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**TITLE 846 BOARD OF CHIROPRACTIC EXAMINERS**

**Proposed Rule**  
LSA Document #20-279

DIGEST

Amends [846 IAC 1-3-3](#) and [846 IAC 1-8-1](#) to establish health and sanitation standards for dry needling that conform to public health standards for dry needling, and to specify continuing education required for a chiropractor to conduct dry needling and for each biennial license renewal period. Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[846 IAC 1-3-3](#); [846 IAC 1-8-1](#)

SECTION 1. [846 IAC 1-3-3](#) IS AMENDED TO READ AS FOLLOWS:

**[846 IAC 1-3-3](#) Standards for competent practice**

**Authority:** [IC 25-10-1-5](#)

**Affected:** [IC 25-10-1-1](#)

Sec. 3. A practitioner, in the conduct of his **or her** chiropractic practice, shall abide by the following standards of competent practice:

- (1) The practitioner shall keep in confidence whatever he **or she** may learn about a patient in the discharge of professional duties. Information shall be divulged by the practitioner only when required by law or when authorized by the patient.
- (2) The practitioner shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.
- (3) The practitioner shall give due notice to a patient or to those responsible for the patient's care when he **or she** withdraws from a case so that another practitioner may be engaged. The practitioner shall not abandon a patient.
- (4) A practitioner shall practice in accordance with the body of scientific systemized knowledge related to the healing arts.
- (5) A practitioner shall not hold forth or indicate the possession of any degree recognized as the basis for licensure to practice the healing arts unless he **or she** is actually licensed on the basis of that degree in the state in which he **or she** practices.
- (6) A practitioner shall obtain consultation whenever requested to do so by a patient. Further, the practitioner shall refer the patient to another practitioner in any case where the practitioner does not consider himself **or herself** qualified to treat the patient or is unable to diagnose the illness or disease of the patient.
- (7) Any practitioner who knows of the illegal, incompetent, or unethical conduct in the practice of chiropractic of another practitioner shall report such conduct to the proper authorities ~~and/or~~ **or** tribunals, **or both**. Further, any practitioner who has knowledge of any person engaging in the unauthorized practice of chiropractic shall report such conduct to the proper authorities ~~and/or~~ **or** tribunals, **or both**.
- (8) Any fee charged by a practitioner for his **or her** professional services shall be reasonable and shall compensate the practitioner only for services actually rendered.
- (9) A practitioner shall not pay or receive compensation for referral of a patient.
- (10) A practitioner shall be fully responsible and accountable for the conduct of each and every person employed by the practitioner for every action (or failure to act) by said employee or employees in the course of said employee's **or** employees' relationship with said practitioner. Provided however, a practitioner shall not be responsible for the actions of persons he **or she** may employ whose ~~employment~~ **employment** by the practitioner does not relate directly to the practitioner's practice of chiropractic.
- (11) A practitioner may (whenever he **or she** believes it to be beneficial to the patient) send (or refer) a patient to another qualified health practitioner for treatment or health services ~~which~~ **that** fall within the other health practitioner's scope of practice. Prior to any such referral, however, the practitioner shall examine the patient to ~~insure~~ **ensure** that a condition does exist in the patient that is within the scope of practice of the other health practitioner to whom the patient is referred.
- (12) A practitioner shall not charge a separate and distinct fee for the incidental, administrative, ~~non-chiropractic~~ **non-chiropractic** service of securing admission of a patient to a health care facility.
- (13) The practitioner shall upon retirement, discontinuation of his **or her** chiropractic practice, or moving from a

community, notify all patients upon his **or her** active list that he **or she** intends to discontinue his **or her** practice in the community and encourage such patients to seek the services of some other practitioner. The practitioner discontinuing his **or her** practice shall make arrangements with the patient for the transfer of his **or her** records (or copies thereof) to the succeeding practitioner.

(14) A practitioner shall not base his **or her** fee upon the uncertain outcome of a contingency, whether such contingency be the outcome of litigation or any other occurrence or condition ~~which that~~ may or may not develop, occur, or happen.

(15) In the conduct of the practice of chiropractic a chiropractor may perform any service that is not beyond the scope of practice set out in ~~846 IAC 1-3-1~~, **section 1 of this rule**.

(16) In the conduct of the practice of chiropractic, no chiropractor shall violate any of the provisions of the code of professional conduct set out in ~~846 IAC 1-3-2~~, **section 2 of this rule**.

**(17) Any practitioner using solid filiform needles to treat neuromusculoskeletal pain and dysfunction, which is commonly referred to as dry needling, must practice health and sanitation standards in a manner consistent with current professional theory or practice for dry needling treatment. The current Indiana state department of health universal precautions set forth in 410 IAC 1-4 and U.S.**

**Occupational Safety and Health Administration (OSHA) bloodborne pathogen standards set forth in 29 CFR 1910.1030 shall be considered authoritative sources of such current professional theory or practice. 410 IAC 1-4 and 29 CFR 1910.1030 are not intended to be the exclusive authoritative sources of current professional theory or practice for dry needling treatment.**

*(Board of Chiropractic Examiners; [846 IAC 1-3-3](#); filed Jul 28, 1983, 9:03 a.m.: 6 IR 1742; readopted filed Jul 10, 2001, 2:55 p.m.: 24 IR 4236; readopted filed Oct 4, 2007, 3:34 p.m.: [20071031-IR-846070057RFA](#); readopted filed Nov 25, 2013, 9:18 a.m.: [20131225-IR-846130274RFA](#); readopted filed Nov 25, 2019, 12:19 p.m.: [20191225-IR-846190186RFA](#))*

SECTION 2. [846 IAC 1-8-1](#) IS AMENDED TO READ AS FOLLOWS:

#### **[846 IAC 1-8-1](#) Continuing education requirements**

**Authority:** [IC 25-10-1-1.5](#)

**Affected:** [IC 25-1-4-0.2](#); [IC 25-1-9](#); [IC 25-10-1-6](#)

Sec. 1. (a) Twenty-four (24) hours of continuing education obtained by attending seminars approved by ~~the board~~ **an approved organization listed in [IC 25-1-4-0.2](#)** are required for license renewal. Seminars ~~which that~~ have not been approved under this rule will not be accepted as credit for license renewal.

(b) A licensee is not required to complete continuing education requirements for the year in which the initial license is issued.

(c) Continuing education credit units or clock hours must be obtained within the current biennial renewal period and may not be carried over from one (1) licensure period to another. However, a maximum of twelve (12) hours ~~may~~ **must** be obtained within each licensure year **of the biennial renewal period**.

(d) Continuing education credit units or clock hours must include four (4) hours per year in public health ~~and/or~~ **or risk management or [846 IAC 1-3-2](#)**.

(e) Risk management is defined as the chiropractor's legal responsibility to his or her patient as provided by [846 IAC 1-3-3](#) and [IC 25-1-9](#).

**(f) A licensee may not earn more than eight (8) hours of continuing education credit units or clock hours on any day. This eight (8) hour maximum also applies to continuing education for a course described in subsection (g) that includes one (1) or more days of instruction exceeding eight (8) hours per day.**

**(g) Before performing dry needling on any patient, a licensee must have completed, on or after January 1, 2016, a single course of instruction provided from an approved organization listed in [IC 25-1-4-0.2](#) that meets all of the following criteria:**

**(1) Instructed only by licensed chiropractors, medical doctors, osteopaths, or doctors of physical**

- therapy who are classified as doctors of physical therapy by educational degree or a state professional licensing statute or rule. At the time of instruction of the course, each instructor must:
- (A) hold an active chiropractic, medical doctor, osteopath, or doctor of physical therapy license in at least one (1) state and not have any healthcare provider license in suspended or probationary status or revoked in any state; and
  - (B) have practiced dry needling for a minimum of two (2) years by instructing dry needling coursework at an accredited institution of higher education or treating patients in a professional office setting.
- (2) A single course of instruction on utilizing dry needling to treat neuromusculoskeletal pain and dysfunction that is no fewer than fifty (50) hours of face-to-face instruction. The course may be completed in multiple parts or sessions and must cover, at a minimum, the following subject areas:
- (A) A comparison and contrasting of dry needling with acupuncture.
  - (B) Physiology, pathophysiology, and differential diagnosis of the "trigger-point" phenomenon.
  - (C) Indications and contraindications of dry needling.
  - (D) Clean needle techniques including instruction on bloodborne pathogens and proper disposal of used needles.
  - (E) Anatomical review of the regions to be needled.
  - (F) Postintervention patient care including the identification and management of common complications associated with dry needling with particular attention paid to pneumothorax.
- (3) Requires an assessment, upon completion of the course, that demonstrates that the licensee has successfully learned, at a minimum, the following:
- (A) Appropriate patient selection, considering expected outcomes, contraindications, and the patient's ability to understand and comply with treatment requirements.
  - (B) Appropriate communication of informed consent.
  - (C) Appropriate demonstration of clean needle technique.
  - (D) Accurate and appropriate treatment point selection.
  - (E) Appropriate positioning and education of the patient.
  - (F) Competent dry needling technique.
  - (G) Proper supervision and monitoring of the patient during and after treatment.

*(Board of Chiropractic Examiners; [846 IAC 1-8-1](#); filed May 31, 1988, 2:40 p.m.: 11 IR 3563; filed Jun 1, 1992, 5:00 p.m.: 15 IR 2244; filed Oct 31, 1994, 2:00 p.m.: 18 IR 879; readopted filed Jul 10, 2001, 2:55 p.m.: 24 IR 4236; readopted filed Oct 4, 2007, 3:34 p.m.: [20071031-IR-846070057RFA](#); readopted filed Nov 25, 2013, 9:18 a.m.: [20131225-IR-846130274RFA](#); readopted filed Nov 25, 2019, 12:19 p.m.: [20191225-IR-846190186RFA](#))*

### [Notice of Public Hearing](#)

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