of acupuncture only upon compliance with the~~  
43 ~~criteria set forth by the Board of Medicine, when no penetration~~  
44 ~~of the skin occurs; the use of radiant energy, including~~  
45 ~~ultraviolet, visible, and infrared rays; ultrasound; water; the~~  
46 ~~use of apparatus and equipment in the application of~~ such  
47 treatment, prevention, or rehabilitation ~~the foregoing or~~  
48 ~~related thereto~~; the performance of tests of neuromuscular  
49 functions as an aid to the diagnosis or treatment of any human  
50 condition; or the performance of electromyography as an aid to  
51 the diagnosis of any human condition only upon compliance with  
52 the criteria set forth by the Board of Medicine.

53 (a) A physical therapist may implement a plan of treatment  
54 developed by the physical therapist for a patient or provided  
55 for a patient by a practitioner of record or by an advanced  
56 practice registered nurse licensed under s. 464.012. The  
57 physical therapist shall refer the patient to or consult with a  
58 practitioner of record if the patient's condition is found to be

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59 outside the scope of physical therapy. If physical therapy  
60 treatment for a patient is required beyond 30 days for a  
61 condition not previously assessed by a practitioner of record,  
62 the physical therapist shall have a practitioner of record  
63 review and sign the plan. The requirement that a physical  
64 therapist have a practitioner of record review and sign a plan  
65 of treatment does not apply when a patient has been physically  
66 examined by a physician licensed in another state, the patient  
67 has been diagnosed by the physician as having a condition for  
68 which physical therapy is required, and the physical therapist  
69 is treating the condition. For purposes of this paragraph, a  
70 health care practitioner licensed under chapter 458, chapter  
71 459, chapter 460, chapter 461, or chapter 466 and engaged in  
72 active practice is eligible to serve as a practitioner of  
73 record.

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

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

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

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88       (12) "Dry needling" means a skilled technique based on  
89 western medical concepts using apparatus or equipment of  
90 filiform needles to stimulate a myofascial trigger point for the  
91 evaluation and management of neuromusculoskeletal conditions,  
92 pain, movement impairments, and disabilities.

93       (13) "Myofascial trigger point" means an irritable section  
94 of the tissue often associated with palpable taut bands of  
95 muscle fibers.

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

98       486.025 Powers and duties of the Board of Physical Therapy  
99 Practice.—

100       (1) The board may administer oaths, summon witnesses, take  
101 testimony in all matters relating to its duties under this  
102 chapter, establish or modify minimum standards of practice of  
103 physical therapy as defined in s. 486.021, including, but not  
104 limited to, standards of practice for the performance of dry  
105 needling by physical therapists, and adopt rules pursuant to ss.  
106 120.536(1) and 120.54 to implement the provisions of this  
107 chapter. The board may also review the standing and reputability  
108 of any school or college offering courses in physical therapy  
109 and whether the courses of such school or college in physical  
110 therapy meet the standards established by the appropriate  
111 accrediting agency referred to in s. 486.031(3) (a). In  
112 determining the standing and reputability of any such school and  
113 whether the school and courses meet such standards, the board  
114 may investigate and personally inspect the school and courses  
115 ~~make personal inspection of the same.~~

116       (2) The board shall establish minimum standards of practice

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117 for the performance of dry needling by physical therapists, to  
118 include, at a minimum, all of the following:

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

121 (b) Completion of 50 hours of face-to-face continuing  
122 education from an entity accredited in accordance with s.  
123 486.109 on the topic of dry needling which must include a  
124 determination by the physical therapist instructor that the  
125 physical therapist demonstrates the requisite psychomotor skills  
126 to safely perform dry needling. The continuing education must  
127 include instruction on all of the following areas:

128 1. Theory of dry needling.

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

132 3. Indications and contraindications for dry needling.

133 4. Psychomotor skills needed to perform dry needling.

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

136 (c)1. Completion of 25 patient sessions of dry needling  
137 performed under the indirect supervision of a physical therapist  
138 who holds an active license to practice physical therapy in any  
139 state or the District of Columbia and who has actively practiced  
140 dry needling for at least 1 year; or

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

144 (d) A requirement that dry needling may not be performed  
145 without patient consent and must be a part of a patient's

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146 documented plan of care.

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

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

154 Section 3. This act shall take effect July 1, 2020.